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Original Article

Effect of Acceptance and Commitment Education on Psychological Resilience and Loneliness Feelings among Housewives in Shiraz, Iran

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Abstract

Background: The feeling of isolation is a negative emotion that arises from a lack of quantity or quality in social and behavioral connections, often resulting in actions like avoiding interaction with others. This study aimed to assess the impact of acceptance and commitment education on enhancing psychological resilience and reducing loneliness among housewives in Shiraz, Iran.
Methods: The present semi-experimental study applied a pre-test-post-test design, including a two-month follow-up and a control group. The statistical population consisted of married women who were housewives, aged between 30–40 years, residing in the 1st district of Shiraz, Iran in 2023. Thirty-five married women in the experimental group and another thirty-five married women in the control group were selected through a convenience sampling method. Subsequently, they were assigned randomly to either the experimental or control group. The participants in the study were allocated to either the experimental group or the control group through a random number table. The experimental groups received Acceptance and Commitment Therapy for 8 sessions, with one session per week lasting 90 minutes each, while the control group did not receive any intervention. The participants completed the Connor-Davidson Resilience Scale (CD-RISC) and Loneliness Scale (UCLA). Data analysis was conducted using SPSS version 28.
Results: The study results indicated that the acceptance and commitment intervention significantly improved resilience and reduced loneliness ($P<0.001$). After adjusting for differences, the average resilience score in the intervention group was 55.56±0.675, which was 8.16 points higher than the average of 47.40±0.664 in the control group ($P<0.001$). Additionally, the average follow-up resilience score in the intervention group was 7.58 points higher than the control group, demonstrating the sustained impact ($P=0.001$). On the loneliness measure, the post-test average for the intervention group was 45.17±0.549, which was 5.53 points lower than the control group ($P<0.001$). Moreover, the follow-up loneliness score in the intervention group was 5.29 points lower than the control group, indicating the long-lasting impact of the acceptance and commitment intervention ($P=0.001$).
Conclusion: Training programs focusing on acceptance and commitment have six main elements: acceptance, non-interference, being present, taking action, self-awareness, and values. These processes, along with therapeutic techniques, help housewives attain psychological flexibility which is the goal of the intervention.

Keywords: Acceptance and Commitment, Psychological Resilience, Loneliness Feelings, Housewives

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1. Introduction

Women play a crucial role within the family. To elevate the family as a hub for personal growth and success, it is essential to prioritize the well-being of women. One significant aspect to address in women's health is the issue of loneliness and its contributing factors (1). Housewives may experience feelings of isolation because of their primary focus on home and limited social engagements. Several factors contribute to this loneliness, such as a lack of social interactions, absence from workplace, and physical distance from loved ones who may reside in different cities or regions (2). The impact of women's household chores on their feelings of loneliness and ability to bounce back may vary. Women who are primarily homemakers and have limited social interaction may experience higher levels of loneliness (3). Additionally, those who are overwhelmed with household and family duties because of various reasons may see a decline in their resilience as they face daily pressures without adequate support. A lack of social support, opportunities for relaxation, and recreation can contribute to decreased resilience, heightened stress, and increased anxiety (4). Loneliness is a negative feeling that arises from a lack of social or behavioral connections and is often demonstrated through behaviors like isolating oneself from others (5). Research showed that individuals

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who exhibit strong cooperative and sociable characteristics tend to experience reduced levels of loneliness. These studies suggested that people who are more willing to work together and engage with others in social situations tend to feel less isolated and disconnected from those around them. This indicates that fostering a spirit of collaboration and friendliness can lead to a greater sense of belonging and connection, ultimately decreasing feelings of loneliness. As a result, psychological resilience is a significant factor in the psychological well-being and loneliness experienced by married women (5, 6). The sensation of solitude experienced by housewives is linked to the absence of close relationships and individuals' subjective evaluation of their social seclusion. This can result in mental health issues and raise the likelihood of experiencing conditions like depression and cognitive impairments (7). This similar feeling of unease can also diminish one's resilience and ultimately contribute to mental illnesses (8).

Resilient individuals possess a critical and analytical mindset with their capabilities and current circumstances. They exhibit adaptability in various situations and demonstrate exceptional problem-solving skills when faced with a specific issue. Furthermore, they display a unique ability to realistically assess personal challenges and devise immediate solutions and long-term strategies for problems that are not easily or quickly resolved. Resilient individuals do not perceive themselves as powerless or victims. Instead, when confronted with a crisis, they envision themselves as survivors and maintain a belief in their ability to overcome the situation (6). Resilience refers to an individual's capacity to uphold a balance between biological, psychological, and spiritual aspects during challenging or hazardous situations (9). It is a significant concept in psychology that pertains to a person's cognitive abilities and skills in handling unfavorable circumstances (10). There are currently a variety of approaches and strategies within psychotherapy that are designed to improve the mental well-being of individuals. One popular approach used in both clinical and non-clinical settings is acceptance and commitment therapy (11). The objective of acceptance and commitment therapy is to help individuals lead fulfilling lives while acknowledging the presence of suffering. This therapy focuses on taking constructive steps aligned with core human values, even in the face of adversity. Developed by Liu and colleagues explained that acceptance and commitment therapy focuses on embracing experiences and confronting avoidance behaviors to manage discomfort (12).

It also aids individuals in reducing the impact of thoughts and emotions by weakening belief in thoughts through emotional detachment and striving towards a meaningful life (13). In a study by Li and colleagues, it was found that there was an enhancement in psychological flexibility and a decline in fear among patients with cancer, along with lasting effects of the treatment still evident (14). Marino and co-workers demonstrated that acceptance and commitment therapy is effective in alleviating feelings of loneliness and enhancing psychological well-being among parents (15). Gorinelli and co-workers found that an educational intervention rooted in acceptance and commitment significantly reduced feelings of loneliness in individuals affected by Covid-19 related loss (16). Their study highlighted the efficacy of such interventions in alleviating loneliness in the bereaved population during the pandemic. In a study conducted by Tadris Tabrizi and co-workers (17), it was discovered that the use of acceptance and commitment therapy can improve the ability of individuals coping with chronic pain to bounce back. A holistic approach that combines pain neuroscience education with cognitive-behavioral therapy, specifically acceptance and commitment therapy, was introduced to increase adaptability in these patients (18). Various researchers indicated that incorporating acceptance and commitment therapy can alleviate symptoms of anxiety and depression, while also addressing feelings of loneliness and isolation (17, 19).

Given the significance of addressing loneliness and building psychological strength, it is crucial to find ways to diminish feelings of loneliness and boost resilience in women. Educational programs to enhance psychological resilience and decrease loneliness in women should incorporate various influential factors to elevate satisfaction across different aspects. Because of the significant role that loneliness plays in the lives of married women and the importance of resilience, there is a need for therapeutic interventions aimed at reducing loneliness and fostering resilience. Therefore, this study aimed to evaluate the effectiveness of acceptance and commitment education in

strengthening psychological resilience and alleviating loneliness among housewives in Shiraz, Iran.

2. Methods

The present semi-experimental study applied a pre-test-post-test design, including a two-month follow-up and a control group. The statistical population consisted of married women who were housewives, aged between 30–40 years, residing in the 1st district of Shiraz, Iran in 2023. In this study, 70 married housewives from the 1st district of Shiraz, Iran, aged between 30-40 years, were selected. Upon five participant dropouts, the experimental group consisted of 32 participants, and the control group consisted of 33 participants for evaluation (Figure 1). Treatment assignment in simple random allocation is randomly done without considering previous allocations, ensuring that it is unbiased and cannot be predicted beforehand. The adequacy of the sample size, based on a previous study, was done using G-Power software, considering α=0.05, the mean and standard deviation of resilience at post-test were estimated to be 56.22±12.68 and 55.69±11.81 for the acceptance and commitment therapy and control groups, respectively (20). In this study, we used a random number table to assign participants to either the experimental or the control group. Using the table of random numbers helps ensure fairness by giving each participant a random number and then matching it with a group.

The inclusion criteria were: providing informed consent, abstaining from certain psychiatric medications that may interfere with the study findings, refraining from engaging in counseling or psychotherapy sessions while participating in the study, not being employed outside the home, falling within the age bracket of 30 to 40 years old, being married, and possessing literacy skills. The exclusion criteria were: an unexpected illness causing an inability to continue participating in the study, failure to complete training exercises consistently, as well as dealing with family, social, or legal issues that could impact the research outcomes.

2.1. Procedure

The process of collecting samples began after receiving approval from the university authorities. Housewives meeting the specified criteria were included in the study after providing informed consent and undergoing initial examinations conducted by the researcher. Subsequently, they were informed about the objectives of the study, phases of the study, confidentiality of results, and withdrawal from the study at any point.

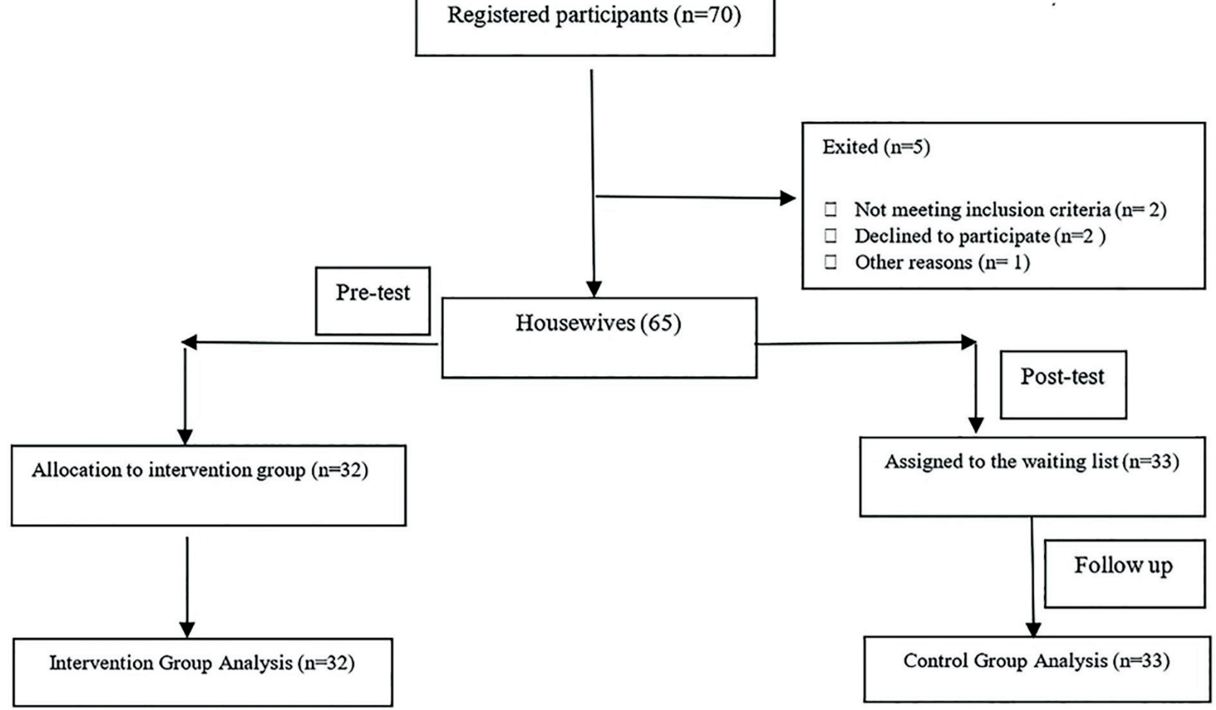

Figure 1: The figure shows the flow diagram of the study.

During the pretest phase, all of the participants completed the questionnaires. The experimental group then underwent the Acceptance and Commitment Therapy (ACT) program, which consisted of eight 90-minute sessions held weekly, as outlined by Hayes and colleagues (21).

Table 1 provides a summary of the ACT therapy sessions. On the contrary, the control group did not receive any form of intervention throughout the therapy sessions for the experimental group until the post-test phase was completed. The therapy sessions were led by the primary author, who had received training from specialized courses and workshops. After the therapy sessions, all participants underwent a re-evaluation using the instruments during the post-test phase. A follow-up test was conducted two months after the final intervention session to align with the objectives of the study. The study conducted at Islamic Azad University, Shiraz branch, Iran took measures to address ethical concerns. This included obtaining a code of ethics from the university's ethics committee, obtaining written informed consent from all participants, guaranteeing confidentiality and safety, and providing detailed information on the aim and method of the study to all participants.

2.2. Data Collection Tools

2.2.1. Connor-Davidson Resilience Scale (CD-RISC): Connor and Davidson developed this scale based on research from 1979 to 1991 in the field of resilience (22). The resilience scale used in this study consists of 25 items. Participants in this scale use a five-point Likert scale for scoring: 0 for completely false, 1 for rarely, 2 for sometimes true, 3 for often true, and 4 for always true. Consequently, scores on this test can range from 0 to 100, with higher scores indicating higher resilience levels. The results of factor analysis show that there are five subscales in this test. The first subscale, perception of individual competence, consists of items 25, 24, 23, 17, 16, 12, 11, and 10. Trust in individual instincts to tolerate negative emotions subscale scores were 6-7-15-18-19-18-20. Positive acceptance of change and secure relationships subscale scores were 1-8-5-4-2-2. Control subscale scores were 22-21-13. Spiritual effects subscale scores were 3-9. Connor and Davidson determined the reliability of the questionnaire to be 0.87 using Cronbach's alpha method (22). Samani and co-workers validated the Persian version of the questionnaire, finding a content validity ratio of 0.85 and a content validity index of 0.90 in their research. Additionally, they reported a Cronbach's alpha coefficient of 0.89 for the scale (23). Cronbach's alpha values indicated that the Cronbach's alpha coefficient for the resilience scale was 0.93.

2.2.2. Loneliness Scale (UCLA): The Scale, developed by Russell, was the first loneliness assessment tool (24). It comprises 20 items, including 11 positive statements and nine negative statements. Participants rate the extent to which each statement aligns with their feelings using

Table 1: Summary of content of Hayes (2012) Acceptance and Commitment Based Therapy protocol sessions(**21**)

Session	Content
First	Welcoming and introducing group members to the therapist and each other. Expressing feelings, reasons for attending the meeting, and expectations from therapy sessions. Sharing past experiences. Setting rules for the group: punctuality, doing homework. Emphasizing confidentiality and respect among members. Describing research topic, goals, and importance of goal-setting. Giving a brief overview of commitment and acceptance education and its outcomes. Conducting pre-test.
Second	Explaining the reason for psychological interventions, creating hope for treatment, accepting and acknowledging feelings and thoughts, raising awareness about thoughts, feelings, and memories, promoting self-acceptance in dealing with illness.
Third	Reviewing previous assignments, discussing group members' thoughts and feelings, teaching material without judgment, identifying emotions separately from thoughts and feelings, and presenting new assignments to evaluate self-acceptance and acceptance of others' feelings.
Fourth	Review assignments, teach mindfulness and focus on breathing, teach being present and stop thinking, emphasize acceptance of feelings and thoughts, look at annoying life events differently, see problems as temporary challenges.
Fifth	Review assignments, provide training on acceptance versus submission, acknowledge acceptance of the unchangeable, avoid judgment, practice mindfulness by being aware of feelings without judgment, assign mindfulness homework with acceptance.
Sixth	The session focused on self-representation, training feelings about assignments, commitment principle, selective attention for relaxation, and mindfulness retraining with body scan.
Seventh	Analyzing group members' feedback, addressing unresolved issues, developing behavioral plans, committing to taking action, and making informed decisions.
Eighth	Reviewing assignments, summarizing content, ensuring members commit to completing tasks after course ends, giving feedback, expressing gratitude and appreciation, conducting follow-up post-exam.

a four-point Likert scale. Scores for items 1, 5, 6, 9, 10, 15, 16, 19, and 20 are reversed in this scale. The total score of the examinee is calculated by adding up scores from the test materials. A score of 20 represents no loneliness, with 80 being the highest score achievable. The highest point on the scale features a question designed to measure individual loneliness reports to validate the results. In this study, the resilience scale showed a high Cronbach's alpha coefficient of 0.93, indicating that it is reliable and valid as it exceeds the threshold of 0.70. The reliability of the questionnaire can be assessed by checking Cronbach's alpha or internal consistency. Zarei and colleagues reported good reliability of this scale, as indicated by a Cronbach's alpha of 0.91. The validity of the UCLA scale was also supported, with a CVI of 0.95 and a CVR of 0.93 (25). The Cronbach's alpha values demonstrated that the Cronbach's alpha coefficient for the loneliness scale was 0.87.

2.3. Data Analysis

In this study, both descriptive and inferential statistics were employed to examine the data. The demographic factors were first outlined, and their similarity was assessed through chi-square and independent t-tests. The key factors were portrayed using average and standard deviation. To test group comparisons, the paired T-test and ANCOVA was applied. The assumptions were examined, including normality, consistency of regression slopes, variances, and homogeneity of variance-covariance matrices. Data analysis was conducted using SPSS version 28.

3. Results

The study included 32 individuals in the intervention group and 33 individuals in the control group. Among housewives, the average age of the participants in the acceptance and commitment group was 35.38, while it was 34.45 in the control group. The majority of the study participants had a diploma or lower education, with 59.4% in the acceptance and commitment group and 72.7% in the control group.

Table 2 indicates no significant difference between the two groups by their level of education. The chi-square test suggests that the two groups had a comparable educational background. The majority of participants in both groups attained a diploma or lower. Table 2 also reveals no significant difference in the average age between the two groups. The average age of participants in the acceptance and commitment group was 35.38 years, while it was 34.45 years in the control group, demonstrating minimal difference. According to the findings of a T-test on independent groups, it can be inferred that there were no differences in the age distribution between the intervention and control groups.

Table 3 shows the data for dependent variables over time and by group. It also shows the results of T-tests comparing groups and analysis of covariance to assess the effectiveness of intervention at post-test and follow-up. Wilks's lambda multivariate test confirmed a significant effect on resilience and loneliness at both post-test (F=15.21, P<0.001) and follow-up (F=13.20, P<0.001).

Table 3 shows that the average resilience in the acceptance and commitment group increased from 48.34 before the pre-test to 56.22 after the post-test, slightly decreasing to 55.69 at follow-up. In contrast, changes in the control group were minimal. Regarding loneliness, the acceptance and commitment group had an average score of 50.44 before the pre-test, which decreased to 45.59 after the post-test and slightly further to 45.19 at follow-up. The control group's loneliness score started at 49.55, rose to 50.30 after the post-test, and slightly decreased to 49.70 at follow-up.

Table 4 shows that the acceptance and commitment intervention had a significant positive effect on enhancing women's resilience (P<0.001).

Table 2: Descriptive indices of respondents' education, categorized into two groups along with the chi-square test

Variable	Levels	Experimental Group		Control Group		P
		N	0.0	N	0.0	
Education	Diploma and below	19	59.4	24	72.7	0.383
	Post-diploma	5	15.6	2	6.1	
	Bachelor's and Master's degree	8	25	7	21.2	
Age (years)		35.38	3.20	34.45	2.95	0.232

Table 3: Comparing resilience and loneliness by group and time with analysis of covariance

Variable	Time	Experimental	Control	Independent T test		Time	Analysis of covariance			
		Mean±SD	Mean±SD	MD*	P		MS	F	P	Eta
Resilience	Pre-test	48.34±13.12	46.91±10.58	1.44	0.629	Post-test	1077.1	74.12	<0.001	0.545
	Post-test	56.22±12.68	46.76±10.11	9.46	0.001	Follow up	931.2	56.01	<0.001	0.475
	Follow up	55.69±11.81	46.94±8.95	8.75	0.001					
	Within-group P value	**<0.001 ***<0.001	**0.811 ***0.967							
Loneliness	Pre-test	<0.001	49.55±13.86	0.89	0.797	Post-test	496.95	51.53	<0.001	0.454
	Post-test	45.59±13.33	50.30±13.13	-4.71	0.156	Follow up	454.13	12.16	<0.001	0.164
	Follow up	45.19±15.12	49.70±11.95	-4.51	0.186					
	Within-group P value	**<0.001 ***0.001	**0.108 *** 0.778							

*MD: Mean Difference; **Post with pretest; ***Follow with pretest;*MS: Mean sum of squares

Table 4: Comparison of adjusted resilience and loneliness scores in groups using the Bonferroni test

Variable	Test steps	Group	Adjusted mean	Standard error	Lower limit	Upper limit	Mean difference	P
Resilience	Post-test	Experimental	55.56	0.675	54.21	56.90	8.16	0.001>
		Control	47.40	0.664	46.07	48.73		
	Follow up	Experimental	55.10	0.721	53.65	56.54	7.58	0.001
		Control	47.51	0.710	46.09	48.93		
Loneliness	Post-test	Experimental	45.17	0.549	44.08	46.27	5.53	0.001>
		Control	50.71	0.541	49.63	51.79		
	Follow up	Experimental	44.79	1.081	42.63	46.95	5.29	0.001
		Control	50.08	1.062	47.95	52.21		

The findings at the follow-up also demonstrated the long-lasting effectiveness of the intervention on resilience. The partial eta squared value for the group effect at post-test was 0.545, indicating a notable improvement in resilience as a result of the acceptance and commitment intervention. Moreover, the intervention was successful in reducing women's feelings of loneliness (P<0.001). The significant outcomes during the follow-up period further confirmed the sustained impact of the intervention on diminishing loneliness. The partial eta squared value for the group effect at post-test was 0.454, showing a significant effectiveness of the acceptance and commitment intervention on loneliness.

Table 4 reveals that the intervention group had a mean post-test resilience score of 55.56, which was 8.16 points higher than that in the control group, indicating an increase in resilience as a result of the intervention. Additionally, the intervention group consistently had higher mean scores than the control group throughout the follow-up period (P<0.001). The mean loneliness scores for the intervention group after the post-test were 45.17, showing a decrease of 5.54 points as compared with the control group, suggests an improvement in feelings of loneliness due to the intervention. Furthermore, during the follow-up period, the intervention group maintained significantly lower mean scores than the control group (P<0.001).

4. Discussion

The main objective of this study was to explore how acceptance and commitment-based training can impact the levels of psychological resilience and loneliness among housewives residing in Shiraz, Iran. After analyzing the adjusted mean scores of psychological resilience, it was found that the experimental group had higher scores compared with the control group during both post-test and follow-up assessments. The absence of any overlap between the lower and upper limits of mean scores for the experimental and control groups suggested a notable effectiveness

of acceptance and commitment-based training in enhancing psychological resilience (26-32) which was consistent with the findings of the present study. It can be argued that from a resilience standpoint, individuals possess the strength and capability to accomplish tasks that are suitable and refrain from those that are unsuitable. This strength and capability aid in preserving, enhancing, and encouraging productive and effective behaviors. Consequently, encountering stressful situations can be difficult. Resilience is viewed as a protective factor that helps individuals confront and manage different hazardous conditions effectively (33). Thus, individuals with resilient qualities can attain their objectives by possessing attributes and skills like a positive view of their abilities, embracing change, and managing tough situations. Additionally, by maintaining an optimistic outlook and being filled with hope and drive for tasks and endeavors, they can effectively confront and combat various hardships and adversities in life (33).

Accordingly, people with resilience characteristics can achieve their objectives by demonstrating attributes and skills like having a favorable view of their capabilities, being open to change, and handling difficult circumstances. By staying optimistic, feeling hopeful, and staying motivated for tasks and activities, they can effectively face and overcome a range of obstacles and difficulties in life (31-34). This approach involves helping individuals, particularly homemakers, to observe and accept various events or situations they may face. They are encouraged to refrain from addressing problems only from their perspective and to accept negative thoughts and emotions without immediate reaction. The focus is on identifying and acknowledging what adds value and benefit to their lives (28, 29, 31).

Based on the educational approach grounded in acceptance and commitment, there is an emphasis on the idea that distressing and unwanted thoughts are persistent in people's minds and cannot be eliminated. By learning and applying strategies like acceptance and cognitive disengagement, homemakers can experience a transformation in their perspectives and behaviors when dealing with difficult situations, choosing to accept rather than fight against unfavorable conditions. This change in mindset and actions is said to enhance their mental resilience (35, 36). As a result, individuals can develop the capacity to cope with a diverse array of stress-inducing scenarios and issues, fostering personal growth and enhancement of skills. By engaging in educational strategies centered on acceptance and commitment, individuals, including housewives, can cultivate resilience by incorporating practices like acceptance, mindfulness, desensitization, defusion, present-moment engagement, non-judgmental observation, exposure, letting go, and alignment with personal values. By continuously honing and applying these techniques, they can nurture and strengthen their psychological resilience (37).

The present study compared adjusted mean values using the Bonferroni test and found that the loneliness score in the experimental group was lower than that in the control group in both the post-test and follow-up stages. Additionally, the partial squared value of eta indicated that acceptance and commitment-based training significantly reduced loneliness and improved feelings in both post-test and follow-up stages. Studies (2, 15, 38) conducted previously aligned with the results of this study. According to this hypothesis, when the acceptance technique is applied in education for housewives, they will develop the ability to confront their negative internal and external experiences instead of avoiding or altering them, as explained in the previous studies (38, 39).

When housewives possess the ability to accept, they diminish cognitive avoidance patterns and hasty, reflexive responses, as well as cognitive mergers that typically arise in handling situations and contribute to feelings of isolation. By enhancing the sense of acceptance and elucidating one's inherent goals and values, individuals achieve a heightened level of adaptability and receptiveness towards a diverse range of positive and negative internal and external occurrences. Consequently, they experience reduced feelings of loneliness (38, 39). Housewives can effectively reduce their stress levels by concentrating on the present moment rather than being occupied with concerns about the future or dwelling on past grievances. By clearly defining their values and goals, and committing to upholding these values, they can further alleviate stress and minimize impulsive reactions. This approach leads to a more composed and thoughtful response to various situations (36). Conversely, individuals frequently experience a decline in their satisfaction with interpersonal relationships when faced with numerous intellectual and emotional

conflicts during social interactions. These conflicts are perceived as genuine, leading to heightened feelings of loneliness (37, 39).

Housewives are trained to differentiate themselves from their thoughts and emotions by employing cognitive dissonance, enabling them to effectively regulate their thoughts, emotions, and impulsive behaviors, viewing them as separate from reality. This practice enhances their self-control and empowers them to mitigate feelings of isolation (38). One strategy that aids homemakers in confronting and managing external and internal challenges involves distinguishing between pain and suffering. In essence, women are taught that experiencing pain in life is unavoidable and thus should be acknowledged; yet, endeavors made to manage the circumstances or to attempt to evade or escape from them result in suffering (39). In this context, individuals are instructed in a variety of successful coping mechanisms for navigating difficult and tense circumstances, such as the applying the innovative frustration technique, allowing individuals to recognize, as detailed by Marino and co-workers, that ineffective methods of managing their situations and emotions contribute to heightened feelings of isolation (15).

4.1. Limitations

This study was limited to only female participants, making it difficult to generalize to male individuals. The study was conducted in Shiraz, Iran, so caution is needed when applying findings to other cities, cultures, and contexts. Relying solely on questionnaires for data collection raises concerns about accuracy and reliability. Challenges were faced in completing questionnaires and implementing the intervention due to participants' reluctance. Future studies should explore alternative intervention methods and compare their impact on psychological resilience and loneliness. Education focused on acceptance and commitment should be tested in male communities and compared with female groups. Additional research tools like interviews and observations should be considered for future studies. Long-term monitoring sessions could be included in future research to assess the lasting effects of training programs. Clinical samples could be included in future research as participants in this study were drawn from the general population. Extended follow-up sessions following training could be beneficial for enhancing psychological resilience, reducing loneliness, and fostering personal growth. Government authorities could consider offering free or low-cost educational and therapeutic programs in various community settings to raise awareness and prevent mental health issues.

5. Conclusions

Training sessions that focus on acceptance and commitment are structured around six main steps. These steps involve embracing, allowing without hindrance, being fully present, taking purposeful actions, recognizing oneself as a backdrop, and prioritizing personal values. By combining these steps with therapeutic techniques, homemakers can develop psychological flexibility, which is the main objective of this educational approach. Instead of attempting to control, alter, or eliminate their negative emotions and thoughts, women are encouraged to observe them with awareness, acceptance, non-judgment, and mindfulness. This shift in perspective promotes increased mindfulness, acceptance, adaptability, and ultimately psychological resilience among housewives.

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Authors' Contribution

Sana Mehdizadeh: Substantial contributions to the conception and design of the work, the acquisition, analysis, and interpretation of data for the work, drafting the work. Ali Naseri: Substantial contributions to the conception and design of the work; the acquisition, analysis, and interpretation of data for the work, drafting the work and reviewing it critically for important intellectual content. All authors have read and approved the final manuscript and agree to be accountable for all aspects of the work, such as the questions related to the accuracy or integrity of any part of the work.

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Ethical Approval

The Ethics Review Board of Shiraz Branch, Iran approved the present study with the code of IR.IAU.A.REC.1403.072. Also, written informed consent was obtained from the participants.

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