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Comparing the Effectiveness of Dialectical Behavior Therapy and Therapy Based on Acceptance and Commitment on the Symptoms of Personality Disorder of Cluster B

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Abstract

Purpose: The purpose of this research is to compare the effectiveness of dialectical behavior therapy and therapy based on acceptance and commitment on the symptoms of people with cluster "B" personality disorders. **Method:** The statistical population of this research is all people aged 18 and above who were members of virtual networks related to psychology, including Sabat Therapy Clinic, and the sampling method was accessible and random. Among the volunteers, 30 qualified people were selected and were randomly assigned to two experimental groups. The data collection tools include the Millon-Three Multiaxial Test, Beck Anxiety Questionnaire, Beck Depression Questionnaire, and the Wisconsin Sorting Cards Test. Treatment based on acceptance and commitment protocol and dialectical behavior therapy protocol. Data processing from the questionnaire was done using SPSS version 24 software. **Results:** The findings from the data analysis showed that both methods can be used in the treatment of the symptoms of people with cluster B personality disorders, but the difference in effectiveness, except in two cases, the number of correct answers and the anxiety score, there was no significance in both treatment methods. **Conclusion:** Considering the high speed of effectiveness of both treatment methods, psychologists can use both treatments to increase the level of mental health of people with cluster "B" personality disorders in counseling centers.

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Introduction

Personality disorder is a persistent, pervasive and inflexible pattern of internal experiences and external behavior that is distinctly different from a person's cultural expectations and leads to helplessness or disorder. The limited range of experiences and responses that sufferers of these disorders often lead to psychological, social or occupational problems. Usually, these disorders start from adolescence or the beginning of adulthood (1). Personality disorders are classified into three major clusters, cluster "B" includes antisocial personality disorders, borderline personality disorders, narcissistic personality disorders, and histrionic personality disorders. And the problems of these people are categorized into 4 cognitive groups (perception, interpretation and interpretation of self, others and events), emotions (range, intensity, fluctuation and proportionality of emotional response), interpersonal

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communication and impulse control. (American Psychiatric Association, 2013). Antisocial personality disorder is associated with violating the rights of others and pervasive disrespect. A person suffering from this disorder shows a widespread pattern of inattention and violation of the rights of others and is very deceptive, impulsive and aggressive. They pay very little attention to the health of themselves, others and even their children. Also, people suffering from this disorder justify their actions with fat language (2). Narcissistic personality disorder is associated with feeling grandiose (in fantasy and behavior), need for praise, lack of empathy and severe and chronic jealousy. Marital problems and weak interpersonal relationships are usually seen in these people. People with this disorder need the approval of others (2).

Histrionic personality disorders are associated with pervasive and excessive self-stimulation, extreme emotions and attention seeking. People suffering from this disorder may show frequent suicidal gestures and forceful threats for better care. Their interpersonal relationships are unstable and unsatisfactory. They have frequent marital problems. Also, their mood is exaggerated and it is possible to change quickly. Anger is also common in them (3). Borderline personality disorder is associated with pervasive and extreme mood instability, self-image instability and inappropriate interpersonal relationships, as well as significant impulsivity. People with this disorder experience frequent and severe defects such as frequent job loss, dropping out of school, and failure in marriage. The pervasive instability that characterizes the lives of people with borderline disorder inevitably affects their relationships. People suffering from this disorder show a pervasive pattern of instability in interpersonal communication, self-image and mood along with significant impulsivity. These patients experience many changes in their mood and have severe fluctuations between the states of depression, anxiety and irritability. The existence of a person suffering from a personality disorder can intentionally or unintentionally destroy the society and cause a lot of financial and life losses for himself, his family and others, which can have adverse and irreparable effects bring for these people and their families (5). Therefore, it is necessary to carry out measures, including the evaluation of appropriate treatments, to reduce the symptoms of people with cluster "B" personality disorder. These measures are necessary in the field of therapeutic interventions in order to reduce the symptoms of people with cluster "B" personality disorder. In the field of therapeutic interventions in order to reduce the symptoms of people with cluster "B" personality disorders, few attempts have been made and recorded in the field of psychotherapy. Also, the treatment of these disorders is faced with serious problems, so that sometimes in the treatment process, the therapist and the patient experience helplessness and despair. Many therapists consider personality disorders incurable (6). It seems that dialectical behavior therapy and therapy based on acceptance and commitment can be effective in reducing the symptoms of cluster "B" personality disorder.

Dialectical behavior therapy is a comprehensive treatment based on cognitive-behavioral therapy that was created by Linehan in 1993 (7). The techniques of this psychotherapy are among the methods related to supportive, cognitive and behavioral treatments and special attention to concepts such as accepting one's feelings and emotions, increasing awareness, mindfulness and being in the present moment, objective observation, non-judgment, Distress tolerance training, managing impulsive behaviors, identifying self-destructive behaviors, reducing impulsivity, reducing self-harm, emotion regulation, and improving mood and emotional issues such as depression, anxiety, anger, mood instability, irritability and increasing the quality of life and effective interpersonal relationships (8). In behavioral therapies based on acceptance and commitment, clinical problems are conceptualized in a behavioral format. This approach believes that three basic problems form the basis of psychological disorders. These three problems are problems related to awareness, avoiding inner experiences and not doing important and valuable activities by the person during his life. These problems are considered as intervention targets (9).

Research results titled "Comparison of the effectiveness of group therapy based on acceptance and commitment and dialectical behavior therapy on cognitive strategies of emotion regulation in drug addicts with antisocial personality disorder" showed that these two treatment methods are effective in improving the cognitive strategies of emotion regulation in drug addicts with antisocial personality disorder. However, the treatment model based on acceptance and commitment was more effective in reducing the score of negative emotion regulation strategies "acceptance" (10).

In a research titled "Comparison of the effectiveness of behavioral activation therapy and therapy based on acceptance and commitment on the executive functions of patients with depression", the results showed treatment based on acceptance and commitment and behavioral activation significantly improve the executive functions of patients immediately after treatment, and the effectiveness of behavioral activation was significantly higher than treatment based on acceptance and commitment, and in the follow-up phase, only the effectiveness of behavioral activation

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remained, and the treatment based on acceptance and commitment did not maintain its effectiveness on any of the components of the patients' executive function after the two-month period (11). In a research titled "Comparison of psychological well-being and quality of life in people with personality disorder and normal people", the results showed that people with personality disorder have lower scores in psychological well-being components than normal people and quality of life (12).

In a research aimed at investigating the effectiveness of dialectical behavior therapy on people with suicidal thoughts and self-harm: the emotion regulation mechanism, the results showed that the skill related to emotion regulation can have an effect on the suicidal thoughts and self-harm of these people. Also, these results were permanent in the follow-up (13).

In a research titled "Dialectical Behavior Therapy for Men with Borderline Personality Disorder and Antisocial Behavior", a clinical trial, the results showed that dialectical behavior therapy is an effective treatment for these people and it is possible to use dialectical behavior therapy method in therapeutic interventions to treat affected people used to borderline personality disorder and antisocial behavior (14).

The method research

This study is a semi-experimental research with a pre-test, post-test and follow-up design. The target statistical population in this research is all people aged 18 and above who were members of virtual networks related to psychology in the spring of 1998, such as Sabat Therapy Clinic, and have seen the call for individual therapy and to participate in the group have volunteered. Also, according to Milon 3 test, they have been diagnosed with cluster "B" personality disorder. Sampling in this research was random in the selection of subjects available and in the replacement phase in two experimental groups (dialectical behavior therapy and acceptance and commitment therapy). In this way, 30 qualified people who met all the entry requirements and scored the desired score in the Beck Depression, Beck Anxiety and Wisconsin Questionnaires were selected and then randomly divided into two experimental groups (15 people in each group).) were placed. The data collection tools are:

- **Millon-Three Multiaxial Test:** It is a self-measurement scale and is used for clinical decision-making and diagnosis of a subject suffering from a special disorder or the presence of a special psychological feature in the subject. This test has 175 yes/no questions. Its implementation takes between 20 and 30 minutes. 11 clinical models measure personality and clinical symptoms and are used for adults 18 years and older. The clinical patterns of personality in the Milon Three Multiaxial Clinical Test include 11 subscales as follows: schizoid, avoidant, depressed, dependent, dramatic, narcissistic, antisocial, abusive-other-abusing, obsessive, negative, and abusive-self-abusing personality. It has been revised twice since its publication in 1969. Reliability of the scales in the MCMI-3 normative study at a time interval of 5 to 14 days (N = 87 from the range of 0.82 (image scale) to 0.96 (pseudo-physical scale) with an average of 0.90 for all Scales are reported. In Sharifi's study in Isfahan city, the alpha coefficient of the scales was obtained in the range of 0.85 (alcohol dependence disorder) to 0.97 (post-traumatic stress disorder). In this research, a group of 30 people with pain was selected to calculate the reliability coefficient of Milon's questionnaire using Cronbach's alpha method. Cronbach's alpha calculated for subscales of clinical symptoms and clinical patterns of personality and the whole questionnaire was obtained as 0.87, 0.83 and 0.92, respectively, which indicates the very high stability and reliability of this test (15).
- **Beck Anxiety Questionnaire:** Beck Anxiety Questionnaire is a self-report questionnaire and contains 21 questions in which the subject chooses one of the four options that indicate the intensity of anxiety and the options are ranked in order of importance from 0 to 3. That is, a score of zero is given to never or at all, and a score of 3 is given to the option that bothers me a lot. In 1993, Beck administered the Beck Anxiety Questionnaire together with the Beck Depression Questionnaire and SCL-90-R on 470 outpatients with various mental disorders and the results were as follows: The internal consistency of the BAI test using Cronbach's alpha method was high at 0.92. In 2009, Hoseini, Kaviani and Mousavi administered the Beck questionnaire on a sample of 1513 non-patient Iranian men and women in different age and gender groups in Tehran, and at the same time administered the questionnaire on 261 anxiety patients referring to clinics. The reliability (internal consistency) of the questionnaire was equal to 0.92 using Cronbach's alpha method, which has high reliability. To calculate the time stability by the retest method, the questionnaire was repeated on 121 people after one month and the retest reliability coefficient was 0.83 (16).
- **Beck depression questionnaire:** among the questionnaires prepared to measure depression, the Beck depression questionnaire-2 (BDI) is one of the most suitable tools for evaluating depression conditions. This questionnaire has 21 items that measure the physical, behavioral and cognitive symptoms of depression. The 21 items of the Beck depression questionnaire are as follows: sadness, pessimism, feeling of failure, dissatisfaction, guilt, expectation of punishment, self-loathing, self-

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accusation, thoughts Suicide, crying, restlessness, social withdrawal, indecisiveness, imagination of body change, difficulty in work, insomnia, fatigue, change in appetite, weight loss Body, mental occupations and decreased sexual interest. The revised form of the Beck depression questionnaire is more compatible with the DSM compared to the original form, in addition to that, the second edition of this questionnaire also covers all the elements of depression based on the cognitive theory of depression. Also, in this questionnaire, two items (items 16 and 18) have been edited in such a way that they are more sensitive to the severity of depression. The alpha coefficient was 0.92 for outpatients and 0.93 for students, and the retest coefficient was 0.93 after one week. In addition, in a survey on 125 students of Tehran University and Allameh Tabatabai University, which was conducted to check the reliability and validity of BDI-II on the Iranian population, the results of Cronbach's alpha of 0.78 and retest reliability of 0.73 after two weeks were reported. (17).

- **Wisconsin Matching Cards Test:** This test consists of 64 cards with pictures that differ in color (red, yellow, blue, and green), shape (cross, circle, triangle, and star) and number (one to four numbers). which was prepared by Berg and Grant (1948) in order to investigate the defects of the functions of the frontal lobe of the brain. By combining these variables, a total of 64 different modes are created. This test can be graded in several ways, and the most used grades are assigned to the number of classes obtained and errors. The obtained grades are the number of cards filled during the test, which varies from six to zero, and indicates the progress of the person during the test and the discovery of the series of six rules. Persistence error refers to choices in which the person insists on the previous rule again after changing the test rule (after 10 correct answers). This error is a sign of cognitive inflexibility. The reliability of this test in the Iranian population is reported to be 85% with the retest method (18).

In order to carry out the present study, 30 sample people completed the Beck and Wisconsin anxiety and depression questionnaires, and then they were randomly divided into two groups of 15 people. Psychotherapy sessions were held during 12 sessions of 40 minutes. An experimental group received acceptance and commitment therapy and an experimental group received dialectical behavior therapy. To evaluate the difference in the rate of change and progress of the two experimental groups, the Beck, Wisconsin and Milon depression and anxiety questionnaires were completed by the subjects of the two experimental groups immediately after the end of the intervention. Three months after the end of the treatment, in order to follow up the stability of the intervention methods, questionnaires were completed by two experimental groups. Data processing from the questionnaire was done using SPSS version 24 statistical software. Data analysis was done in two descriptive and inferential parts. Considering the type of data and since the design of this research was two experimental groups with pre-test, post-test and follow-up, for this reason, the best method was used to test hypotheses, i.e. analysis of covariance.

Findings

The descriptive statistics of the research are presented as follows:

Table 1. Frequency of education of samples in both groups

group	education	Abundance	Percentage
Dialectical behavior therapy	Diploma and associate degree	3	20
	Bachelor's degree	9	60
	Master's degree	3	20
Acceptance and Commitment Therapy	Diploma and associate degree	3	20
	Bachelor's degree	7	47.6
	Master's degree	5	33.3

According to Table 1, the lowest frequency of education in the dialectical behavior therapy group is related to diploma, associate and master's degrees or 3 people (20%) and the highest is related to bachelor's degree with 9 people (60%). In the acceptance and commitment therapy group, diploma and associate degrees are the least common with 3 people (20 percent) and bachelor's degrees are the most common with 7 people (46.7 percent).

According to table 2, in the dialectical behavior therapy group, the lowest frequency is related to the age group of 35 to 40 years and more than 40 years old with 2 people (13.3%) and the highest frequency is related to the age group less than 30 years old with 8 people (53.3 percentage). In the acceptance and commitment therapy group, the lowest frequency is related to the age group of more than 40 years with 0 people and the highest frequency is related to the age group of less than 30 years with 6 people (40%).

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In the following, the research hypotheses will be tested:

The effectiveness of dialectical behavior therapy and acceptance and commitment therapy on the amount of survival errors of people with cluster "B" personality disorders is different.

The normality of the variables was investigated and the skewness and kurtosis indices showed that the data distribution is normal. The assumption of homogeneity of the slope of the regression line and the assumption of homogeneity of variances have been confirmed.

The presuppositions of the analysis of covariance test were confirmed, so there is permission to use the analysis of covariance test.

Table 2. Frequency of age group of samples in both groups

group	age group	Abundance	Percentage
Dialectical behavior therapy	Less than 30 years	8	53.3
	30 to 35 years	3	20
	35 to 40 years	2	13.3
	More than 40 years	2	13.3
Acceptance and Commitment Therapy	Less than 30 years	6	40
	30 to 35 years	5	33.3
	35 to 40 years	4	26.7
	More than 40 years	0	0

Table 3. Analysis of covariance test for residual error variable in the post-test

The source of the effect	dependent variable	sum of squares	Degree of freedom	mean square	F	SIG	The size of the effect
pre-test	Post-test of residual errors	26.45	1	26.45	2.39	0.13	0.098
group	Post-test of residual errors	34.89	1	34.89	3.16	0.09	0.1
error		298.48	27	11.5			

Table 4. Analysis of covariance test for the residual error variable in the follow-up

The source of the effect	dependent variable	sum of squares	Degree of freedom	mean square	F	SIG	The size of the effect
pre-test	Follow up on residual errors	8.08	1	8.08	0.88	0.36	0.3
group	Follow up on residual errors	0.001	1	0.001	0.000	0.99	0.000
error		248.86	27	9.22			

According to Table 3, the results of the univariate analysis of covariance test show that the F value (P=0.09, F1,27 = 3.16) for the effect of the independent variable (group) on the score of staying in place errors was not statistically significant, so the hypothesis is rejected. In other words, there is no significant difference between the effectiveness of dialectical behavior therapy and acceptance and commitment therapy on survival errors of people with cluster B personality disorder in the post-test stage.

According to Table 4, the results of the analysis of covariance of one variable show that the F value (P=0.99, F1,27 =0.000) for the effect of the independent variable (group) on the score of staying in place errors was not statistically significant, so the hypothesis was rejected. In other words, there is no significant difference between the effectiveness of dialectical behavior therapy and acceptance and commitment therapy on survival errors of people with cluster B personality disorder in the follow-up phase.

The effectiveness of dialectical behavior therapy and acceptance and commitment therapy on the correct answers of people with cluster "B" personality disorders is different.

In order to use the covariance analysis test, its presuppositions have been examined and confirmed.

According to Table 5, the results of univariate analysis of covariance test show that the F value (P=0.02, F1,27 =5.86) for the effect of the independent variable (group) on the number of correct answers was statistically significant, so The hypothesis is confirmed. In other words, there is a significant difference between the effectiveness of dialectical behavior therapy and acceptance and commitment therapy on the number of correct answers of people with cluster B personality disorder in the post-test stage.

According to Table 6, the results of univariate analysis of covariance test show that the F value (P = 0.1, F1,27 =2.96) for the effect of the independent variable (group) on the correct answers was not statistically significant, so the hypothesis is rejected. In other words,

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there is no significant difference between the effectiveness of dialectical behavior therapy and acceptance and commitment therapy on the correct answers of people with cluster B personality disorder in the follow-up.

Examining the significant difference in the post-test stages and tracking the correct answers between dialectical behavior therapy and acceptance and commitment therapy shows that there is this difference in the post-test stage, but the stability of the group effect in this variable is not significant and there is no difference in the follow-up stage.

The effectiveness of dialectical behavior therapy and acceptance and commitment therapy on the number of attempts to complete the first pattern of people with personality disorders of cluster "B" is different.

In order to use the covariance analysis test, its presuppositions have been checked and confirmed.

Table 5. Analysis of covariance test for the correct answers variable in the post-test

The source of the effect	dependent variable	sum of squares	Degree of freedom	mean square	F	SIG	The size of the effect
pre-test	The post-test of correct answers	1.49	1	1.49	0/2	0.66	0.01
group	The post-test of correct answers	43.9	1	43.9	5.86	0.02	0.18
error		202.1	27	7.48			

Table 6. Analysis of covariance test for the variable of correct answers in the follow-up

The source of the effect	dependent variable	sum of squares	Degree of freedom	mean square	F	SIG	The size of the effect
pre-test	Follow up on correct answers	6.89	1	6.89	0.79	0.38	0.03
group	Follow up on correct answers	25.76	1	25.7	2.96	0.1	0.1
error		235.2	27	8.71			

Table 7. Analysis of covariance test for the variable number of attempts to complete the first pattern in the post-test

The source of the effect	dependent variable	sum of squares	Degree of freedom	mean square	F	SIG	The size of the effect
pre-test	Post-test of the number of attempts to complete the first pattern	42.71	1	42.71	0.94	0.34	0.03
group	Post-test of the number of attempts to complete the first pattern	0.86	1	0.86	0.02	0.89	0.001
error		1221.552	27	45.24			

Table 8. Analysis of covariance test for the variable number of attempts to complete the first pattern in follow-up

The source of the effect	dependent variable	sum of squares	Degree of freedom	mean square	F	SIG	The size of the effect
pre-test	Tracking the number of attempts to complete the first pattern	68.34	1	68.34	5.47	0.03	0.17
group	Tracking the number of attempts to complete the first pattern	3.66	1	3.66	0.29	0.59	0.01
error		336.1	27	1.48			

According to Table 7, the results of the one-variable analysis of covariance test show that the F value (P=0.89, F1,27 =0.02) for the effect of the independent variable (group) on the number of attempts to complete the first pattern was not statistically significant. Therefore, the hypothesis is rejected. In other words, there is no significant difference between the effectiveness of dialectical behavior therapy and acceptance and commitment therapy on the number of attempts to complete the first model for people with cluster B personality disorder in the post-test stage.

According to Table 8, the results of univariate analysis of covariance show that the F value (P=0.59, F1,27 =0.29) for the effect of the independent variable (group) on the number of attempts to complete the first pattern was not statistically significant. Therefore, the hypothesis is rejected. In other words, there is no significant difference between the effectiveness of dialectical behavior therapy and acceptance and commitment therapy on the number of attempts to

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complete the first pattern for people with cluster B personality disorder in the follow-up phase.

The effectiveness of dialectical behavior therapy and acceptance and commitment therapy on depression of people with cluster "B" personality disorders is different.

Among the presuppositions of variance analysis, the presupposition of homogeneity of variances was rejected with Levine's test, so the results of the covariance test are not reliable and instead of this test, the t-test of two independent samples is used.

Table 9. T-test of two independent samples for depression variable

	Levin's test		T-test of two independent samples		
	F	sig	t	df	sig
Assuming equality of variances	10.3	0.00	1.21	28	0.23
Assuming unequal variances			1.21	18.73	0.24

Table 10. T-test of two independent samples for depression variable

	Levin's test		T-test of two independent samples		
	F	sig	t	df	sig
Assuming equality of variances	14.13	0.00	0.36	28	0.72
Assuming unequal variances			0.36	19.45	0.72

In Table 9, in Levin's test section, sig is less than 0.05, so the assumption of equality of variances is rejected and the second row should be used. According to the results of the t-test of two independent samples, it shows that the value of t=1.21 and the value of sig=0.24, which is more than 0.05; Therefore, the hypothesis is rejected. In other words, the effectiveness of dialectical behavior therapy and acceptance and commitment therapy on depression of people with cluster "B" personality disorders is not different in the post-test.

Table 11. T-test of two independent samples for anxiety variable

	Levin's test		T-test of two independent samples		
	F	sig	t	df	sig
Assuming equality of variances	7.7	0.01	.49٢	٢٨	٠٣.٠
Assuming unequal variances			٤٩.٢	18.4	٠٤.٠

Table 12. T-test of two independent samples for anxiety variable

	Levin's test		T-test of two independent samples		
	F	sig	t	df	sig
Assuming equality of variances	96.17	0.00	1.02	٢٨	0.31
Assuming unequal variances			1.02	19.12	0.32

In Table 10, in Levin's test section, sig is less than 0.05, so the assumption of equality of variances is rejected and the second row should be used. According to the results of the t-test of two independent samples, it shows that the value of t=0.36 and the value of sig=0.72, which is more than 0.05; Therefore, the hypothesis is rejected. In other words, the effectiveness of dialectical behavior therapy and acceptance and commitment therapy on depression of people with cluster "B" personality disorders is not different in the follow-up.

The effectiveness of dialectical behavior therapy and acceptance and commitment therapy on the anxiety of people with cluster "B" personality disorders is different.

Among the presuppositions of variance analysis, the presupposition of homogeneity of variances was rejected with Levine's test, so the results of the covariance test are not reliable and instead of this test, the t-test of two independent samples is used.

In Table 11, in Levin's test section, sig is less than 0.05, so the assumption of equality of variances is rejected and the second row should be used. According to the results of the t-test of two independent samples, it shows that the value of t=2.49 and the value of sig=0.04, which is less than 0.05; Therefore, the hypothesis is confirmed. In other words, the effectiveness of dialectical behavior therapy and acceptance and commitment therapy on the anxiety of people with cluster "B" personality disorders in the post-test is different.

In Table 12, in Levin's test section, sig is less than 0.05, so the assumption of equality of variances is rejected and the second row should be used. According to the results of the t-test of two independent samples, it shows that the value of t=1.02 and the value of sig=0.32, which is more than 0.05; Therefore, the hypothesis is rejected. In other words, the effectiveness of dialectical behavior therapy and acceptance and commitment

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therapy on the anxiety of people with cluster "B" personality disorders is not different in the follow-up.

Discussion

The aim of the present study is to determine the difference between the effect of dialectical behavior therapy and therapy based on acceptance and commitment on the symptoms of people with cluster "B" personality disorders. The research findings are presented as follows:

The first hypothesis: The results of the first hypothesis showed that the score of errors of staying in place was not statistically significant, so the hypothesis is rejected. In other words, there is no significant difference between the effectiveness of dialectical behavior therapy and acceptance and commitment therapy on survival errors of people with cluster B personality disorder in the post-test stage. These results are in line with results (19) and (20).

Second hypothesis: The results of the second hypothesis have shown that the correct answers were statistically significant, so the hypothesis is confirmed. In other words, there is a significant difference between the effectiveness of dialectical behavior therapy and acceptance and commitment therapy on the correct answers of people with cluster B personality disorder in the post-test and according to the findings of the research, dialectical therapy compared to acceptance and commitment therapy caused a greater increase in the number of correct answers in the post-test phase, but it was not significantly maintained in the follow-up phase. These results are consistent with results (21) and (22).

Third hypothesis: The results of the third hypothesis showed that the number of attempts to complete the first pattern was not statistically significant, so the hypothesis is rejected. In other words, there is no significant difference between the effectiveness of dialectical behavior therapy and acceptance and commitment therapy on the number of attempts to complete the first model for people with cluster B personality disorder in the post-test and follow-up stages. These results are consistent with (23) and (24).

The fourth hypothesis: The results of the fourth hypothesis showed that the effectiveness of dialectical behavior therapy and acceptance and commitment therapy on depression of people with cluster "B" personality disorders is not different in post-test and follow-up. These results are consistent with results (21) and (23).

The fifth hypothesis: The results of the fifth hypothesis showed that there is a significant difference between the effectiveness of dialectical behavior therapy and acceptance and commitment therapy on the anxiety of people with cluster "B" personality disorders in the post-test stage. In this way, the effectiveness of acceptance and commitment therapy on reducing anxiety immediately after treatment was more than dialectical therapy, but this significance was not maintained in the follow-up phase and the passage of time, and both methods maintained their effectiveness equally in the follow-up phase. This finding is consistent with the results (25) and (26).

Conclusion

In explaining the first hypothesis, it can be said that the therapy based on acceptance and commitment is one of the types of cognitive behavioral therapy of the third wave, which, in addition to behavioral change strategies, also uses acceptance and mindfulness strategies to increase psychological flexibility.

In explaining the second hypothesis, it can be said that one of the common characteristics of cluster B personality disorders is the inability to regulate emotions and being impulsive and having reactions that are disproportionate to the situation, In the dialectical approach, we help clients with mindfulness exercises and being in the present moment to achieve the ability to maintain their focus on the same task while performing an activity in their daily life, and as a result, the quality of a person's work increases, Also, when people learn how to deal with and accept their feelings and thoughts, they will have a relatively stable personality, their emotional decisions will be less and they will be more committed to themselves and the society, and they will perform their assigned duties more correctly (10).

In explaining the third hypothesis, it can be said that treatment based on acceptance and commitment targets the core of problems and its overall goal is to increase psychological flexibility as well as the ability to contact the present moment as fully as possible and change behavior in order to serve values. The use of acceptance and commitment therapy interventions can lead to the reduction of many psychosocial problems by targeting emotions that play an important role in the behaviors of people with cluster "B" personality disorders.

In the explanation of the fourth hypothesis, it can be said that the treatment based on the acceptance and commitment of the field of scientific conflict, the center of internal control, the motivation for further progress, creativity and constructiveness, and hope for life in these people, and the sense of self-confidence and hope for life in affairs Strengthens life, And it enables people to identify problems, test themselves, act freely and independently, and offer the best solutions in various cases, and engage in less risky behaviors. Meanwhile, dialectical behavior therapy helps to weaken the relationship between problematic cases and people's normal reactions to these cases. Reactions such as fear,

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depression or anger and self-destructive behaviors and self-harm. The goal is to force the patient to pay attention to them before trying to change his feelings, and therefore the emotional avoidance strategies used by depressed patients are reduced.

In the explanation of the fifth hypothesis, it can be said that in this therapeutic method of acceptance and commitment, instead of changing cognitions, an attempt is made to change the relationship between the person's psychology and his/her thoughts and feelings. In acceptance and commitment therapy, the main goal is to create psychological flexibility. In this treatment, an attempt is made to increase a person's psychological acceptance of mental experiences (thoughts, feelings, etc.) and to decrease ineffective control exercises (13).

According to the results obtained in this research, as well as the basic theoretical commonalities of two dialectical therapy models and acceptance and commitment in orientation and goals, fundamental concepts, terminology and therapeutic emphasis, both therapeutic methods have a positive and meaningful effect on the symptoms of cluster personality disorder. Just as the effectiveness of dialectical behavior therapy in the treatment of borderline personality disorder has been proven before, in this study, the dialectical therapy model had a positive effect in reducing symptoms and showed that there was no significant difference in the process of this recovery with ACT therapy. The only difference regarding the variable of the number of correct answers in the Wisconsin test and anxiety immediately after the treatment was that this significance did not persist in the three-month follow-up. The lack of familiarity of a number of respondents with the concepts used in the questionnaire and the lack of adequate training in this field can be considered as another limitation of this research. Considering the fact that the samples of this research were made up of clinical clients and women, it is suggested that in future studies, this research should be carried out in other societies and on both sexes and on other disorders as well.

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The author contributed to the data analysis. Drafting, revising and approving the article, responsible for all aspects of this work.

Ethical Consideration:

The research data and literature have not been copied from any worksauthor upon reasonable request.

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