



The Effectiveness of Acceptance and Commitment Therapy on Traumatic Memory Syndrome and Physical Syndrome in Female-Headed Households

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Abstract

Aim: The aim of this study was to determine the effectiveness of acceptance and commitment-based therapy on traumatic memory syndrome and physical syndrome in female-headed households. **Method:** The research method was quasi-experimental or pre-test, post-test and follow-up with a control group. The statistical population of the study includes all female-headed households in Tehran in 2019 that 24 people were selected as a sample using available sampling method and were divided into two groups of 12 people, acceptance and commitment therapy group and control group. Acceptance and commitment treatment protocol (Hayes et al., 2005) was performed on the experimental group in eight 90-minute sessions, but the control group remained on the waiting list. Analysis of variance with repeated measures and SPSS software were used to analyze the data. **Results:** The results showed that acceptance and commitment-based therapy on traumatic memories syndrome ($F=38.86, P<0.001$) and physical syndrome ($F=15.25, P<0.001$) in women He was the head of the household. **Conclusion:** It can be concluded that acceptance and commitment-based treatment on traumatic memories and physical symptoms was effective in female-headed households and this effect continued until the follow-up period.

Keywords: Acceptance and commitment treatment, Traumatic memories, Physical symptoms, Female-headed households.

Introduction

Post-traumatic stress disorder consists of symptoms that are found after encountering an extremely intense stressor; This exposure can be in the form of seeing, being present or hearing. Injured people re-experience the traumatic event in their dreams as well as in their daily thoughts; They resolutely avoid anything that reminds them of the event and have a numb response with hyperarousal. Other symptoms include depression, anxiety and cognitive problems such as poor concentration (Dinki et al., 2018). One of the important symptoms of post-traumatic stress disorder is the presence of unwanted painful memories, which are thought to be a response to the memory of the trauma rather than the traumatic event itself. It often takes a form full of emotion, reviewing past images with high excitement and reconstructing live experiences (Shivarani et al., 2017).

One of the issues that affects people's psychological health and includes a major part of clinical referrals is the complaint of physical symptoms and pains that do not have a physical basis. These disorders are called somatic symptom disorders (Chiu et al., 2020). People with somatic symptom disorder usually have multiple and ongoing physical symptoms that are distressing or cause significant discomfort in daily life, although sometimes there is only one severe symptom, sometimes there is a combination of symptoms and pain. Symptoms may be specific (eg local pain, dizziness) or relatively vague (eg fatigue and weakness). Symptoms sometimes express feelings and emotions or normal physical discomfort, which generally do not indicate serious diseases. Suffering is real, whether medically justified or not (American Psychiatric Association, 2013).

Acceptance and commitment therapy suggests that experiential avoidance or escape, which involves the individual's involvement in strategies to change the experience of private events, is a process that underlies many types of mental disorders (P. Lacanahue et al., 2019). In their research, Bean et al. (2017) concluded that acceptance and commitment-based therapy of many post-traumatic stress disorder treatments, including types of cognitive behavioral therapy, are effective in clinical trials. In their research, Pollar and Argayez (2017) concluded that acceptance and commitment therapy is effective for post-traumatic stress disorder, anxiety and depression. Now, according to what has been said and the importance of the subject, in this research we intend to determine the effectiveness of acceptance and commitment therapy (ACT) on traumatic memory syndromes and physical symptoms in women heads of households. In other words, the aim of this research was to determine the effectiveness of Acceptance and Commitment Therapy (ACT) on emotional expression and physical symptoms in female heads of households. The current research sought to answer the following questions:

- 1- Was Acceptance and Commitment Therapy (ACT) effective on emotional expression and physical symptoms in women heads of households in the post-test phase?
- 2- Was acceptance and commitment-based therapy (ACT) on emotional expression and physical symptoms in women heads of households stable in the follow-up phase?

Method

Analysis of variance with repeated measures was used to investigate the significance of the difference between the scores of traumatic memory symptoms and physical symptoms in both experimental and control groups.

The results of the analysis of variance of repeated measurement of several variables among the studied groups in the variables of traumatic memory syndrome and physical symptoms showed that the effect between subjects (group) is significant. This effect means that at least one of the groups differs from each other in at least one of the variables of traumatic memories and physical symptoms. The within-subject effect (time) was also significant for the research variables, which means that there was a change in at least one of the average variables during the time from pre-test to follow-up.

Variance analysis is significant for the within-group factor (time) and it is significant between groups. These results mean that considering the group effect, the time effect alone is significant. Bonferroni's post hoc test was also used for pairwise comparison of groups.

The variable score of traumatic memories syndrome in the test group and in the post-test phase is lower than the control group. In other words, the experimental group had a high effectiveness in reducing the symptoms of traumatic memories. Also, these results show that the symptoms of traumatic memories in the follow-up phase in the experimental group have significantly decreased compared to the control group. The variable score of physical symptoms in the test group and in the post-test phase is lower than the control group. In other words, the experimental group had a high effectiveness on the improvement of physical symptoms. These results show that the physical symptoms in the follow-up phase in the experimental group were not significantly different compared to the control group.

Results

According to the results of the correlation matrix, there was a negative and significant relationship between sexual self-expression and state and trait anxiety, and a positive and significant relationship with sexual self-esteem and sexual performance of postmenopausal women. Also, there was a negative and significant relationship between state and trait anxiety and sexual performance, and a positive and significant relationship between sexual self-esteem and sexual performance.

The estimation of the model in the current research was done in two steps: 1) checking the suitability of the proposed research model, which includes the fit indices, and 2) estimating the parameters (standard path coefficients) of the proposed research model.

1- The suitability of the proposed research model: the results of the suitability of the proposed model and the fit indices indicate a good fit of the proposed model with the data and the proposed model has a good suitability. Therefore, according to the estimated indicators, the results show that the relationship between the structural model of sexual performance of postmenopausal women based on sexual self-expression with the mediation of state-attribute anxiety and sexual self-esteem is suitable.

The highest coefficient (0.500) is assigned to the path of sexual self-expression and sexual self-esteem, and the lowest coefficient (0.077) is to the anxiety of sexual performance.

The bootstrap method was used to determine the significance of the mediation relationship and the indirect effect of the independent variable on the dependent variable through mediation.

The lower limit of the confidence interval for state anxiety as a mediating variable between sexual self-expression and sexual performance of postmenopausal women is (-0.0341) and its upper limit is (0.0461). The confidence level for this confidence interval is 95% and the bootstrap resampling number is 5000. Considering that zero is within this confidence interval, the indirect relationship between the variables is not meaningful. Also, the lower limit of the confidence interval for trait anxiety as a mediating variable between sexual self-expression and sexual performance of postmenopausal women is (0.0218) and its upper limit is (0.0612). The confidence level for this confidence interval is 95% and the bootstrap resampling number is 5000. Considering that zero is outside this confidence interval, the indirect relationship

between the variables is significant. In addition, the results of the bootstrap test also showed that this indirect relationship is significant at the $P < 0.05$ level. Therefore, sexual self-expression has an indirect effect on the sexual performance of postmenopausal women only through trait anxiety.

Based on the findings of this table, the lower limit of the confidence interval for sexual self-esteem as a mediating variable between sexual self-expression and sexual performance of postmenopausal women is (0.1022) and its upper limit is (0.2325). The confidence level for this confidence interval is 95% and the bootstrap resampling number is 5000. Considering that zero is outside this confidence interval, the indirect relationship between the variables is significant. In addition, the results of the bootstrap test also showed that this indirect relationship is significant at the $P < 0.001$ level. Therefore, sexual self-expression through sexual self-esteem has an indirect effect on the sexual performance of women under the age of menopause.

Conclusion

This study aimed to determine the effectiveness of treatment based on acceptance and commitment to the symptoms of traumatic memories and physical symptoms in female heads of households. The findings showed a significant difference between the experimental and control groups in the post-test and follow-up in traumatic memory syndrome. Based on these findings, we can conclude that treatment based on acceptance and commitment has reduced the symptoms of traumatic memories.

In explaining this finding, it can be said that the therapeutic changes of this method are due to the techniques that helped the people living with post-traumatic stress disorder to accept the traumatic event. Due to the futility of controlling and avoiding thoughts related to the traumatic incident, stop these thoughts and avoid them and define your life values by actively accepting them and organizing your actions based on moving in the direction of the defined values. Therefore, after a person can get rid of the bondage of defective thoughts by accepting thinking and separating actions from thoughts and steps on the valuable path of his life, traumatic symptoms gradually give way to cognitive flexibility. One can achieve promising things in life. From the point of view of treatment based on acceptance and commitment, clients' primary source of problems is their psychological inflexibility. In fact, limited options for behavior make a person feel trapped and trapped. Treatment based on acceptance and commitment focuses on benefiting from psychological flexibility, that is, having behavioral options available, which happens when a person consciously accepts his disturbing thoughts and feelings and shows behavior consistent with his values. In fact, this happens in therapy based on acceptance and commitment using various experiential, metaphorical, and second-degree change methods. Psychological inflexibility occurs and continues through six main interconnected processes: cognitive fusion, attachment to self-concept, experiential avoidance, disconnection from the present moment, ambiguous values, and laxity in respecting values. In fact, this research shows that reducing the symptoms of traumatic memories can be caused by psychological flexibility and active acceptance in patients. The treatment based on acceptance and commitment uses cognitive breakdown, separation and separation of self-concept, experiential acceptance, conscious contact with the present, clear and specific values, and action and commitment based on values.

It is suggested that the present research results can be used in clinics and treatment centers by psychotherapists active in ACT treatment in connection with traumatic memories and reducing the symptoms of traumatic memories. It can be useful to implement this treatment protocol in various centers, such as welfare, relief

committee, and all centers that are active in the field of women heads of households. It is suggested to use other methods to collect data in future research. Traumatic memory syndrome can coexist with emotional and trauma-oriented disorders such as depression, borderline personality disorder, and dissociative identity disorder; Therefore, selecting groups with a common type of trauma in future research is suggested.

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