

Original Article

The effectiveness of acceptance and commitment therapy on fear of negative evaluation and anxiety in women facing divorce

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Abstract

Background: The study's goal was to find out how well acceptance and commitment-based treatment worked for women going through divorce who were afraid of being negatively evaluated and experiencing anxiety.

Methods: Women considering divorce who sought help from family counseling facilities in Kerman City during the first three months of 2013 were the subjects of this semi-experimental pre-test-post-test study, which included a control group. The samples were split into two groups of 15 individuals at random. In an experiment, eight 60-minute mindfulness training sessions were given to one group. For the control group, no particular treatment approach was offered. A post-test was administered to both groups following the conclusion of the treatment period. The Fear of Negative Evaluation Questionnaire (BFNES) and Wells Anxiety were among the instruments utilized. For analysis, multivariate analysis of variance and covariance were employed.

Results: According to the findings, women going through a divorce who received treatment based on acceptance and commitment experienced less anxiety and fear of negative evaluation; the linear combination of anxiety and fear of negative evaluation was affected by this treatment by 0.903. Anxiety was reduced by 0.807%, and fear of a negative evaluation was reduced by 0.685% with acceptance and commitment-based therapy.

Conclusion: Psychologists should use the acceptance and commitment-based therapy approach along with other treatment approaches to help women going through divorce feel less anxious and afraid of being negatively evaluated. Research indicates that this approach may be extremely effective.

Keywords: Acceptance and Commitment Therapy; Anxiety; Divorce; Women.

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Introduction

Divorce, as a crucial and life-changing event, can cause several psychological and social consequences. These consequences can be very serious and sometimes devastating, especially for women in traditional and family-oriented societies. In such societies, marriage is considered an emotional and legal bond and a sign of social status,

economic stability, and social acceptance (1). It is a complex and multidimensional social phenomenon that dramatically affects people's lives. It not only changes the family structure but also has extensive psychological, social, and economic consequences (2). Women involved in this process often experience several psychological challenges. These difficulties

include loneliness, a lack of social support, financial worries, anxiety of being negatively judged by others, and worry about the future (3). Women with a fear of negative evaluation may avoid social situations, avoid making new friends, and avoid becoming involved in social activities altogether. This can exacerbate negative feelings, increase anxiety, and even cause depression (4).

As one of the psychological reactions to stressful situations such as divorce, anxiety can affect women's mental health. It is a complex state of worry, fear, and feeling of restlessness that may manifest in various forms such as sleep disorders, reduced concentration, and even physical disorders (5). The usefulness of ACT in lowering the anxiety and fear of a negative evaluation in divorced women has been well studied. According to earlier research, ACT may be useful in controlling and lowering anxiety and depression. However, there is a need for studies that specifically focus on divorced women and investigate its effect on their psychological problems. By examining the efficacy of acceptance and commitment therapy in lowering anxiety and the fear of negative evaluation in divorced women, the current study aims to close this scientific gap and offer fresh scientific data that can aid in the development of more efficient treatment approaches.

Women involved in the divorce process often experience many psychological challenges. These challenges include feelings of loneliness, reduced social support, fear of the future, financial concerns, and of course fear of negative evaluation by others (3). Women who suffer from fear of negative evaluation may withdraw from social activities, refrain from establishing new relationships, and generally distance themselves from participation in society. This situation can lead to the intensification of negative feelings, increased anxiety, and even depression (4). Anxiety, as one of the

psychological reactions to stressful situations such as divorce, can affect women's mental health. Anxiety is a complex state of worry, fear, and feeling of restlessness that may manifest in various ways, including sleep disorders, decreased concentration, and even physical disorders (5). The usefulness of ACT in lowering divorced women's anxiety and worry of receiving a negative evaluation has not been thoroughly studied. While previous research has shown that ACT can be effective in managing and reducing anxiety and depression, there is a need for research that specifically focuses on the group of divorced women and examines the effect of this approach on their psychological problems.

Fear of Negative Evaluation is one of the key aspects of social anxiety, which can have significant negative effects on an individual's behavior and emotions. Women at risk of divorce may face fear of negative evaluation due to negative social and psychological experiences, especially the feeling of rejection or negative judgment from others. In this context, Acceptance and Commitment Therapy (ACT) can help reduce this fear by focusing on accepting negative emotions and mindfulness, enabling individuals to cope with their fears and adopt new, more positive behaviors. This question investigates whether ACT can be effective in reducing this fear.

Anxiety, especially social and generalized anxiety, often significantly increases in women at risk of divorce. Financial problems, concerns about the future, and changes in social relationships can exacerbate these anxieties. ACT, with its emphasis on accepting negative emotions and reducing psychological distress through mindfulness, may be effective in reducing anxiety in these women. This question seeks to explore whether ACT can help reduce anxiety in women at risk of divorce.

Based on the hypothesis, this study aims to examine significant differences in the effectiveness of ACT in reducing fear of negative evaluation and anxiety between the treatment group, which received the intervention, and the control group, which received no intervention. This question evaluates the effectiveness of ACT compared to no intervention, shedding light on its role in alleviating psychological problems in women at risk of divorce.

It is hypothesized that by implementing ACT, which helps individuals accept their negative emotions and avoid automatic reactions to them, fear of negative evaluation will decrease. Women at risk of divorce may be exposed to negative social evaluations, and this therapy can help them cope effectively with these evaluations.

It is also hypothesized that ACT will assist in reducing anxieties related to social concerns and life changes, helping women better manage their anxieties. This therapy may particularly be effective in reducing anxiety associated with divorce and the psychological challenges that follow.

This hypothesis specifically refers to comparing the results of the experimental group with the control group. It is expected that the group receiving ACT treatment will show a greater reduction in fear of negative evaluation and anxiety compared to the control group, which did not receive any treatment.

By investigating the efficacy of acceptance and commitment therapy in lowering anxiety and fear of negative evaluation in divorced women, this study attempts to close this scientific gap and offer fresh scientific data that can aid in the development of more potent treatment approaches.

Methods

Research environment and population

A control group was included in this quasi-experimental investigation, which used a pre-test-post-test approach. All women who

were referred to Kerman City's family counseling clinics during the first three months of 2014 were included in its statistics population. For three months, they had 114 members. Thirty individuals who were willing to participate in the research and who scored the highest on the Wells (7) Anxious Thoughts Inventory and the Watson & Friends (6) Fear of Negative Evaluation Scale were chosen. They were then divided into two groups of 15 at random (Table 1). *Material methods*

This study was a quasi-experimental research with a pretest-posttest design and a control group. The statistical population consisted of all women who visited family counseling centers in Kerman city during the first three months of 2014, totaling 114 individuals. Among them, 30 women who scored highest on the Fear of Negative Evaluation Scale (Watson & Friend) and the Anxious Thoughts Inventory (Wells) and were willing to participate in the study were purposefully selected. These participants were randomly assigned to two groups of 15 each (experimental and control groups).

Intervention

The experimental group underwent an Acceptance and Commitment Therapy (ACT) intervention over eight weekly sessions, each lasting 60 minutes. The therapy sessions were conducted by a trained specialist and focused on concepts such as acceptance, mindfulness, value identification, and commitment to value-based actions. These sessions were designed to guide participants in reducing their fear of negative evaluation and anxiety. During the same period, the control group did not receive any specific intervention.

In this study, after identifying 30 women with the highest scores on the Fear of Negative Evaluation and Anxiety Thought Scales, a randomization method was used to assign these participants to the experimental group (15 participants) and

Table 1. Acceptance and Commitment Therapy (ACT) Hayes et al., (8)

	Content
one:	In this session, the therapist and client get familiar with each other. The rules governing the therapy are explained to the client. Anxiety and its impact on epilepsy to the therapist are explained to them and they get familiar with the ACT therapeutic approach. The next session exercise is teaching mindfulness and practicing it.
two: Living in the moment and mindfulness	At the beginning of the session, we ask the clients to report the exercise of the previous session, perform, and explain the exercise of paying attention to awareness at different times. Then, we discuss the session topic, which is about living in the moment and the necessity of this issue and not mixing with the past and the future. First, we will discuss the anxiety caused by epilepsy and will give a definition of anxiety, which includes a negative feeling toward epilepsy in different times and places and being judged by others. In other words, the purpose of ACT is to increase a person's psychological flexibility. The person is taught to pay attention to the present and describe the present without judgment. If a person lives in a way that he is involved in the future and the past and suffers from cognitive inflexibility, we can use the metaphor of chocolate and give the client a chocolate and ask him to describe it as if he has never seen chocolate before. Accordingly, a person reaches the present time and does not get involved in the previous knowledge he has about chocolate, and does not pay attention to what effect chocolate may have on the future time, and the client focuses merely on the present time. Listing their unpleasant thoughts and feelings is an exercise for the next session.
three: Experimental avoidance	At the beginning of the session, we do a mindfulness exercise and review the previous session. If there is a question, we answer it. Then, we discussed the session subject, which is avoiding an experience that we first defined as attempts to avoid the experiences of thoughts and bodily feelings that can weaken our movement toward our values since it is impossible to control thoughts and feelings such as anxiety through controlling and avoiding that situation and it increases the anxiety and reduces life energy. To explain it better, we refer to the metaphor of the little tiger. The metaphor of the little tiger is as follows. He meows and we notice his hunger and give him some milk. In the next days, as the sound of the tiger becomes louder, the amount of food it eats will also increase, so we give meat and it reaches a point where it roars when it is hungry, and is no longer controllable and may harm us. Our life's anxieties are just like little tigers. When we care about them, they will become stronger and no longer controllable to us. People mostly tend to avoid suffering and pain and move toward good feelings. These controlling and avoidance behaviors are activities that avoid anxiety. In other words, when we avoid these experiences, we make them grow. We can teach the client the polar bear technique in this way: We ask the client to think about anything he likes, except for a white polar bear. After a few minutes, we asked the client to express his thoughts and how much he paid attention to the white polar bear. He tells that he paid attention to the white polar bear. This indicates that when we asked him not to think about the evil polar bear while paying attention to his thoughts, he paid attention to it. Accordingly, we show how the mind works. We show him that when we try to control or avoid thoughts, we increase the power of the thoughts. The next session's exercise is what strategies a client implements to control unpleasant thoughts.
four: Acceptance	At the beginning of the session, we practice mindfulness, and then review the exercise provided. If there are any questions, we answer them. Then, we discuss the session topic, which is acceptance. First, we define acceptance as observing bodily sensations without reacting to them. To better understand the concept of acceptance, we use the metaphor of a bus. We ask the clients to think that there is a bus and their thoughts, feelings, bodily states, and inner experiences are their passengers, and they try to control the driver in this bus. In this bus, they are trying to control the driver, threatening him that if he does not listen to them, they will destroy him. As drivers, we have no more two options, either we can engage with them or we can ignore them. We have to stop the bus, which means paying attention to the passengers. Then, the reader goes to the back of the bus and does not see where they are sitting, as if they are on the bus, giving you orders and threatening you, but this does not happen in reality. Accordingly, we make the clients aware that there is no need to avoid the thoughts and it is better to accept them and act on them instead of controlling them. An exercise for the next session is examining the short- and long-term effects of the controlling behaviors that the client has performed.
five: Defusion	A summary of the previous session is reviewed and an exercise is given at the beginning. Then, we do a mindfulness exercise and focus on breathing. This session's title is Defusion. First, we define defusion for clients. We define it as learning to look at thoughts, memories, and other cognitions. To better understand it, we use the practical exercise of taking the mind for a walk. Accordingly, the therapist is asked to go to the treatment room and the therapist walks close to him and talks constantly. He learns not to get involved with these thoughts, not to argue, and to live in the moment. The goal is distancing. To better understand the concept of defusion, we use the metaphor of a leaf on a lake. Accordingly, we ask the client to close his eyes and imagine a lake with leaves on its water, and let his thoughts remain floating, even if the mind considers this action to be useless, take this thought and put it on a quiet leaf, even put the images that come to mind on the leaf. This exercise makes it identify the reference of its thoughts and keep its distance from them. We ask the client to do this exercise about his unpleasant thoughts and feelings.
six: Self-as-context	At the beginning of the session, we review the exercises of the previous session and perform a mindfulness exercise. Then, we discuss this session topic, which is self-as-context. First, we define self-as-context as sentences that your mind makes about you as a person and you accept them as facts. For example, we want the patient to think that the anxiety of epilepsy that he has is that others are judging him and because of this disease, he is not feeling well. We want him to think that this is what happened at this very moment. We make him aware that these are the labels that he has tagged to himself and judged himself accordingly. A point is that when they say that I am like this, there must have been times when they were not like this, so we should not involve ourselves in the traits that we define ourselves. Here, we ask the client to use the negative conceptualized self for himself. Then, using the defusion techniques, we want him to distance himself from those thoughts and put them on the leaf with the leaf and soul technique. The best metaphor for this case is the metaphor of the chess board, where the white pieces are happiness, pleasure, and romantic feelings, while the black pieces are the bitterness of failures, and negative thoughts and feelings. Each of them considers the existence of the other as a threat to themselves and they are constantly in a confrontation with each other. To get involved in this confrontation, we made ourselves a trigger. However, if we are a chess board, we have to accept all these since they are a part of us and describe us, and accordingly, we are identified with them and we are not a part of them but they describe us. The next session exercise for the clients is expressing how their thoughts and feelings are affected.

seven: Values	<p>At the beginning of the session, we practice mindfulness and focus on breathing. Then, we review the previous session exercise, and if there is a question about the previous session, we answer it. Then, we start the new session with a topic of values. First, we want the client to write his life values on a piece of paper. Then, we describe to them that values are like a map and show the path and make life meaningful, and action is important in it, while goals are behaviors and practices which are in line with the values, and the goals are achieved in the path of values. To gain a better understanding of values, we can use the metaphor of a dartboard. Accordingly, we want the client to divide a page into four parts including the names of the family, job, recreation, and health.</p> <p>Then, we want him to determine for us where he is on this page and why he is far from some values and what he should do to achieve them (goals), what are the barriers in this regard (thoughts and feelings). Accordingly, we describe the values to him and understand the goals that should be pursued in the path of achieving the values. Accordingly, he understands the thoughts and feelings involved in this. Then, we explain to him the metaphor of the tombstone. For example, we say him that his life is over and what he would like to be written on his tombstone. Accordingly, we introduce him to the values he wants to have. The exercise for the next session is preparing a list of values and writing the actions (goals) the client should do to achieve them.</p>
eight: Committed action	<p>At the beginning of the session, we review all these cases. If there is any question, we will answer it and discuss the session topic, which is committed action. First, we will define committed action for the client as the ability to perform a task after choosing the path. Valuable in terms of reaching it and committing ourselves to doing those actions. As we know, one of the basis of acceptance and commitment therapy is to act. It means doing a new activity, not doing past activities. We are committed that our behaviors will be in line with our values and we will not be involved in feelings and thoughts.</p>

the control group (15 participants). The randomization process was carried out using randomization software or a lottery method to ensure that the selection of individuals for each group was completely random. This method helps reduce the impact of confounding variables on the results and maintains the validity of the study.

To control for potential selection biases, randomization was used to assign individuals to the experimental and control groups. Additionally, the sample was selected from women visiting counseling centers in such a way that the characteristics of the individuals were randomly chosen, without personal selection bias, ensuring equal chances for selection into different groups.

Measurement Tools

The following tools were used to assess the study variables:

1. *Brief Fear of Negative Evaluation Scale (BFNES)*: This tool consists of 12 items scored on a scale from 1 (not at all like me) to 5 (very much like me). Higher scores indicate a greater fear of negative evaluation. The brief version of this scale was used in the present study, with a Cronbach's alpha reliability coefficient of 0.73.
2. *Anxious Thoughts Inventory (AnTI)*: This inventory includes 22 items across three

subscales (social worry, health worry, and meta-worry) to assess various aspects of anxiety. Scoring is based on a four-point Likert scale (ranging from 0 = rarely to 3 = almost always). The reliability of this tool has been confirmed in previous studies.

Implementation Steps

1. Administering the pretest scales to 114 women visiting family counseling centers and identifying those with higher scores.
2. Selecting 30 individuals with high scores and randomly assigning them to experimental and control groups.
3. Conducting ACT intervention sessions for the experimental group over eight weeks.
4. Providing no intervention to the control group during the same period.
5. Administering the posttest immediately after the interventions to evaluate the effect of the therapy.

Inclusion criteria

A woman referring to counseling centers in Kerman

Applying for a divorce

Elderly with fear of negative evaluation and high anxiety based on the scores obtained in the questionnaire

Willingness to cooperate with the researcher and sign a written consent

Physical and mental ability to participate in treatment sessions

Exclusion criteria

Non-attendance of the therapist in the training for more than two sessions.

Non-cooperation of the therapist during the treatment period.

Implementation and data collection method:

The current study included acceptance and commitment treatment as an independent variable and anxiety and fear of a negative evaluation as dependent factors. 114 women considering divorce and referred to family therapy clinics in Kerman were surveyed using the Watson & Friend (6) Fear of Negative Evaluation Scale and Wells (7) Anxious Thoughts Inventory. Then, thirty women who were ready to collaborate with the researcher and who scored the highest on the Wells (7) Anxious Thoughts Inventory and the Watson & Friend (6) Fear of Negative Evaluation scale were chosen. Next, they were divided into two groups of 15 individuals at random. After that, eight 60-minute sessions of Acceptance and Commitment Therapy (ACT) were given to the experimental group. During this period, the participants of the control group did not receive any preferential treatment. The impact of acceptance and commitment therapy on anxiety and fear of negative evaluation was assessed by comparing the post-test scores of the two groups following the conclusion of the treatment sessions. The tools used in this study included the Zank's Anxiety Scale and the Hermans Progress Motivation Questionnaire.

Brief Fear of Negative Evaluation Scale

Social anxiety was measured with Watson & Friend's Brief Fear of Negative Evaluation Scale (BFNES) (6). A component of social anxiety, the dread of being negatively judged by others, was measured by this 12-item test. This test's results show the anxiety about losing one's

social standing. The categories on this scale include anxiety symptoms and social behavior disorders that might make people feel unaccepted by others. There are 12 items in the brief for the fear of negative evaluation scale. Items from the main test that have a correlation of greater than 0.50 with the test's overall score are included in the condensed version. This research employed the short version of the Fear of Negative Evaluation Scale. The options in the abbreviated form of the fear of negative evaluation scale are evaluated in the following way: 1=I am not like this at all, 2=I am slightly like this, 3=I am something like this, 4=I am like this, and 5=I am very much like this. Items 2, 4, 7, and 10 are scored in reverse. The total score is the sum of the scores for 12 elements, which range from 12 to 60. A higher number implies a greater fear of negative evaluation, whereas a low score near 12 shows a lower fear of unfavorable judgment by others. The abbreviated form of the Fear of Negative Evaluation Scale is also internally consistent. The Cronbach's alpha coefficient was measured at 0.90. Additionally, the abbreviated version of this exam was shown to have a test-retest reliability of 0.75 after a 4-week interval (9). The correlation between test results and those from the original form of the Fear of Negative Evaluation Scale was measured in order to assess the validity of the condensed version, and the result was 0.96. Criterion validity of this instrument was confirmed by its correlation with anxiety, avoidance, and the degree of discomfort of the subjects from the unfavorable evaluation of others. The internal reliability of Watson & Friend (6), fear of negative evaluation scale in the present study was calculated to be 0.73 using Cronbach's alpha coefficient (9).

Anxious Thoughts Inventory (AnTI)

This inventory was designed by Wells (7), as a multidimensional scale of worry to assess the content of the primary areas of worry and distinguish between worry and negative evaluation of worry. This

inventory includes 22 items assessing the anxious thoughts in three subscales including social worry (9 items), physical worry (6 items), and meta-worry (7 items). A 4-point Likert scale—from 0 for rarely to 3 for nearly always—is used to rate responses. The subscales' Cronbach's alpha coefficient ranges from 0.75 to 0.84. Each of the subscales had a test-retest correlation value of 0.76 for social concern, 0.84 for health worry, and 0.77 for meta-worry (0.77) Wells (7). Bahrami & Rezvan (10) used the Cronbach's alpha technique to determine the reliability of this questionnaire after administering it to 60 students. Their scores for social worry, health worry, and meta-worry were 0.67, 0.67, and 0.68, respectively.

Statistical analysis

To analyze the data, SPSS-25 software was utilized. Utilizing MANCOVA and ANCOVA tests to evaluate the study hypotheses, descriptive statistics of mean and standard deviation were employed to characterize the research variables.

Results

Descriptive statistics

Table 2 presents the descriptive statistics of the variables.

Inferential statistics

MANCOVA was used to test the assumptions.

Investigating assumptions of multivariate analysis of variance (MANCOVA)

Correlation between dependent variables

"The presence of moderate correlation and less than 0.90 is one of the main

presumptions of multivariate analysis of variance" (Nicola Brace et al., 2018: 382). Therefore, the correlation coefficient between the post-test scores for anxiety and depression using the Pearson correlation coefficient was investigated in order to investigate this claim. Its findings indicated that among women going through a divorce, anxiety and fear of a negative evaluation are moderately correlated ($P < 0.001$, $R = 0.418$). The supposition that two dependent variables have a moderate correlation is therefore met.

The assumption of equality of variances and the normal distribution of scores

To determine whether variances were equal, Leven's test was employed. The null hypothesis is not rejected at this level because the significance of anxiety ($P > 0.05$, $F_{(1, 28)} = 0.487$) and fear of negative evaluation ($P > 0.05$, $F_{(1, 28)} = 5.12$) is greater than the significance level of $\alpha = 0.05$. It can be said that the variances in both dependent variables between the experimental and control groups are nearly equal. The Kolmogorov Smirnov (K-S) test was used to test the normality of the distribution of scores, and since the significance of fear of negative evaluation ($P = 0.154$) and anxiety ($P = 0.145$) are greater than the significance level of $\alpha = 0.05$, consequently, at this stage, the null hypothesis is not disproved, and as a consequence, both factors' scores were a normal distribution.

The assumption of homogeneity of variance and covariance matrix

Table 2. Descriptive statistics of the variables in the control and experimental groups in the pre-test and post-test

Row Variable	Time Group	Pretest		Posttest	
		Mean	SD	Mean	SD
Fear of negative evaluation	Control	32.07	6.25	31.47	5.92
	Experimental	32	3.4	24	3.78
Anxiety	Control	31.2	7.71	29.73	7.29
	Experimental	32.73	7.26	22.73	6.36

Table 3. MANCOVA test results for the effect of acceptance and commitment therapy on reducing fear of negative evaluation and anxiety

Effect	Test	Value	F-value	Df of hypothesis	Degree of freedom error	P-value	η^2
group	Pillai's trace	0.903	116.17	2	25	0.001	0.903
	Wilks' Lambda	0.0907	116.17	2	25	0.001	0.903

Box's M test was employed to investigate the homogeneity of the variance and covariance matrix. The null hypothesis is not denied at this level since the significance limit is 0.54, which is more than $\alpha = 0.05$ ($P > 0.05$, $F(3) = 1.24$). Therefore, it may be said that the covariance matrix of factors and the presumption of homogeneity of variance are met.

The multivariate analysis of variance (MANCOVA) approach may be used to test the hypothesis mentioned earlier because all four of its presumptions are verified.

Multivariate analysis of variance (MANCOVA)

The null hypothesis is rejected by the multivariate analysis of variance (MANCOVA) results in Table 3 ($\eta^2=0.903$, $\text{Lambda}=0.097$, $P<0.05$, and $F(2, 25) = 116.17$). It may be said that acceptance and commitment treatment greatly lessens women going through divorce's worry and concern of a negative evaluation. Treatment with acceptance and commitment had a 0.903 effect on the linear mixture of anxiety and fear of a negative evaluation.

In the post-test anxiety ($\eta^2=0.808$, $P<0.5$, $F(1,29) = 109.36$) and fear of negative evaluation ($\eta^2=0.688$, $P<0.0$, $F(1,29)$

$=57.40$), the two control and experimental groups differed significantly, with the anxiety difference being greater than the fear of negative evaluation. These findings are presented in Table 4. In other words, acceptance and commitment treatment had a greater impact on lowering anxiety (0.808) than it did on lowering the fear of a negative evaluation (0.688), according to the eta coefficient.

Analysis of covariance (ANCOVA)

According to Table 5, after adjusting the pre-test scores, the concern of a negative evaluation was lessened by being accepted and dedicated to treatment ($\eta^2=0.685$, $P<0.05$, $F(1,27)=58.59$) and anxiety ($\eta^2=0.807$, $P<0.05$, $F(1,27)=112.98$) significantly and the effect of mindfulness training on reducing the fear of negative evaluation was 68.5%, and reducing anxiety 7.87 was 80%.

The experimental group's mean modified scores for concern of a negative post-test assessment (24.03) were lower than those of the control group (31.44), as indicated in Table 6. Compared to the control group (30.40), the experimental group's mean modified post-test anxiety levels (22.07) were lower.

Table 4. The results of the MANCOVA test for the post-test comparison of fear of negative evaluation and anxiety in the control and experimental groups

Row	Dependent variable	Sum of squares	df	Mean of squares	f-value	p-value	Impact factor η^2
Group	Fear of negative evaluation	413.82	1	413.82	57.40	0.001	0.688
	Anxiety	514.69	1	514.69	109.36	0.001	0.808

Table 5. Covariance analysis of the effect of the acceptance and commitment therapy on reducing fear of negative evaluation and anxiety

Variable	Source of variations	Sum of squares	df	Mean of squares	f-value	p-value	Impact factor η^2
Fear of negative evaluation	Pretest	501.95	1	501.95	71.41	0.001	0.726
	Group	411.85	1	411.85	58.59	0.001	0.685
	Error	189.78	27	7.03	-	-	-
Anxiety	Pretest	1188.77	1	1188.77	260.75	0.001	0.906
	Group	515.10	1	515.10	112.98	0.001	0.807
	Error	123.09	27	4.56	-	-	-

Discussion

The findings showed that acceptance and commitment therapy greatly decreases the concern of negative evaluation. The experimental group's fear of negative evaluation was considerably lower than that of the control group, and there was a substantial disparity between the two groups' post-test scores. These findings are supported by Azizi et al., who found that commitment and acceptance treatment considerably decreased the anxiety of receiving a poor assessment (11). ACT can considerably lessen the anxiety associated with receiving a poor grade, according to Hayes et al. (8). Soltani et al. showed in research on divorced women that ACT can be useful in lowering this population's anxiety of receiving a poor evaluation (12). Based on the findings of this study as well as some previous research, it can be said that acceptance and commitment therapy helps people accept themselves with a sense of transcendence by teaching them to accept and not criticize their inner events, particularly the undesirable ones. It helps the client to determine the values of his life and act based on them. It brings higher happiness, gives more meaning, and increases mental health.

Acceptance and commitment therapy is a comprehensive behavioral explanation of

human language and cognition showing how normal cognitive processes lead to psychological problems and supports cognitive entanglement and experiential avoidance. This issue lessens the anxiety associated with a negative evaluation. Acceptance and commitment therapy helps patients learn to cope with their negative thoughts, which helps to explain these outcomes. Negative and alarming thoughts, such as the fear of negative evaluation by others, are activated when people do not act based on their true values, making these thoughts inevitably appear in the mind.

The derealization of thoughts is one of the most important goals of this therapy. This goal is used when people take their negative thoughts seriously and consider these thoughts as an accurate reflection of reality. This goal of treatment is realized by using 4 stages observing thoughts, naming thoughts, leaving thoughts, and distancing from thoughts. In this goal, the experimental group's subjects are taught to be freed from negative thoughts using exercises such as white room meditation, conscious focus on observing thoughts, naming thoughts with exercises such as "I think" and "My mind right now" and exercises such as "leaves in The River", "advertisement board", and "balloons and clouds".

Table 6. Mean adjusted post-test scores of fears of negative evaluation and anxiety in the control and experimental groups

Variable	Group	Mean	SD	0.95 confidence interval	
				Lower bound	Upper bound
fear of negative evaluation	Control	31.44	0.685	30.03	32.84
	Experimental	24.03	0.685	22.62	25.43
Anxiety	Control	30.40	0.553	29.27	31.53
	Experimental	22.07	0.553	20.93	23.20

These metaphors and exercises can play a key role in reducing the fear of negative evaluation. The structure of fear of negative evaluation includes the feeling of apprehension and worry about the evaluations of others, the anxiety caused by these negative evaluations, and the expectation that others will only judge the person negatively.

Based on the results, acceptance and commitment therapy significantly reduced anxiety, so people who received acceptance and commitment therapy experienced lower levels of anxiety after the therapy. These findings were supported by Farrokhi & Mostafapour's conclusion that acceptance and commitment treatment helps women with obsessive-compulsive disorder feel less anxious (13). Ramos looked at how acceptance and commitment therapy may help people feel less anxious. Seven individuals who had acceptance and commitment therapy showed a considerable reduction in anxiety, according to the results (14).

The study by Prentice et al., indicated that acceptance and commitment therapy plays a crucial role in avoiding dangerous and anxiety-provoking situations. Such training makes people effectively control anxiety symptoms and avoid dangerous situations (15). Therefore, it may be said that one of the practical and efficient therapeutic approaches for lowering anxiety, particularly in women filing for divorce, is acceptance and commitment therapy. This method is implemented with the assumption that problems arise when they are taken too seriously. For example, people who try to control their inner experiences, such as anxiety, may use ineffective strategies such as thought suppression, which often leads to an increase in the frequency of unwanted thoughts. They may engage in harmful behaviors such as abusing drugs, alcohol, and overeating. They may also avoid a wide range of anxiety-provoking situations, restricting their lives in ways that prevent

them from pursuing their deepest goals and values, such as having pleasant relationships or performing tasks well (16).

The goal of acceptance and commitment therapy is to help women going through a divorce manage their negative thoughts and pointless attempts to eliminate them, including worry. Acceptance and commitment therapy is based on the fundamental premise that psychological suffering is a common human experience. This approach involves indirect change. Acceptance and commitment therapy helps patients accept, be conscious of, and examine themselves instead of changing ideas and feelings like cognitive-behavioral therapies do. Acceptance and commitment therapy helps patients experience harmful ideas and feelings in new ways rather than attempting to modify or lessen their frequency (17). In this treatment, the therapist learns that any attempt to avoid or regulate uncomfortable mental experiences (thoughts and feelings) is futile or has the opposite effect. These sensations should be embraced without any mental or external reaction that might erase them. Cognitive defusion is an important aspect of acceptance and commitment therapy. Cognitive defusion makes ideas less anxiety-provoking. Thus, the depressed patients were disconnected from the disease-related thoughts by performing cognitive defusion exercises, leading to a decrease in their anxiety (18).

Limitations

Small Sample Size: The sample size of the study (30 participants) is limited, which may reduce the statistical power of the results and make it difficult to generalize them to a larger population. Additionally, the small sample size could lower the power of statistical tests.

Specific Sampling: The sample was selected from women visiting family counseling centers in Kerman. This could limit the generalizability of the results to other populations (e.g., women who do not

visit counseling centers or from different regions).

Lack of Cultural and Geographical Diversity: This study was conducted in a specific city (Kerman), and the results may not be applicable to other areas or cultures. Cultural and social differences could influence the outcomes.

Lack of Long-Term Evaluation: The study evaluated the effects of Acceptance and Commitment Therapy (ACT) only in the short term (immediately after 8 therapy sessions). The long-term effects of this therapy might differ and require follow-up assessments over a longer period.

Self-Selection Bias: Since participants voluntarily enrolled in the study, there is a possibility that certain characteristics, such as motivation to change, were shared among the participants. This bias could lead to an overestimation of the positive effects of the therapy.

Suggestions for Future Studies

Expand the Sample: Using larger and more diverse samples could help improve the generalizability of the results. Future studies could include participants from different regions or demographic groups.

Long-Term Follow-Up Studies: Investigating the long-term effects of ACT, including assessing the therapeutic impact months or years after treatment, could provide a better understanding of the sustainability and effectiveness of this therapy.

Comparative Studies with Other Therapies: Future research could compare ACT with other treatments, such as Cognitive Behavioral Therapy (CBT) or other anxiety treatments, to clarify the relative effectiveness of these therapies.

Examine Cultural Impacts: Future studies could investigate the impact of Acceptance and Commitment Therapy on different cultural populations to gain a better understanding of cultural and therapeutic interactions.

Include Additional Variables: Exploring additional variables such as socioeconomic status, social support, or personality traits could enhance the understanding of how ACT affects fear of negative evaluation and anxiety.

Conclusion

Acceptance and commitment therapy can be used to lessen the psychological issues that divorced women face because of its efficacy in reducing anxiety and fear of being negatively evaluated. For depressive women, acceptance and commitment therapy is suggested as a useful and supplemental psychological intervention to lessen their nervous thoughts and fear of being negatively evaluated.

Authors' contribution

Fatemeh Ahmadi Tabar and Esmat Hasanpour developed the study concept and design. Fatemeh Ahmadi Tabar and Esmat Hasanpour acquired the data. Fatemeh Ahmadi Tabar and Esmat Hasanpour analyzed and interpreted the data, and wrote the first draft of the manuscript. All authors contributed to the intellectual content, manuscript editing and read and approved the final manuscript.

Informed consent

Questionnaires were filled with the participants' satisfaction and written consent was obtained from the participants in this study.

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Conflict of interest

The authors declare that they have no conflict of interests.

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