



The Effectiveness of Acceptance and Commitment-Based Approach on Psychological Well-Being of Married Female Head of Household

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A B S T R A C T

The purpose of this study was to investigate the effect of acceptance and commitment approach on the psychological well-being of married women head of household in Isfahan. This study was semi-experimental with pre-test and post-test. The study population consisted of all married women head of households covered by charity centers in Isfahan in 2018- 2019. For this purpose, 32 married women who were included in the study were selected and randomly assigned to either the experimental group and control Training based on acceptance and commitment approach on experimental group in Eight sessions of 90 minutes per week were performed Ryff (1995), psychological well-being variable was administered. The results of analysis of covariance showed that education based on acceptance and commitment approach on the increase psychological well-being and mastery of the environment, purposeful life, and the overall personal growth of married women in the experimental group compared to the control group in the post-test phase had a significant effect but on increasing self-acceptance, positive relationships and autonomy of the experimental group there was no effect on post-test.

Keywords: Acceptance and Commitment Based Approach, Psychological Wellbeing, Married.

INTRODUCTION

Women heads of households are women who take care of the family without the regular presence or support of an adult, and they are responsible for the economic, social and educational management of the family and major and vital life decisions (Godarzi, Pourkarimi, & Mazari, 2022). The International Labor Organization (ILO) considers women heads of families to include

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families in which there are no adult men due to divorce, separation, migration, non-marriage or widowhood, or if they are present, they do not have a share in the family's income, such as drug addicts, unemployed men, and prisoner's fugitive or disabled (Zarhani, 2011). In developing countries, a significant increase in the number and proportion of female heads of the family has been reported (Schatz, Madhavan, & Williams, 2011).

Statistical indicators indicate that the growth of women heads of families in our country is also increasing and this trend is increasing both in the number and in the ratio of women heads of families, so that in 1355 the proportion of women heads of families was 1.3% of all Iranian families. and this ratio reached 9.4% in 2015 and 12.7% in 2015 (Naseri, Amin, Poursaeed, & Arayesh, 2020). Every year, approximately 60,300 people are added to the population of female heads of the household (Rafii, Seyedfatemi, & Rezaei, 2013).

Poverty, lack of environmental support and negative attitude cause tension, pressure and feeling of helplessness among the female heads of the household and provide the basis for the occurrence of all kinds of mental disorders and social harms (Veisani et al., 2014). In this regard, in the research conducted on the topic of female heads of the family, it shows that female heads of the family deal with physical, psychological, social, legal and economic stressors more than non-headed women. Therefore, in order to ensure the mental health of the family The psychology of the head of the family is needed (Azadeh & Tafteh, 2016).

The World Health Organization has defined psychological well-being as a set of physical, social and mental well-being and not just the absence of disease (World Health Organization, 2016). According to Rief's definition, psychological well-being includes feeling good about oneself and one's life, a feeling that includes the experience of independence, environmental mastery, personal growth, positive relationships with others, purpose in life, and self-acceptance (Butler and Kern, 2016). Studies have shown that there is a relationship between psychological well-being and a higher level of career success, better friendships, productivity, quality of medical care (Butler and Kern, 2016) as well as improved physical health, immune system and protection against stress (Roncaglia, 2017).

On the other hand, acceptance and commitment therapy (ACT) is a cognitive behavioral therapy based on the third wave, which by encouraging values-based behaviors, helps clients to live with dignity despite existing problems and special conditions in their lives. have meaning (Barrett-Naylor, Gresswell, & Dawson, 2018). In this treatment, it combines the processes of acceptance and mindfulness with the processes of commitment and behavior change (Hayes, Strosahl, & Wilson, 2011). In fact, it is a mindfulness-based therapy that focuses on accepting thoughts, memories, emotions, and physical symptoms (Godbee & Kangas, 2020; Wilson, Hayes, & Strosahl, 2003), which includes six main processes: acceptance, denial, self as context, committed action, specification of values and being in the present (Hayes et al., 2011). In therapy based on acceptance and commitment, the goal is not to change the content or knowledge and thoughts, but the goal is to strengthen psychological flexibility, this ability leads to more connection with the present moment as a conscious human being and acting according to values and reducing the avoidance of experience that can have an effect on a person's behavior (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). Several researches, including Tracey, Gray, Truong, and Ward (2018), Moghadamfar, Amraei, Asadi, and Amani (2018), Tabrizi and Nezhadmohammad (2017), confirmed the effectiveness of treatments based on acceptance and commitment on psychological well-being.

In general, the results of the conducted research show that the treatment based on acceptance and commitment has been effective on psychological well-being and its components. Therefore, according to the issue that so far, no comprehensive research has been found that can examine the effectiveness of the approach based on acceptance and commitment on psychological well-being on married women who are heads of households in Isfahan city, so the purpose of this

research is to answer the question of whether treatment based on acceptance and commitment to increasing the psychological well-being of married women heads of households covered by charity centers effective?

METHODOLOGY

This research was of semi-experimental type with pre-test, post-test with control group. The statistical population of the research included all married women who are the head of the family covered by charity centers in Isfahan city in 2018-2019.

Research tool

Riff psychological well-being scale: A common tool in this field is Riff's psychological well-being scale (RSPWB). Ryff (1995), developed this tool based on research literature and integration of developmental theories and mental health, clinical and life span. He considered this point of view to include similar and complementary criteria of positive psychological health, the theoretical dimensions of positive psychological health include independence, environmental mastery, personal growth, positive relationships with others, purposefulness in life and self-acceptance (Blasco-Belled & Alsinet, 2022).

In 1980, six dimensions were defined from a theoretical point of view and based on these definitions, the main form with 10 questions was designed, but in the subsequent studies, shorter forms with 18, 54, and 84 questions were also proposed. In the form of 84 questions of this questionnaire, based on criteria such as ambiguity and harmony with the chosen for each scale (16 positive questions and 16 negative questions), were evaluated in a guide survey among 321 adults, 20 questions from each scale that Based on the psychometric criteria, they were evaluated and selected, and based on this, 20 questions remain for each scale.

Cheng and Chan (2005), reported Cronbach's alpha coefficients for the mentioned scales as: 0.59, 0.63, 0.55, 0.70, and 0.59, respectively. In the present study, the reliability of the whole test was calculated using Cronbach's alpha of 0.63.

In order to carry out the present research, among the charity centers of Isfahan city, one charity center (Isfahan Women's Charity Association) was selected randomly and through a general call, married women headed the family were registered and psychological well-being was taken from them. Then, 40 people who got a low score in the psychological well-being test were selected and randomly placed in two groups of 20 people, experimental and control. Of course, 4 members of the experimental group were removed from the list of members of the experimental group due to non-attendance in the meetings. So that the final list of test group members were 16 people. Therefore, in order to maintain the equality of the two groups, four members of the control group were randomly removed. Finally, 16 married women who are the head of the family from the sample members were included in the experimental group and were subjected to an intervention based on the approach of acceptance and commitment, which was carried out weekly during 8 sessions of 90 minutes. pure and impure suffering, telling the stories of the mind and introducing its faults, introducing oneself as a context, investigating the concept of value and its evaluation, and evaluating commitment to action, and 16 married women heads of the family were placed in the control group and did not receive any intervention, but to observe Ethical considerations received the common form of education after the completion of the research period. Pre-test and post-test in the psychological well-being variable were taken from married women of both groups.

Regarding observing the ethical principles of the research, it should be mentioned that the participants participated in the research voluntarily and with informed consent, and there was no

need to mention their names and family names, and it was emphasized that their information will remain confidential. It will be used only for analysis in the research.

Table 1. Content of training sessions based on acceptance and commitment approach

session	Issue	General content of meetings
1 st session	Introduction, explaining the rules of the meetings, taking the pre-test	In this meeting, along with getting to know the group members and the leader, a full explanation was given about the meetings and their titles and the work process during this period, and the subjects were explained about the group rules and necessary obligations. Also, the goals of the group were investigated, the members' thoughts and concerns related to the problems and stresses of female heads of the household, and the comparison of this group with female heads, between true and false beliefs about happiness.
2 nd session	Expression of creative helplessness	Examining the reaction of the members to the previous meeting, expressing their creative helplessness and using the metaphor of the well, presenting the assignment, in order to review the strategies, they have used so far and evaluate the effectiveness of these strategies in solving their problems, and the members were also asked to think of new strategies.
3 rd session	Introducing the inner and outer world	Examining the reaction to the previous session, examining the assignment of the previous session, introducing control as a problem, examining the inner and outer world and the laws of these two worlds, expressing the desire and metaphor of the polygraph, presenting the assignment and behavioral commitment.
4 th Session	Pure and impure suffering	Examining the reaction to the previous session, examining the assignment of the previous session, expressing the metaphor of the beggar at the door for a better understanding of desire, expressing pure and impure suffering, presenting the assignment and behavioral commitment.
5 th session	Telling the stories of the mind and introducing its faults	Examining the reaction to the previous session, examining the assignment of the previous session, telling stories of the mind and introducing the fault (exercise hands, metaphor of passengers on the bus), presenting assignment and behavioral commitment (exercising hands and identifying passengers who have bothered them during the week).
6 th session	Introducing yourself as a background	Reviewing and reacting to the previous meeting, the tasks of the members were examined, self-introduction as a background (representation of the sky), the experience of the present, replacing the past and the future, presenting the assignment and behavioral commitment (the members were asked to be an observer of thoughts and be their feelings and experience being in the moment).
7 th session	Investigating the concept of value and investigating it	Examining the reaction to the previous session, introducing the concept of value and examining it (metaphor of the movie of life), stating the areas of value, presenting the assignment (identifying values, evaluating their own personal performance in the direction of the goal focused on their role)
8 th session	Assessment of commitment to action	Examining the reaction to the previous meeting, examining the assignment, the metaphor of the bubble and the hall was brought up, the members were asked to rate their commitment to their actions, in addition, a summary of the discussions of the sessions was presented and the questions of the subjects were answered, and the questionnaires as the post-test was completed by the subjects.

In this research, in order to analyze the data, descriptive statistics (mean and standard deviation) and inferential statistics (variance analysis) were used to test the hypotheses. For this purpose, the data was analyzed using SPSS-21 software.

RESULTS

Table 2 shows the mean and standard deviation of the overall psychological well-being scores in the test and control groups in the pre-test and post-test phases.

Table 2. The mean and standard deviation of the overall psychological well-being scores in the test and control groups in the pre-test and post-test phases

variable	Group	No.	Pre-test		Pos- test	
			Mean	Std. deviation	Mean	Std. deviation
General psychological well-being	The experiment	16	137.19	17.74	154.06	18.79
	Control	16	138.25	13.12	138.12	9.7

As can be seen in Table 2, the average overall psychological well-being scores in the experimental group in the pre-test stage is equal to 137.19 with a standard deviation of 17.74 and in the control, is equal to 138.25 with a standard deviation of 13.12. While in the post-test, the average score in the experimental group is 154.06 with a standard deviation of 18.79 and finally in the control group it is 138.12 with a standard deviation of 9.70. The descriptive results (averages) in Table 2 show that in the overall psychological well-being component, in the experimental group, the average scores of the post-test have changed compared to the pre-test, but in the control group, the changes compared to the experimental group are not noticeable.

Table 3. The mean and standard deviation of the psychological well-being subscale in the test and control groups in the pre-test and post-test stages

Variables	Group	No.	Pre-test		Post-test	
			Mean	Std. deviation	Mean	Std. deviation
Self-acceptance	Experiment	16	23.5	8.56	24.18	5.24
	Control	16	22.18	5.99	22.25	5.9
Positive relationships	Experiment	16	22.75	4.38	24.06	5.96
	Control	16	20.75	4.78	21.37	5.13
Autonomy	Experiment	16	19.12	7	21.56	7.09
	Control	16	19.75	7.68	20.68	6.88
Mastery of the environment	Experiment	16	26.62	7.52	29.37	8.63
	Control	16	28.06	8.12	26.12	6.57
Objective life	Experiment	16	20.43	6.45	23	7.14
	Control	16	19.93	5.38	19.18	4.44
Personal growth	Experiment	16	25.68	9.6	31.68	8.49
	Control	16	27.37	7.39	26.62	7.72

The descriptive results (means) in table (3) show that in the components of self-acceptance, positive relationships, autonomy, the mean post-test scores of both control and experimental groups have not changed significantly compared to the pre-test, but in the components of mastery of the environment, purposeful life and Individual growth in the experimental group, the mean scores of the post-test have changed compared to the pre-test, but in the control group, no noticeable changes are observed. In order to investigate the significance of the differences between the two groups, covariance analysis was used, and the results are given below.

Table 4. The results of covariance analysis of the effect of group membership on the overall psychological well-being scores of female heads of households

Resources	Sum of squares	df	Mean Squares	F	Sig.	Eta	Effect size
Pre-test	3903.121	1	3903.121	40.288	0.001	0.581	1.00
Group	2232.081	1	2232.081	23.039	0.001	0.443	0.996
Error	2809.566	29	96.882				

As shown in Table 4, after removing the effect of the pre-test on the dependent variable and according to the calculated F coefficient, it is observed that between the adjusted averages of the overall psychological well-being scores of the participants according to group membership (experimental group and control group) in the post-test stage (F=23.039) there is a significant difference (P=0.001). Therefore, the first hypothesis is confirmed. Therefore, the treatment based

on acceptance and commitment had an effect on increasing the overall psychological well-being of the test group after the test. The amount of this effect in the post-test stage is 0.443.

Table 5. The results of covariance analysis of the effect of group membership on the psychological well-being component scores of female heads of households

variables		Sum of Squares	Mean Squares	F	Sig.	Eta	Effect size
Self-acceptance	Experiment	11.962	11.962	0.76	0.39	0.026	0.135
	Control	456.595	15.745	-	-	-	-
Positive relationships	Experiment	3.283	3.283	0.344	0.56	0.012	0.088
	Control	277.037	9.553	-	-	-	-
Autonomy	Experiment	16.018	16.018	1.859	0.18	0.06	0.261
	Control	249.824	8.615	-	-	-	-
Mastery of the environment	Experiment	155.391	155.391	8.479	0.007	0.226	0.804
	Control	531.491	18.327	-	-	-	-
Objective life	Experiment	95.195	95.195	5.377	0.028	0.156	0.611
	Control	513.405	17.704	-	-	-	-
Personal growth	Experiment	316.798	316.798	12.324	0.001	0.298	0.924
	Control	745.443	25.705	-	-	-	-

As shown in Table 5, after removing the effect of the pre-test on the dependent variable and according to the calculated F coefficient, it can be seen that between the adjusted averages of their acceptance scores (F=0.760) and (P=0.391), positive relationships (F=0.344) and (P=0.562), autonomy (F = 1.859) and (P=0.183) of participants according to group membership (experimental group and control group) in the stage There is no significant difference in the post-test. Therefore, the treatment based on acceptance and commitment did not affect the increase of self-acceptance, positive relationships and autonomy of the experimental group in the post-test.

But between the adjusted averages of the scores of mastering the environment (F=8.479) and (P=0.007), purposeful life (F=5.377) and (P=0.028) and personal growth (F=12.324) And (P=0.001) there is a significant difference in the post-test phase of the participants according to group membership (experimental group and control group). Therefore, the treatment based on acceptance and commitment has had an effect on increasing mastery of the environment, purposeful life and individual growth of the experimental group after the experiment.

CONCLUSION

The aim of the present study was to determine the effectiveness of the treatment based on acceptance and commitment on the psychological well-being of female heads of households in Isfahan city. As the findings show, there is a significant difference (P=0.001) between the adjusted averages of the overall psychological well-being scores of the participants according to group membership (experimental group and control group) in the post-test phase (F=23.039). Therefore, treatment based on acceptance and commitment has had an effect on increasing the overall psychological well-being as well as the components of mastery over the environment, purposeful life and individual growth of the experimental group in the post-test. These findings are in accordance with the research of ([Tracey, Gray, Truong, & Ward, 2018](#)), is consistent.

In the present study, the reason for the effectiveness of ACT approach on the psychological well-being of female heads of the family can be found in the process of learning to adapt to the unbearable aspects of life instead of trying to fight against these adversities. On the other hand, in therapy based on acceptance and commitment, it emphasizes values and creating a life with meaning by exploring personal values, as a result, people find ways to live in a more efficient way. In addition, in therapy sessions, people found that instead of Trying to maintain positive emotions and avoid negative emotions, focus on discovering personal values and act according to these

values. This is how the findings of this research showed that female heads of the family in the educational group reported better psychological well-being despite the existing issues and problems. In the following, the effectiveness or not of treatment based on acceptance and commitment on psychological well-being variables is discussed.

As the findings showed, therefore, the treatment based on acceptance and commitment did not affect the acceptance of the experimental group in the post-test. These findings are inconsistent with the research of ([Moghadamfar et al., 2018](#)), regarding the effectiveness of therapy based on acceptance and commitment to increase self-acceptance. In the explanation of this matter, it can be stated that the factors preventing self-acceptance include factors such as having impossible ideals, comparisons, generalizing a particular failure in life to the whole life and believing that these particular failures in They are repeatable throughout life, all these issues prevent the female heads of the household from accepting themselves. On the other hand, since this group of society cannot have a positive attitude towards their past and previous experiences, as a result, the process of accepting them faced problems. Also, these women are under the conditions of physical and mental stress and pressure that they are facing, as a result, they describe themselves with their physical feelings and thoughts and feelings that they have in their own circumstances, as a result of which they hinder the creation of the observer self or self as a context that can It helps in better self-acceptance, while not doing the tasks correctly or correctly and continuously during a week due to the many preoccupations they have related to this department can be a reason for the lack of impact of interventions on self-acceptance.

As the results showed, the treatment based on acceptance and commitment was not effective on positive relationships with other female heads of the household. In explaining these findings, it can be stated that female heads of households are more vulnerable than other women due to psychological, social and economic pressures and experience more problems than other women, on the other hand, as a result of cognitive fusion with thoughts and The beliefs that exist in their minds, they consider mental images very seriously and they consider thoughts as truth, they believe them and they focus all their attention on memories. As a result, these women probably develop pessimism towards the people around them, they cannot protect themselves from pessimistic thoughts towards others, and as a result, they face problems in interpersonal relationships and as a result positive and favorable relationships with others. On the other hand, the treatment based on acceptance and commitment did not affect the increase of autonomy of the experimental group in the post-test. Female heads of the family due to Ziad Khan's responsibilities They may not be able to achieve the desired autonomy in life. In explaining the ineffectiveness of the interventions, it can be stated that the goal of the therapeutic methods used in acceptance and therapeutic commitment is not to increase autonomy, but the goals of these therapeutic methods are to reduce the avoidance of these psychological experiences and increase awareness of them, especially focusing on the present moment. Due to the fact that these treatments focus more on acceptance, psychological detachment from the painful emotions and feelings of life, and therefore less emphasis is placed on the aspects of independence and autonomy and techniques that can specifically empower women heads of households in this field. The result prevents helping to create autonomy in these women, so reaching this result is not far from expected.

On the other hand, the treatment based on acceptance and commitment had an effect on increasing mastery of the test group's environment after the test.

Also, treatment based on acceptance and commitment had an effect on increasing the purposeful life of the experimental group after the experiment. Since women heads of households face many adversities in life, psychological flexibility and acceptance can reduce the effects of life's adversities in this group of people in the society and improve their health status in various areas

and help them improve aspects of life. Meaningful life and increasing valuable activities to improve the quality of life. Accepting thoughts as thoughts, feelings as emotions, and emotions as emotions - as they are - leads to a reduction in cognitive confusion, and in addition to accepting internal events, commits oneself to a valuable and purposeful life.

Also, the treatment based on acceptance and commitment had an effect on increasing the individual growth of the test group after the test. Therefore, these findings are inconsistent with the research of Hassanzadeh et al. In this treatment, clients learn that despite the problems, they can enjoy life, make their lives meaningful and be satisfied with themselves, and despite these problems and hardships, they can move along the path of values and do not give up acting in the direction of their values. Kelli will cause their personal growth. In addition, by emphasizing the values of motherhood and being a woman and encouraging them to move in the direction of their defined values, as well as creating a positive attitude towards the future in them and emphasizing the fact that they can achieve personal growth at any age and despite any circumstances. reach

Since every research is faced with limitations, this research is not an exception to this, so the limitations of this research are as follows: In this research, the sample is composed of married women who are the head of the family under the coverage of charity centers in Isfahan city, in order to generalize the results. It is limited to other samples and different cities and regions, and the necessary caution should be considered. The level of education of minimum reading and writing literacy was considered by the researcher, therefore, there is a limitation in generalizing the results to the illiterate population. Factors such as socio-economic class and employment that could be effective on the results were not taken into consideration. Since this research did not have a follow-up period, this study is limited.

In addition, due to the effectiveness of treatment interventions based on acceptance and commitment on the components of psychological well-being, including (dominance of the environment, purposeful life and personal growth) in women heads of households, the aforementioned interventions can be used to improve psychological well-being in women heads of households. Kurdish, considering the mutual effect of physical and psychological symptoms, it is necessary to use interventions based on acceptance and commitment, along with these interventions, other trainings such as body relaxation, mindfulness, therapeutic compassion in order to improve their connection with the present and in centers, such as the welfare organization, in order to increase the psychological well-being of these women, these trainings can be used, it is necessary for counselors, specialists and subordinate officials to pay attention to the mental and physical condition of this group of society, in relation to receiving psychological interventions, including treatment based on acceptance and commitment to help these groups, give necessary and sufficient attention.

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