



Comparing the effectiveness of treatment based on acceptance and commitment with and without self-compassion, conscious attention to the spiritual reactions of women with corona anxiety and insecure attachment to their spouses

Gholam Nabi. Okati[©]¹
<u>Fatemeh. Shahabizadeh</u>[©]²*
Seyed Abdulmajid. Bahrainian[©]³

- 1. PhD student, Department of Psychology, Birjand Branch, Islamic Azad University, Birjand, Iran
- 2. *Corresponding author: Associate Professor of Psychology Department, Birjand Branch, Islamic Azad University, Birjand, Iran
- 3. Professor, Department of Psychology, Birjand Branch, Islamic Azad University, Birjand, Iran

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 f_shahabizadeh@yahoo.com
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Abstract

Aim: The aim of this study was to compare the effectiveness of Acceptance and Commitment Therapy (ACT) with and without self-compassion mindfulness on the spiritual reactions of women with COVID-19 anxiety who have insecure attachment to their husbands, with a two-month follow-up period. Method: This clinical trial was conducted in 2021 on 48 female teachers in Zahedan. Women with COVID-19 anxiety and insecure attachment to their husbands were selected through purposive sampling and randomly divided into three groups: Intervention 1 (16 participants receiving ACT), Intervention 2 (16 participants receiving ACT with self-compassion mindfulness), and a control group (16 participants). The Coronavirus Anxiety Scale, Relationship Scales Questionnaire, Patience Scale, and the Spiritual Control Language Ouestionnaire were used, and data were analyzed using SPSS software version 26. Results: Results showed that ACT with and without self-compassion mindfulness, compared to the control group, significantly increased cognitive control of language and patience (P < 0.05). ACT combined with self-compassion mindfulness was more effective in improving cognitive control of language and patience than ACT alone, and this effect was maintained at follow-up. Conclusion: ACT combined with selfcompassion mindfulness, as a sustainable intervention, can be used in health and treatment centers for women with COVID-19 anxiety who have insecure attachment to their husbands, to enhance cognitive control of language and patience.

Keywords: Acceptance and commitment, self-compassion, spiritual reactions, corona anxiety, attachment.

Introduction

Modern treatments such as self-compassion based on mindfulness, meaning paying attention to the present moment in specific, intentional, and non-judgmental ways, are highlighted (Neff & Germer, 2013). In essence, the goal of self-compassion therapy with a focus on mindfulness is to pay attention in a particular, purposeful manner in the present time without judgment. In self-compassion-focused therapy, individuals learn not to avoid or suppress their painful emotions. Thus, they can initially recognize their experience and feel compassion towards it (Ross, 2011). Self-compassion practices emphasize bodily calmness, mental tranquility, and mindfulness, which play a significant role in creating mental peace in individuals and lead to reduced stress and negative self-referential thoughts (Gilbert & Procter, 2006). In this regard, Neff & Beretvas (2012) showed that individuals with higher self-compassion levels demonstrate more positive behaviors in their relationships. Following this, Yarnell & Neff (2013) concluded that self-compassion increases the likelihood of adaptation during divorce and emotional separation and enhances feelings of trustworthiness and accuracy, leading to less emotional turmoil and a higher level of emotional well-being. Panahi, Shahabi Zadeh, & Mahmoudi Rad (2021) also demonstrated that Acceptance and Commitment Therapy (ACT), with and without the practice of self-compassion, influenced the increase in spiritual transcendence in diabetic patients; moreover, compassion-focused therapy helps reduce psychological problems in clients by increasing inner awareness, nonjudgmental acceptance, empathy, and continuous focus on inner feelings (Ryan & Deci, 2000; Cornil & Frick, 2007; Passanisi et al., 2015; Finlay-Jones et al., 2021; Rain et al., 2021; Tobin & Dunkley, 2021; Pérez-Aranda et al., 2021).

Given that Acceptance and Commitment Therapy (ACT) does not directly target the emotional dimension and is more focused on changing the individual's relationship with internal experiences, and that compassion-focused therapies are more centered on emotions, it appears that combining ACT with mindful self-compassion might be effective for spiritual reactions in women with coronavirus anxiety and insecure attachment to their spouse. Since ACT does not specifically address mindfulness and does not directly target compassion, the question arises whether combining these two therapies could enhance the effectiveness of ACT interventions. Additionally, considering that coronavirus anxiety creates problems in marital relationships and given the theoretical reasons mentioned regarding the role of self-compassion in improving mental health, the primary objective of this research is to assess the effectiveness of Acceptance and Commitment Therapy with and without mindful self-compassion on the spiritual reactions of women with coronavirus anxiety and insecure attachment to their spouse.

Method

This clinical trial was conducted in 2021 on 48 female teachers in Zahedan. Women with COVID-19 anxiety and insecure attachment to their husbands were selected through purposive sampling and randomly divided into three groups: Intervention 1 (16 participants receiving ACT), Intervention 2 (16 participants receiving ACT with self-compassion mindfulness), and a control group (16 participants). The Coronavirus Anxiety Scale, Relationship Scales Questionnaire, Patience Scale, and the Spiritual Control Language Questionnaire were used, and data were analyzed using SPSS software version 26.

Otaki et al. | Comparing the effectiveness of treatment based on acceptance and commitment with and without...

Results

Results showed that ACT with and without self-compassion mindfulness, compared to the control group, significantly increased cognitive control of language and patience (P < 0.05). ACT combined with self-compassion mindfulness was more effective in improving cognitive control of language and patience than ACT alone, and this effect was maintained at follow-up.

Conclusion

In explaining the results of the study, it can be said that Acceptance and Commitment Therapy (ACT) teaches individuals that we all suffer in life, all thoughts, feelings, physical symptoms, desires, and memories are pure suffering, but overemphasizing and highlighting them leads to impure suffering, which will be unpleasant for us. Therefore, through cognitive defusion and non-engagement, one can live happily and optimistically. Optimism is not superficial positivity; optimistic individuals solve problems and design plans for their activities, then act accordingly (Laurent, Kim, & Capaldi, 2008). Therefore, it can be said that optimistic individuals are more successful in solving their marital life issues, do not adopt a passive attitude towards problems, and have a more positive view of each other (Marchand, 2004). Consequently, they are more patient.

Also, since self-compassion requires conscious awareness of one's emotions, one no longer avoids painful and uncomfortable feelings but approaches them with kindness, understanding, and a sense of shared humanity; thus, negative emotions are transformed into a more positive emotional state. This gives individuals the opportunity for a more accurate understanding of situations and choosing effective actions to change themselves and adapt to circumstances effectively and appropriately (Bennett-Goleman, 2001, as cited in Ghaffarian & Khayatan, 2018). According to Neff (2011), self-compassion teaches individuals to employ new experiences, leading to more organized activities and learning alternative, more adaptive behaviors. This results in enhanced ability to monitor one's emotions and skillfully use this information to guide thoughts and actions (Heidari & Aboutorab Mehrizi, 2019). Furthermore, based on the research by Neff & Pommier (2013), emotional flexibility resulting from self-compassion enables individuals to provide more constructive responses to conflicts in their relationships than those without selfcompassion. These constructive responses, particularly in conflict situations, can pave the way for greater patience in marital relationships.

This research had limitations, notably the short duration of the follow-up and the reliance on self-report questionnaires. Moreover, it is worth mentioning that this study only included women from Zahedan with coronavirus anxiety and insecure attachment to their spouses. Future research is recommended to replicate this study in different cultural contexts. This would enhance the generalizability and allow for comparisons. Additionally, it is suggested that future studies should examine this research in both groups of mothers with secure and insecure attachment. Considering the findings, it is recommended that psychological interventions designed for women with insecure attachment to their spouses should pay attention to these issues and assist them in dealing with the various challenges arising from this condition by addressing emotional and spiritual aspects.

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