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Effectiveness of Acceptance and Commitment Treatment on Marital Dissatisfaction in Mothers of Mentally Retarded Children

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ABSTRACT

Objective: Parenting is one of the most difficult roles that adults undertake without any special preparation. Especially if one of the children is mentally retarded, it may present more problems to the parents. In this regard, the present study was conducted with the aim of determining the effectiveness of treatment based on acceptance and commitment on the level of marital dissatisfaction in mothers with mentally retarded children.

Methods: The research design was semi-experimental and pre-test-post-test with a control group. The statistical population of the research was all parents of mentally retarded elementary school students in 2023 of Tehran. The studied sample included 20 pairs of parents of mentally retarded children who were selected as convenience and randomly placed in two experimental and control groups. Enrich marital satisfaction scale was used to collect data. Treatment sessions based on commitment and acceptance were conducted by an expert who had attended a training course in this field in 8 sessions of 90 minutes for two months and one session every week at the counseling center.

Results: The results showed that acceptance and commitment treatment was effective in reducing the marital dissatisfaction of couples with intellectually disabled children.

Conclusions: This research provides valuable insights for mental health professionals and underscores the need for targeted support programs to enhance marital satisfaction and overall well-being in families with special needs children.

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Introduction

Intellectual disability constitutes a notable constraint in the operational capacity of cognitive function that is markedly below the normative range, with its ramifications manifesting in adaptive competencies and becoming apparent prior to the age of 18. Individuals diagnosed with this condition encounter a multitude of challenges and obstacles within familial, educational, and societal contexts, rendering them susceptible to psychosocial disturbances during adolescence and adulthood (Maulik et al., 2011; Patel et al., 2020; Schalock et al., 2021). The incidence rate of intellectual disabilities within the general populace is roughly 1%, exhibiting variability contingent upon age. The incidence of severe intellectual disability is estimated at approximately 6 per 1000 individuals. Males exhibit a higher likelihood than females of receiving diagnoses for both mild and severe manifestations of intellectual disability; however, the gender ratios documented in extant research demonstrate considerable variability. Genetic determinants correlated with gender, alongside the heightened susceptibility of males to neurological impairment, may elucidate certain gender disparities (Heidari et al., 2022).

The caregiving responsibilities associated with a child diagnosed with intellectual disability can induce significant stress within the family unit, occasionally culminating in marital discord (Plant & Sanders, 2007; Yang et al., 2016). Consequently, the presence of a child with intellectual disability within any familial structure can be perceived as an unfavorable and formidable occurrence, as parents typically do not anticipate the birth of a child with such a disability; this situation engenders sentiments of guilt, inadequacy, and loss stemming from the child's atypicality in the parental experience (Sit et al., 2020). Caregivers of children with intellectual disabilities often find themselves more predisposed to marital conflicts, attributable to the myriad challenges they encounter in the realms of care, upbringing, and education (Kwok et al., 2014). Conflict is a phenomenon characterized by both advantageous and detrimental effects on individual performance, with the judicious and effective management of conflict serving to enhance performance and promote well-being, whereas maladaptive utilization engenders strife and diminishes health (Fincham, 2003). Marital satisfaction encompasses an individual's affirmative appraisal of their marital bond and the overall quality of their union, reflecting the subjective experiences of satisfaction, happiness, contentment, and enjoyment that couples derive from

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various dimensions of their lives, such as relational dynamics and economic circumstances concerning their offspring, among others (Michalos, 2003).

Parenting is one of the most demanding roles individuals undertake, often requiring significant emotional, psychological, and physical resources. For parents of children with mental retardation, the challenges are even more pronounced, as they must navigate the complexities of raising a child with special needs while managing their own emotional well-being and marital relationships. Mental retardation, characterized by limitations in intellectual functioning and adaptive behavior, places unique stressors on families, often leading to increased marital dissatisfaction, particularly among mothers who frequently assume the primary caregiving role (Lam et al., 2003). Marital dissatisfaction, in turn, can exacerbate stress, reduce family cohesion, and negatively impact the overall quality of life for both parents and children (Feldman et al., 2007). Given these challenges, there is a growing need for effective psychological interventions to support parents in managing marital dissatisfaction and improving their relational dynamics.

Acceptance and Commitment Therapy (ACT) has emerged as a promising therapeutic approach for addressing psychological distress and improving interpersonal relationships. ACT, a third-wave cognitive-behavioral therapy, emphasizes psychological flexibility, which involves accepting difficult emotions and thoughts while committing to actions aligned with one's values (Hayes et al., 2011). By fostering acceptance and mindfulness, ACT helps individuals reduce emotional avoidance and develop healthier coping mechanisms, making it particularly relevant for parents facing the chronic stressors associated with raising a child with mental retardation. Previous research has demonstrated the efficacy of ACT in reducing stress, anxiety, and depression in various populations, including caregivers of individuals with disabilities (Blackledge & Hayes, 2006). However, there is limited research on its effectiveness in addressing marital dissatisfaction among mothers of mentally retarded children, a population that is particularly vulnerable to relational strain. One of the most extensively utilized methodologies for addressing psychological concerns is acceptance and commitment therapy; its foundational tenets encompass the acceptance or willingness to endure pain or other distressing occurrences without the endeavor to exert control over them, as well as value-oriented action or commitment, alongside the readiness to pursue personally significant objectives prior to the mitigation of undesirable experiences (Hayes et al., 2011). The primary emphasis of acceptance and commitment therapy is not the elimination of

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negative cognitions and emotions. Rather, acceptance and commitment therapy involves the acknowledgment of suffering and the commitment to a life informed by values. The six principal processes that facilitate psychological flexibility within the acceptance and commitment framework include: self-monitoring, critical evaluation, acceptance, mindfulness, values clarification, and committed action. Acceptance and commitment therapy systematically addresses each of these processes with the overarching aim of enhancing psychological flexibility (Hayes et al., 2006).

Marital dissatisfaction, in this context, frequently arises from the imbalanced caregiving responsibilities, financial pressures, social seclusion, and emotional fatigue encountered by parents (Duba et al., 2012). These elements may precipitate communication failures, diminished intimacy, and persistent conflicts within the marital partnership. Conventional therapeutic modalities, although advantageous, may not comprehensively cater to the distinctive requirements of these parents, as they typically prioritize symptom alleviation over the cultivation of enduring psychological flexibility and value-oriented behavior. Acceptance and commitment therapy, with its focus on acceptance and dedication to meaningful actions, provides a comprehensive framework for addressing both individual and relational difficulties.

Parents of children with intellectual disabilities are particularly susceptible to marital discord due to the myriad challenges associated with their caregiving, upbringing, and education, necessitating support for these parents in managing familial issues (Llewellyn & Hindmarsh, 2015). Consequently, the present investigation was undertaken to evaluate the efficacy of acceptance and commitment therapy on the degree of marital dissatisfaction among mothers of children with intellectual disabilities, while also seeking to address the inquiry regarding the effectiveness of acceptance and commitment therapy in alleviating marital dissatisfaction within this demographic. The current study aspires to bridge this gap by assessing the impact of ACT on reducing marital dissatisfaction among mothers of children with cognitive disabilities. By focusing on psychological flexibility and endorsing value-driven living, ACT possesses the potential to enhance marital contentment and bolster overall family dynamics. This research is particularly pertinent, given the rising incidence of intellectual disabilities and the concomitant familial challenges, thereby underscoring the necessity for evidence-based interventions to assist affected families. The outcomes of this study may yield significant insights for mental health practitioners, policymakers, and caregivers, thereby emphasizing the critical role of targeted therapeutic interventions in enhancing the welfare of families with children with special needs.

Material and Methods

The research methodology employed was semi-experimental, characterized by a pre-test-post-test design inclusive of a control group. The statistical population for the inquiry comprised all parents of primary school students diagnosed with mental retardation during the 2023 academic year in District 5 of Tehran. The sample for the study consisted of 20 pairs of parents of children with mental retardation, who were selected through convenience sampling and subsequently assigned randomly to experimental and control groups. Data collection was facilitated utilizing the Enrich Marital Satisfaction Scale. The inclusion criteria for the parents of the children encompassed the absence of significant physical and psychological issues as evidenced by a review of medical records, no comorbidity with additional disorders, literacy, a diagnosis of mild to severe mental retardation confirmed through school educational records, an age range between 20 and 50 years, willingness to participate in the research, and personal contentment. Furthermore, the criteria for participant withdrawal were defined as the absence from more than two sessions and a lack of desire to continue engagement in the study. The instruments employed for data collection included the following questionnaire.

The Marital Satisfaction Questionnaire: Enrich Marital Satisfaction Scale (Fowers & Olson, 1993), comprising 47 items, is employed to assess various facets of marital satisfaction. The items within this questionnaire were scored utilizing a five-point Likert scale, ranging from 1 to 5. Additionally, certain items were reverse scored. In the Enrich Marital Satisfaction Questionnaire, responses were formatted according to a 5-point Likert scale, with values from 5 (completely agree) to 1 (completely disagree), yielding a minimum score of 47 and a maximum score of 235; individuals scoring below 150 are classified as experiencing a degree of marital incompatibility. Olson et al. (1979) established the validity of the 47-item version of the aforementioned questionnaire at 0.92, utilizing the alpha coefficient method. In the context of Iran, the validity of the instrument was affirmed through application of the Pearson correlation coefficient and the test-retest methodology, yielding values of 0.937 for male participants and 0.944 for female participants, with an overall reliability of 0.94 for both genders after a one-week interval (Arab Alidousti et al., 2015).

Commitment and acceptance-based therapeutic interventions were administered by a trained specialist in this domain over the course of eight 90-minute sessions, spanning a duration of two months, with one session occurring weekly at a group counseling facility. The encapsulation of the curriculum pertaining to commitment and acceptance-based therapy is delineated as follows.

Table 1. Summary of the content of commitment and acceptance-based therapy

Session	Content
1	Pre-test, student assessment, diagnostic interview, and treatment standardization
2	Introduction to the concepts of acceptance/commitment therapy, creating insight in students about the problem, and challenging control
3	Creative despair training and familiarization with the list of discomforts and problems that the client has tried to get rid of
4	Creating acceptance and mindfulness by letting go of control and creating cognitive dissonance, and reviewing the previous session
5	The goal of value-based life education and selecting and reviewing previous sessions and assignments.
6	Evaluating goals and actions, clarifying values, goals, and actions, and their obstacles
7	Reexamining values, goals, and actions, familiarizing and engaging with education
8	Identifying and removing obstacles to committed action, summarizing, and conducting a post-test

In the present investigation, all pertinent ethical standards were meticulously upheld, encompassing the confidentiality of the questionnaires, the informed consent obtained from the research participants, and the entitlement to withdraw from the study at any point. The data were analyzed utilizing SPSS version 24 software in conjunction with the univariate analysis of covariance methodology.

Results

Prior to the execution of the analysis of covariance (ANCOVA), a thorough examination of its underlying assumptions was conducted. The outcomes of the Kolmogorov-Smirnov test, utilized to assess the normality of the distribution of variable, indicated that the distribution of variable was normal across groups; furthermore, the Levene Test for Equality of Variances confirmed that the assumption of equal error variances was upheld. The descriptive statistics regarding the marital dissatisfaction of participants in both the control and experimental groups are delineated in Table 2.

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Table 2. Descriptive statistics of marital dissatisfaction of participants in control and experimental groups

Variable	Group	Pretest		Posttest	
		Mean	SD	Mean	SD
Marital dissatisfaction	Experimental	45.35	6.47	32.76	7.01
	Control	45.78	6.08	45.83	6.62

To assess the assumption of normality pertaining to the variables, both skewness and kurtosis were evaluated, that kurtosis and skewness values for variable fall within the range of (2+ to -2), thereby indicating that the current distribution adheres to the properties of a normal distribution. The ANCOVA result is presented in Table 3.

Table 3. ANCOVA result

F value	P	Effect size
6.84	0.038	0.183

The findings presented in Table 3 indicate that after accounting for the influence of pre-test scores, a statistically significant discrepancy was identified in the mean levels of marital dissatisfaction based on group affiliation (experimental versus control) ($P \leq 0.05$), and the efficacy of acceptance and commitment interventions in alleviating marital dissatisfaction was quantified at 0.183.

Discussion

The findings of this study demonstrate that Acceptance and Commitment Therapy (ACT) is effective in reducing marital dissatisfaction among mothers of mentally retarded children. This aligns with previous research highlighting the utility of ACT in addressing psychological distress and improving relational outcomes in caregivers of individuals with disabilities (Blackledge & Hayes, 2006; Hayes et al., 2011). The emphasis on psychological flexibility, acceptance of difficult emotions, and commitment to value-driven actions appears to be particularly beneficial for parents facing the chronic stressors associated with raising a child with intellectual disabilities. By fostering mindfulness and reducing emotional avoidance, ACT equips mothers with the tools to navigate marital challenges more effectively, thereby enhancing marital satisfaction.

Comparatively, the results of this study are consistent with findings from other interventions targeting marital dissatisfaction in parents of children with special needs. For instance, studies on cognitive-behavioral therapy (CBT) and mindfulness-based interventions have also reported

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improvements in marital satisfaction and reductions in caregiver stress (Feldman et al., 2007). However, ACT distinguishes itself by focusing not only on symptom reduction but also on promoting long-term psychological flexibility and value-based living. This holistic approach may explain the significant reduction in marital dissatisfaction observed in the experimental group, as ACT addresses both the emotional and relational dimensions of caregiving stress.

Despite these promising results, the study has several limitations that warrant consideration. First, the sample size was relatively small (20 pairs of parents), which may limit the generalizability of the findings. Future studies should aim to include larger and more diverse samples to validate the effectiveness of ACT across different cultural and socioeconomic contexts. Second, the study relied on self-reported measures of marital satisfaction, which may be subject to bias. Incorporating observational or partner-reported data could provide a more comprehensive assessment of marital dynamics. Third, the study did not include a follow-up assessment to evaluate the long-term effects of ACT. Longitudinal research is needed to determine whether the observed improvements in marital satisfaction are sustained over time.

Additionally, the study focused exclusively on mothers, which may not fully capture the experiences of fathers or the dyadic nature of marital relationships. Future research should explore the impact of ACT on both parents and examine how changes in individual psychological flexibility influence marital satisfaction at the dyadic level. Furthermore, the study was conducted in a specific geographic region (Tehran), which may limit the applicability of the findings to other populations. Replicating this study in different cultural and regional settings would provide valuable insights into the universality of ACT's effectiveness.

In light of these findings and limitations, several recommendations can be made. First, mental health professionals should consider incorporating ACT into their therapeutic repertoire when working with parents of children with intellectual disabilities. The emphasis on acceptance and value-driven action can help parents navigate the unique challenges of caregiving while improving their marital relationships. Second, policymakers and support organizations should prioritize the development of targeted interventions for families with special needs children, as these families often face significant emotional and relational strain. Finally, future research should explore the integration of ACT with other therapeutic modalities, such as family therapy or couples counseling, to further enhance its effectiveness in addressing marital dissatisfaction.

In conclusion, this study contributes to the growing body of evidence supporting the use of ACT in improving marital satisfaction among parents of children with intellectual disabilities. While the findings are promising, further research is needed to address the limitations and explore the broader applicability of ACT in diverse populations and settings.

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Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Islamic Azad University.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection and analysis. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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