

# Investigating the Effectiveness of Acceptance and Commitment Therapy (ACT) on Self-compassion and Psychological Well-being of the Experienced-Infidelity Women Referring to the Counseling Centers of Shiraz

Nisa Javid Jahromi\*, Asieh Abudi

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## Abstract

The aim of this study was investigating the effectiveness of acceptance and commitment therapy (ACT) on self-compassion and psychological well-being of the experienced-infidelity women referring to the counseling centers of Shiraz, Iran, in the second half of 2018. The present research design was quasi-experimental with the control group through the analysis of covariance method. The research population included all the experienced-infidelity women in Shiraz that were sampled by purposive volunteer sampling. Among the experienced-infidelity women referring to 4 counseling centers of Shiraz, some were volunteer to participate in the study, thus 30 experienced-infidelity women were selected as the clinical sample and were assigned into two equal groups of experimental and control. Neff's self-compassion Scale (SCS) and Ryff's scales of psychological well-being (SPWB) (short-form) were chosen as the tools of the study. The experimental group undergone 8 sessions of 90-minute intervention based on the acceptance and commitment therapy (ACT), but the control group did not received any intervention. The analyses of the inferential statistics of multivariate analysis of covariance (MANCOVA) and analysis of covariance (ANCOVA) were used to analyze the data. Statistical analyses were carried out by SPSS, version 25, software. The results of MANCOVA and ANCOVA indicated that the intervention being used caused the increase of self-compassion and psychological well-being of the experienced-infidelity women. Generally, it can be claimed that the intervention of acceptance and commitment therapy (ACT) on the experienced-infidelity women was effective and is highly recommended.

**Key words:** Acceptance and Commitment Therapy (ACT), Self-compassion, Psychological well-being.

## Introduction

In every community, marriage is a significant task and even one of the important decisions in everyone's life, and if it occurs with consciousness and satisfaction, it can lead to psychological well-being and even well quality of life (Hejrat and Shakerian, 2016). While some marriages result in the growth and prosperity of the couple, most husbands and wives can make troubles for each other (Etemadi, Navabinejad, Ahmadi, and Farzad, 2006). Furthermore, life is tied with the dangers which threat the perseverance of family life and family health. Infidelity is one of these dangers that causes many problems (Loudov and Jani, 2011).

Infidelity is defined as a violation of relationship commitment in which sexual or emotional intimacy, or both, is directed away from the primary relationship without the consent of one's partner (Fife, Weeks, and Stellberg-Filbert, 2013). Infidelity refers to the whole behaviors and performances of a married one with the opposite sex outside of the family relationship which causes friendly intimate, emotional, and loving relationships so that this can have particular excitements for the spouse who commits an act of infidelity. (Ghasemi, Ranjbar Soudjani, and Sharifi, 2017). From the traditional viewpoint, infidelity means developing sexual intimacy with a non-partner. However, today, regarding the change of social relationships and also change in attitudes, flirting with someone other, abnormal fascination and affection, emotional relationship beyond ordinary friendship, the use of pornography, abnormal relationships in the social networking are included in this definition in addition to the exclusive sexual intimacy. In this context, the research shows that about 1 third of men and one-fourth of women might engage in the extramarital relations at least once during their marriage (Mark and Janssen, 2011).

Since the acceptance and commitment therapy (ACT) is a new approach and uses acceptance, mental concentrations, commitment, and

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**Nisa Javid Jahromi\***

Master's Graduate of General Psychology, Payame Noor University, Karaj, Iran.

**Asieh Abudi**

Master's Graduate of Consultation, Marvdasht Branch, Islamic Azad University, Shiraz, Iran.

\*Email: Nesajavid@gmail.com

behavior-change processes in order to create psychological flexibility, it is an appropriate approach for treating the experienced-infidelity vulnerable women.

According to the acceptance and commitment therapy (ACT), people's suffering stems from the psychological flexibility, created by cognitive entanglement and avoidance of new experiences, and what is considered damaging is the desire to gain experiences and struggle with them by experiential avoidance. Experiential avoidance is an attempt to control or change the form, frequency or the sensibility of the circumstances of internal experiences such as thoughts, feelings, memories, and physical sensations, and it occurs when a person is unwillingness to maintain his/her relationship with some of the particular personal experiences and attempts to change the problem or the frequency of this incident even if it causes a behavioral change. Therefore, the main objective of this approach is that someone can create a rich and meaningful life through effective controlling of pains, sufferings, and distresses that life brings about inevitably (Honarparvaran, 2014).

In the acceptance and commitment therapy (ACT), the major purpose is to create psychological flexibility. In other words, it is not just the action that is imposed or carried out to avoid thoughts, emotions, memories, or distressful desires; however, the aim is to develop the ability of practical choice among different alternatives that are more appropriate. In this therapy, it is assumed that many people consider their feelings, excitements, and inner thoughts as distressful and always attempt to change these internal experiences or eliminate them. These attempts have no impact on control and paradoxically cause the intension of feelings, excitements, and thoughts, which the person tried to avoid them at first (Mesbah, Hojatkah, and Golmohammadian, 2018). Harris (2006) mentioned that the goal of ACT is to create a rich and meaningful life while accepting the pain that inevitably goes with it. In order to accomplish this goal, six core processes of ACT including cognitive faulting, acceptance, contact with the present moment, observing self, values, and committed action guide clients to achieve the psychological flexibility.

In the acceptance and commitment therapy (ACT), six core principles are used to help the increase of psychological flexibility of the clients: 1. Cognitive faulting: Learning methods to reduce the tendency to reify thoughts, images, emotions, and memories. 2. Acceptance: Allowing unwanted private experiences (thoughts, feelings, and urges) to come and go without struggling with them. 3. Contact with the present moment: Awareness of the here and now. 4. The observing self: Accessing a transcendent sense of self. 5. Values: Discovering what is most important to oneself. 6. Committed action: Setting goals according to values and, taking commitment actions in order to achieve them. (Asadpour, 2017).

Self-compassion involves being open to and moved by one's own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgmental attitude toward one's inadequacies and failures, and recognizing that one's own experience is part of the common human experience (Neff, 2003). Self-compassion is extended when the pain and suffering occurs faultlessly by oneself and also when one endures the external circumstances of life with difficulty and pain. Nevertheless, when the pain and suffering results from mistakes and failures or personal weaknesses of oneself, compassion becomes important in the same way. However, if the weaknesses have been ignored due to the avoidance of self-blame, as for others, the result of compassion would come to be reversed (Neff and Tirsch 2013).

According to Neff (2003), self-compassion entails three basic components: self-kindness versus self-judgment, a sense of common humanity versus isolation, and mindfulness versus over-identification. These components combine and mutually interact to create a self-compassionate frame of mind. Self-kindness entails being gentle, supportive and understanding towards oneself. Rather than attacking and berating oneself for personal shortcomings, the self is offered warmth and unconditional acceptance (even though particular behaviors may be identified as unproductive and in need of change) rather than treating oneself with harsh criticism or judgment. Common humanity involves recognizing the shared human experience, understanding that all humans fail and make mistakes, that all people lead imperfect lives. Mindfulness, the third component of self-compassion, involves being aware of one's present moment's experience of suffering from clarity and balance, neither ignoring nor ruminating on negative aspects of oneself or one's life experience (Neff and Costigan 2014).

A considerable amount of evidence have shown that self-compassion is associated with the many desired psychological outcomes (Homan, 2016). People with self-compassion tend to be happier, more satisfied with life, higher physiological well-being and lower psychological distress syndrome (like anxiety and depression) than the individuals with low self-compassion.

Physiological well-being can be considered as the basis of mental health. According to World Health Organization (WHO), physiological well-being is defined as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." While psychological well-being was traditionally defined as the lack of distress syndrome (namely lack of depression, anxiety, and another syndrome of psychological disorders) over time; however, currently, it has been founded more positive dimensions. In particular,

physiological well-being is increasingly considered as more than just the lack of distress syndrome and includes positive traits of individuals and causes mental health.

Well-being feeling has both emotional and cognitive components. Physiological well-being refers to the quality of life obtained from the growth of the best potential of the individual and the use of this potential in order to accomplish his/her goals in life (Khoramrooz, Moltafet, and Firoozi, 2018). Physiological well-being has been defined as engaging with the ontology challenges and making efforts for personal growth (Waterman, 1993), and it has been significantly investigated in the research literature in the last two decades (Cole, 2002).

Psychological well-being is a multi-component concept including self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth (Momeni, Akbari, Hosaini, and Karami, 2013). Self-acceptance involves positive attitudes about oneself, accepting multiple aspects of oneself such as good and bad traits and positive feelings about past life; positive relations with others is to feel satisfaction and intimacy of relations with others and understand the importance of these dependencies; autonomy includes the independent feeling and impacting on the life events and playing an active role in behaviors; environmental mastery is the degree to which you have a sense of mastery over the environment, control the external activities and effectively take advantages of the available opportunities; purpose in life refers to goals in life and believing in the meaningfulness of the present and past life; personal growth contains the permanent growth feeling, achieving new experiences as a person with potential talents (Wike, 2015). Several research has been carried out to show the relationship between acceptance, commitment, and physiological well-being, and the effectiveness of acceptance and commitment therapy (ACT) on the reduction of psychological problems such as its effectivity on the depression symptoms (Sabour, Kakabarati, 2016), the increase in the mental health, and the increase in the tolerance (Mesbah, Hojatkah, and Golmohammadian, 2018).

In the acceptance and commitment therapy (ACT), an attempt to control the improvement of mental health requires thinking about the issues that stimulate the mental health and well-being and consequently cause discomfort and disappointment, and this is done due to the diffusion stage of the ACT. Therefore, the aim of this study was to examine the effectiveness of acceptance and commitment therapy (ACT) on self-compassion and psychological well-being of experienced-infidelity women in Shiraz.

## Method

The current research was an experiment with pretest-posttest design in which two groups of experiment and control were used. The statistical population of this study included all the experienced-infidelity women referring to the counseling center of Shiraz, and the clinical sample consisted of women referring to 4 counseling centers of Shiraz due to their husband infidelity and they were a volunteer to participate in the study. 30 individuals were selected by purposive volunteer sampling and based on the inclusion criteria (such as experiencing infidelity by a partner, low score in the self-compassion scale, low score in the psychological well-being scale and lack of drug use) they were randomly divided into two groups of control (15 individuals) and experimental (15 individuals).

### *Neff's self-compassion Scale (SCS)*

This scale was developed by Neff in 2003. The scale consists of 26 questions and six items such as self-kindness (questions 5, 12, 23, and 26), self-judgment (questions 1, 8, 11, 16, and 21), common humanity (questions 3, 7, 10, and 15), isolation (questions 4, 13, 18, and 25), mindfulness (questions 9, 14, 17, 22), over-identification (questions 2, 6, 20, and 24), and responses are given on a five-point Likert scale from "Almost Never" to "Almost Always". The reliability coefficient of a retest of the self-compassion scale in Neff's research (2003) was obtained as 0.93. Abolgasemi, Tagipour, and Narimani (2012) reported the coefficient of Cronbach's alpha as 0.81.

### *Ryff's scales of psychological well-being (SPWB) (short-form)*

This scale was established by Ryff in 1989 and has been standardized by Khanjani, Shahidi, Fathabadi, Mazaheri, and Shokri (2014) in Iran. The scale contains 18 questions which measures psychological well-being in six aspects like autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Questions are scored on a six-point Likert scale including 1. strongly agree; 2. somewhat agree; 3. a little agree; 4. neither agree or disagree; 5. a little disagree; 6. somewhat disagree; 7. strongly disagree. In a research by Khanjani et al. (2014), the results of single-group confirmatory factor analysis showed that six factors' pattern of this scale (self-acceptance, environmental mastery, positive relations with others, purpose in life, personal growth, autonomy) have the good fitting. Having used Cronbach's alpha, internal consistency of this scale was obtained 0.72, 0.73, 0.52, 0.75, 0.76, and 0.51 in 6 factors of self-acceptance, environmental mastery, positive relations with others, purpose in life, personal growth, and autonomy, respectively, and the whole scale was 0.71. In this research, the reliability coefficient of Cronbach's alpha of the psychological well-being was obtained as 0.83.

### Data Analysis

Multivariate Analysis of Covariance (MANCOVA) and analysis of covariance (ANCOVA) was used to analyze the data. The analysis was carried out using version 25 of statistical package for social sciences (SPSS-25).

### The Method of Research Implementation

The research sample was selected by collaborating the counseling centers of Shiraz in which women referred due to their husband's infidelity. The subjects were recruited after the screening interview and identifying inclusion criteria and the retest was performed on them. Among all participants, 30 individuals, who were qualified enough to participate in the research, were selected, and then, they were divided into two experimental (15 individuals) and control (15 individuals) groups. The experimental intervention was performed on the experimental group while the control group received no intervention. The intervention was held 8 weekly sessions of 90-minute (see Table 2). After 8 sessions, posttest was performed on the control and experimental groups.

Table 1. The Content of the Sessions of Acceptance and Commitment Therapy (ACT)

Session	The Content of the Session
First	The familiarity of participating members with the therapist, explaining the rules of the group, familiarity and comprehensive description of the therapeutic approach.
Second	Evaluating the previous session's assignments, measuring the clients' problems from the perspective of ACT (extracting experiential avoidance, mélange, and person's values).
Third	Evaluating the previous session's assignments, explaining the inefficiency of controlling negative occurrences using different metaphors and teaching tendency to negative emotions and experiences.
Fourth	Evaluating the previous session's assignments, teaching how to separate assessments from personal experiences (the metaphor of bad cup) and adapting the position of observing thoughts without judgment.
Fifth	Evaluating the previous session's assignments, creating a connection with the present time and considering self as a context (a chess-related metaphor) and teaching mindfulness.
Sixth	Evaluating the previous session's assignments, recognizing a patient's life values, and measuring these values based on their importance.
Seventh	Evaluating the previous session's assignments, introducing practical strategies in order to remove the barriers while using metaphors, and planning for a commitment to pursuing values.
Eighth	Concluding the general points represented during training sessions, asking participating members to explain their accomplishments from the group, and their plans for continuing life.

### Findings

Table 2. The Mean and Standard Deviation of the Variables of Self-compassion and Psychological Health of Subjects in terms of Groups in Different Processes of Evaluation

Variables	Statistical Indexes	Experimental Group		Control Group	
		Mean	Standard Deviation	Mean	Standard Deviation
Self-compassion	Pre-test	74.33	13.091	75.173	10.498
	Post-test	87.27	9.524	79.57	16.638
Psychological Well-being	Pre-test	51.45	10.498	62.66	6.068
	Post-test	64.71	8.033	57.49	8.322

As it is shown in Table 2, regarding self-compassion, the mean (and standard deviation) of experimental group was 74.33 (13.091) and 87.27 (9.524) in the pretest and the posttest, respectively. In this vein, the mean (and standard deviation) of the control group was 75.173 (10.498) and 79.57 (16.638) in the pretest and posttest, respectively. Furthermore, in terms of psychologic well-being, the mean (and standard deviation) of the experiment group was 51.45 (10.498) and 64.71 (8.033) in the pretest and the posttest, respectively, and the mean (and standard deviation) of the control group was 62.66 (6.068) in the pretest and 57.49 (8.322) in the posttest.

Table 3. The Results of the Multivariate Analysis of Covariance on the Mean of Post-test Scores of Self-compassion and Psychological Well-being of the Subjects of Control and Experiment Groups

Statistical Indexes	Sum of Squares	F	Hypothesis degree of freedom	Mean Squars	Significance level	Effect size	Observed Power
Test name							
Pillai's Trace Test	72.648	16.852	5	14/729	0.001	0.477	.999
Wilks' Lambda Test	66.821	18.539	5	13/364	0.001	0.501	1.00

Hotelling's Trace Test	85.686	25.277	5	17/137	0.001	0.577	1.00
Roy's Largest Root Test	43.633	11.537	3	14/544	0.001	0.384	.999

According to Table 3, having controlled the pretest, the significance level of all tests represented that participants of experiment and control groups were significantly different at least in one of the variables of self-compassion and psychological well-being in the posttest stage ( $P < 0.01$  and  $F: 18.539$ ). In order to understand this difference, 3 analysis of covariance was carried out at MANCOVA context. According to the calculated effect, 50/01 % of all variances of control and experiment groups resulted from the effect of independent variables. Furthermore, the observed power of the test was 1.00 so that the test has been able to reject the null hypothesis with 100% confidence.

Table 4. The Results of the Analysis of Covariance at the MANCOVA Context on the Variables of Self-compassion and Psychological Well-being in the Post-test Stage with Control Pre-test

Statistical Indexes	Mean Squares	Degree of Freedom	Sum Squares	F	Significance Level
Variables					
Self-compassion	5748.467	2	4499.837	12.957	0.001
Psychological Well-being	4320.065	2	3556.038	37.456	0.001

It can be seen from the data in Table 4 that F values were obtained 12.957 and 37.456 for self-compassion and psychological well-being, respectively, which were significant in the level of  $P < 0.01$ . Consequently, according to the means of Table 2, it can be asserted that self-compassion and psychological well-being had significantly increased in the experiment group. In other words, it can be stated that acceptance and commitment therapy (ACT) caused the improvement of self-compassion and psychological well-being in the experienced-infidelity women referring to the counseling center in Shiraz.

## Discussion and Conclusion

As it was mentioned, the present research aimed to investigate the effectiveness of acceptance and commitment therapy (ACT) on the self-compassion and psychological well-being of experienced-infidelity women referring to the counseling centers in Shiraz. The results of the current research demonstrated that the use of acceptance and commitment therapy (ACT) has significantly increased the self-compassion of the women referring to the counseling and psychological centers in Shiraz. These findings were consistent with those of Zare and Rajabi (2017), Naeb Hassanzade, Fatollahzadeh, Saadati and Rostami (2016), Yadavaia, Hayes, and Vilardaga (2014). Some researchers (Hayes, Strosahl, and Wilson, 2012) reported that acceptance and commitment therapy (ACT) considerably accorded with Neff's conceptualization of self-compassion, and relational frame theory (RTF) (the basic knowledge of language and cognition which is the basis of acceptance and commitment; Barnes-Holmes and Roche, 2001) can be associated with the self-compassion as well (Neff and Tirch, 2013). According to the acceptance and commitment therapy (ACT), psychological flexibility includes 6 scales such as 1. The isolation of language and cognition (Defusion); 2. An open and intense experience of excitements and physical sensations (Acceptance); 3. Flexible and voluntary attention towards what happens in the present time (Contact with the present moment); 4. Observing self as a perspective from which life is experienced distinct from the identity or self-image (Self as Context); 5. Flexible and insistent self-directed behavior (Committed Action); 6. Freely choosing behavior qualities that internally promotes the behaviors (Values). There are similarities between self-compassion and psychology well-being. First, from the acceptance and commitment therapy (ACT) point of view, the core concept of Neff about self-kindness can be closely associated with self-compassion. The opposite of experiential acceptance, experiential avoidance, in the ACT includes awkwardly or inaccurately excessive assessment of self-experience, which highly leads to self-unworthiness. The acceptance of painful experience of self and oneself when he/she is injured can be a form of deep self-kindness. Next, according to relational frame theory (RTF), self-awareness involves direct relational frames (or establishing framework), defining as the frameworks which determine a relationship in terms of speaker's point of view (Hayes et al., 2001). These frames also exist in the common humanity (as the main concept of self-compassion) because it allows individuals to understand that both self and others have momentary frames which can lead to an understanding of difficult experiences. On the other hand, faulting is also important for self-compassion; because it allows self-criticisms to be disappeared from the mind without being believed, proven to be wrong or sticking in the mind. Furthermore, in comparison with self-esteem that depends on the positive self-assessments, self as a context is not threatened by negative experiences and therefore is quite stable.

Additionally, in this research, it was found out that the use of acceptance and commitment therapy (ACT) has been significantly increased the psychological well-being of the experienced-infidelity women referring to the counseling and psychological centers in Shiraz. These findings were in line with the findings of Hojatkah and Golmohamadian (2018), Asadpour (2017), Sadegh Pourmoradi, Nasirian, and Chabokinejad (2017). In this therapy, the methods of behavior commitment along with faulting, acceptance techniques, comprehensive issues about values and the person's goals, and the need to determine one's goals resulted in the increase of psychological well-being of women. Moreover, according to this therapy, the main aim was to emphasize on the individuals' desire to

their inner thoughts, help them to experience anxiety just as a thought, understanding the ineffective nature of the person's current plans, and managing those things that are important now in accordance with his/ her values rather than showing anxiety to them. Within this scope, clients can gradually and gently experience unpleasant events and keep themselves away from the inappropriate reactions, thought, and memories by withdrawing ego in the background. In fact, its purpose is to confirm the psychological flexibility of the individual. Indeed, the key processes of acceptance and commitment therapy (ACT) teach the individual how to give up the awful anxious thoughts, how to conceptualize such thoughts, how to confirm self-observing, how to accept them rather than control the internal events, and how to clarify the values. In this therapy, self-awareness of the individual grows over thoughts and self-reflection process and associates her/his thought and reflections with the accomplishments of the purposeful activities. Briefly discussed, the acceptance and commitment therapy aims to teach people to experience their thought and feelings rather than avoiding them and the individual is asked to make his/her best effort to accomplish determined goals and values

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