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Effects of Acceptance and Commitment Therapy on Goal Orientation and Feeling of Inferiority in Individuals with Physical-Motor Disabilities

Mojtaba Aghili[1]*, Sara Ramrodi[2]

Abstract

Objective*:* This study aimed to investigate the effect of Acceptance and Commitment Therapy (ACT) on goal orientation and feeling of inferiority in individuals with physical-motor disabilities.

Methods: This study utilized a quasi-experimental method. The statistical population consisted of all students with physical-motor disabilities in Kalaleh County (n = 517). Among them, 30 students were selected as a sample using a convenience sampling method. After explaining the purpose of the research and signing the consent form, they were divided into two groups of 15: the experimental and control groups. The experimental group participated in eight ACT training sessions (one 60-minute session per week), while the control group just answered pretest and posttest questionnaires. For this purpose, Elliot and McGregor's Achievement Goal Orientations Scale (2001) and Eysenck's Feelings of Inferiority Questionnaire (1976) were used.

Results*:* The findings indicated the effect of ACT-based training on mastery-approach goal orientation and feeling of inferiority in students with physical-motor disabilities and its effect was reported 0.50. Examining the means showed that the mastery-approach goal orientation increased, and the feeling of inferiority decreased after ACT.

Conclusions: Overall, the findings of this study showed that acceptance and commitment based therapy is It is effective in targeting the goal and feeling inferior in students with physical and motor disabilities.

Keywords: Acceptance and Commitment Therapy, Goal Orientation, Feeling of Inferiority, People with Physical-Motor Disabilities, Self-Esteem.

Introduction

Disability is a phenomenon that has always been associated with human beings. Wars, accidents, and congenital disorders leave millions of people with physical disabilities each year. These large groups make up a significant portion of community members (Michael, 2015). The birth of a child requires a variety of new adjustments in the family. Finding a third stranger, called a baby, imposes much stress on parents in addition to special problems, such as nutrition, maintenance, nursing, and the like. The birth of a baby with mental or physical, behavioral, or a combination of disabilities multiplies the psychological pressures of having such a child on family members, especially (Yousefi et al., 2018). Disability is the failure to perform all or part of the normal necessities of individual or social life due to congenital or episodic anomalies in the physical-mental powers.

From a rehabilitation perspective, disabilities can be divided into three categories: mental-psychological, sensory, and physical. Physical disability can be divided into four categories: physical-motor, visceral, sensory, and aging (Ostadian Khani & Fadayi, 2017). People with disabilities may suffer severe trauma if their socio-individual needs,

1. Assistant Professor, Department of Psychology, Payame Noor University, Iran.
2. Master of Science in Psychology, Department of Psychology, Payame Noor University, Iran.
* Corresponding Author :Mojtaba Aghili , Email: Dr_aghili1398@yahoo.com

especially employment, provide the basis for their socio-individual independence and self-sufficiency, leading to the isolation and rejection of people with disabilities in their personal lives and social relationships. (Rasooli, 2015). The feeling of inferiority is one of the emotions that almost all disabled people deal with different intensities. This feeling can have destructive effects and penetrate a person by leaving painful effects, leading to undesirable and abnormal behaviors instead of transitioning to superiority (Mostaghimi, 2013).

Goal orientation is one of the most effective approaches to motivation, with important motivational implications in learning and functioning. It is defined as the way a person subconsciously deals with a known learning task. By using an integrated pattern of beliefs, documents, and emotions, one tends to take different positions in different ways, works in that field, and ultimately responds. In different situations, goal orientation explains a person's motivation and influences his responses (Dehghani Nazhvani & Zare'poor, 2016). Over the past two decades, achievement goal orientation has been one of the major concepts used in the study of achievement motivation. It shows what a person pursues from engaging in achievement and orientation behaviors to assess their work competencies (Howell, A.J., & Watson, D.C., 2007). Goal orientation achievement is one of the major concepts in the study of achievement motivation. Goal orientation also refers to what a person pursues from engaging in achievement and orientation behaviors to assess their work competencies (Hashemi et al., 2016).

On the other hand, people with disabilities suffer from a lack of self-esteem and a higher sense of inferiority than normal people. The feeling of inferiority is considered a deep, unrealistic, and permanent belief in physical-mental abilities, leading to a reduced level of values and devaluation of the individual. It is considered that a motivating force of behavior at different levels, whether normal or abnormal, is observed mainly in some specific psychological traumatic situations (Duane & Sydney, 2012). Such feelings are erupting alarmingly in adolescents and young adults. Adolescence marks the beginning of a heavy burden of the feeling of inferiority (Annunziata, 2016). Inferiority complex or feeling of inferiority are among the emotions and feelings experienced by each person in daily life. Almost all human beings struggle with such emotions (Hardin et al., 2016). Mental health experts have suggested various methods to enhance self-esteem and weaken the feeling of inferiority in addition to pharmacotherapy.

First-generation behavioral approaches were based on the views of classical and factorial conditioning, while the second generation was cognitive-behavioral therapy (CBT), which was developed in the 1990s with a strong emphasis on cognitive aspects (Hayes, 2014). Such therapies focus primarily on the role of cognition, schemas, and beliefs in the development of mental disorders. They lacked high durability over time due to the use of various techniques by which cognitions and beliefs had to be changed or eliminated. It was concluded that other treatments with higher efficacy and stability could be used. Today, we are using the third generation of such therapies, including ACT (Jodie, 2015).

Students with feelings of inferiority can be treated with CBTs, such as ACT. ACT is one of the behavioral therapies based on mindfulness. This therapy has been shown to be effective for a wide range of clinical conditions, such as anxiety. This therapy utilizes an eclectic mix of metaphors, paradoxical sentences, and mindfulness skills, as well as a wide range of value-driven experience-based exercises and behavioral interventions. The effectiveness of ACT has been proven in a wide range of clinical conditions, such as depression, obsessive-compulsive disorder (OCD), workplace stress, terminal cancer stress, anxiety, PTSD, anorexia nervosa, heroin use, and even schizophrenia. A study showed that implementing ACT for only

four hours resulted in a 50% reduction in hospital readmission rates for schizophrenia (Omran, 2016). Babaei and Saeedmanesh (2017) conducted a study entitled "The effect of acceptance and commitment group-based therapy (ACT-G) on anxiety and self-esteem in adolescents. The results of data analysis showed a significant effect of ACT-G on anxiety and self-esteem scores. The study results by Nazemi et al. (2018) showed a significant effect of stress management on depression index (DEPI) and reduction of pain in patients with RA. Also, it was proved that this intervention method was effective in reducing the CRP safety index. Guiding the client in the path of committed action related to self-reported values is considered an important part of psychotherapy by the ACT method. Minutes designed to produce committed action include therapeutic work, practice, and a range of tasks related to the long-term and short-term goals of behavior change and adaptation. Behavioral change activities lead to the emergence of a series of psychological barriers, which are eliminated through the processes of ACT, namely acceptance and diffusion (Dymond, S., & Roche, B., 2013). Wang (2017) conducted a study to evaluate and compare the effect of ACT and CBT on students' academic procrastination. The results showed the effectiveness of both interventions on improved academic procrastination, with ACT being more effective than CBT. The results of a study by Abdollahi et al. (2020) indicated the significance of analysis of variance (ANOVA) for the intraclass factor (i.e., time), only physical symptoms, and social dysfunction for the interclass factor. It was insignificant for other variables. The results of this study indicated a significant temporal effect alone regardless of the group effect. Overall, the findings of this study indicated the effect of ACT on mental health, hope, and significance in patients with cardiovascular disease. The results of a study by Golshan et al. (2019) showed a significant effect of group-based semantic therapy training on increasing intimate attitudes, intellectual intimacy, emotional intimacy, and self-esteem, as well as reducing depression in people with disabilities and lasting effect in the follow-up phase. up (01 / 0≥P). According to the findings, it is concluded that group-based semantic therapy training has an effect on improving self-esteem and improved sincere attitude, and as a result, reduced depression in people with disabilities by creating new meaning and changing beliefs.

This study directs parents and teachers to improve their performance in interacting with children with physical-motor disabilities. The goal is to help these children flourish their talents, exploit their potential, and be satisfied with their existence by receiving appropriate feedback resulting from interacting with the environment and informed people. Necessary knowledge and information enable parents and teachers who have direct contact with children with physical-motor disabilities to reduce anxiety and, at the same time, correct misconceptions. It ultimately provides the basis for the development and growth of their individual talents and abilities. It is necessary to conduct the present study with respect to the existing research gap regarding the effect of ACT on goal orientation and feeling of inferiority in individuals with physical-motor disabilities.

Method

Participants and Procedure

This study is applied in terms of purpose and quasi-experimental in terms of data collection. The present study uses a pretest-posttest research design with control group, consisting of two groups, each of which was measured twice. The first measurement was performed by implementing a pretest. The second measurement was performed by implementing a posttest on the experimental and control groups after applying an independent variable. The statistical population consists of all students aged 10-16 years old with physical-motor disabilities in Kalaleh County (n = 517). Inclusion criteria included: Only physical-motor disabled people were

allowed to participate in this research. Participants had to carefully complete the questionnaires and participate in the pilot project.Participants' parents had to express their verbal and written consent to participate in the pilot intervention. Participation in the pilot project was subject to implementing the rules of group therapy sessions. At the beginning of the study, these rules were explained to the subjects. If any of the subjects failed to comply with these rules, the offending subject would be removed from the experimental group, after giving notice. For this purpose, convenience sampling was used. Then, the participants' parents were asked to sign a consent form for their children to participate in research and training sessions. From them, 30 people were selected as a sample and divided into two groups of 15 people: the experimental and control groups. Then, eight group-based ACT sessions were held for the experimental group (one 60-minute session per week). After the sessions ended, both experimental and control groups underwent a posttest. Ethical considerations of the present study included: In this study, the parents of all participants in the training sessions signed a consent form based on the principles of justice and utility, the power to freely choose to participate or not to participate in the research, and to ensure the confidentiality of data. In this study, data were first collected and then classified and

Table 1. ACT-based intervention (Barghi Irani et al., 2015)

Session	Outline
Session 1	Introduction and therapeutic agenda - providing patients with the opportunity to get to know each other and therapeutic goals
Session 2	Behavioral changes and mindfulness - Potential values and choice problem, the introduction of the behavioral model, and the concept of behavioral changes, mindfulness practice, feedback, and task assignment
Session 3	Values - acceptance, feedback, and task assignment
Session 4	Transparency of values and goals - Distinguish between values and goals, personal values against others' values, goal setting, and introduction of committed action, receiving feedback, and task assignment.
Session 5	Breach - task review and smoothing, break from linguistic threats, feedback, and task assignment
Session 6	committed action - Review therapy, committed action, self-observation practice, feedback, and task assignment
Session 7	Satisfaction - Awareness and distinction between primary suffering and secondary suffering, commitment and barriers to satisfaction formation, mindfulness in walking, receiving feedback, and task assignment
Session 8	Conclusion - Transparency of values, relapse, and negative events, readiness, not prevention. This meeting was held with the aim of therapeutic review and the development of a future plan. It also provided an opportunity to review committed action as a "lifelong task" or complete post-treatment evaluation scales.

analyzed using a set of statistical indicators, such as mean, standard deviation, and analysis of covariance (ANCOVA), using SPSS version 26.

Measures

Achievement goal orientation scale

Elliot and McGregor (2001) first developed the 2×2 achievement goal framework. They then designed a 12-item questionnaire based on this framework. In this questionnaire, each goal is measured by three items. There is a range of scores in front of each item, ranging from "absolutely true for me" (5) to "not true at all for me" (1). Elliot and McGregor (2001) attempted to extract four factors from this scale using factor analysis and Varimax rotation. Overall, these factors accounted for 81.5% of the total variance. Elliot and McGregor (2001) obtained Cronbach's alpha coefficient of 87%, 89%, 92%, and 83% for mastery-approach, mastery-avoidance, performance-approach goal, and performance-avoidance goal, respectively. In Iran, Sepehri et al. (2007) also obtained Cronbach's alpha coefficient of 85%, 85%, 82%, and 87% for tendency dominance, avoidance dominance, tendency performance goal, and avoidance performance goal, respectively. The reliability of the above instrument in this study was calculated to equal to 0.672 which was optimal reliability. The validity of this tool was also assessed using confirmatory factor analysis (CFA). The CFA indicates that this questionnaire can explain 70.31% of the goal orientation variance.

Feeling of inferiority questionnaire

This study uses the Eysenck (1976) feeling of inferiority test. This questionnaire contains 30 items to measure the degree of feeling of inferiority. The overall score of the questionnaire can be obtained by adding the scores of each question, which are in the range of 0-30. Higher scores indicate higher self-esteem, and lower scores indicate higher feelings of inferiority. Hormozinejad (2001) reported that the validity of this questionnaire was equal to 0.74 for female students and 0.79 for male students. Its reliability coefficient was also reported to be 0.88 using Cronbach's alpha coefficient and 0.87 using the bisection method (Biabangard, 2011).

Findings

Table 2. Comparison of students' age in the control group and experimental group

	Group	Mean	SD	No.
Age	Control	14.90	0.99	15
	Experimental	15.20	0.78	15
	Total	15.05	0.88	30

As shown in Table 2, the mean age of the control group and the experimental group was 14.90 with a standard deviation of 0.99 and 15.05 with a standard deviation of 0.78, respectively.

Table 3 shows the mean and standard deviation of the pretest and posttest scores of the goal orientation variable, including mastery-approach, mastery-avoidance, performance-approach, and performance-avoidance, as well as the feeling of inferiority for both control and experimental groups. The table shows the standard mean and standard deviation of the variable goal orientation pretest and posttest scores, including mastery-approach, mastery-avoidance, performance-approach, and performance-avoidance, as well as feelings of inferiority for both Group Control and Experimental.

Since the level of significance in the test is greater than 0.05, the equality of variances hypothesis is confirmed. Therefore, an analysis of covariance (ANCOVA) can be used.

Regarding the effect of the group, it is observed that the F-values of the group are significant in all four tests at the alpha level less than 0.05. Therefore, it can be said that ACT has a significant effect on at

Table 3. Mean and standard deviation of goal orientation and feeling of inferiority in pretest and posttest

		Pretest		Posttest	
Variable	Group	Mean	SD	Mean	SD
Mastery-Approach	Control	7.33	.422	6.47	.376
	Experimental	7.27	.539	8.13	.487
	Total	7.30	.336	7.30	.340
Mastery-Avoidance	Control	6.93	.483	6.87	.568
	Experimental	7.13	.559	7.40	.592
	Total	7.03	.364	7.13	.406
Performance-Approach	Control	8.93	.530	8.87	.524
	Experimental	9.53	.515	9.27	.679
	Total	9.23	.367	9.07	.423
Performance-Avoidance	Control	8.80	.587	8.20	.587
	Experimental	8.67	.386	8.73	.651
	Total	8.73	.346	8.47	.433
Feeling of inferiority	Control	19.00	1.167	17.47	1.291
	Experimental	20.60	1.453	21.27	.733
	Total	19.80	.928	19.37	.810

Table 4. Levene's test for equality of variances of goal orientation and feeling of inferiority

	statistic Levene	**DOF1**	**DOF2**	**Sig.**
Mastery-Approach	1.024	1	28	.320
Mastery-Avoidance	.010	1	28	.921
Performance-Approach	.940	1	28	.340
Performance-Avoidance	.113	1	28	.739
Feeling of Inferiority	3.947	1	28	.057

least one dependent variable (goal orientation and feeling of inferiority).

As shown in the table, the group significance level (ACT) is less than 0.05 for the mastery-approach goal orientation and feeling of inferiority score. Therefore, the above test is significant, with a 95% confidence level. It can be argued that ACT-based training affects mastery-approach goal orientation and the feeling of inferiority of students with physical-motor disabilities. Examination of the means indicates an increase in mastery-approach goal orientation and decreased feelings of inferiority after ACT. According to η2 values, 28% of the variance of mastery-approach goal orientation and 23% of the variance of the feeling of inferiority is explained by ACT.

According to table 7, the significance level of the ACT group is less than 0.05 for the mastery-approach goal orientation score. Therefore, the above test is significant, with a 95% confidence level. As a result,

Table 5. Multivariate test results

	Effect	Value	F	Hypothesis DOF	Error DOF	Sig.
Group	**Pillai's Trace**	.527	4.240	5.000	19.000	.009
	Wilks Lambda	.473	4.240	5.000	19.000	.009
	Hotelling's Trace	1.116	4.240	5.000	19.000	.009
	Roy's Largest Root	1.116	4.240	5.000	19.000	.009

Table 6. Multivariate analysis of covariance (MANCOVA) of posttest scores of goal orientation with ACT

Source	**Dependent variable**	SOS	DOF	MSE	F	Sig.	η^2
Group	**Mastery-Approach**	25.422	1	25.422	8.939	.007	.280
	Mastery-Avoidance	2.008	1	2.008	.379	.544	.016
	Performance-Approach	.136	1	.136	.023	.880	.001
	Performance-Avoidance	1.333	1	1.333	.218	.645	.009
	Feeling of inferiority	119.159	1	119.159	7.016	.014	.234

it can be argued that ACT-based training affects goal orientation. Examination of the means indicates an increase in mastery-approach goal orientation after ACT. The values of η2 indicate that 28% of the inferiority. Therefore, the above test is significant, with a 95% confidence level. Therefore, it can be argued that ACT helps reduce feelings of inferiority.

Discussion and Conclusion

Table 7. Multivariate analysis of covariance (MANCOVA) of posttest score of goal orientation with ACT

Source	Dependent variable	SOS	DOF	MSE	F	Sig.	η^2
Group	**Mastery-Approach**	25.650	1	25.650	9.395	.005	.281
	Mastery-Avoidance	1.510	1	1.510	.294	.592	.012
	Performance-Approach	.460	1	.460	.080	.780	.003
	Performance-Avoidance	.716	1	.716	.119	.733	.005

variance of mastery-approach goal orientation is explained by ACT.

According to this table, the significance level of the ACT group is less than 0.05 for the feeling of

Statistical findings indicate the effect of ACT-based training on mastery-approach goal orientation and feeling of inferiority in students with physical-motor disabilities. Examination of the means indicates

Table 8. Multivariate analysis of covariance (MANCOVA) of posttest score of the feeling of inferiority with ACT

SOS	DOF	MSE	F	Sig.	η^2
101.709	1	101.709	5.953	.022	.181

increased mastery-approach goal orientation and decreased feeling of inferiority after ACT. These results are consistent with the findings of Babaei and Saeedmanesh (2017), Yavari (2017), Asadi (2017), Solhjoo (2016), Abdali (2016), Azizi Sarkashti (2015), Poor Abdol (2015), Abbasi (2013), Wang (2017), Barton and Cooper (2015), and Glick and Orsilo (2015). In explaining the results, it can be said that people with disabilities can also easily overcome other psychological traumas if they can cope with unforeseen issues through ACT. There is a link between well-being, low living standards, and various dimensions of family poverty and the likelihood of having a disability.

People with this social class have low self-assertiveness and often suffer from high feelings of inferiority and, consequently, low goal orientation. By integrating acceptance and mindfulness interventions into commitment and modification strategies, ACT helps clients achieve a vibrant, purposeful, and meaningful life. The purpose of ACT is to enhance psychological flexibility. Psychological flexibility refers to the ability to communicate with all moments of life and change or stabilize behavior, behavior in line with the individual's values as appropriate to the situation. In other words, it allows people to lead a more rewarding life, even despite unpleasant thoughts, emotions, and feelings.

On the other hand, the main purpose of goal orientation is to evaluate and support self-worth. One attributes one's competency to the least effort and success. Therefore, failure is considered as a threatening factor for him and confirms his feeling of inferiority and incompetence. One thinks of oneself as incompetent and avoids the obvious manifestation of progress, which indicates one's inability to motivate oneself to master the skill with performance-avoidance goal orientation. Hence, people with disabilities who think of themselves as disabled define self-worth based on competence and can never properly form a sense of self-efficacy. In this therapy, first, the individual's psychological acceptance of mental experiences increases, including thoughts and feelings, and reciprocally, ineffective control actions are reduced. The patient is taught that any action to avoid or control these unwanted mental experiences is ineffective or has the opposite effect and exacerbates them. Such experiences must be accepted without any internal or external reaction to their elimination. In the second step, it increases the mental awareness of the person in the present moment; That is, one becomes aware of all one's mental states, thoughts, and behaviors in the present moment. In the third step, the individual is taught to distance themselves from these mental experiences (cognitive isolation) to act independently of these experiences. In the fourth step, efforts are made to reduce the excessive focus on self-imagination or personal story (such as falling a victim) made by the person in his mind for himself. In the fifth step, the action is taken to help the individual to identify and accurately determine their core personal values and turn them into a set of specific behavioral goals (values clarification). Finally, it motivates the individual to perform committed action, i.e., activities focused on specific goals and values along with the acceptance of mental experiences.

On the other hand, mindfulness has many aspects; For example, live in the present moment, fully engaging in what you are doing, leaving your emotions untouched instead of drowning in thoughts, and letting your emotions come and go instead of controlling them. When one looks at one's inner experiences with acceptance, even painful memories, feelings, thoughts, and bodily sensations seem less threatening and unbearable. In this way, mindfulness helps the person change their relationship with their painful thoughts and feelings to reduce their impact on their lives. Therefore, people with disabilities learn to better understand their current situation through acceptance and mindfulness. This leads to his increased interest in learning and improved mastery-approach goal orientation. Therefore, by

enhancing psychological flexibility, ACT improves self-esteem and, consequently, reduces feelings of inferiority.

This study has some limitations. For example, research results should be cautiously generalized to students with disabilities in a city due to its small population size. It is also recommended to hold a series of courses to familiarize families and teachers with ACT and its effectiveness in improving feelings of inferiority and goal orientation in students with physical-motor disabilities. As a result, it can help to expand these concepts and reduce feelings of inferiority.

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