

Original Research

The Effectiveness of Acceptance and Commitment Therapy and Dialectical Behavioral Therapy on Health Anxiety, Psychosocial Adjustment and Cognitive Emotion Regulation of Referred Women to Consultation Centres

Nasim Jahangiri^{1*}

1. Master of Clinical Psychology, Khomeini Shahr University, Iran

***Corresponding Author: Nasim Jahangiri**, Master of Clinical Psychology, Khomeini Shahr University, Iran. E-mail: nassemjahangiri1361@gmail.com. orcid no: <https://orcid.org/0000-0002-6125-3058>

Abstract:

Background:

The purpose of present study was to assessment the effectiveness of commitment and acceptance therapy and dialectical behavior therapy on health anxiety, psychosocial adjustment and cognitive emotion regulation of referred couples to Tehran counseling centers. The principles of acceptance and commitment therapy can be applied to a wide range of human problems, involving marriage and couple therapy. Also, , dialectical behavior therapy is a special type of cognitive-behavioral therapy that tries to increase the quality of life of couples by using the four skills of increasing the mindfulness, distress tolerance, effective communication skills and couples achieve to therapeutic goals emotional regulation by using these skills.

Method:

The research method of the present study was conducted from a systematic review by searching the keywords in websites, magazines, and quarterly. Summary of published articles were reviewed and finally 16 final articles were selected for comprehensive review and data extraction.

Results: The results showed that both therapy protocols were effective but dialectical behavior therapy had a more effective effect on reducing health anxiety, increasing adaptation and emotion regulation than commitment and acceptance therapy.

Conclusion:

Implementing ACT and DBT training appears to be beneficial in reducing social, interaction and adjustment problems and anxiety of referred women to Consultation Centres.

Keywords:

Submitted: 11 August 2022, Revised: 19 September 2022 , Accepted: 17 October 2022

Introduction

The notion of family and the value of this social institution studied as foundation for any government and society. Society needs new citizens with a new way of thinking due to structural and infrastructural changes. So, it should be said the family is one of the first institutions that must change in society and change in it will be possible through scientific understanding of functions (1). This social institution begins with the marriage of a man and a woman (2). Most couples at the beginning of their life consider their mutual capital as mutual love and affection (3), but when the marital life does not continue as the couple expects, the couple experiences despair and hopelessness and a state of reduced emotion (4). In this case, couple reach to a hatred and then indifference after a long period of conflict which is the last stage of emotional relationship between man and woman and ultimately it leads to emotional divorce (5). Experts believe that in the divorce process a legal divorce takes place after an emotional divorce, Divorce, as a social issue, involves the legal dissolution of marriage and is important in terms of vulnerability at the individual and social levels. (6) Divorce or being a divorcee is one of the valid indicators of marital conflict in marital relationships and emotional breakdown between couples. Divorced couples have a more negative relationship with each other and have a broken marital relationship, and will be face in trouble in the future. Also, couples who being divorce have more negative interactions than positive interactions. (7) Studies have shown that social status and divorce acceptance strongly predict how individuals's psychological well-being is shaped. (8) Third therapies (cognitive-behavioral) of the wave emphasizes on some issues such as mind, emotions, acceptance, relationships, values, goals, and metacognition. (9) New models and interventions include acceptance and commitment therapy, dialectical behavioral

therapy, mindfulness-based cognitive therapy, and psychotherapy, applied analysis, metacognitive therapy and several other models. ACT and DBT are considered sibling techniques. Both are recognized as part of the third wave of cognitive-behavioral therapy, which includes therapies such as mindfulness-based cognitive therapy and integrated behavioral couple therapy. Acceptance and commitment therapy is a contextual and functional intervention based on relational framework theory. In this approach, it is believed that human suffering is due to his psychological inflexibility (10). Lack of psychological flexibility is shown as avoiding stimuli and situations related to pain and anxiety. From a learning perspective, avoidance is influenced by environmental factors (internal and external) prior to behavior, and action is a consequence of that behavior. (11) ACT is explicitly textual and based on a basic experimental analysis of cognition, language, and rationality. Humanity and theory are the framework of communication. Communication Framework Theory (RFT) explains why cognitive convergence and empirical avoidance are both harmful and omnipresent at the same time. Commitment and acceptance therapy targets these processes and generates supportive data at both the process and outcome levels. ACT is generally behavioral, but still offers a theoretical perspective and another therapeutic perspective called Dialectical Behavior Therapy (DBT) based on a comprehensive empirical analysis of human cognition seeking to explain and resolve marital conflicts and improve relationships. Emotional Couples (12) Dialectical Behavior Therapy (DBT) is a therapeutic approach introduced by Linnaean in the early 1990s to treat the patients with borderline personality disorder and other patients with emotional dysfunction and impulsivity. This method emphasizes on the skills training, acceptance and validation of emotions (13) Dialectical

behavior therapy is a long-term behavioral intervention that is based on the principle of change and emphasizes on the structure (14). DBT skills training involves four main categories: mindfulness, emotion regulation, interpersonal relationship effectiveness, and ambiguity tolerance. In case, individual are encouraged to use the mindfulness in their daily activities. As Linhan describes; Mindfulness skills training is the most important component of DBT, which is a prerequisite for training the other three components. Training in mindfulness skills in DBT helps individual to change maladaptive behavioral patterns, emotions, thoughts and interpersonal relationships in life (15). The effectiveness of both therapies based on commitment and acceptance and dialectical behavior therapy has been evaluated in the treatment and reduction of symptoms of a wide range of problems separately. However, the study of the history of the above therapies in the country does not show a study comparing the effectiveness of ACT and DBT. The present study tries to investigate health anxiety, psychosocial adjustment and cognitive emotion regulation in these therapies. Health anxiety is a common anxiety disorder and is a disorder characterized by a great deal of anxiety and fear about having a serious illness; Therefore, the main problem in this disorder is anxiety and it's form of it is different from other anxiety disorders (Lopez-Sola et al., 2019). Health anxiety is a continuum concept which is proposed by Salkoviskis and Warwick, firstly (16).

Commitment and acceptance therapy for health anxiety (HA) is based on functional methodology and emphasis on the performance of inner experiences (17), it means that, how thoughts about illness, emotions, and bodily emotions are experienced and controlled by using the acceptance, desire, and reduction strategies. (18) Researches also shows that dialectical behavior therapy (DBT) has been

effective in reducing the symptoms of mood, emotional and anxiety disorders. The effectiveness of dialectical therapy behavior and its group training have been reported in individuals's reducing self-harming behaviors, emotion regulation and improving a number of mood and emotional issues such as depression, anxiety, anger, emotional instability and irritability (19).

Another variable in the present study is the effectiveness of ACT and DBT on cognitive emotion regulation. Cognitive emotion regulation refers to the physiological and behavioral psychological processes that a person uses to re-evaluate strategies based on specific cognitive strategies on his or her emotions and those of others to change negative emotions and tendencies toward positive emotions to avoid potential harm. Dialectical Behavior Therapy emphasizes the role of emotion regulation and the goals of acquiring skills and techniques to encourage the cognitive control over maladaptive behavioral patterns (20). Followers of acceptance and commitment therapy believe that recognizing thoughts and emotions should be done in the conceptual context of events. For this reason, unlike cognitive-behavioral methods that correct the dysfunctional cognitions and beliefs in order to correct the emotions and behaviors, in the therapy of acceptance and commitment, one learns to accept one's thoughts and emotions in the first step, live here and present time and enjoy more flexibility (21) In due to the above, it is important to address the mental health status of couples who referred to counseling as well as the effectiveness of two cognitive behavioral therapies ACT and DBT among these people . The main goal of the present study is the effectiveness of commitment and acceptance therapy based on dialectical behavior therapy on health anxiety, psychosocial adjustment and cognitive emotion regulation of couples who referred to counseling centers.

Research Methods

This article is a review type. To finding the related documents in the Google Database searched the keyword "commitment and acceptance therapy, dialectical behavior therapy, health anxiety, psychosocial adjustment, and cognitive emotion regulation." Relevant material was also searched in sites such as the Journal of Psychology, Civilica, Springer, Elsevier and Emerald, and a total of more than 21 articles were found. Finally, 16 articles were selected based on the desired criteria and used in writing the present article and after studying and reviewing the abstract, eliminating duplicate and irrelevant items. Criteria such as thematic relevance of titles, validity and relevance of the abstract to the intended purpose were used as selection criteria.

Results

Dialectical behavior therapy is a type of psychotherapy that uses some concepts in cognitive-behavioral approaches and emphasizes the psychosocial aspects of therapy. The theory behind this therapeutic approach is that some people react strongly and unusually to emotional situations, especially those related to romantic, family, and friendship relationships. The theory of dialectical behavior therapy has suggested that the level of arousal of some people increases much faster than others in these situations. They are emotionally aroused very quickly and it takes a long time for them to return to normal conditions. In this behavior therapy has a great effect on reducing health anxiety, increasing adjustment and regulating people's emotions. Also, commitment-based therapy and ACT (Act) is actually mind-based behavior therapy that uses a selected and humane approach to Help people to be able to fight their evil spirits. The ACT, or Acceptance and Commitment Therapy, was originally developed in Relationship Framework Theory (RFT) and

gradually evolved to provide full benefits to individuals in all process of life. This behavior is also effective in reducing health anxiety, increasing adju and emotion regulation, but dialectical behavior therapy had a more effective on reducing health anxiety, increasing adaptation and emotion regulation than commitment-based therapy.

Discussion

In explaining the effectiveness of acceptance and commitment therapy, it can be stated that the main purpose of acceptance and commitment therapy is to help the patient to become aware without the need to change or avoid memories, thoughts and feelings. This therapy uses cognitive dissociation techniques to change the undesirable functions of thoughts and other private events instead of denying them. Referred couples to counseling centers who have experienced various inner negative emotions and thoughts can be face to theses thoughts and accept these emotions and memories that occur to them by using the acceptance and commitment and by gaining this awareness and acceptance, they will be better able to cope with difficult situations, cope with sources of stress, and become resilient. In another explanation, it can be stated that the purpose of therapy is not based on acceptance and commitment to make a direct change in the client, but its purpose is to help the client to communicate with his experiences in different ways and to be able to fully engage with a meaningful live and value-based. In explaining the effectiveness of dialectical behavior therapy, it can be said that the core of dialectical behavior therapy and its techniques are effective based on mindfulness, distress tolerance, emotional regulation and interpersonal relationship. Mindfulness is the state of being aware of continuous physical, cognitive, and psychological experience in a non-judgmental, receptive, and compassionate manner. This therapy is considered as a

psychological trait that refers to the tendency of mindfulness to be conscious in daily life. Mindful people are less likely to engage in negative emotions and thoughts. Couples who refer to counseling centers, after dialectical behavior therapy and mindfulness, do not deal with stress and difficult situations in a judgmental way, and they can better control the situation and deal with it by enduring the situation. On the other hand, they are less involved in negative emotions and thoughts and cope with the ability to perform positive and adaptive behaviors in difficult situations. Increased distress tolerance is another technique used in dialectical behavior therapy. Tolerance of distress refers to the experience and tolerance of a negative inner state.

As the results show, Acceptance and Commitment Therapy (ACT) is significantly more effective in treating coping disorder (ODD). These results are consistent with Hayes et al (2018) (9) study of treatment based on group research among 28 children with emotional dysregulation and outsourcing behaviors. It is also consistent with the findings of Wexel, Melin, Lakandar, and Aspara et al (2018) (2), Nemati et al (2020)(23), Gois et al (2019) (24), Amir Khanlou et al (2021)(25) and Gottman (2017) (7). Children with ODD often argue with adults, get angry, and are angry, upset, and quick-tempered. They disobey the wishes and behavior of others and get angry quickly. Acceptance and commitment based therapy using techniques such as fault and acceptance reduces the amount of annoyance for these situations for children and although it does not directly target the content of these children's thoughts, but as a result of using fault and acceptance techniques. Also, talking about the values and goals of the individual and the need to identify and specify them all lead to a reduction in the underlying factors of disobedient behaviors, such as anxiety and anger in these children. The behaviors of these children often affect their interpersonal

relationships. Often not friends, these problems can lead to low self-esteem and low tolerance for failure, depressed mood and anger attacks. In acceptance and commitment therapy, by balancing the acceptance of some problems as well as the existence of different people with different characteristics and on the other hand with the commitment to change the issues related to themselves, it is possible to rebuild interpersonal relationships and thus improve it in a positive cycle. Central ACT processes teach people how to stop thinking, how not to get involved with disturbing thoughts, and make the person more tolerant of unpleasant emotions. In general, many of the features and manifestations of ODD disorder are appropriate for admission-based therapy.

The results showed that dialectical behavior therapy (DBT) is significantly effective in the treatment of coping disorder (ODD). Findings of the present study is consistent by Miller, Ratus, Ameri (2018)(5) in the use of dialectical behavior therapy for suicidal adolescents and also the research of Gentili et al. (2019) (11) in the use of dialectical behavior therapy for children with Suicidal and non-suicidal behaviors; Narimani, Begian Koleh Marz, Ahadi and Abolghasemi (2014) (8) study on DBT training is consistent in reducing ADHD symptoms. In fact, children with ODD cannot manage their emotions, especially in the face of emotions such as anger, react quickly and show aggressive behavior. Applying the principles of dialectical behavior therapy creates appropriate strategies in children that when faced with unpleasant internal and external events, instead of providing quick and inappropriate reactions, using the distinction between cognition, feeling and behavior and using strategies such as mind awareness, distraction, STOP skills, self-relaxation, excitement surfing and learning interpersonal skills provide good answers and can manage their inner events.

Conclusion

This therapy helps these children to identify their emotions better and more accurately by using emotion regulation skills and to be able to adjust and regulate their emotions in a proper way without using destructive strategies. At the same time, teaching interpersonal relationships helps these children to accept them instead of blaming and unfavorable relationships with others, and to behave more appropriately and respectfully with those people around them over time. The results showed that there was no significant difference between dialectical therapy and commitment-based therapy in the treatment of confrontational disobedience disorder, but both therapies were able to reduce the symptoms of confrontational disobedience to the same extent.

Reference

1. Bayerman, S., Kleverson, E. (2016). Family therapy and Self Differentiation in women with and without mental disorders .*Procedia social and Behavioral Sciences*, 2 (11), 223-232.
2. Aspara ,J., Wittkowski, K., Luo, X.(2018). Types of intelligence predict likelihood to get married and stay married: Largescale empirical evidence for evolutionary theory. *Pers Individ Differ*,122,1-6.
3. Pamuk, M., Durmuş, E.(2015). Investigation of burnout in marriage. *Int JHuman Sci* ,12(1),162-177.
4. Heinemann, L.V., Heinemann, T.(2017). Burnout Research: Emergence and Scientific Investigation of a Contested Diagnosis,*journal of SAGE Open*, 7(1).1-12.
5. Ameri, Maryam, Shafiei, Hassan, (2018), Explaining the emotional divorce based on communication pattern and conflict resolution styles of women working in Tehran, *Family and Health Quarterly*, 4,14-3.
6. Zarchi, Mohammad Sadegh, Gholam Ali Lavasani, Massoud, Hosseinzadeh Oskooi, Ali and Samadi Kashan, Sahar, (2015), A Phenomenological Study of Emotional Experiences of Divorced Children, *Quarterly Journal of Psychological Health Research*, 1, 36-24.
7. Gottman, J., Gottman, J. (2017). The Natural Principles of Love. *Journal of Family Theory & Review*, 9 (1), 7–2
8. Smith-Greenaway, E., & Clark, S. (2017). Variation in the link between parental divorce and children’s health disadvantage in low and high divorce settings. *SSM - Population Health*, 3, 473-486.
9. Hayes, S. C., & Hofmann, S. G. (2018). The third wave of cognitive behavioral therapy and the rise of process based care. *World Psychiatry*. 245-6.
10. Hayes, S. C., Strosahl, K. D., & Wilson, K. (2014). Measuring experiential avoidance: A preliminary test of a working model. *Psychological Record*, 54 (4), 553-578.
11. Gentili, C., Rickardsson, J., Zetterqvist, V., Simons, L., Lekander, M., & Wicksell, R. K. (2019).Psychological flexibility as a resilience factor in individuals with chronic pain. *Frontiers in psychology*, 10, 1-11
12. Noosh Kia, M., Rasouli, M., Zare Bahramabadi, M., (2016), Comparison of the effectiveness of dialectical behavioral therapy based on acceptance and commitment to cognitive emotion regulation and rumination reduction in patients with generalized anxiety disorder, *Quarterly Islamic lifestyle with a focus on health*, 1, 27-34.
13. Yasfard, Abbaspour Azar, Z, Hosseini Al-Madani, A., (2018), Comparison of the effectiveness of dialectical behavior therapy and short-term solution-based therapy on self-esteem, cognitive emotion regulation and non-suicidal self-injury

- behavior in girls, *Quarterly Scientific-Health and Health Promotion*, 4, 343-358.
14. Teymouri, S., Ghaffarian, G., Yazdanpanah, F., (2017), The effectiveness of dialectical behavior therapy on marital satisfaction in marital conflict, *Journal of Clinical Psychology and Counseling*, 2, 10-120.
 15. Nararro-Haro, M. V., Hoffman, H. G., Garcia-Palacios, A., Sampaio, M., Alhalabi, W., Hall, K., & Linehan, M. (2016). The Use of Virtual Reality to Facilitate Mindfulness Skills Training in Dialectical Behavioral Therapy for Borderline Personality Disorder: A Case Study. *Front Psychol*, 7, 1573.
 16. Salkovskis, P. M., & Warwick, H. (2001). Making sense of hypochondriasis: A cognitive theory of health anxiety. In *Health anxiety: Clinical and research perspectives on hypochondriasis and related conditions* (pp. 46-64). Wiley.
 17. López-Solà C, Bui M, Hopper JL, Fontenelle LF, Davey CG, Pantelis C, et al. (2019). Predictors and consequences of health anxiety symptoms: a novel twin modeling study. *Acta Psychiatrica Scandinavica*, 137(3):241-51.
 18. Goldberg, X., Cardoner. N., Alonso, P., López-Solà, C., Real, E., Jiménez-Murcia, S., & Soriano-Mas, C. (2017). Inter individual variability in emotion regulation: Pathways to obsessive e compulsive symptoms. *Journal of ObsessiveCompulsive and Related Disorders*, 11, 105–112.
 19. Lang, C.M., Edwards, A.J., Mittler, M.A., & Bonavitacola, L. (2020). Dialectical behavior therapy with prolonged exposure for adolescents: rationale and review of the research. the address for the corresponding author was captured as affiliation for all authors. *Cbpra*, 25, 416-28.
 20. McKay M, Wood JC, Brantley J. (2019). The dialectical behavior therapy skills workbook: Practical DBT exercises for learning mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance. California: New Harbinger Publications.
 21. Khorram Rooz, Amirreza and Moghimzadeh, Elahe, (2021), The effectiveness of acceptance and commitment therapy in emotion regulation, life meaning and self-fulfillment, the 4th International Conference on New Research in Psychology, Social Sciences, Educational Sciences and Educational, 4th International Conference on New Research in Psychology, Social Sciences, Educational Sciences
 21. Rafizi, Z. Keshaei, M., (2016), The effectiveness of acceptance and commitment treatment on increasing intimacy and marital adjustment of patients with substance use disorders, *Journal of Disciplinary Medicine*, 2, 119-126.
 22. Stewart C, White R, Ebert B, Mays L, Nardozzi Bockarie H. (2018). A preliminary evaluation of Acceptance and Commitment Therapy (ACT) training in Sierra Leone. *JCBS*. 5(1):1622.
 23. Nemati, M, Do Ganei Fard , F, Behboodi, M, (2020), Comparison of the effectiveness of three methods of therapy based on acceptance and commitment, emotion-based therapy and integrated therapy on the spiritual well-being of families referred to urban counseling centers, study Experimental, *Quarterly Journal of Research in Religion and Health*, 1, 119-125.
 24. Gois C, Akiskal H, Akiskal K, Figueira ML. (2015). Depressive temperament, distress, psychological adjustment and depressive symptoms in type 2 diabetes. *Journal of affective disorders*, 143(1-3):1-4.
 25. Amirkhanlou, Adrakhsh, Mirzaeian, Bahram, Hassanzadeh, Ramadan, (2021),

Comparison of acceptance and commitment-based therapy and debauchery behavior therapy on interpersonal forgiveness and distress tolerance in women affected by domestic

violence, psychological development, Year 10, 4, 2-12.