

# Comparison of the Effectiveness of Group Counseling Using Mindfulness-Based Cognitive Therapy and Acceptance and Commitment Therapy on Self-Compassion in Mothers

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### ABSTRACT

**Objective:** This study aimed to compare the effectiveness of group counseling using Acceptance and Commitment Therapy (ACT) and Mindfulness-Based Cognitive Therapy (MBCT) on self-compassion among mothers of educable children.

**Methods and Materials:** This research was a quasi-experimental study with a control group, utilizing a pre-test and post-test design with a control group and a 5-month follow-up period. The sampling method was simple random sampling. The statistical population consisted of 407 mothers of educable exceptional students, from which 36 participants were selected using random numbers and divided into three groups. The Self-Compassion Scale (Neff, 2003) was used as the assessment tool. Data analysis was conducted using covariance analysis to compare the means. SPSS software (version 22) was used for data analysis.

**Findings:** The results showed that Acceptance and Commitment Therapy and Mindfulness-Based Cognitive Therapy had an impact of 59.6% and 27.9%, respectively, on increasing self-compassion compared to the control group ( $F = 106.891, P < 0.001$ ).

**Conclusion:** In conclusion, the study demonstrated that both Acceptance and Commitment Therapy (ACT) and Mindfulness-Based Cognitive Therapy (MBCT) effectively increase self-compassion in mothers of educable children, with ACT showing a greater impact. These findings highlight the potential of ACT and MBCT as effective interventions for enhancing psychological well-being in this population.

**Keywords:** *Acceptance and Commitment Therapy, Transdiagnostic Treatment, Multiple Sclerosis, Psychological Distress, Mindfulness.*

## 1. Introduction

One of the characteristics that can help mothers endure the challenges associated with caring for their children is self-compassion. Self-compassion is defined as accepting aspects of oneself and life that are pleasant, and it consists of three components: acceptance of one's own failures in some areas, understanding the pain and failure that all humans experience, and understanding one's own feelings in a balanced manner (Neff, 2003; Neff, 2022). Self-compassion has also been defined in various ways, but these definitions share common elements, including: (1) kindness, warmth, and tolerance towards oneself, especially during mistakes, shortcomings, and failures; (2) caring for and understanding one's own mistakes and their consequences; and (3) enhancing the ability to cope with suffering by accepting it as part of being human, which indicates not avoiding states of suffering and treating it as an experiential activity (Neff, 2022).

Self-compassion reduces social anxiety and serves as a factor in balancing low self-esteem and shyness (Sedighimorani & Rimes, 2019). Self-compassion can be used as a factor to reduce academic fatigue and boredom (Abdellatif, 2022). Self-compassion can act as a protective factor against psychological harm (Muris & Petrocchi, 2017). Individuals with high self-compassion treat themselves kindly when experiencing failure (López et al., 2018). Self-compassion increases environmental adaptability and serves as a barrier against the formation of emotional disorders (Kuyken et al., 2015). Self-compassion is among the social factors in accepting and enduring challenges. Self-compassion also acts as a protective factor that enhances resilience (Sabri et al., 2014).

Various methods have been employed in different studies to enhance self-compassion. However, therapeutic methods such as third-wave behavioral therapies have shown superiority due to their focus on roots and the use of mindfulness in this regard. Researchers have demonstrated the positive impact of third-wave cognitive-behavioral therapies on a wide range of mental disorders such as depression, anxiety, stress, and substance abuse (Frostadottir & Dorjee, 2019). Among the third-wave cognitive-behavioral therapeutic methods, Mindfulness-Based Cognitive Therapy (MBCT) and Acceptance and Commitment Therapy (ACT) are notable. Meditation forms the foundation of these third-wave therapeutic approaches, which are used to enhance individual well-being. Mindfulness or meditation is defined as focused attention

and awareness of what is happening in the present moment (Walsh et al., 2009).

One of the approaches whose impact on self-compassion is examined in this study is Mindfulness-Based Cognitive Therapy (MBCT). MBCT is not a method for understanding past events or correcting past mistakes, nor does it directly address psychological issues. Instead, it involves awareness in examining the fundamental mental stimuli, cognitions, and emotions, bringing hidden mental knots from the unconscious into awareness. This method allows one to reveal, without judgment or self-reproach, that (1) emotions are composed of thoughts, bodily sensations, raw feelings, and impulses, and (2) emotions often predict our inability to establish connections with ourselves, others, and the world. Emotions convey internal and external information and should be examined in the moment without self-judgment or reproach. In this way, MBCT serves as a means of training and educating the mind, functioning like a magnifying glass that reveals the most fundamental mental patterns. When the mind is examined in action through this lens, higher-level thoughts and emotions spontaneously disappear, revealing underlying layers (Williams & Penman, 2012). Research findings indicate that MBCT has a significant impact on reducing stress (Liang et al., 2022), reducing depression (Ashok et al., 2021), and increasing emotional regulation (Shahsavari et al., 2022).

Another approach whose impact on self-compassion is examined in this study is Acceptance and Commitment Therapy (ACT). Unlike traditional behavioral therapy, ACT does not aim to change thoughts in terms of intensity or type, nor does it seek to eliminate undesirable bodily symptoms caused by thoughts. Instead, this therapeutic approach focuses on accepting feelings and thoughts and monitoring them consciously to enhance psychological flexibility and the effectiveness of behavior (Harris, 2007). The goal of ACT is to help us live a rich, complete, and meaningful life by accepting the pain that inevitably comes with life. To achieve this goal, two methods are employed: (1) teaching psychological skills such as mindfulness to the client to tolerate painful thoughts and feelings, and (2) helping the client understand and clarify what is important and meaningful to them, and elucidating their values (Hayes et al., 2012). The primary goal of ACT is to create a rich, complete, and meaningful life through the acceptance of the inevitable pain that accompanies life. In technical terms, the primary goal of this type of therapy is to increase psychological flexibility. It is important to note that mindfulness is a fundamental and significant element of

ACT, but this approach goes beyond mere mindfulness and involves six central processes: (1) being present in the moment, (2) cognitive defusion, (3) acceptance and non-avoidance, (4) self-as-context, (5) personal values, and (6) committed action. The greater our ability to be fully aware, open to our experiences, and act based on our values, the higher our quality of life will be, as we can respond more effectively to the problems and challenges that life inevitably brings (Hayes et al., 2012).

This therapeutic approach has demonstrated its efficacy in increasing psychological flexibility (Azadeh et al., 2016) and resilience (Mesbah et al., 2018), as well as reducing social anxiety (Narimani et al., 2016; Yabandeh et al., 2018).

Given that the scope of studies on the effectiveness of third-wave behavioral psychological therapies, particularly short-term and limited forms such as MBCT and ACT, in relation to self-compassion and reducing anxiety caused by having a mentally disabled child, is insufficient, and the results of searches on domestic and foreign websites confirm this, this research is valuable in terms of the investment of time and resources. Considering the lack of sufficient information regarding the comparative effectiveness of MBCT and ACT on self-compassion, the aim of this study is to compare the effectiveness of group counseling using MBCT and ACT on self-compassion among mothers of children with intellectual disabilities. The research seeks to answer the following questions: (a) Does MBCT group counseling affect self-compassion? (b) Does ACT group counseling affect self-compassion? (c) To what extent do these two therapeutic methods impact self-compassion?

## 2. Methods and Materials

### 2.1. Study design and Participant

This study was a quasi-experimental research with a pre-test and post-test design, a control group, and a 5-month follow-up period. The sampling method was simple random sampling. The statistical population included 407 mothers of educable mentally disabled children from two cities, Malard and Shahriar, in Tehran province during the 2021-2022 school year. One hundred participants were randomly selected from the list of the statistical population. In the first stage, interviews were conducted with these individuals, and 36 mothers who met the best conditions based on the inclusion criteria were selected and assigned to three matched groups: an experimental group (ACT) with 12 participants, an experimental group (MBCT) with 12 participants, and a control group with 12 participants. The

inclusion criteria included: (1) age over 25 years, (2) having at least one educable mentally disabled child, (3) literacy up to the ninth grade, (4) not using psychiatric medications, and (5) a moderate household income level (employee or worker). Exclusion criteria included (a) absence from three therapy sessions, (b) disruption of the counseling process in two consecutive sessions, and (c) the participant's request to withdraw. Data analysis was conducted using SPSS software (version 22), and the data were analyzed using the statistical method of Analysis of Covariance (ANCOVA). This research received an ethics code from the ethics committee, and ethical considerations, including obtaining consent to participate in the sessions, confidentiality and non-disclosure of information, and the right to withdraw at any stage, were observed.

This study was conducted between February 2022 and June 2022 in the exceptional schools of Shahid Malard and the late Ghasem Khan Tajik in Shahriar, Tehran province, by the author. The ACT approach was taught to the ACT experimental group as group counseling sessions, while the MBCT approach was taught to the MBCT experimental group in the same manner. The control group did not receive any intervention. In both the pre-test and post-test, the Self-Compassion Scale was administered to the experimental and control groups, and after 5 months, the Self-Compassion Scale was administered again to determine the persistence of the training effects in the experimental and control groups. The obtained data were analyzed using the statistical method of Analysis of Covariance (ANCOVA) to determine the impact of the two therapeutic methods on the dependent variable under study. The educational intervention was carried out using the session protocols.

### 2.2. Measures

#### 2.2.1. Self-Compassion

This scale was developed by Neff in 2003 and consists of 26 items. It tests both the negative and positive aspects of the three main components of self-compassion, including (a) self-kindness versus self-judgment, (b) common humanity versus isolation, and (c) mindfulness versus over-identification. The response format is a 5-point Likert scale ranging from almost never (1) to almost always (5). To calculate the overall self-compassion score, the subscales of self-judgment, isolation, and over-identification are scored in reverse. The minimum score on this scale is 26, and the maximum is 130. The tool's developer reported a test-retest reliability coefficient of 0.93 and an internal consistency of

0.92 using Cronbach's alpha. A study reported Cronbach's alpha coefficients of 0.86 and 0.95 for this tool in Thailand and Taiwan, respectively. In Iran, the psychometric properties of this questionnaire have been investigated, and Cronbach's alpha of 0.70 and internal consistency of 0.89 have been reported (Motamedi et al., 2012). In the present study, Cronbach's alpha for self-compassion was calculated to be 0.84.

### 2.3. Intervention

#### 2.3.1. Acceptance and Commitment Therapy (ACT)

Session 1: The session begins with the administration of a pre-test to establish baseline measures. Participants are introduced to the core principles of ACT, with a focus on the "here and now" concept. The session also includes training in basic meditation techniques, and participants are assigned homework to practice the introductory meditation skills.

Session 2: This session continues with ACT training, focusing on cognitive defusion techniques. Participants identify their personal sources of stress and engage in a brief three-minute meditation for emotional regulation. The homework involves identifying and listing their personal sources of stress.

Session 3: The session introduces methods for self-assessment, helping participants evaluate their cognitive and emotional responses. The session also covers problem-solving techniques and the identification of automatic thoughts. Participants are assigned homework to apply these self-assessment techniques in daily situations.

Session 4: This session focuses on teaching positive self-assessment methods and psychological security from an ACT perspective. Participants discuss their reactions to events and engage in a brief meditation session. Homework involves identifying areas of cognitive fusion and reflecting on them.

Session 5: The session emphasizes maintaining a positive outlook and spirituality from an ACT perspective. The session also discusses the relativity of success and introduces mindfulness meditation techniques focused on the present moment. Participants are asked to reflect on and share their experiences with the group as homework.

Session 6: This session involves a review of the content covered in sessions 1 through 5. Participants summarize their learnings from the group, and the homework involves reporting a personal success story.

Session 7: The focus of this session is on teaching resilience in crisis situations and overcoming challenges

from an ACT perspective. Participants learn meditation techniques that emphasize intention, relationships, and focused attention. The homework is to practice a 45-minute seated meditation.

Session 8: Participants share their experiences and engage in meditation and mindfulness exercises focused on recognizing the observing self and the thinking self. The homework assignment involves a 45-minute meditation session.

Session 9: This session includes training on problem-solving from an ACT perspective and maintaining a positive outlook. Participants also practice a brief meditation aimed at shifting from automatic bodily responses to mindful awareness. Homework involves journaling their experiences of maintaining a positive outlook.

Session 10: The session continues to emphasize the importance of a positive outlook and spirituality from an ACT perspective. Participants share their experiences related to these themes, and homework involves reflecting on and writing about significant successes and failures in their lives.

Session 11: The session involves a group discussion on the experiences of successes and failures. Participants are also trained in meditation techniques for controlling emotions and reducing tension. The homework is to journal their learning experiences from the group.

Session 12: The final session includes the administration of a post-test to assess progress. The session reviews and summarizes the content covered in sessions 1 through 11. Participants are also trained in long-term meditation and mindfulness practices to incorporate into their daily lives as a sustainable practice (Hayes et al., 2012).

#### 2.3.2. Mindfulness-Based Cognitive Therapy (MBCT)

Session 1: The session begins with the administration of a pre-test to assess baseline measures. Participants are introduced to the concept of MBCT and its relevance to their well-being. The session also includes training in basic meditation techniques, with an emphasis on beginner-level mindfulness practices. Homework is assigned, which involves practicing the introductory meditation techniques learned during the session.

Session 2: The session continues with further MBCT training, focusing on the body scan technique. Participants identify their personal sources of stress and engage in a brief three-minute meditation aimed at emotional regulation. The

homework involves identifying and listing personal sources of stress.

Session 3: This session introduces methods for self-assessment, helping participants recognize and evaluate their emotional and cognitive responses. The session also covers problem-solving techniques and the identification of automatic thoughts. Participants are assigned homework to apply these self-assessment methods during everyday events.

Session 4: The session focuses on teaching positive self-assessment methods and enhancing psychological security from an MBCT perspective. Participants discuss their reactions to various events and practice a short meditation session. Homework involves a 45-minute seated meditation practice.

Session 5: The session further explores the importance of maintaining a positive outlook and spirituality from an MBCT perspective. The session also discusses the relativity of success and introduces meditation practices focused on the five senses. Participants are asked to reflect on and share their experiences with the group as homework.

Session 6: This session involves a review of the content covered in sessions 1 through 5. Participants summarize their learnings from the group, and the homework involves reporting a personal success story.

Session 7: The focus of this session is on teaching resilience in crisis situations and overcoming challenges from an MBCT perspective. Participants learn meditation techniques that emphasize intention, relationships, and focused attention. The homework is to practice a 45-minute seated meditation.

Session 8: Participants share their experiences and engage in meditation and mindfulness exercises that focus on recognizing the observing self and the thinking self. The homework assignment involves a 45-minute meditation session.

Session 9: This session includes training on maintaining a positive outlook and problem-solving from an MBCT perspective. Participants also practice a brief meditation aimed at shifting from automatic bodily responses to mindful awareness. Homework involves journaling their experiences of maintaining a positive outlook.

Session 10: The session continues to emphasize the importance of a positive outlook and spirituality from an MBCT perspective. Participants share their experiences related to these themes, and homework involves reflecting on and writing about significant successes and failures in their lives.

Session 11: The session involves a group discussion on the experiences of successes and failures. Participants are also trained in meditation techniques for controlling emotions and reducing tension. The homework is to journal their learning experiences from the group.

Session 12: The final session includes the administration of a post-test to assess progress. The session reviews and summarizes the content covered in sessions 1 through 11. Participants are also trained in long-term meditation and mindfulness practices to incorporate into their daily lives as a sustainable practice (Kuyken et al., 2015).

#### 2.4. Data Analysis

Data were analyzed using SPSS software version 24 and statistical methods, including mean, standard deviation, skewness, and kurtosis to test the normality assumption of variable distribution, Levene's test to examine the homogeneity of variances across groups, and multivariate analysis of covariance (MANCOVA) with repeated measures and Bonferroni post hoc test at a significance level of 0.05.

### 3. Findings and Results

Regarding demographic information, among the 36 participants in this study, 32 had a high school diploma or lower education, 3 had an associate degree, and 1 had a bachelor's degree. Regarding the occupation of the household heads, 8 participants were employees, 18 were workers, and 12 were engaged in other occupations. In terms of age, 5 participants were 30 years old or younger, 10 participants were between 31 and 35 years old, and 21 participants were over 35 years old.

The means and standard deviations of the control and experimental groups before the intervention, after the intervention, and at the follow-up stage in self-compassion are presented in Table 1.

**Table 1**

*Means and Standard Deviations of Self-Compassion Scores in Control and Experimental Groups (ACT and MBCT)*

Variables	Number	Stages	Control Group (M ± SD)	ACT Group (M ± SD)	MBCT Group (M ± SD)
Self-Compassion	12	Pre-test	81.83 ± 13.88	78.92 ± 11.33	82.67 ± 10.05
	12	Post-test	85.92 ± 11.79	110.42 ± 6.36	93.33 ± 5.37
	12	Follow-up	87.17 ± 11.01	108.83 ± 3.35	94.33 ± 9.22

Initially, the assumptions of covariance analysis, including the independence of observations, homogeneity of variances, and homogeneity of regression slopes across different groups, were examined. In the Kolmogorov-Smirnov test, the pre-test, post-test, and follow-up scores for the self-compassion variable were 0.200, 0.200, and 0.200, respectively, all of which are greater than 0.05, indicating no significant difference between the observed cumulative distribution function and the normal cumulative distribution function. Therefore, the distribution of scores in all variables

was normal. The analysis of variance test was used to examine the uniformity of regression coefficients in the research variables. The results showed that the significance levels at the post-test stage for the self-compassion variables were 0.100, and at the follow-up stage, the significance levels were 0.134, both greater than 0.05, supporting the assumption of homogeneity of regression slopes. For the independence of observations, each group was trained and tested separately without any interaction.

**Table 2**

*ANCOVA for Comparing Group Means in the Post-test for Self-Compassion*

Source of Variance	Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Pre-test	1432.850	1	1432.850	37.771	0.001	0.643
Group	4054.928	1	4054.928	106.891	0.001	0.596
Error	796.638	21	37.935			
Total	236856.000	24				

Table 2 shows the results of univariate ANCOVA on the post-test scores of self-compassion, controlling for the pre-test effect in the ACT and control groups. As shown, considering the pre-test scores as a covariate, the F value among the subjects is 106.891, and the estimated significance level is 0.001, which is less than 0.05, indicating a significant difference in the mean self-compassion scores between the experimental and control groups at the 0.001 level (F = 106.891, P < 0.001). Based on the results obtained from Table 3 in the post-test section for self-compassion, the mean scores of the control group were 85.92, and the mean scores of the experimental group were 110.42, indicating

that the experimental group (ACT) had a higher mean score. Therefore, it can be concluded that the intervention program (a period of Acceptance and Commitment Therapy in the form of group counseling) was effective in improving self-compassion in the experimental group. Considering the partial eta squared, which is 0.596, it can be said that 59.6% of the observed changes in the self-compassion levels of mothers in the experimental group were due to the impact of the ACT group counseling intervention. Therefore, the answer to the first research question is affirmative; in other words, ACT therapy increased self-compassion in the experimental group compared to the control group.

**Table 3**

*ANCOVA for Comparing Group Means in the Post-test for Self-Compassion*

Source of Variance	Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Pre-test	809.229	1	809.229	22.869	0.001	0.521
Group	287.764	1	287.764	8.132	0.010	0.279
Error	743.097	21	35.386			
Total	194959.000	24				

Table 3 shows the results of univariate ANCOVA on the post-test scores of self-compassion, controlling for the pre-test effect in the MBCT and control groups. As shown, considering the pre-test scores as a covariate, the F value among the subjects is 8.132, and the estimated significance level is 0.010, which is less than 0.05, indicating a significant difference in the mean self-compassion scores between the experimental and control groups at the 0.01 level ( $F = 8.132$ ,  $P < 0.01$ ). Based on the results obtained from Table 3 in the post-test section for self-compassion, the mean scores of the control group were 85.92, and the mean scores of the experimental group were 93.33, indicating that the

experimental group (MBCT) had a higher mean score. Therefore, it can be concluded that the intervention program (a period of Mindfulness-Based Cognitive Therapy in the form of group counseling) was effective in improving self-compassion in the experimental group. Considering the partial eta squared, which is 0.279, it can be said that 27.9% of the observed changes in the self-compassion levels of mothers in the experimental group were due to the impact of the MBCT group counseling intervention. Therefore, the answer to the second research question is affirmative; in other words, MBCT therapy increased self-compassion in the experimental group compared to the control group.

**Table 4**

*ANCOVA for Comparing Group Means in the Post-test for Self-Compassion*

Source of Variance	Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Pre-test	2029.735	1	2029.735	96.857	0.001	0.822
Group	1970.307	1	1970.307	94.021	0.001	0.422
Error	440.076	21	20.956			
Total	251597.000	24				

Table 4 shows the results of univariate ANCOVA on the post-test scores of self-compassion, controlling for the pre-test effect in the ACT and MBCT groups. As shown, considering the pre-test scores as a covariate, the F value among the subjects is 94.021, and the estimated significance level is 0.001, which is less than 0.05, indicating a significant difference in the mean self-compassion scores between the ACT and MBCT groups at the 0.001 level ( $F = 94.021$ ,  $P < 0.001$ ). Based on the results obtained from Table 3 in the post-test section for self-compassion, the mean scores of the ACT group were 110.42, and the mean scores of the MBCT group were 93.33, indicating that the ACT group had a higher mean score. Therefore, it can be concluded that the intervention program (Acceptance and Commitment Therapy compared to Mindfulness-Based Cognitive Therapy) was more effective in improving self-compassion in mothers. Considering the partial eta squared, which is 0.422, it can be said that 42.2% of the observed changes in the self-compassion levels of mothers in the ACT group were due to the impact of the ACT group counseling intervention. Therefore, the answer to the third research question is also affirmative. In other words, Acceptance and Commitment Therapy (ACT) was more effective than Mindfulness-Based Cognitive Therapy (MBCT) in increasing self-compassion in mothers of educable children.

#### 4. Discussion and Conclusion

The results demonstrated that Acceptance and Commitment Therapy (ACT) had a positive effect on self-compassion among mothers of children with intellectual disabilities. Additionally, Mindfulness-Based Cognitive Therapy (MBCT) was effective in increasing self-compassion. The effect of ACT on self-compassion was greater compared to MBCT.

Regarding the effectiveness of ACT in increasing self-compassion, the findings of this study align with prior research (Amini & Karami Nejad, 2021; Khamoushi & Mansouri, 2020; Mirzaeian et al., 2020; Niknejad & Dehghani Sefidkouhi, 2015; Rouhi et al., 2019). In particular, Rouhi et al. (2019) showed that ACT significantly improves self-compassion and distress tolerance among students (Niknejad & Dehghani Sefidkouhi, 2015). Amini and Karami Nejad (2022) found that ACT significantly increases self-compassion and reduces marital burnout (Amini & Karami Nejad, 2021). Khamoushi and Mansouri (2019) reported that ACT significantly enhances self-compassion and reduces self-criticism (Khamoushi & Mansouri, 2020). Niknejad and Dehghani (2015) showed that ACT significantly increases self-compassion in mothers of children with autism (Niknejad & Dehghani Sefidkouhi, 2015). Moreover, Mirzaeian et al. (2020) found that ACT

significantly enhances self-compassion and reduces emotional dysregulation (Mirzaeian et al., 2020).

Similarly, the results of this study regarding the impact of MBCT on increasing self-compassion are consistent with the prior findings (Eftekhari & Izadi, 2021). Eftekhari and Izadi (2022) demonstrated that MBCT significantly increases self-compassion and reduces alexithymia (Eftekhari & Izadi, 2021). The findings are also consistent with Foroughi et al. (2022), who demonstrated that MBCT significantly increases self-compassion and reduces depression (Foroughi et al., 2021).

In discussing the reasons for the effectiveness of ACT on improving self-compassion, considering its components, it can be stated that ACT, by encouraging clients to practice mindfulness and directed awareness towards environmental stimuli, the body, and cognitions, helps them break free from mental ruminations about threats and anxieties in social interactions. ACT fundamentally transforms clients' thinking patterns, helping them cover their weaknesses with self-support and assistance to others. ACT teaches individuals to accept the pain that life inevitably brings rather than avoiding stressful thoughts and situations. It also helps them become aware of and analyze their thoughts and emotions in distressing situations, leading to social goals and greater psychological well-being, as well as increased self-compassion.

Key features of ACT, such as confronting cognitions and emotions, avoiding avoidance, accepting oneself as an observer, revisiting values and goals, and committing to personal goals, have contributed to improving self-compassion and family resilience in this study. ACT places a strong emphasis on raising awareness of internal processes, helping clients perceive stressful thoughts as mere perceptions rather than inevitable realities. It also increases their awareness of the ineffectiveness of previous coping strategies and encourages them to change how they interact with their environment, committing to what truly matters in their lives. Moreover, ACT teaches individuals to distinguish between the observing self and the thinking self, taking control over maladaptive internal cognitions shaped by external pressures, thereby increasing self-compassion and resilience in facing challenges.

In discussing the effectiveness of MBCT on increasing self-compassion among mothers of educable children, it can be stated that self-compassion helps individuals accept life's challenges without harming themselves (Sabri et al., 2014). One of the core principles of MBCT, mindful awareness of the present moment (Carney & Freedland, 2009),

significantly contributes to increasing self-compassion. Overall, MBCT reduces stress and anxiety by employing mindfulness techniques and by altering cognitive patterns, improving thinking styles, and identifying cognitive distortions. The therapeutic foundations of MBCT, including mindfulness techniques, increased awareness, enhanced distress tolerance, identification of physical and emotional sensitivities, and the replacement of maladaptive and negative thoughts and beliefs, can reduce anxiety sensitivity, promote psychological well-being, and enhance adaptability. This, in turn, plays a crucial role in increasing self-compassion and resilience.

## 5. Limitations and Suggestions

This research encountered several limitations, the most important of which included: (1) the study was conducted by the researcher, (2) the inability to control the gender factor, and (3) the study was conducted on only one group of parents. From an applied perspective, the findings of this research are significant for professionals in psychology and counseling, particularly those working in therapeutic and educational centers, especially exceptional education centers. Planning to increase self-compassion and resilience can improve the psychological and social functioning of parents of exceptional children and, in general, the parents of all children in educational settings, thereby promoting overall mental health in society. It is recommended that future researchers: (1) conduct this study on both men and women and compare the results, (2) conduct this study on other groups of parents and compare the findings, (3) conduct this research while controlling for the halo effect, and (4) apply the results of this study, which have proven effective in this research and similar studies, in exceptional education centers for the parents of educable children.

## Authors' Contributions

Authors contributed equally to this article.

## Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

## Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.



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## Declaration of Interest

The authors report no conflict of interest.

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## Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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