



## The Effectiveness of Acceptance and Commitment Therapy (ACT) on Mental Well-Being and Life Expectancy in Women with Depressive Disorder

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### A B S T R A C T

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The aim of this study was to evaluate the effectiveness of Acceptance and Commitment Therapy (ACT) on mental well-being and life expectancy in women with depressive disorder. This study was a quasi-experimental method with a control and experimental group. The statistical population of the present study was women with depression referred to the welfare of District 12 of Tehran, from which 40 people were selected by available sampling method and randomly divided into two control and experimental groups (20 in the experimental group and 20 in the control group). The research instruments included Riff Psychological Well-Being and Hope Scholarship Questionnaires and Acceptance and Commitment Therapy Training Protocol. This training was performed for 8 sessions and each session lasted 90 minutes on the experimental group. Multivariate analysis of covariance was used to analyze the data. Findings showed that acceptance and commitment therapy training is effective on mental well-being and life expectancy and leads to increased mental well-being and life expectancy. Considering the effectiveness of acceptance and commitment treatment based on improving mental well-being and life expectancy in women with depressive disorder, it is necessary to conduct training workshops based on these concepts in counseling centers.

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**Keywords:** Depressive Disorder, Life Expectancy, Mental Well-Being, Acceptance and Commitment Therapy.

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## INTRODUCTION

According to the National Study of Diseases and Injuries in Iran based on 44 Persian articles and 12 English articles, depression is the third health problem in the country and its prevalence in different Iranian populations varies from 69.5 to 73% and more in women and girls. It is male and is more common in rural populations and small cities than large cities (Masoumi, Poorolajal, Keramat, & Moosavi, 2013). No specific statistics are available on the prevalence of depressive disorders. At the same time, 25 to 40 percent of people who go to psychiatric clinics always experience chronic depression (Clark & Watson, 1999; Fowles, 2018). Among the factors that decrease in depressed people and the psychological problems associated with this disorder are psychological well-being and life expectancy.

Today, positive psychologists have chosen a different theoretical and research approach to explanation and mental health. They equate mental health with positive psychological

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functioning and conceptualize it in terms of mental well-being. This group does not consider the absence of disease to be enough to feel healthy, but believes that having a sense of life satisfaction; sufficient progress, efficient and effective interaction with the world, energy and positive mood, good relationship with others and positive progress are the characteristics of a healthy person(Dejonckheere et al., 2019; Karademas, 2007). Mental well-being means an ideal life and means the flourishing of human capabilities. This view includes similar criteria and complements positive psychological health. Psychological well-being according to Ryff (1989), model consists of 6 factors, which are: self-acceptance, positive relationships with others, autonomy, purposeful life, personal growth and mastery of the environment.

One of the variables that are closely related to psychological well-being is hope. Hope, or life expectancy, is achieved when a person's life activities have the most convergence or similarity with his or her deep values, abilities, and efficiencies in various fields, Commitments and capabilities. Under such circumstances, a sense of hope and confidence emerges(Aburto, Villavicencio, Basellini, Kjærgaard, & Vaupel, 2020; Kontis et al., 2017; Woolf & Schoomaker, 2019).

One of the context-focused therapies that emphasizes acceptance and commitment therapy instead of reducing and eliminating symptoms such as disturbing thoughts and emotions is therapy based on acceptance and commitment(Hayes et al., 2004). The underlying assumption of acceptance and commitment therapy is that verbal processes produce a limited set of responses to situations(Hayes, 2004; Hayes, Strosahl, & Wilson, 2009). These severe behavioral treasury constraints are the principle of psychopathology from the perspective of the ACT(Wolitzky-Taylor, Arch, Rosenfield, & Craske, 2012). Act interventions use six pivotal processes to achieve psychological flexibility, the goals of which are: to confront patients directly and empirically with their current experiences; Disrupt cognitive fusion; Encouraging empirical acceptance; Helping patients to free themselves from their own narrative structure; Helping them build their own narrative structure, helping them achieve the goals that are most valuable to them; And facilitating their adherence to valuable paths in their lives(Hayes et al., 2004). Acceptance and commitment therapy was developed in 1986 by Hayes. This method is part of the third wave of behavioral therapies and has emerged following the second wave of these therapies such as cognitive-behavioral therapy. The effectiveness of this treatment in improving mood disorders(Zettle, Rains, & Hayes, 2011), post-traumatic stress disorder(Orsillo & Batten, 2005), anxiety disorders(Arch & Craske, 2008), panic, addictive disorders(Hayes et al., 2004), Psychosis(Gaudiano & Herbert, 2006), Psychological well-being(Moshtaghi, Asghari Ebrahimabad, & Aghamohamadian Sheirbaf, 2020), Life expectancy(Mehrabi, Yousefzadeh, Asghari Nekah, & Saki, 2021), have been effective. The core of acceptance and commitment therapy, on which most interventions are based, is empirical avoidance. Experiential avoidance occurs when a person does not want to be in contact with personal and psychological experiences, including bodily sensations, emotions, thoughts, memories, and behavioral tendencies, and to change the shape and frequency of these events and motivating situations. They take action; However, these actions have devastating effects on the individual(Hayes, Luoma, Bond, Masuda, & Lillis, 2006).

The increase in psychological problems in women and the fact that women with depressive disorder suffer from many psychological problems, as well as the effectiveness of acceptance and commitment therapy on psychological problems, has led to this treatment as a treatment. Be effective. Given what has been proposed, this study seeks to answer the question of whether "Acceptance and Commitment Therapy (ACT) is effective on mental well-being and life expectancy in women with depressive disorder."

## METHODOLOGY

The present research design is quasi-experimental with a control and experimental group. The statistical population of the present study was women with depression referred to the welfare of District 12 of Tehran, from which 40 people were selected by available sampling method and randomly divided into two groups of control and experimental (20 people in the experimental group and 20 people). Then, before performing ACT treatment for the experimental group, research questionnaires were distributed among the members of both control and experimental groups as a pretest. Then, eight sessions of 90-minute ACT treatment protocol were performed on the experimental group. After completing the training, the questionnaires were used again as a post-test by both groups. Experiments and controls were completed.

*Mental Welfare Scale:* This scale was designed by Ryff (1989), and the main form of this questionnaire has 120 items, but in subsequent studies, shorter forms of 84 items, 54 items and 18 items are also suggested. Took. To measure the psychological well-being variable, they use the short-form Reef Psychological Well-Being Questionnaire with 18 questions. In this research, the short form of 18 questions of this questionnaire has been used. The scoring method of this questionnaire is in the form of a 6-point Likert scale (strongly disagree = 1 to strongly agree = 6). Phrases related to each subscale: Self-acceptance subscale: 2, 8, 10; Positive Relationships subscale: 3, 11, 13; Autonomy subscale: 9, 12, 18; Environmental mastery subscale: 1, 4, 6; Purposeful living subscale: 5, 14, 16; the subscales of individual growth: 7, 15, 17 and the phrases: 3, 4, 5, 9, 10, 13, 16, 17 are scored in reverse. It was found to be statistically significant. Also, the correlation of this scale with life satisfaction scale, Oxford Happiness Questionnaire and Rosenberg Self-Esteem Questionnaire was 0.47, 0.58 and 0.46, respectively (Babadi-Akashe, Zamani, Abedini, Akbari, & Hedayati, 2014).

*Life expectancy questionnaire:* This questionnaire was designed by Schneider (1991) and has two subscales of agent and strategy. 4 phrases 2, 9, 10, 12 are used to measure factor thinking and 4 phrases 1, 4, 6 and 8 are used to measure strategic thinking and 4 phrases 3, 5, 7 and 11 are deviant and are not given a score. The method of answering this questionnaire is in the form of a 4-point Likert scale (completely false = 1 to completely true = 4). The range of variation of these scores is between 8 and 32. The internal consistency of the whole test is 0.74 to 0.84 and the reliability of the test - retest is 0.80 and in periods longer than 8 to 10 weeks it is higher than this amount. Internal consistency of the factor subscale is 0.71 to 0.76 and the strategic subscale is 0.63 to 0.80 (Edwards, Rand, Lopez, & Snyder, 2007). In the present study, the total score of the scale is 0.76.

Table 1 also summarizes the content of acceptance and commitment therapy sessions.

**Table 1. Summary of the content of ACT sessions**

Meeting	Content of meetings
First	Welcoming, getting to know and introducing the group members to the therapist and to each other; Expressing the feelings of people before coming to the meeting Expressing the rules that must be observed in the group, including: coming on time - no absence) Timeliness (doing homework, etc .; Expressing the principle of confidentiality and mutual respect of group members; Its objectives are to provide general educational materials about commitment and acceptance and a description of the therapeutic relationship and the implementation of a demographic questionnaire and the implementation of a pre-test.
Second	Review the previous session summary; Talk about the feelings and thoughts of group members; Teach members that, without judging whether their thoughts and feelings are good or bad,
Third	Just watch them; Teaching and recognizing emotions and their differences with thoughts; Provide techniques for creating a fault between the storyteller's mind and the sticky mind) including TV techniques, flood metaphor, train, cloud, mocking the contents of the storyteller's mind, reading the content of the storyteller's mind (?)
Fourth	Introduce universal values and describe the difference between value and purpose and prioritize values. Understand the nature of commitment and desire, determine the appropriate pattern of values using the metaphor of cartoon image, change home decoration. Set two values as the goal to work on them within a week.
Fifth	Review of homework related to values; Teaching the principle of acceptance using the metaphor of eating an apple; Provide assignments for the other two values in aggregate.
sixth	Examine assignments and add two values aggregate to increase committed performance; Provide mindfulness techniques and focus on breathing; Provide the technique of being present in the moment and stopping thinking; Recognize the subject of judgment and encourage members not to judge their own feelings; Provide this technique to be aware of the existence of self-feelings by being conscious at all times; Provide mindfulness homework (do daily chores with all your being, daily walk through mindfulness).
Seventh	Pursue value-related assignments and add two more values to work, review mindfulness-related assignments, and clarify dark points
Eighth	Examining value-related tasks and adding the two remaining values to the curriculum and presenting the task in relation to it and explaining that all actions performed on values were a kind of committed performance.

## RESULTS

**Table 2. Mean and standard deviation of control group research variables**

Variables	Pre-test		Post-test	
	Mean	Std. Deviation	Mean	Std. Deviation
Positive relationships with others	10.5	2.4	9.85	3.84
Autonomy	12.8	3.01	12.6	3.39
Mastery of the environment	8.8	1.63	8.4	2.84
objective life	9.9	2.98	8.6	2.96
Personal growth	10.78	2.05	9.55	2.98
Life expectancy	16.15	4.06	16.89	4.05

**Table 3.** Mean and standard deviation of research variables of the experimental group

Variables	Pre-test		Post-test	
	Mean	Std. Deviation	Mean	Std. Deviation
Positive relationships with others	8.2	2.95	15.7	2.96
Autonomy	11.15	2.25	17.14	3.26
Mastery of the environment	14.9	1.99	17.15	2.43
objective life	13.30	2.71	16.52	2.43
Personal growth	10.80	2.66	14.82	2.43
Life expectancy	17.65	3.31	28.36	4.52

According to this table, the means in the post-test of the experimental group increased the mean of positive relationships with others, autonomy, mastery of the environment, purposeful life, personal growth and life expectancy, while the means in the control group had very slight changes. The hypothesis of this study includes "Acceptance and Commitment Therapy (ACT) on effective psychological well-being and life expectancy in women with depressive disorder." To test this hypothesis, multivariate analysis of covariance (MANCOVA) was used. Before performing the hypotheses, the normality of the data must first be performed in order to perform parametric statistics. The Kolmogorov-Smirnov test was used to measure quantitative data. The significance level obtained from Kolmogorov-Smirnov test for scores of research variables is greater than 0.05, so the data is normal and parametric tests (covariance) can be used for inferential analysis of data. Before performing the analysis of covariance, the assumptions of this test such as linearity and homogeneity of regression slopes and equality of variances should be performed. After the test, the results show that the relationship is linear, so the assumption of linearity is not violated and the use of analysis of covariance is unrestricted.

**Table 4.** Results of analysis of covariance for research variables in control and experimental groups by removing the pre-test effect

Source	Sum of squares	Df	Mean squares	F	p	Effect size
Positive relationships with others	1020.42	1	1020.42	83.03	0.001	0.78
Autonomy	957.07	1	957.07	87.93	0.001	0.78
Mastery of the environment	145.69	1	145.69	8.75	0.001	0.26
objective life	132.738	1	132.738	25.65	0.002	0.46
Personal growth	132.738	1	132.738	25.65	0.001	0.65
Life expectancy	130.256	1	130.256	24.52	0.001	0.66

According to Table 4, acceptance and commitment therapy is effective on mental well-being and life expectancy.

## CONCLUSION

The research hypothesis states that "Acceptance and Commitment Therapy (ACT) is effective on psychological well-being and life expectancy in women with depressive disorder." The results of multivariate analysis of covariance (MANOVA) test showed that acceptance and commitment based therapy (ACT) has a positive and significant effect on mental well-being and life expectancy. Thus, the average scores have increased. The results of this study with the

## findings

Zettle et al. (2011), Gaudiano and Herbert (2006), and Moshtaghi et al. (2020), on the effectiveness of acceptance and commitment therapy on psychological well-being and are consistent with the findings of Orsillo and Batten (2005), Arch and Craske (2008), and (Mehrabi et al., 2021), on the effectiveness of treatment based on acceptance and commitment to life expectancy.

Explaining these findings, it can be said that the core of acceptance and commitment therapy, on which most interventions are based, acceptance and commitment therapy improves psychological well-being and quality of life in people with depression. It can be said that one of the things that reduces the psychological well-being of depressed people is the fruitless mental occupations that these people have in relation to events, so the creative frustration techniques used in the treatment of act cause Depressed people should avoid engaging in uncontrollable situations such as thoughts and emotions associated with negative cognitive symptoms, and plan to achieve a worthwhile life by accepting these inner experiences. Acceptance and commitment-based therapy and its techniques encourage the observation and description of current experiences without judgment; what is known as the process of knowing. This experience now helps clients experience the changes in the world as they are, not as the mind makes them. Finally, it can be said that acceptance and commitment therapy with techniques that use them to achieve psychological flexibility improved the components of psychological well-being in people with depression.

Homework notes, diary entries, diaries of discomfort, and training to practice reasoning and practice the desire for thoughts and feelings through mindfulness, which includes exercises in acceptance and commitment therapy. Maintain your mental health. Therefore, it can be said that acceptance and commitment therapy has been able to improve the mental state of women. Therefore, it can be said that in this treatment, the purpose of emphasizing the desire of people for inner experiences is to help them to experience their annoying thoughts only as a thought and to be aware of the dysfunctional nature of their current program. Instead of trying to recover, they wallow in their sadness and thus, experience more failure. In this study, by substituting themselves as a context, clients were able to easily experience unpleasant internal events in the present and be able to separate themselves from unpleasant reactions, memories and thoughts. In fact, the goal was to increase the psychological flexibility of these people. Accordingly, the main advantage of this method compared to other psychotherapies is to consider the motivational aspects along with the cognitive aspects, in order to increase the effectiveness and continuity of the treatment. Acceptance and commitment-based therapy guides clients to separate their thoughts and emotions, which allows therapists to correct the relationship framework and negative cognition modes. The goal of acceptance and commitment therapy is to increase full acceptance of a wide range of objective experiences, including disturbances, thoughts, beliefs, feelings, and sensory, physical perceptions, and ultimately lead individuals to improve their quality of life.

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