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Comparing of the effectiveness of group acceptance and commitment therapy and group cognitive behavioral therapy on emotion regulation, psychological capital and coping strategies of students

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ABSTRACT

Background and Aim: The needs of today's life, human beings with numerous challenges, stress and pressures that require effective coping with them to have socio-psychosocial abilities. This study aimed to compare the effectiveness of acceptance and commitment-based group therapy and cognitive behavioral group therapy on emotional regulation, psychological capitals and and coping strategies of students. **Methods:** The research method was quasi-experimental with pre, post and follow-up design with control group. To this end, 75 students whom had criteria for entering the research were selected through convenience sampling and using simple random selection to input them into three groups (two experimental proups and one control group- each group 25 members). The workshops were held once a week for 12 sessions of 90 mins. In this research emotion regulation breaf form (Garnefski & Kraaij, 2006), psychological capitals (Luthans & Avolio, 2007) and coping strategies (Folkman & Lazarus, 1988) questionnaires administered among selected samples. **Results:** The findings confirmed that two interventions were not significantly different on emotion regulation (p=0.440) but acceptance and commitment-based group therapy was significantly more effective than cognitive behavioral group therapy on psychological capitals (p=0.024) and coping strategies (p<0.0001); and this significant difference effectiveness was stable in follow-up stage only on coping strategies (p=0.044), but for emotion regulation (p=0.840) and psychological capitals (p=0.680) no significant difference had found. **Conclusion:** Based on the findings, it can be concluded that acceptance and commitment therapy and cognitive behavioral group therapy are two useful methods of therapy to help the students.

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Introduction

The use of ineffective coping in the long term causes a wide range of stable tension and emotional disorder, which manifests itself in the physical, social and whole life domains and keeps the person away from transformation and growth (Nadai et al., 2017). Coping strategies are methods of managing situations and coping with life events (Carr, 2004). Conceptually, psychological capital is a positive individual psychological state of development that can be identified through at least four characteristics: self-efficacy (having confidence in one's ability and making the necessary effort to succeed in challenging tasks); Optimism (positive references to current and future success); Optimism (persevering in the path of goals and changing the path if necessary to achieve success); Toughness (means having the flexibility to achieve success and goals when faced with difficulties) (Avey et al., 2011). In the turbulent contemporary life conditions, people who have high psychological capital can more easily cope with these pressures and keep their lives at a desirable psychological level and crystallize this ability in the form of compromised behavior and positive and effective action. People's psychological capitals are extremely important in promoting mental health in all three physical, psychological and social aspects. Especially when the problems take a psycho-social form, that is, when a person turns to patterns of non-adaptive behavior in the face of psycho-social pressures and life struggles; The result is creating problems for the person on the one hand, and the society on the other hand. When talking about intervention at the first level of prevention, in this situation, the best intervention will be to increase the power of adaptation and individual and social coping capacities (Beyrami & Movahedi, 2015).

Today, there is a large body of evidence that shows the effectiveness of mindfulness-based programs (including acceptance and commitment therapy) on mental health, psychological well-being, and other health-related benefits (McKenville et al., 2017). Improving the psychocorrectness index as one of the results of self-efficacy (one of the components of psychological capital) has been one of the important and favored goals in psychology in recent decades (Ismaili et al., 2014; quoted by Samadzadeh et al., 2018). Today, the third generation of cognitive and behavioral therapies deals with the scientific explanation of emotional components from both the pathological and therapeutic aspects; Also, they consider the components of acceptance and attention as the central and main core of treatment approaches and by creating a processual view of pathology and paying attention to the role of language and context and adhering to the scientific tradition based on empirical evidence, they have given a special place to third wave treatments. On the other hand, third generation treatments include both interventions that are based on mindfulness training and interventions that use mindfulness as a key component (Salehian et al., 2018). However, the general goal of cognitive behavioral therapy (CBT) is to replace people's maladaptive cognitions, emotions, behaviors, and coping skills with adaptive states (Gatchell & Rawlings, 2008). In recent years, in the field of treatment of emotional disturbances and behavioral problems, the application of cognitive behavioral methods has been quite useful and effective in the treatment of a group of adolescent disorders such as depression, anxiety disorders, eating disorders, impulse disorders and behavioral disorders. The characteristics of cognitive behavioral therapy, such as experiential and group work communication, being proactive, goal-oriented, problem-focused, teaching coping skills and emphasizing feedback, are especially appropriate for the treatment of adolescent clients (Zarb, 2004). Confusion in excitement and its search for order can cause psychological damage (Kissler & Olatunji, 2012).

Among the researches that were conducted with the aim of comparing the effectiveness of acceptance and commitment therapy with other interventions, or comparing cognitive behavioral therapy with other interventions, the following researchers' studies can be mentioned: Aghaei et al. (2018); Tavakli et al. (2018); Salehian et al. (2018); Samadzadeh et al. (2018); Ejei et al. (2018); Oraki et al. (2018); Hossein Mardi and Khalatbari (2017); Ghasemi, Azizi and Esmaili (2017); Pelger et al. (2018), Davis et al. (2015); A-Tjak et al. (2015), Wayne et al. (2013); Ark et al. (2012).

With these issues, we decided to investigate the effectiveness of cognitive behavioral group

therapy (CBT) and acceptance and commitment-based group therapy (ACT) on emotion regulation, psychological capital and coping strategies in students. Also, the purpose of this research was to compare the effectiveness of these two therapies on these three variables.

Method

The current study was a quasi-experimental design with a two-month post-test and follow-up and a comparison group. research, among all the female students of Amol universities, 75 people were selected as a sample according to the criteria for entering the research, then they were randomly assigned into two experimental groups of 25 people and a control group of 25 people. The criteria for entering the research were (1) during the intervention period, not being under any other treatment and educational program or drug therapy at the same time; (2) not having an acute mental-personality disorder; (3) interest in participating in research and intervention sessions and not having family or work restrictions. Then, the participants of all three groups were pre-tested with three short-form emotion regulation questionnaires (Garnefki & Kraaij, 2006), psychological capitals (Luthans & Avolio, 2007) and coping strategies (Folkman & Lazarus, 1988).

Materials

1. Cognitive Emotion Regulation Questionnaire-Short Form (CERQ-Short): This questionnaire was developed by Garnefski and Kraaij in 2006 and consists of 36 items that assess nine cognitive emotion regulation strategies including self-blame, acceptance, rumination, positive refocusing, positive reappraisal, catastrophizing, and other-blame. The scoring of this scale is based on a five-point Likert scale, where a score of (1) indicates complete disagreement with the statement and a score of (5) indicates complete agreement. The reliability and validity of this scale have been demonstrated through test-retest reliability and internal consistency with a Cronbach's alpha coefficient of 0.80 (Garnefski & Kraaij, 2006). In Iran, the study by Hassani (2010) showed good internal consistency for the nine subscales of the Persian version of the Cognitive Emotion Regulation Questionnaire. The Cronbach's alpha ranged from 0.76 to 0.92. However, in the study by Salehi et al. (2015), the Cronbach's alpha coefficients for self-blame, acceptance, positive refocusing, positive reappraisal, catastrophizing, trivializing, rumination, and other-blame were calculated as 0.65, 0.49, 0.58, 0.72, 0.71, 0.76, 0.79, and 0.65 respectively.

2. Psychological Capital Questionnaire (Luthans & Avolio, 2007): To measure psychological capital, the 24-item Psychological Capital Questionnaire developed by Luthans and Avolio (2007) is used. It consists of four subscales: self-efficacy, hope, resilience, and optimism. The items are rated on a six-point Likert scale ranging from (1) strongly disagree to (6) strongly agree. To obtain the total score of psychological capital, the scores of each subscale are summed. The internal consistency of this questionnaire was reported to be 0.85 using Cronbach's alpha coefficient by Bahadori Khosroshahi et al. (2011). In another study by Bahadori Khosroshahi and Habibi Kaliber (2016), the reliability of the questionnaire was calculated as 0.86 using Cronbach's alpha coefficient.

3. Coping Strategies Questionnaire (Folkman & Lazarus, 1988): This questionnaire was developed by Folkman and Lazarus (1988). It consists of 66 items that are rated on a four-point scale (from 1 to 4) and measures two coping strategies: problem-focused coping and emotion-focused coping. The calculated Cronbach's alpha coefficient in the study by Sabaghi and Imamipour (1394) was 0.80, indicating excellent internal consistency of the questionnaire. Additionally, the structural reliability of this scale was calculated in the study by Nedaie et al. (1396) using confirmatory factor analysis, which revealed the presence of two factors: problem-focused coping and emotion-focused coping.

4. Acceptance and Commitment Therapy: The group-based Acceptance and Commitment Therapy protocol is presented in Table 1.

Table 1. Acceptance and commitment-based (ACT) group therapy sessions protocol

Session	Session Summaries
1	Pre-test, introduction to the group and group rules, familiarization with the foundations of therapeutic relationship, initial assessment of values, values clarification exercise, mood assessment and brief update.
2	Establishing main goals for the client, mindfulness exercise, exploring the client's past efforts to achieve goals, metaphor of the well, introducing the concept of past ineffective coping strategies, mindfulness exercise, identifying coping strategies as a problem, coping with internal events, truth-checking metaphor, jelly-like

	sweetness metaphor, persistence in battling with the monster, behavioral activation logic. Assignment: Mood assessment and brief update or daily experience journaling; Assignment: Practice attending to the external world, moving towards values.
3	Reviewing previous session, mindful breathing exercise, observer exercise, exploring internal and external barriers to values pursuit, metaphor of bus passengers or intrusive thoughts, mindfulness exercise and identifying the power of internal barriers, identifying factors that distance from values, weather metaphor and shifting focus from control to acceptance, identifying simple behavioral goal that requires willingness and commitment, leaf metaphor in a stream. Assignment: Identifying internal and external barriers throughout the week and daily practice of mindful breathing; Mindfulness exercise.
4	Reviewing previous session, mindfulness exercise, assessing participants' ability to detach from thoughts and emotions, and demonstrating other practical ways to cultivate detachment, returning to the bus passengers metaphor and times of digging a well, mindfulness exercise, constructive hopelessness (process of abandoning experiential avoidance strategies), person stuck in a well, using a toolbox and a shovel, identifying coping strategies with participants' collaboration. Assignment: Identifying the ineffectiveness of avoidance strategies regarding experiencing unpleasant emotions, highlighting the futility and counterproductive nature of experiential avoidance.
5	Reviewing previous session, acceptance and commitment practice (acceptance of troublesome thoughts, behavioral alignment with values), exercise of giving permission (attending to bodily sensations and creating non-defensive contact with previously avoided emotions). Assignment: Practice understanding behavioral beingness.
6	Mid-term review, review of findings, mindfulness practice, thought suppression practice, lie detector metaphor, annoying neighbor metaphor, smooth sand metaphor. Task: daily journal of dysfunctional thoughts, acquisition of cognitive dissonance strategies in ACT
7	Examining the previous session, practicing mindfulness, practicing hard covering (accepting troublesome thoughts, behaving in line with values), practicing objectification (paying attention to bodily sensations and making non-defensive contact with emotions that were previously avoided). Assignment: Practicing understanding of your context
8	Reviewing previous session, short-term mindfulness exercises focusing on thoughts, staying with problem-causing emotions, memories, evaluations, behavior-eliciting stimuli, or changes in bodily sensations, exercise of facing a giant iron man (acceptance and willingness-based exercise). Assignment: Long-term mindfulness exercises (paying attention to attention).
9	Reviewing previous session, mindfulness exercise, adopting authentic and non-judgmental stance (detachment and acceptance exercise), cognitive dissonance: changing linguistic rules, exercise of milk metaphor, exercise of imagining one's mind as a passer-by. Assignment: Learning mindfulness strategies (eating raisins).
10	Reviewing previous session, formal meditation exercises, immersing in bodily sensations, mindfulness of thoughts and emotions, mindfulness of the surrounding environment... Assignment: Self-observation behavior.
11	Reviewing previous session, short-term mindfulness exercises focusing on polarizing values, setting value-based goals and designing goal-setting activities, activity planning... Assignment: Creating larger patterns of committed action.
12	Summary of learned material, addressing concerns, questions and answers, teaching the maintenance of gains until follow-up session, group closure and conducting post-test.

5. Therapy based on acceptance and commitment. In Table 2, the cognitive behavioral group therapy protocol is presented.

Table 2. Content of group cognitive behavioral therapy (CBT) sessions

Session	Content
1	Pre-test, introduction to the group and therapist, establishment of therapeutic relationship, familiarization with cognitive-behavioral therapy foundations. Active listening to clients' self-expression.
2	Review of previous session, identification of factors influencing healthy living, living in the present moment and accepting life circumstances; role of beliefs in emotional and behavioral outcomes, teaching the three-column table (thoughts, emotions, behaviors).
3	Review of previous sessions, teaching cognitive errors and their impact on cognitive levels.
4	Review of previous sessions, teaching relaxation techniques through progressive muscle relaxation.
5	Review of previous sessions and teaching the method of combating negative thoughts through thought

	tracking, engaging with negative thoughts and stopping them.
6	Review of previous sessions, analysis of the relationship between negative events, beliefs, and resulting mood changes.
7	Review of previous sessions and reframing pessimistic interpretations into optimistic ones.
8	Review of previous sessions and self-debate (self-interpretations, alternative interpretations, and examining the usefulness of beliefs), future planning.
9	Review of previous sessions and introduction to acceptance techniques, self-belief, focusing on strengths, and reframing limitations.
10	Review of previous sessions and summary of teachings. Teaching the maintenance of newly formed habits until the follow-up session.
11	Review of previous sessions and reminder of maintaining newly formed habits until the follow-up session.
12	Review of previous sessions, review of maintenance of formed habits, completion of the program, and conducting post-test.

Implementation

On two experimental groups, intervention based on acceptance and commitment and cognitive behavioral therapy, each in twelve 90-minute sessions weekly, and the control group did not receive intervention. After the end of the intervention sessions, the aforementioned questionnaires were administered as a post-test and two months later for follow-up in all three groups, and the results of the three groups were again compared. Finally, data analysis was done with SPSS software and mixed variance analysis method.

Results

Out of 75 students participating in this study, 18 (72%) in the ACT experimental group, 17 (68%) in the CBT experimental group and 18 (72%) in the control group were between 20 and 30 years old. 7 people (28%) in the ACT test group, 8 people (32%) in the CBT test group, and 7 people (28%) in the control group were over 30 years old. In terms of education status, 20 people (80%) in the ACT experimental group, 21 people (84%) in the CBT experimental group, and 21 people (84%) in the control group were undergraduates; 5 people (20 percent) in the ACT experimental group, 4 people (16 percent) in the CBT experimental group, and 4 people (16 percent) in the control group were studying at master's level. In terms of marital status, 15 people (60%) in the ACT experimental group, 14 (56%) in the CBT experimental group and 16 (64%) in the control group were single. 10 people (40%) in the ACT experimental group, 11 people (44%) in the CBT experimental group and 9 people (36%) in the control group were married. In terms of economic status, 3 people (12%) in the ACT test group, 2 people (8%) in the CBT test group, and 2 people (8%) in the control group had poor financial status; 10 people (40 percent) in all three groups had medium financial status; 10 people (40%) in the ACT experimental group, 11 people (44%) in the CBT experimental group and 11 people (44%) in the control group had good financial status; And finally, 2 people (8%) in the ACT experimental group, 3 people (12%) in the CBT experimental group and 3 people (12%) in the control group had excellent economic status. In terms of residence status, 8 people (32%) in the ACT test group, 9 people (36%) in the CBT test group, and 8 people (32%) in the control group were native; 7 people (28%) in the ACT test group, 9 people (36%) in the CBT test group, and 8 people (32%) in the non-native control group lived in the dormitory; 10 people (40%) in the ACT experimental group, 7 people (28%) in the CBT experimental group and 9 people (36%) in the non-native control group had rented houses. In Table 3, a description of the scores of the participants of the present study in the three stages of pre-test, post-test and follow-up is provided.

Table 3. Description of participants' scores in the three stages of pre-test, post-test and follow-up

		ACT		CBT		Control	
Variable	Stage	Mean	SD	Mean	SD	Mean	SD
Emotion regulation	Pre-test	26.76	5.12	26.88	5.5	26.88	5.1
	Post-test	34.56	5.35	33	5.36	28.6	5.75
	Follow-up	33.48	5.37	32.32	5.34	28.5	5.36
Psychological	Pre-test	77.6	14.12	76.64	14.28	77.36	14.35

capital	Post-test	91.08	14.17	88.12	14.33	79.08	14.37
	Follow-up	87.08	14.13	85.44	14.41	79.6	14.48
Coping strategies	Pre-test	49.16	5.31	48.8	5.4	48.96	5.44
	Post-test	62.64	5.36	58.28	5.46	50.44	5.47
	Follow-up	58.65	5.38	56.76	5.37	52.08	5.64

Reviewing the descriptive findings presented in Table 3 shows that the scores of emotion regulation, psychological capital and coping strategies of students after participating in therapy courses based on acceptance and commitment and cognitive behavior have increased compared to the control group. Multivariate covariance analysis was used to analyze the research data and check the presence or absence of significant differences in the pre-test, post-test and follow-up stages. The assumption of normality of the data was confirmed using the Kolmogorov-Smirnov test. By using the scatter diagram of the variables, the linearity of the relationships between the variables was also confirmed. The correlation test between the auxiliary variables (pre-test and groups) and the main independent variables (group therapy based on acceptance and commitment and cognitive behavior) also indicated multiple non-collinearity between the variables. The results of the quadruple test of multivariate covariance analysis indicated that there was a significant difference between the combined variables of emotion regulation, psychological capital and coping strategies in the effectiveness of group therapy based on acceptance and commitment (i.e. comparing the ACT group with the control group). Also, the results of the quadruple test of multivariate covariance analysis indicated that there was a significant difference between the combined variables of emotion regulation, psychological capital and coping strategies in the effectiveness of cognitive behavioral group therapy (i.e. comparing the CBT group with the control group). The results of the intergroup test on the effectiveness of group therapy based on acceptance and commitment and the effectiveness of cognitive behavioral group therapy and the comparison of these two interventions are shown in Table 4. The results of Table 4 show that after controlling the pre-test effects, there is a significant difference between the post-test scores in all three variables of emotion regulation, psychological capital and coping strategies in the ACT and control test groups, and this effectiveness remained stable in the follow-up phase. In both CBT and control groups, in both post-test and follow-up stages, there was a significant difference in all three variables of emotion regulation, psychological capital and coping strategies. In comparing the effectiveness of two interventions, two experimental groups were compared. The results showed that there was a significant difference for the variables of psychological capital ($p = 0.024$, $F = 5.894$) and coping strategies ($p < 0.0001$, $F = 27.2$) in the post-test stage; For the coping strategies variable ($p = 0.044$, $F = 4.3$) in the follow-up phase, there was a significant difference between the two experimental groups; However, there was no significant difference in the emotion regulation variable ($p = 0.440$, $F = 0.606$) in the post-test phase; No significant difference between the two interventions was found for the variables of emotion regulation ($p = 0.840$, $F = 0.041$) and psychological capital ($p = 0.680$, $F = 0.172$).

Table 4. Results of interaction test between groups

Source	Variable	SS	df	MS	F	Sig.	Eta^2
Pre-test Control and ACT	Emotion regulation	95.1	1	95.1	20.54	0.0001	0.309
	Psychological Capital	312.7	1	312.7	41.13	0.0001	0.472
	Coping strategies	307.1	1	307.1	39	0.0001	0.370
Follow-up Control and ACT	Emotion regulation	51.63	1	51.63	14.07	0.0001	0.234
	Psychological Capital	137.27	1	137.27	17.84	0.0001	0.279

	Coping strategies	105.77	1	105.77	19.67	0.0001	0.305
Post-test Control and CBT	Emotion regulation	68.55	1	68.55	15.04	0.0001	0.246
	Psychological Capital	152.26	1	152.26	19.52	0.0001	0.298
	Coping strategies	148.93	1	148.93	16.14	0.0001	0.258
Follow-up Control and CBT	Emotion regulation	47.34	1	47.34	10.86	0.002	0.191
	Psychological Capital	114.82	1	114.82	14.3	0.0001	0.237
	Coping strategies	72.85	1	72.85	18.2	0.0001	0.302
Post-test CBT and ACT	Emotion regulation	2.72	1	2.72	0.606	0.440	0.013
	Psychological Capital	48.54	1	48.54	5.894	0.024	0.178
	Coping strategies	31.78	1	31.78	27.2	0.0001	0.372
Follow-up CBT and ACT	Emotion regulation	0.192	1	0.192	0.041	0.840	0.001
	Psychological Capital	1.481	1	1.481	0.172	0.680	0.004
	Coping strategies	3.76	1	3.76	4.3	0.044	0.085

Conclusion

The aim of the present study was to compare the effectiveness of group therapy based on acceptance and commitment and cognitive behavioral group therapy on emotional discipline, psychological capital and coping strategies of students, and this hypothesis was not confirmed for the variable of emotional discipline; But it was confirmed for psychological capital and coping strategies in the post-test phase; However, in the follow-up phase, no difference was seen between the effectiveness of the two interventions in emotional regulation and psychological capital; However, for coping strategies, the difference in the effectiveness of the two interventions remained stable, and these differences in the two stages of post-test and follow-up indicated that group therapy based on acceptance and commitment was more effective than cognitive behavioral group therapy. These findings were consistent with the following findings: Aghaei et al. (2018); Tavakli et al. (2018); Salehian et al. (2018); Samadzadeh et al. (2018); Ejei et al. (2018); Oraki et al. (2018); Hossein Mardi and Khalatbari (2017); Ghasemi, Azizi and Esmaili (2017); Pelger et al. (2018), Davis et al. (2015); A-Tjak et al. (2015), Wayne et al. (2013); Ark et al. (2012.

In the possible explanation of the significance of the effectiveness of the two mentioned interventions (ACT > CBT), it can be said that as Wayne et al. (2013) found, a significant percentage of patients do not respond to traditional CBT; But, they respond to third-generation behavioral therapies, most notably ACT. However, the effectiveness of the two interventions in regulating emotion in the post-test and follow-up were the same. It can be said that Erek et al. (2012) in a meta-analysis comparing these two interventions, found that many patients responded equally to both treatments (CBT and ACT). AT-Jack et al. (2015) also found in a meta-analysis that the effectiveness of ACT therapy was the same as all second wave behavioral treatments (such as CBT). Hossein Mardi and Khalatbari (2017) also found in the final findings of their research that cognitive behavioral therapy and therapy based on acceptance and commitment have both reduced anger (which is a form of emotion regulation); According to this finding, it can be concluded that cognitive behavioral therapy, which considers thoughts as the cause of problematic emotions and behaviors, and changes thoughts to change behavior and emotions. Acceptance and Commitment Therapy (ACT) which uses some methods of disengaging (dissociation) used to change behavior, both of which are effective in reducing anger; Therefore, if a client welcomes reconstruction techniques and finds them useful for changing many of his thoughts, it is better to use such techniques in the treatment of this

person; Such methods can be used for those seeking therapy who accept the message of failure (Dore, 2015). In fact, according to Hayes (2008), the approach based on acceptance and commitment should not be considered as the enemy of cognitive-behavioral approaches, rather, this approach has simply taken a step beyond the existing differences between cognitive and behavioral approaches. In fact, the approach based on acceptance and commitment is a new wave of cognitive-behavioral therapies, and previous generations have integrated and reformulated cognitive-behavioral therapies in the hope of achieving better knowledge and efficiency, so they should not be put in direct contrast (Hosseinmardi & Khalatbari, 2018).

Sahebi (2017) believes that the first step in enhancing self-compassion is for individuals to accept themselves as they are. This stage means considering the person's educational heritage and the influence of useless thoughts, and as a result, trying to apply useful and fruitful thoughts; Thoughts that are in line with the person's core values that have all six components of the therapeutic teachings based on acceptance and commitment that are taught to clients; While in cognitive behavioral therapy, clients are encouraged to recognize their thoughts, feelings, and emotions and bring them into conflict. It must be said that dragging out some unpleasant thoughts and feelings is a very tiring and even impossible task for some people, especially those who are facing a bitter reality in their lives. People don't know what to do with their negative emotions, which inevitably come to them sometimes. Ross Harris (2008) also said in his book "Happiness Trap" that the vast majority of treatment programs believe that people should be able to control their thoughts and feelings. For example, many approaches tell people to identify their negative thoughts and replace them with positive ones, or encourage people to repeat positive statements. Other approaches encourage people to visualize positively and focus on what they want instead of what they have. But really, life is not that simple. Undoubtedly, people have thought about things in a positive way countless times, but still the negative thoughts came to them again and again. People's minds have evolved over hundreds of thousands of years in such a way that they inevitably think like this, so we shouldn't expect a few positive thoughts to make much of a difference in this process. That's why some people don't know how to get rid of negative thoughts; This also applies to negative emotions such as anger, fear, sadness, insecurity and guilt. While increasing self-awareness leads to awareness of the small things that people do every day to avoid or get rid of their unpleasant thoughts and emotions, which only Acceptance and Commitment Therapy (ACT) can fulfill. Abbasi et al. (2018) also compared cognitive behavioral therapy with emotion-oriented training and concluded that in the follow-up phase, recovery was more stable in the emotion-oriented therapy group. Considering that emotion-oriented treatments emphasize helping clients to find order in emotions in a systematic way, it is in line with acceptance and commitment-based therapy, which is a process-oriented therapy, and its emphasis is on accepting emotions instead of fighting with them.

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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