



The effectiveness of acceptance and commitment therapy on distress tolerance and cognitive emotion regulation in women with generalized anxiety disorder

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Abstract

Aim: The present study aims to investigate the effectiveness of treatment based on acceptance and commitment on distress tolerance and cognitive regulation of emotions in women with generalized anxiety disorder. **Method:** It was a semi-experimental type with a pre-test-post-test design with a control group (one experimental group and one control group) and a three-month follow-up. The statistical population of women with generalized anxiety disorder referred to counseling centers and health homes in districts 1, 2, 3 and 5 of Tehran in the first half of 2021. The sample consisted of 30 women with generalized anxiety disorder who were selected in a purposeful and accessible manner with the generalized anxiety test and having the entry criteria. to collect data from tools; "Distress Tolerance Scale", "Cognitive Emotion Regulation Questionnaire" and "Pervasive Anxiety Scale" were used. The experimental group received acceptance and commitment-based treatment intervention during two months in 8 90-minute sessions. Meanwhile, the group Evidence of this intervention was not received during the research process and a follow-up period was conducted after three months. The collected data were analyzed in SPSS.27 software. **Results:** The results showed that the treatment of acceptance and commitment was significantly tolerated. increased distress, adaptive strategies significantly increased cognitive regulation of emotion, and non-adaptive strategies significantly decreased cognitive regulation, and there was a significant difference in both variables between pre-test and post-test, as well as between pre-test and follow-up period. **Conclusion:** Treatment based on acceptance and commitment affects women with generalized anxiety disorder and improves distress tolerance and cognitive regulation of emotion in them. It is recommended to use treatment based on acceptance and commitment for women with generalized anxiety disorder. **Keywords:** acceptance and commitment therapy, distress tolerance, cognitive emotion regulation, generalized anxiety disorder.

Introduction

Pervasive anxiety disorder is defined as extreme anxiety and uncontrollable mental worry that is observed during 6 months and often days. Its symptoms include restlessness, irritability, muscle spasms, fatigue, sleep disturbances, and difficulty concentrating (American Psychiatric Association, 2013). According to the diagnostic and statistical manual of mental disorders, approximately 12% of patients who refer to psychiatric clinics suffer from general anxiety. In terms of prevalence, this disorder ranks second after depression, and women are twice as likely to suffer from it as men. In Iran, epidemiological studies have shown that generalized anxiety disorder has the highest prevalence among anxiety disorders (Amidi et al., 2003).

Distress tolerance predicts disorder symptoms across a wide range of metacognition-specific anxiety disorders (Katz et al., 2017). From the physical-behavioral dimension, distress tolerance is defined as the ability to tolerate distressing physiological states (McKillop & DeWitt, 2013).

Distress tolerance is affected by cognitive emotion regulation strategies; Because the dysfunction of the cognitive regulation of emotion leads to a decrease in distress tolerance. Cognitive emotion regulation and distress tolerance appear to be conceptually related and may influence each other. Individuals with limited cognitive emotion regulation skills are likely to experience higher levels of emotional distress. It may make these people realize that they are less able to cope with distress and engage in a series of maladaptive behaviors to escape from distress (Conway et al., 2021).

According to the conducted research, people suffering from anxiety and mood disorders often use maladaptive emotion regulation strategies that play a role in the continuation of their symptoms; Therefore, increasing attention on emotional dysregulation in treatment has been confirmed by recent research findings.

Regarding anxiety disorders, research shows that self-measurement scales of emotion regulation are able to predict the symptoms of these disorders (Jorman & Gottlieb, 2010). In addition, individuals with anxiety disorders show abnormal levels of distress and psychological arousal in response to unpleasant stimuli that are associated with negative emotions (Barlow et al., 2014).

Cognitive emotion regulation strategies are generally divided into two categories: positive (adaptive) and negative (non-adaptive) cognitive emotion regulation strategies. Positive strategies include acceptance, reappraisal planning, positive reappraisal, and perspective taking, which are adaptive and lead to improved self-esteem, social competencies, etc. (Smith et al., 2019). In contrast, negative strategies include self-blame, others-blame, rumination, and catastrophizing, which are maladaptive and lead to stress, depression, other psychological harm, etc. (Kai et al., 2017).

Although researches have shown that various therapeutic approaches can be effective in the treatment of generalized anxiety disorder, but the discussion of having empirical support, various types of psychotherapies in the treatment of generalized anxiety disorder, have always faced challenges (Kessler et al., 2005). During the treatment, the therapist tries to create two states of acceptance and commitment in his clients. In this treatment, acceptance mode means accepting your thoughts and feelings and not trying to control them even when these thoughts

and feelings are unpleasant. In this treatment, the state of commitment means trying to create a state in the client in which the client commits to perform activities to change some of his behaviors. During this type of treatment, the therapist tries to guide the client in a direction where he can identify the factor that has triggered his thoughts and accept it without making a judgment. In this method of treatment, it is believed that people fall into the trap of psychological problems due to the fact that they have a specific pattern of response to their experiences, the existence of which makes negative thoughts stronger and maintains negative emotions (Murshidi et al., 2015). Hayes et al. (2012) have shown in their research that the treatment process based on acceptance and commitment increases cognitive flexibility. This treatment method makes people learn to see and examine their experiences and control their behaviors better.

The present study raises the issue of whether therapy based on acceptance and commitment has an effect on tolerance of anxiety and cognitive regulation of women with generalized anxiety disorder.

Method

It was a semi-experimental type with a pre-test-post-test design with a control group (one experimental group and one control group) and a three-month follow-up. The statistical population of women with generalized anxiety disorder referred to counseling centers and health homes in districts 1, 2, 3 and 5 of Tehran in the first half of 2021. The sample consisted of 30 women with generalized anxiety disorder who were selected in a purposeful and accessible manner with the generalized anxiety test and having the entry criteria. to collect data from tools; "Distress Tolerance Scale", "Cognitive Emotion Regulation Questionnaire" and "Pervasive Anxiety Scale" were used. The experimental group received acceptance and commitment-based treatment intervention during two months in 8 90-minute sessions. Meanwhile, the group Evidence of this intervention was not received during the research process and a follow-up period was conducted after three months. The collected data were analyzed in SPSS.27 software.

Results

The F-ratio obtained in the groups factor is significant in the dimensions of emotional regulation ($p < 0.01$) and distress tolerance ($p < 0.01$). This finding indicates that the treatment based on acceptance and commitment had an effect on distress tolerance and cognitive regulation of emotions in women with generalized anxiety disorder. In this regard, an analysis of variance with repeated measurements was performed for the experimental group in three phases of therapeutic intervention, where the observed F ratio was in the improvement of emotional regulation ($p < 0.01$) and distress tolerance ($p < 0.01$). Bonferroni's post hoc test was used to determine which of the time steps has this significant difference. The difference in the averages of the components of cognitive regulation of emotion and distress tolerance in the three time stages of the research is statistically significant.

Conclusion

The present study was conducted with the aim of investigating the effectiveness of acceptance and commitment therapy on distress tolerance and cognitive regulation of emotion in women with generalized anxiety disorder. The obtained results showed that the treatment based on acceptance and commitment is effective in increasing distress tolerance, reducing incompatible strategies and increasing

compatible strategies of cognitive emotion regulation, and there is a significant difference between the experimental group and the control group.

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