



Comparison of the effectiveness of acceptance and commitment therapy (ACT) and compassion-focused therapy (CFT) on functional somatic syndromes and psychological distress in patients with physical symptoms disorder

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ABSTRACT

Background and Aim: They always affect physical and mental health. The aim of this study was to compare the effectiveness of Acceptance and Commitment Therapy (ACT) and Compassion Focused Therapy (CFT) on functional somatic syndromes and psychological distress in patients with physical symptoms disorder. **Methods:** The research method was quasi-experimental with pre-test, post-test and follow-up design with a control group. In the present study, the subjects were randomly divided into experimental and control groups (30 in the experimental group and 30 in the control group) after performing the pre-test. The statistical population of the study included: all people with physical symptoms disorder who referred to Sarah Counseling Centers and Imam Zaman (AS) Helping Association in Isfahan in the first half of 1400. Using the available sampling method, 60 people who met the conditions for entering the study were selected and then, by justifying the objectives of the research and having the consent to participate in the research, were randomly divided into experimental and control groups. **Results:** The results of data analysis showed that acceptance and commitment-based therapy (ACT) and compassion-focused therapy (CFT) were significant compared to the control group in the post-test stage, functional somatic syndrome and psychological distress ($p < 0.05$). It indicates that the effectiveness of Acceptance and Commitment Therapy (ACT) and Compassion-Based Therapy (CFT) on functional somatic syndrome and psychological distress in people with physical symptoms disorder has been significant. But there was no significant difference between the effect of acceptance and commitment group therapy (ACT) compared to compassion-focused therapy group (CFT) in the research variables ($p < 0.05$). **Conclusion:** It can be concluded that the treatment based on acceptance and commitment had a greater effect compared to the treatment focused on compassion in functional somatic syndromes and psychological distress in patients with physical symptoms disorder.



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Introduction

Individuals with somatic symptom disorder or somatic symptom disorder are often highly concerned about their health and believe they have a disease (Henningsen, Zipfel, & Herzog, 2007). These concerns usually lead to depressive symptoms and psychological distress (Ronnenberg, Sattel, Schaffert, Henningsen, & Hausteiner-Wiehle, 2019). Many of these people undergo surgery for no reason or undergo various medical examinations without necessity (Kurlansik & Maffei, 2016). The American Psychiatric Association (2013) stated that the prevalence of this disorder is between 5 and 7 percent, and the ratio of female to male sufferers is higher. Most people with somatization disorders believe that their problems are physical and do not believe them when they are told they have no symptoms of a medical problem (Bourion, Bogue, Burion, Burns, Nguyen, & Ohse et al., 2020). Other factor that sufferers of somatic symptoms experience is the somatic distress syndrome, this syndrome includes: dizziness, headache, neck and shoulder pain, back pain, eye fatigue, stomach malfunction, loss of appetite, constipation, diarrhea, and insomnia (Fink & Schroder, 2010; Budtz-Lilly et al., 2015); Therefore, it can be said that these signs and symptoms disrupt the physical functions of those with somatic disorders, for example, people with irritable bowel syndrome (Grover et al., 2021) are strongly affected by psychological issues and problems (Midnefjord et al., 2021). Another disorder that occurs in these people is heart rhythm problems (Nazarova, 2021). Therefore, it can be assumed that the relationship between mind and body is a two-way relationship, and both influence each other. All these cases can lead to psychological distress (Shiha et al., 2021).

Psychological distress means: depression, anxiety, and stress (McGinty et al., 2020). Therefore, it is necessary to refer to psychological treatments to treat the mentioned symptoms, acceptance and commitment therapy (ACT) and compassion-focused therapy (CFT) can be pointed out. Acceptance and Commitment Therapy (ACT) is a type of evidence-based psychological intervention that combines the strategies of acceptance and attention to awareness in different ways with strategies of commitment and behavior change. This is done to increase psychological flexibility, ACT treatment with traditional cognitive behavioral

therapy has several differences, including that the goal of cognitive behavioral therapy is to teach people to have control over their thoughts, feelings, bodily sensations, memories, and other internal events; But in ACT, the goal is for people to learn not to Judge And accept their internal events, especially those that are unwanted (Hayes et al., 2004). This therapy helps one to achieve a transcendent sense of self known as "self-as-context". It means always observing, and experiencing one's own thoughts, feelings, bodily sensations, and memories, and at the same time, distinct from them. In fact, ACT is based on the assumption that the psychological processes of the normal human mind are often destructive (Hayes, 2009). The main causes of psychological problems, according to ACT are as follows: mixing with thoughts, evaluating experience, avoiding experience, and giving reasons for behavioral strategies to replace these in ACT are: accepting reactions and being in the present, choosing a valuable path and taking action in the direction of following this path (Hayes, 2005); On the other hand, the construct of compassion is closely related to mindfulness (Neff, 2003), although according to Gilbert (2009), compassion itself is rooted in a person's relationships with primary caregivers, research has shown that therapeutic interventions can lead to its increase. (Griner et al., 2022). The main focus of compassion-focused therapies is on enhancing compassion. However, self-compassion is included in other third-wave cognitive-behavioral therapies (eg, mindfulness-based stress reduction, mindfulness-based cognitive therapy, acceptance and commitment therapy, and (dialectical behavior therapy) are also an important therapeutic modulating factor and some of these therapies lead to increased self-compassion (Gilbert, 2014). Therefore, according to the explanations provided, this research aims to answer the following questions: Is acceptance and commitment therapy (ACT) effective on functional somatic syndromes and physical distress? Is compassion-based therapy (CFT) effective on functional somatic syndromes and bodily distress? Also, which therapy method (ACT or CFT) will be more effective on the mentioned variables in patients with somatic symptoms disorder compared to each other? Emotion regulation program. Investigate its effectiveness on impulsivity and quality of life of

families of children with oppositional defiant disorder.

Method

The research method was quasi-experimental with a pre-test, post-test, and follow-up design with a control group. In the present study, after the pre-test, the subjects were randomly divided into two experimental and control groups (30 people in the experimental group and 30 people in the control group). The statistical population of the research included: all the people with physical symptoms disorder who were referred to Sara counseling centers and Imam Zaman (AS) Helping Association in Isfahan city in the first half of 1400; Using the available sampling method, 60 people who had the conditions to enter the research were selected and then, with the justification of the research objectives and having consent to participate in the research, they were randomly placed in two experimental and control groups (30 people in each group).

Tools

1. General Health Questionnaire (GHQ): This questionnaire was first prepared by Goldberg (1972). Its main form has 60 questions, and short forms from 12 to 28 questions are also prepared. This questionnaire has four subscales, including: physical symptoms, anxiety, social dysfunction and depression. The scoring method of this questionnaire is the Likert scale (zero = not at all and three = more than usual). In Taqavi's research (2010), the reliability coefficient of this questionnaire was reported as 0.72 through retest reliability. Also, in the research of Ebrahimi et al. (2017), the alpha coefficient of this questionnaire was obtained as 0.97.

2. Kessler 10 psychological distress assessment questionnaire (K10): This questionnaire was compiled by Kessler and his colleagues in 2002 with ten items. The scoring of this questionnaire is in the form of 5 options on the Likert scale (always, most of the time, sometimes, rarely, and never), and each answer is scored between 0 and 4. Vasiliadis et al. (2015) and Anderson et al. (2011) have confirmed the reliability and validity of this questionnaire. Yagoubi (2007) reported the Cronbach's alpha coefficient of this questionnaire as 0.83 in Iranian society.

3. Acceptance and commitment therapy: In this research, the protocol of Hayes and Wilson (2005) was implemented.

4. Compassion-focused treatment protocol: Gilbert's (2010) protocol was used to implement CFT treatment in this study.

Results

The mean and standard deviation of age in the experimental group was 0.80 ± 15.89 , and the control group was 0.79 ± 16.10 . Chi-square test showed that there is no significant difference in age between the two research groups ($P > 0.05$). In the experimental group, five people (31 percent) were girls, and 11 people (69 percent) were boys. The descriptive results showed that in the current study, the mean and standard deviation of age in the acceptance and commitment therapy (ACT) group were 42.05 and 8.76. \pm , compassion-focused therapy (CFT), 41.35 and ± 10.20 , and the control group was 42.25 and ± 8.35 years. Most of the participants in terms of education level were in the three groups of diploma level in the ACT group, 80%, and in the CFT group, 85, and in the control group, 75% of the samples were women, and the rest were men.

The post-test average of the experimental groups was compared with the average of the control group in this analysis, and the pre-test scores were adjusted. Then the difference between the groups was determined using Bonferroni's post hoc test, which is mentioned below for this hypothesis. Before applying the multivariate covariance analysis method test, the necessary assumptions of this test, including the normality of the data, the homogeneity of the regression slope and the homogeneity of the variances, the values of skewness and kurtosis and the homogeneity of the variance-covariance matrix were examined. The Shapiro-Wilk test was used to assume the data's normality, which showed that the significance level of all research variables in this test was greater than 0.05. Hence, the data of the variables are normal. The significance level of Levin's test was also higher than 0.05 in all variables; Therefore, the variance of the groups in these variables is equal. Also, other statistical assumptions were skewness and kurtosis values because they are in the range (2 and -2), so the data of this variable was normal in terms of skewness and kurtosis.

Based on the results, there is a significant difference between the three experimental and control groups in functional somatic syndrome and psychological distress in people with physical symptoms disorder ($P < 0.05$).

The results of the Bonferroni test to compare the average of the experimental and control groups show that the difference in the mean of the acceptance and commitment-based therapy (ACT) and compassion-focused therapy (CFT) groups compared to the control group is

significant in the post-test stage of functional somatic syndrome and psychological distress ($p < 0.05$) which indicates that the effectiveness of acceptance and commitment-based therapy (ACT) and compassion-focused therapy (CFT) on functional somatic syndrome and psychological distress in people with physical symptoms disorder was significant; However, there was no significant difference in the research variables in the comparison between the effect of the acceptance and commitment-based therapy (ACT) group compared to the compassion-focused therapy (CFT) group ($p < 0.05$).

Conclusion

The purpose of this study was to compare the effectiveness of Acceptance and Commitment Therapy (ACT) and Compassion-Focused Therapy (CFT) on functional somatic syndromes and psychological distress in patients with somatic symptom disorder. The results of the data analysis indicated that the acceptance and commitment therapy (ACT) and the compassion-focused (CFT) was significant compared to the control group in the post-test stage on functional somatic syndrome and psychological distress ($p < 0.05$). The result shows that the effectiveness of Acceptance and Commitment Therapy (ACT) and Compassion-Focused Therapy (CFT) on functional somatic syndrome and psychological distress in people with physical symptoms disorder are significant. However, in the comparison between the effect of acceptance and commitment-based therapy (ACT) compared to compassion-focused therapy (CFT), there was no significant difference in the research variables ($p < 0.05$).

To explain the results of the present research, we can refer to the fundamental principles of Acceptance and Commitment Therapy (ACT) and Compassion-Focused Therapy (CFT), in such a way that acceptance and commitment therapy states that instead of trying to fight with The desired thought or the desired problem should be accepted and accepted with open arms (Hayes et al., 2009), on the other hand, the focus of compassion-based therapy is on the person's kindness and compassion for himself (Gilbert, 2009).. The variables of the present study were psychological distress and functional somatic; According to what was mentioned, psychological distress consists of stress, anxiety, and depression, and functional somatic also consists of symptoms of physical disorders, what is clear is that these variables can be closely related to each other, in such a way that with increasing

anxiety and stress, the person may become depressed, the person may suffer from psychological distress and suffer, now when the treatment based on acceptance and commitment (ACT) is performed on the person, considering that the emphasis of this treatment is on the conscious acceptance of pains and sufferings and On the other hand, compassion therapy emphasizes self-compassion and self-kindness, naturally, both of these treatments are through teaching a person to accept their problems and sufferings, as well as kindness and compassion and companionship with themselves, instead of self-blame and self-punishment or According to traditional approaches, making a lot of effort to calm yourself down, which is actually a kind of internal war, accepting problems and problems, and learning to be kind to yourself, will all reduce psychological distress on the one hand and reduce the symptoms of somatic disorders on the other hand, so It is justifiable that derma based on acceptance and commitment and compassion-focused treatment on psychological and somatic distress are effective.

Among the limitations of this study, it can be mentioned that 75% of the sample members were women. Therefore, due to the low number of men, caution should be observed in generalizing the results to the male community. Also, considering this limitation, it is suggested that future studies investigate the effect of the same treatment on a sample with a more significant number of men. Another limitation of this research was the small number of samples, which suggests that future studies repeat the present research on samples with a large number.

Conflict of Interest

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

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