

THE EFFECTIVENESS OF THE TREATMENT BASED ON ACCEPTANCE AND COMMITMENT ON A PASSION FOR LIFE OF PEOPLE WHO REFER TO THE COUNSELING CENTERS IN KARAJ CITY

Hamed Atabak¹, Ramazan Hassanzadeh^{2*}

1. *Masters of Islamic psychology- positivism psychology.*
2. *Department of Psychology, Sari Branch, Islamic Azad University, Sari, Iran .*

ARTICLE INFO

Received:

03th Jun 2017

Accepted:

29th Nov 2017

Available online:

14th Dec 2017

Keywords: *passion for life, treatment based on acceptance and commitment.*

ABSTRACT

The aim of this study is to investigate the effectiveness of the treatment based on acceptance and commitment on a passion for life, in people who refer to the counseling centers of karaj. the Method of the present study was experimental, with pre-test, post-test research design, along with a control group. among the statistical population of all women in the city of karaj who referred to psychological counselling centers in the second half of the year 2016, 24 women were selected as purposeful sampling method with matching inclusion and exclusion criteria for study and randomly were assigned into two 12 experimental and control groups. Then experimental group was put under the eight-session treatment based on acceptance and commitment. In this period, the control group, did not receive any psychological and medical intervention. At the beginning of the implementation of the treatment and its completion, both groups were evaluated by questionnaire of passion for life. Information compiled by descriptive statistics (average and standard deviation) and inferential statistics (analysis of covariance, hypothesis testing) was analyzed using SPSS-21 software. The results showed that treatment based on acceptance and commitment was meaningful in improving the passion for living of subjects. It is suggested that the results of the present study will be used in the design of treatment and educational programs for spouses.

Copyright © 2013 - All Rights Reserved - Pharmacophore

To Cite This Article: Hamed Atabak, Ramazan Hassanzadeh, (2017), "the effectiveness of the treatment based on acceptance and commitment on a passion for life of people who refer to the counseling centers in karaj city" *Pharmacophore, 8(6S), e-1173506.*

Introduction

among the factors related to the functioning of couples and families who play a vital role in mental health and interpersonal relations, is a passion for life or the same passion for life [1]. Passion is a single dimension concept that overall impression of it show approaching toward purpose. Passion is defined as a positive desire to achieve goals that is important in compatibility and physical and mental health. Some studies define passion as motivational structure, and also some notice it as a cognitive phenomenon. Recent studies with the emphasis on importance goals, extend our understanding of the concept of passion. Schneider, unlike early studies that defined passion one-dimensional structure, introduced it more complexity. he explained passion a two-dimensional phenomenon. Sort of a thought process that has two components targeted basic methods and activities and both are necessary through purposeful behaviors and determining amount of passion. In the simplest form, the methods, projects and targeted activities includes purposeful will, and according to Schneider, this two dimension of passion are not synonymous. But are two-dimensional, incremental and related and are important toward moving the goals, activities and methods. [2]. According to directed thinking, that is cognitive component of passion and is related to methods shows the person power in creating reasonable ways to achieve the goals. The more a person have passion, think more about ways to achieve the target. Thinking factor, which is a motivational component of passion and is related to activity, indicates the person's understanding from the ability to achieve past, present, and future goals. Thinking is a belief factor, that a person through hypothetical ways can move toward a specified purpose and to achieve it. Especially at the time of confrontation with the obstacles, existence of thinking factor in setting up necessary motivation to walk in other paths is important. Passion,

is more related to the objectives of general life than being related to aims of special situation. Since many people think positively with passion toward approaching aims experience more health and less discomfort[3]. Feeling being threatening the world, others, and the future create anxiety that intervene in ways to achieve the goal, and in such a situation people who have more passion, with a focus on objectives and evaluation of losses less than possible implications and their goals experience less failures, and activate the occurrence of positive consequences in them against those who expect achieving success in the goal, but don't see estimation of worthy of reaching to their goals, so they feel powerlessness [2] According to Schneider (2001) passion by creating positive excitement, increase psychological well-being and feeling satisfied from life, also states that this positive excitement facilitate problem solving decision making in critical situations.

With regard to the topics raised at the top, improving the rate of passion can influence aspects of people's lives. So adopting approaches to improve the amount of passion for life should be a priorities of psychological service centers. One of the approaches that can help in using it is acceptance and commitment treatment-based.

First-generation psychological approaches with the name of behavioral approach in contrast to the initial approach of analytic mental is based on the provided classic views and a factor in the decades of 1950 and 1960. The second generation of these treatments under the title of " cognitive behavioral" therapy, came into being until the Decade of 1990 with an emphasis on cognitive aspects that this type of treatments focus on the role of beliefs, schemata and information processing system in the creation of mental disorders and this issue that in mental health change or adjustment should be created with various techniques or they can be removed generally. Nowadays, we are faced with the third generation of this type of treatment that they can be under the title of general models, based on the reception of lack of passion, such as cognitive therapy based on mind, metacognitive therapy, and acceptance and commitment therapy. In these treatments, rather than changing cognition, it is tried to increase the psychological relationship of person with thoughts and feelings [4]. This type of treatment includes six central process, which leads to the flexibility of the mental cognitive. These six process include: reception, fault, as a field, communication with the present time, values and committed action [5]. Treatment based on acceptance and commitment is an approach to psychological interventions that is not based on the techniques specified, but is defined based on specified processes. Based on theoretical concepts, this therapy is a psychological intervention based on modern behavioral psychology that includes communication framework theory and the processes of attention, awareness, acceptance, and also commitment and behavior change is used in it to reach psychological flexibility. This treatment is drafted by the American psychologist named Steven Hayes in the eighties and it is a mixture eclectic of metaphor, paradoxical sentences, attention, awareness skills, and a wide range of experienced exercises and behavioral interventions controlled by values used in a wide range of clinical situations such as depression, ACT disorder. The effectiveness of practical obsession, environmental stress, occupational stress, cancer in the final stages, anxiety, post-traumatic stress disorder, psychological anorexia, heroin use schizophrenia, quit smoking and manage yourself in diabetes, and borderline personality disorder. One study showed that implementation of just four hours of treatment-based on commitment and acceptance leads decreasing 50 percent referring to hospital for schizophrenia [6]. With regard to whether treatment based on commitment and acceptance is a new intervention which can lead to a lot of changes in psychological status. Examining the effectiveness of this treatment in the aspect of passion to life is considered as two of the most important aspects of the lives of people that have a great impact on other dimensions of the individual and personal relationship. The present study by considering this importance is looking for the answer to this question that whether treatment is a treatment based on acceptance and commitment based on passion for life?

Methods

The present research method is a kind of demo (design research, pre-tests, and post-tests, along with a control group).

The statistical population included all the women referring to the psychological and counseling services centers in karaj city in the second half of the year 2016, that about 24 person were selected by sampling and purposeful method and in terms of inclusion and exclusion criteria to the study include: common life with spouse, lack of taking psychiatric drugs, lack of physical illness, least education, reading and writing, and informative consent from entry to the study. . And were randomly assigned to two 12 groups, experimental and control group.... Then experimental group was put under the eight-session treatment based on acceptance and commitment. In this period, the control group didnt receive any psychological intervention.

Research tools

Passion for life questionnaire: in order to evaluate the life passion in the present research 50 question hazzanzadeh(2014) passion for life questionnaire was used . This questionnaire is graded in a likert five-degree (totally agree to totally disagree) Score. in reviewing its` psychometric properties, it`s retest reliability was reported 85.0 `correlation of all sets 93.0, and the same time reliability of this questionnaire with the questionnaire of reef psychological well-being 61.0., the meaning of life, 59.0 `life scale assumption 68.0 `life satisfaction scale 63.0 and orientation to life scale 70.0. [7] passion for life questionnaire was prepared according to according to theoretical literature related to life, health and passion for life . Cranach's alpha of this questionnaire will also reported 93.0. According to recent technical psychometric properties, the questionnaire can be proposed as a tool with suitable reliability and validity, suitable to measure passion to life. a high score in this questionnaire means less satisfaction and lower scores means high satisfaction [7]. Research implementation method

sampling was done By referring to psychology and counseling centers in karaj and taking business coordination and approval by the Director of the center .by holding a meeting in the centers suitable to inclusion and exclusion criteria to research were identified, and then 24 were selected, and to do research proposal, randomly replacement was done by dividing into two experiment and control group and then 24 women were selected. Experimental group women in 8 an hour and a half sessions received treatment based on commitment and acceptance in counseling Office of counseling Center. Control group didn't received any pharmacological and psychological intervention during these time. At the beginning of the training and completing implementation, Passion to life questionnaire, was given in both groups and information was gathered by supervision and attendance during the response to potential questions.

Table 1 : session implementation protocol ACT hayes(2002)

<p>Session 1</p>	<p>greeting and dating and introducing group members with therapist and with each other; expressing People's feelings before coming to session; the reason for coming to session and expectation of therapeutic sessions. the expression of similar previous experiences ; expressing the laws that upholding them in the Group is mandatory, including: timely coming - the lack of absence (punctuality) Do homework, and ... stating the principle of confidentiality and mutual respect of members of group to each other; expressing research topic and its objectives, and expressing the issue that the targets thought. providing general educational materials about commitment and acceptance, and it's results ; running pre-test</p>
<p>Session 2</p>	<p>Explain and expressing this principle that why there is a need for psychological interventions ? Creating the hope and expectation of treatment in the reduction of these pressures; expressing the principle of acceptance and understanding feelings and thoughts about problems, awareness in the field that the thoughts as thoughts. accepting feelings as emotions and accept memories just as memories ; offering assignment in the field of self-acceptance and feelings resulting from disease</p>
<p>Session 3</p>	<p>Reviewing previous session assignments, talking about the feelings and thoughts of members of the group; training that members accept thoughts and feeling without judging about good or bad being that ; the training and recognition of emotions and their difference with thoughts and feelings; providing the assignment that how we accept ourselves and our feelings and how other people and their emotions ?</p>
<p>Session 4</p>	<p>Reviewing assignments; providing mindfulness techniques and a focus on breathing; providing presence techniques in the moment and stop thinking; twice emphasis on the principle accepted in the recognition of emotions and thoughts; focus on understanding the feelings and thoughts with a look at the other; the assignments: life events (distress) into some other form, and we don't consider problems the end, and see it just as a challenging and temporary phase.</p>
<p>Session 5</p>	<p>Reviewing assignments ... education and creating understanding regarding the differences between acceptance and surrender and bringing awareness to this issue that accept what we cannot change, ... understanding judgment issue and encouraging members not to judge their feelings, . Presenting this technique that will be aware in every moment from their feelings about this world. Only witness it, but not judge it. Providing mind consciousness homework along111116vb./ with acceptance, without judgment.</p>
<p>Session 6</p>	<p>Presenting feedback and short survey of training process; request of group members to express their feeling and excitements about previous session assignments; treatment and offering commitment and its necessity in education and treatment process (educating commitment to action, namely, after selecting valuable and true route regarding get to relax or accept every event in life, to practice it and commit ourselves to implement it) ... presenting the technique of selective attention to more relax , especially the influx of thoughts coming negatively; the practice of re-mind awareness along with a scan of the body.</p>
<p>Session 7</p>	<p>The provision of feedback, and search for unresolved issues in members of the group; the identification of behavioral projects regarding accepted affairs and making a commitment to do them; creating the ability to choose an action between different options, in such a way that it would be more appropriate, not more practical</p>

Session 8	Reviewing assignments; summing up the contents . obtaining commitment from members in order to do the assignments after the end of the course; the provision of feedback to members of the group, gratitude of their presence in sessions; post-test implementation.
-----------	--

Data analysis Methods: with respect to raised questions, in descriptive statistics of mean, standard deviation were used, and in inferential statistics, methods of covarians statistical analysis was used.

Research findings

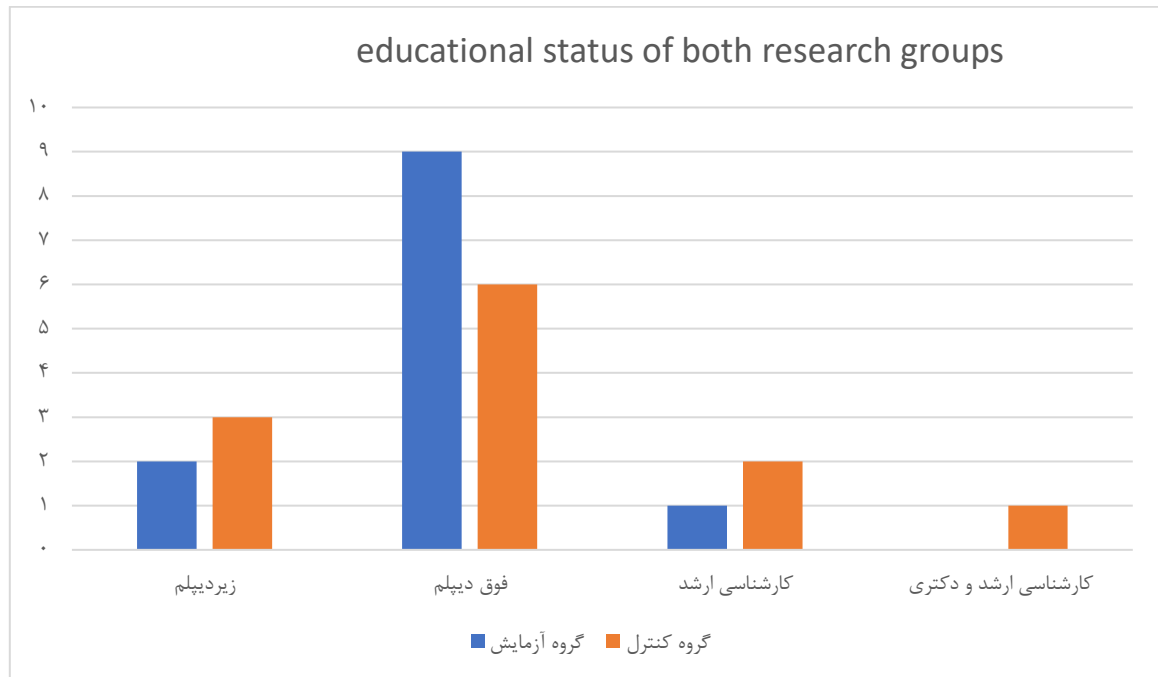
Descriptive findings

The average age of experiential group 07.31 was with a standard deviation of 11.2 . And the average age of control group 13.29 was with a standard deviation 03.3. In Table 1 also education status of two research groups is provided.

Table 1: educational status for two research groups.

education	EXPERIMENTAL GROUP Frequency percent	CONTROL GROUP Frequency percent
Under diploma	3(.25)	2(.16)
Above diploma	6(.51)	9(.76)
bachelor	2(.16)	1(.8)
Master & Ph.d	1(.8)	0(0)

In profile 1, educational status of two research groups is provided.



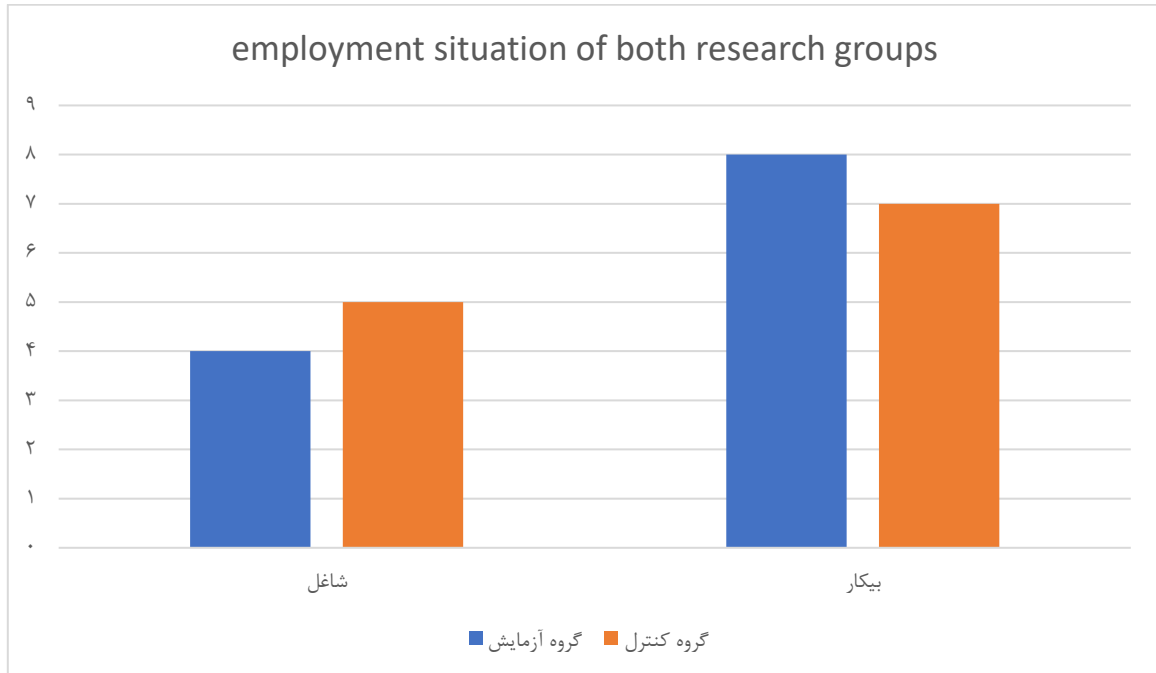
Profile 1: educational status of two research groups

Both groups of subjects were married. In Table ۲ also the employment situation of subjects is provided.

Table 2: employment situation of two research groups

group	Employment Frequency percent	Unemployment Frequency percent
Experimental group	4(.33)	8(.67)
Control group	5(.40)	7(.60)

In profile two, also the employment situation of both research groups is provided.



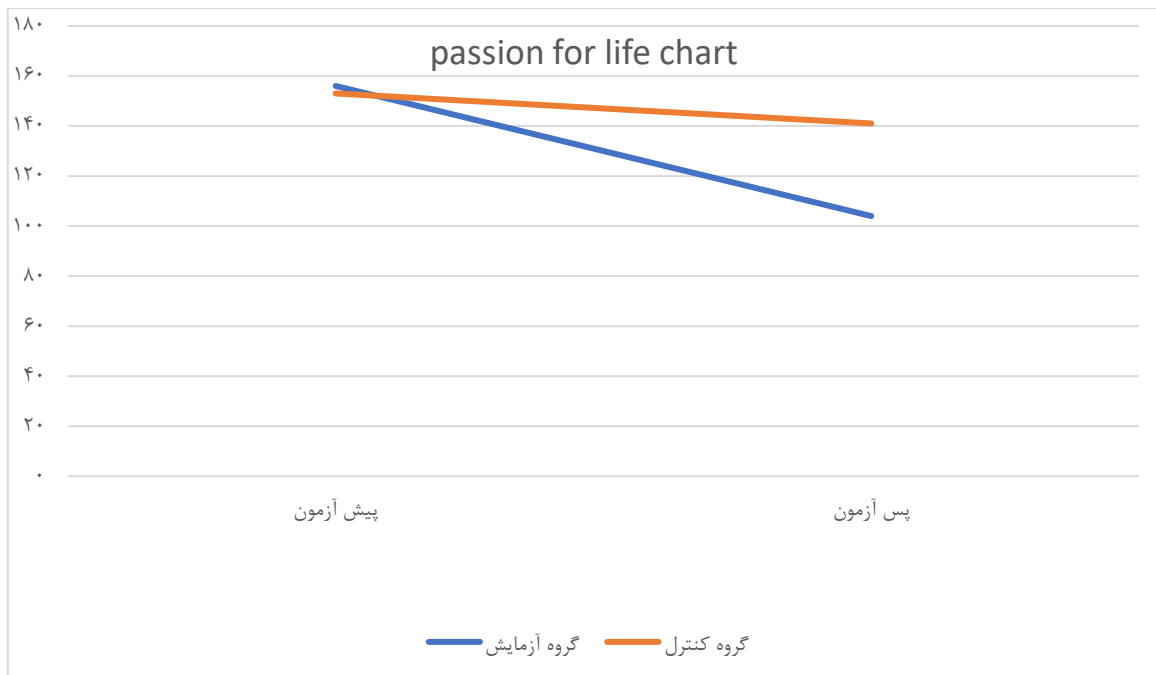
Profile 2. Employment situation of two research groups.

Following, descriptive results of research variables in experimental and control group is provided.

Table 3: mean and standard deviation of passion for life in experimental and control groups in pre-test and post-test level.

variable	level	Experimental group Mean(standard deviation)	Control; group Mean(standard deviation)
Passion for life	Pre-test	(8.99)156.17	(12.02)153.17
	Post-test	(8.52)104.83	(6.09)141.83

Mean and standard deviation of passion for life in participants of the study is provided in table 3 for each experimental and control group. As you can see. in most cases, there is no difference between pre-test and post-test in control group , but the scores of experimental group different compared to pre-test. following, charts 3 and 5, also provide the scores of two research groups in pre-test and post-test in passion for life variable .



Profile 3 : scores of two research groups in passion for life variable in pre-test and post-test

Assumptions of covariance test

Variances Matching

One of the assumptions of covariance test is variables variances homology in two experimental and control groups. To assess this, by default, Levin test is used that its result is presented in table 4.

Table 4: results of Levin test about parity of scores variances of research variables in two research groups.

Variable	F	First degree of freedom	Second degree of freedom	Significance level
Passion for life	1.057	1	22	.315

As it can be seen in Table 4, the values of levin test is not meaningful. In other words, null hypothesis of " two variances parity is approved, and it can be said that in all the test. Two group's variances in passion for life are equal.

Normality of distribution of scores in community

Normality of distribution of scores in community

Another assumptions of co-variance test is normality of distribution of variables in the community. To assess this assumption, clomogrof and smirnof test has been used that its results are presented in Table 5.

Table 5: results of clomogrof and smirnof test about normality of scores distribution of two research groups research variables.

Significance level	Variable
Pre-test passion for life	.638
Post-test of passion for life	.376

As you can see in Table 5, all the statistics values of clomogrof and smirnof test are not not meaningful and this means that the distribution of the scores of the variables in population is normal.

Homogeneity of regression slope

Another assumptions is homogeneity of regression slope among auxiliary variables (pre-test) and dependent (post-test) in factor level (experimental and control groups). F results of interaction to check the homogeneity slope of the regression variables in this research is presented in Table 6.

Table 5: results of default considering of regression slope homogeneity in research variables of two research groups

Variable	Changes source Interaction	Level Pre-test, post-test	
		F(interaction)	sig
Passion for life	Pre-test, group	4.173	.054

As it can be seen in Table 6 the value of interaction F for all research variables is not meaningful. So, homogeneity hypothesis must be approved.in the following, co-variance test analysis is presented.

Table 7: multi variable co-variance analysis results, effect of treatment based on commitment and acceptance in sexual satisfaction

resources	Squares sum	Degree of freedom	Squares mean	F	Significance level	Squares
Pre-test passion for life	248.043	1	248.043	5.494	0.027	.222
Group Passion for life	344.260	1	344.260	7.902	.011	.283
Error pass ion for life	871.291	20	43.565			

As it can be seen in Table 7. Differences between two groups in the amount of passion for life is significant in post-test level. Therefore it can be concluded that treatment based on acceptance and commitment is effective in passion for life.

Discussion and conclusions

This study aimed to evaluate the effectiveness of treatment based on acceptance and commitment on a passion for life in people referring to the counseling centers in karaj city .

The results of data analysis showed that treatment based on acceptance and commitment in a passion for life of clients was with significant effectiveness. these findings are along with studies of [8, 9 , 10].

As noted earlier, passion to live is a positive desire to achieve described goals that is important in compatibility and physical and mental health, but how this positive tendency along with both physical and mental health can be achieved, on the perspective of acceptance and commitment therapy of values , such as health value;familial relationships and the relationships with others, educations recreation, work and jobs of each move in values route ,through goal maker and after it determining assignments, people understanding improve from the situation they live. that this treatment based on acceptance and commitment, with integration of interventions, acceptance and mind awareness in the strategies help patients to achieve passion to purposeful and meaningful live.

The purpose of this treatment, is changing the shape or frequency of annoying thoughts and feelings ; but its main aim is reinforcing psychological flexibility.it is the ability to contact with moment and moment of life and changing and approving behavior , a behavior that be consistent with individuals` values. This treatment is a practical managing intervention that is based on communicative system theory and knows individual suffering the result of inflexible psychology that people with more hope are more creative and have more motives to continue them and are be able to learn from previous success and failures to achieve future objectives ? they ' choose aims that need more effort and skills and are sure from their skills and goals and focus them. [10]. In accordance with the theory of cognitive flexibility, mental health, means the reception of individuals` internal and external environments, and a commitment to activities which in value are stable. Different forms of psychiatric pathology is also based on cognitive flexibility aided by extremes in the behavioral and emotional laws or by maladaptive, or aided behaviors, that are value-driven and sensitive to contingencies that will be described in the future. [11]. cognitive flexibility theory focus on learning nature in the complex and mal-structure areas. . According to this theory, successful learner (i.e.,cognitive flexible) is someone that could reorganize knowledge in response to varied situational demand and use it. Learners should understand complexity of all problems to achieve this cognitive flexibility and review problems some times to see how changes in the variables and the targets can change the space . This that how a person can do it is a function of how the representation of knowledge is (for example, the dimensions of the concept of multiple, rather than a later unit), and processes that are based on some mental act (for example, making processes, schemas, rather than retrieve the complete schema). This theory greatly relates with transfer of knowledge and skills beyond the opportunities of early learning. For this reason, there is a focus on the provision of information from multiple views and using many case studies.

From the perspective of this theory, efficient learning is related to texture in such a way that needs very specific training ... In addition, cognitive flexibility theory focuses on the importance of structured knowledge; in order to learners learn in suitable way and have this opportunity that develop their representation from information[12]. On the other hand treatment based on acceptance and commitment simply means being aware of thoughts, behavior, emotions and feelings and is considered a special form of attention which has two basic elements: the presence in present time, and adjudication withheld in the case of events , actions and reactions. In fact, treatment based on acceptance and commitment, with special features about both the present and being aware of thoughts, behavior,emotions, and passions, direct People's behaviors and automated reactions, and too much attention to internal experiences toward wisely behaviors [13].

Treatment based on acceptance helps people to experience their inner self as a thinking experience, and, rather than reply to them consider the values of life and things that is important for them . this treatment use mindfulness skills, acceptance to increase mental flexibility, and help person for being in the present moment and make contact with internal experiences . psychological distress includes symptoms and problems such as depression, anxiety, problems in social relationships, and sleep. ACT with creating acceptance for person can remove mental challenges to respond to questions like, why me? and person didn't always search for the reasons for their problem, and person accept them without trying to remove, modify and suppress these questions, and excitements, and will reach a calm who previously have not had. this factor can be used for direct lead to decrease psychological distress, [6].

According to the findings of the research it is recommended that therapists pay more attention to the role of these structures and educational intervention be done to further improve the marital relationships and the quality of couples relationships.

References

1. Sammon, J. D., Abdollah, F., D'Amico, A., Gettman, M., Haese, A., Suardi, N., . . . Trinh, Q.-D. (2015). Predicting Life Expectancy in Men Diagnosed with Prostate Cancer. *European Urology*, 68(5), 756-765.
2. Snyder, C.R.(2000).Handbook of hope. Copyright © by Academic press.
3. Valle, m. F., Huebney, E.S., & suldo, S.M, (2004).futher Evaluation of the children's Hope scale. *Journal of psycho educational Assessment*, 22:320-337.
4. Hayes, S.C., & Strosahl, K.D. (2010). *A Practical Guide to Acceptance and Commitment Therapy*. New York: Springer Science and Business, Media Inc.
5. Hayes, S.C., Luoma, J.B., Bond, F.W., Masuda, A., & Lillis, J. (2006). Acceptance and Commitment Therapy: Model, processes and outcomes. *Behaviour Research and Therapy*, 44, 1-25.
6. Hill, M. L., Masuda, A., Melcher, H., Morgan, J. R., &Twohig, M. P. (2015). Acceptance and Commitment Therapy for Women Diagnosed With Binge Eating Disorder: A Case-Series Study. *Cognitive and Behavioral Practice*, 22(3), 367-378.
7. Hassanzadeh,. (2015). Psychometric properties of Hassanzadeh life Enthusiasm Qustionnaire(HLEQ), 8th International Conference on Advances in Social Sciences (ICASS), 15-16 August, Istanbul ,Turkey 2015.
8. Qadampour, ezatollah, Radmehr, Parvaneh, Yousofvand,Leila, (2016). The effectiveness of treatment based on acceptance and commitment on social and hope to life in patients with multiple sclerosis. *armaqane danesh* 1114-1100: (11) 21
9. Ghasemi, F., Dehghan, F., Farnia, V., Tatari, F., & Alikhani, M. (2016). Effectiveness of Acceptance and Commitment Therapy on Life Expectancy of Female Cancer Patients at Tehran's Dehshpour Institute in 2015. *Asian Pac J Cancer Prev*, 17(8), 4113-4116.
10. Zanjani, M., Mojtabaie, M., Shahnazari, F.(2016). Determining the Effectiveness Treatment Based on Acceptance and Commitment ACT on Reducing Death Anxiety and Life Expectancy of Patients with Breast Canc. *International Journal Of Humanities And Cultural Studies*, 3 (12). 54-67.
11. Masuda, A., & Tully, E.C. (2012).The Role of Mindfulness and Psychological Flexibility in Somatization, Depression, Anxiety, and General Psychological Distress in a Nonclinical College Sample. *Journal of Evidence-Based Complementary & Alternative Medicine*. 17 (1): 66-71.
12. Aderka, I. M., McLean, C. P., Huppert, J. D., Davidson, J. R. T., & Foa, E. B. (2013). Fear, avoidance and physiological symptoms during cognitive-behavioral therapy for social anxiety disorder. *Behav Res Ther*, 51(7), 352-358.

13. McCarney, R.W., Schulz, J., & Grey, A.R. (2012). Effectiveness of mindfulness-based therapies in reducing symptoms of depression: A meta-analysis. *European Journal of Psychotherapy & Counselling*, 14 (3):279-99.