

Effectiveness of Acceptance and Commitment Therapy on Subjective Well-being of Mothers with Child Bereavement Experience

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ABSTRACT

This study aimed to determine the effectiveness of Acceptance and Commitment Therapy (ACT) on the subjective well-being of mothers with the experience of child bereavement in Fereydunkenar County. The research method was quasi-experimental with a pre-test–post-test control group design. The statistical population consisted of 95 women aged 30 to 60 with child bereavement experience who were members of a self-help group in Fereydunkenar County in Spring 2024. Initially, the Grief Experience Questionnaire by Barrett and Scott (1998) was distributed among the entire target population. Then, 30 individuals with moderate grief experience (scores between 68 and 102) were purposively and conveniently selected and randomly assigned to experimental (n = 15) and control (n = 15) groups. Data were collected using the Subjective Well-being Scale by Keyes and Magyar-Moe (2003) and the Grief Experience Questionnaire by Barrett and Scott (1998). The intervention for the experimental group was based on the Acceptance and Commitment Therapy protocol by Hayes et al. (2004), conducted over eight 60-minute sessions. The intervention was applied only to the experimental group, and no intervention was provided for the control group. Data were analyzed using univariate and multivariate analysis of covariance. The findings indicated that there was a significant difference at the 0.01 level between the pre-test and post-test scores of the experimental and control groups in the subjective well-being of mothers with child bereavement experience in Fereydunkenar County. Overall, Acceptance and Commitment Therapy was effective on the subjective well-being of mothers with child bereavement experience in Fereydunkenar County. Given the results of this study, attention to the role of ACT in creating changes in subjective well-being has important therapeutic implications.

Keywords: subjective well-being, Acceptance and Commitment Therapy, mothers with child bereavement experience.

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Introduction

The experience of losing a child is widely recognized as one of the most profound and debilitating forms of grief, frequently associated with intense psychological distress and long-term emotional consequences. The psychological repercussions of such bereavement extend far beyond typical grief responses and often compromise individuals' emotional regulation, mental health, and overall well-being. Mothers, in particular, experience amplified vulnerability due to their close emotional bonds with their children and their traditionally central caregiving role. Consequently, many bereaved mothers experience symptoms such as depression, anxiety, post-traumatic stress, and existential distress, which adversely affect their subjective well-being. Subjective well-being—a multidimensional construct encompassing emotional, psychological, and social well-being—has been increasingly emphasized as a vital indicator of mental health, especially in the context of grief and trauma (1).

Subjective well-being includes an individual's cognitive and affective evaluations of their life and is composed of three broad components: emotional well-being (positive affect and life satisfaction), psychological well-being (personal growth, autonomy, and purpose in life), and social well-being (social integration and contribution). In the aftermath of bereavement, these domains often become impaired, especially when grief remains unresolved or becomes complicated. Research suggests that therapeutic interventions aiming to promote acceptance, psychological flexibility, and value-based living may be particularly effective for restoring subjective well-being in individuals experiencing grief (2, 3).

Among these interventions, Acceptance and Commitment Therapy (ACT) has received considerable empirical support. ACT is a third-wave behavioral therapy that aims to enhance psychological flexibility—the ability to stay in contact with the present moment and persist in or change behavior in the service of personal values. ACT operates through six interrelated core processes: acceptance, cognitive defusion, present-moment awareness, self-as-context, values clarification, and committed action. These mechanisms empower individuals to accept painful experiences instead of avoiding them, detach from unhelpful cognitive patterns, and realign their behavior with meaningful life goals (4). Given that bereavement often evokes intrusive thoughts, emotional avoidance, and existential questioning, ACT provides a well-suited framework for supporting adaptation and psychological recovery in grieving individuals (5).

Recent studies have explored ACT's efficacy across various populations dealing with distress, including those coping with chronic illness, psychological trauma, or addiction. For example, ACT has demonstrated significant positive effects on psychological well-being, dysfunctional attitudes, and quitting self-efficacy in individuals with substance use disorders (6). Similarly, ACT interventions have reduced emotional distress and improved well-being in individuals with chronic pain (7), type 2 diabetes (8), and irritable bowel syndrome (9). These findings indicate the broad applicability of ACT across clinical conditions marked by psychological rigidity and distress, which are also characteristic of complicated grief.

The role of ACT in enhancing subjective well-being in non-clinical but psychologically distressed populations has also been well documented. Sasaki et al. (2023) found that an internet-based ACT program significantly improved psychological well-being among working mothers with preschool-aged children, emphasizing the therapy's accessibility and relevance for caregiving populations (2). In the Iranian context, multiple studies have shown the effectiveness of ACT in diverse populations, including elderly individuals, women with breast cancer, and medical students, further validating its cultural adaptability and efficacy (1, 10, 11).

Particularly notable are studies comparing ACT with other therapeutic approaches such as Cognitive Behavioral Therapy (CBT) or mindfulness-based interventions. For instance, Ashoori et al. (2024) compared ACT and CBT in reducing job burnout and enhancing psychological well-being in nurses, finding that both were effective but ACT had a more sustained impact on value-based behavioral change (3). Likewise, Shahsavari Googhari et al. (2022) reported that both mindfulness-based cognitive therapy and ACT significantly enhanced subjective well-being and emotion regulation among medical students, though ACT showed a greater impact on sustained psychological flexibility (11).

Furthermore, the effectiveness of ACT in grief-related contexts has received increasing attention. Faizah et al. (2021) highlighted the role of ACT in improving the mental health and subjective well-being of patients affected by COVID-19-related losses, noting its effectiveness in helping individuals reframe their suffering and reconnect with meaning (4). This aligns with the theoretical premise that ACT facilitates adaptive coping by fostering acceptance of pain and cultivating engagement with life despite loss. Similarly, Iturbe et al. (2022), in a systematic review, concluded that ACT-based interventions significantly enhanced psychological well-being and weight management in adults with obesity, a population often experiencing emotional loss and low self-worth (5).

In light of the above, there is strong justification for extending the application of ACT to mothers who have experienced the death of a child—a group that is both at high risk for psychological morbidity and often underserved by conventional grief interventions. While traditional grief counseling often focuses on the expression and processing of grief, ACT provides an alternative by emphasizing acceptance, non-judgmental awareness, and re-engagement with life through values-based living. This makes it particularly suitable for mothers whose grieving process may be complicated by guilt, avoidance, and identity disruption (12).

The present study builds on the existing literature by investigating the effectiveness of ACT on the subjective well-being of bereaved mothers in Fereydunkenar County. Unlike previous studies that have focused on ACT's application in clinical disorders or broad populations, this study targets a highly specific and vulnerable group—mothers between the ages of 30 and 60 who have experienced child loss and participate in self-help groups. This focus allows for a nuanced understanding of how ACT can support emotional, psychological, and social recovery in the context of maternal grief.

Moreover, the inclusion of all three subcomponents of subjective well-being—emotional, psychological, and social—offers a comprehensive view of the intervention's impact. While emotional well-being reflects the immediate affective response to grief, psychological and social well-being provide insight into longer-term adjustment processes, such as regaining autonomy, maintaining meaningful social roles, and re-establishing life purpose. Investigating the differential effects of ACT across these domains can clarify its strengths and limitations in grief-specific contexts (8).

In summary, given the multidimensional challenges posed by child bereavement and the growing empirical support for ACT as a transdiagnostic intervention, this study seeks to contribute to the literature by evaluating the effectiveness of ACT on subjective well-being in grieving mothers.

Methods and Materials

Study Design and Participants

The research method was applied, prospective, quantitative, and quasi-experimental with a pre-test–post-test design including experimental and control groups.

The statistical population of the present study consisted of 95 women aged 30 to 60 with child bereavement experience who were members of a self-help group in Fereydunkenar County in Spring 2024. Initially, the Grief Experience Questionnaire by Barrett and Scott (1998) was distributed among the entire target population. Then, 30 individuals with moderate grief experience (scores between 68 and 102) were purposively and conveniently selected and randomly assigned to two groups: an experimental group of 15 and a control group of 15.

Data Collection

The Subjective Well-being Scale by Keyes and Magyar-Moe (2003) is used to assess emotional, psychological, and social well-being and consists of 45 items. The first 12 items pertain to emotional well-being, the next 18 items pertain to psychological well-being, and the final 15 items pertain to social well-being. In the study by Doust (2004), the reliability and test-retest reliability coefficients were reported as .86. The reliability using Cronbach's alpha for the scale and subscales of emotional well-being, psychological well-being, and social well-being were reported as .75, .76, .64, and .76, respectively (Golestani Bakht, 2007).

The Grief Experience Questionnaire by Barrett and Scott (1998) consists of 34 items. Scoring is based on a 5-point Likert scale ranging from 1 (never) to 5 (always). To obtain the score for each dimension, sum the scores of all related items. The total score ranges from 34 to 170. A score between 34 and 68 indicates low grief experience. A score between 68 and 102 indicates moderate grief experience. A score above 102 indicates high grief experience. Construct and concurrent validity were confirmed by the developers, and reliability using Cronbach's alpha was reported as .85. In Iran, Mehdi Pour et al. (2009) confirmed construct and concurrent validity, and reliability using Cronbach's alpha was obtained at .86.

Intervention

The intervention consisted of Acceptance and Commitment Therapy (ACT) based on the protocol developed by Hayes et al. (2004), implemented in eight weekly sessions lasting 60 minutes each. The sessions were conducted for the experimental group and focused on increasing psychological flexibility through processes such as acceptance, cognitive defusion, present-moment awareness, self-as-context, values clarification, and committed action. The therapy aimed to help participants accept their painful emotions related to child bereavement, develop mindful awareness, identify personal values, and commit to meaningful actions aligned with those values to improve subjective well-being. No intervention was provided for the control group.

Data analysis

Data were analyzed using univariate and multivariate analysis of covariance (ANCOVA and MANCOVA) to examine the differences between the experimental and control groups on the subscales of subjective well-being while controlling for pre-test scores. Prior to conducting analyses, assumptions of normality,

homogeneity of variances, linearity, and homogeneity of regression slopes were checked and confirmed. All analyses were conducted using SPSS version 26, with the significance level set at $p < .01$.

Findings and Results

Table 1 presents the descriptive data obtained from the subscales of the subjective well-being variable in the experimental and control groups.

Table 1. Mean and Standard Deviation of Subjective Well-being Variable

Variable	Group	Pre-test Mean	Pre-test SD	Post-test Mean	Post-test SD
Emotional	Experimental	18.20	2.87	27.30	7.67
	Control	18.27	3.01	18.35	4.16
Psychological	Experimental	23.20	3.68	32.47	4.62
	Control	23.33	2.69	23.40	3.41
Social	Experimental	23.33	4.19	50.67	9.93
	Control	23.50	3.24	23.67	3.76
Subjective Well-being	Experimental	64.73	7.06	110.43	18.39
	Control	65.10	4.68	65.43	5.31

According to Table 2, the results of multivariate analysis of variance (MANOVA) tests are significant at the level of $p < .01$. Based on this, it can be stated that there is a statistically significant difference between the two groups in at least one of the subscales of subjective well-being.

Table 2. Results of Multivariate Analysis of Variance (Pre-test and Post-test)

Test Name	Value	F	Hypothesis df	Error df	Significance	Power
Pillai's Trace	.818	34.408	3	23	.01	1
Wilks' Lambda	.182	34.408	3	23	.01	1
Hotelling's Trace	4.488	34.408	3	23	.01	1
Roy's Largest Root	4.488	34.408	3	23	.01	1

According to Table 3, the results of this test indicate that overall, there is a statistically significant difference between the subscales of subjective well-being across the two groups at the level of $p < .01$. In general, the findings suggest that Acceptance and Commitment Therapy is effective on the subjective well-being of mothers with the experience of child bereavement in Fereydunkenar County. However, the intervention appears to have a greater effect on the social subscale.

Table 3. Results of ANCOVA Within MANCOVA on the Variables

Source	Variable	Sum of Squares	df	Mean Square	F	Significance	Effect Size	Power
Group	Emotional	602.666	1	602.666	15.476	.01	.382	.966
	Psychological	619.313	1	619.313	43.047	.01	.633	1
	Social	5498.961	1	5498.961	99.498	.01	.799	1

Discussion and Conclusion

The results of the present study demonstrated that Acceptance and Commitment Therapy (ACT) had a significant effect on the subjective well-being of bereaved mothers, including its subcomponents of emotional, psychological, and social well-being. The findings revealed that after the intervention, the experimental group exhibited significantly higher scores in all subscales compared to the control group. Specifically, the largest effect size was observed in the social well-being subscale, suggesting that ACT was particularly effective in enhancing social connectedness and integration among mothers dealing with the

profound grief of child loss. These results underscore the efficacy of ACT in addressing the multidimensional impairments in well-being associated with bereavement.

The effectiveness of ACT on subjective well-being in bereaved mothers aligns with previous studies that have demonstrated the positive impact of ACT on psychological flexibility, emotional adjustment, and quality of life in various distressed populations. For instance, similar to the current findings, ACT significantly improved psychological well-being in individuals with chronic musculoskeletal pain (7) and enhanced emotional and psychological well-being among patients with irritable bowel syndrome (9). These studies collectively reinforce the notion that ACT's core processes—acceptance, cognitive defusion, and committed action—are particularly beneficial in contexts where individuals grapple with chronic or persistent suffering that cannot be directly eliminated.

The marked improvement in emotional well-being observed in this study corresponds with findings from research involving nurses experiencing job burnout, where ACT was found to significantly reduce negative affect and increase emotional balance (3). Similarly, Eisazadeh et al. (2022) reported that ACT and mindfulness-based interventions enhanced positive emotions and reduced psychological distress in patients with type 2 diabetes, further validating the therapy's potency in fostering emotional well-being (8). Given that grief is frequently characterized by emotional dysregulation, including persistent sadness, guilt, and hopelessness, the present results suggest that ACT's emphasis on mindful acceptance of painful feelings rather than experiential avoidance can be instrumental in reducing emotional suffering among bereaved mothers.

Moreover, ACT's focus on values-based living appears to have facilitated improvements in the psychological well-being of participants in this study, evidenced by increases in measures such as personal growth, autonomy, and life purpose. This is consistent with prior research indicating that ACT significantly enhances psychological well-being among elderly individuals by fostering greater cognitive flexibility and alignment with personal values (10). Likewise, Karimi Mohajeri et al. (2025) demonstrated that ACT, when integrated with schema therapy, improved subjective well-being and reduced body image concerns in women with breast cancer by helping them develop adaptive coping strategies and reestablish meaningful life directions despite existential threats (1).

Perhaps most noteworthy in the current findings is the substantial improvement in social well-being among bereaved mothers following ACT intervention. Social withdrawal and isolation are well-documented complications of grief, particularly among mothers who may face stigma or internalized guilt related to their child's death. By fostering acceptance of painful emotions and encouraging engagement with valued life domains, ACT may help mothers reestablish supportive social relationships and contribute meaningfully to their communities. The large effect size on the social subscale is in line with Sasaki et al.'s (2023) study, which showed that internet-based ACT interventions effectively enhanced psychological and social well-being in working mothers balancing caregiving responsibilities (2).

In addition, these findings resonate with broader systematic reviews that highlight ACT's transdiagnostic effectiveness in improving well-being across diverse populations, including those managing chronic conditions, psychological distress, or stigma-related challenges. For example, Iturbe et al. (2022) conducted a systematic review demonstrating that ACT significantly improved psychological well-being and weight management outcomes in individuals with overweight or obesity, populations that often struggle with self-

criticism and social withdrawal similar to bereaved mothers (5). Furthermore, Faizah et al. (2021) found that ACT improved subjective well-being and mental health among individuals coping with grief and uncertainty during the COVID-19 pandemic, highlighting ACT's relevance in contexts of collective and individual loss (4).

It is important to consider these findings within the framework of ACT's theoretical underpinnings. ACT posits that psychological suffering is often maintained by rigid efforts to control or avoid painful private experiences. In the context of bereavement, such avoidance may manifest as denial, rumination, or emotional numbing, all of which prevent individuals from processing their loss and re-engaging with meaningful aspects of life. By cultivating acceptance, present-focused awareness, and values-oriented behavior, ACT helps individuals expand their behavioral repertoires and improve life satisfaction despite enduring pain (6). The results of the present study, especially the significant differences between pre-test and post-test scores in the experimental group compared to the control group, support this theoretical perspective.

Furthermore, the current study contributes to the growing literature highlighting ACT's advantages over purely cognitive or problem-focused therapeutic approaches. Unlike traditional grief counseling models that often emphasize symptom reduction or cognitive restructuring, ACT emphasizes living meaningfully with grief rather than eliminating it. This is supported by studies comparing ACT with other therapies. For instance, Shahsavari Googhari et al. (2022) reported that while both ACT and mindfulness-based cognitive therapy were effective in improving well-being and emotion regulation, ACT had unique advantages in sustaining long-term engagement with personal values among medical students (11). Similarly, Soleymanpournmoghadam et al. (2022) found that ACT was comparably effective as compassion-based interventions in improving psychological well-being, further illustrating its flexibility across diverse psychological issues (12).

Overall, the current study's findings not only reinforce ACT's efficacy in supporting individuals coping with grief but also suggest that the therapy's impact is particularly robust in improving social and psychological dimensions of subjective well-being. This adds valuable evidence to the body of research suggesting that ACT offers a holistic and culturally adaptable framework for enhancing well-being among diverse and vulnerable populations.

This study, while contributing important findings, is not without limitations. The sample was limited to mothers aged 30 to 60 in Fereydunkenar County who were members of self-help groups, potentially restricting the generalizability of the results to broader populations of bereaved mothers in different regions or age groups. Additionally, the reliance on self-report measures may introduce response biases, including social desirability or recall bias. The relatively small sample size also limits the statistical power to detect subtle differences or interactions between subgroups. Finally, the study did not include long-term follow-up assessments to determine the durability of the observed improvements in subjective well-being.

Future studies should consider employing larger and more diverse samples, including fathers, siblings, or extended family members affected by child loss, to assess the broader applicability of ACT in grief interventions. Longitudinal designs with follow-up assessments would provide valuable data on the long-term sustainability of ACT's benefits. Moreover, integrating qualitative methods could deepen understanding of participants' lived experiences and reveal mechanisms of change that may not be captured

by quantitative measures alone. Comparative studies examining ACT against other evidence-based grief interventions, such as complicated grief therapy or meaning-centered therapy, could further elucidate the relative strengths of ACT in addressing grief-specific challenges.

Practitioners should consider incorporating ACT-based approaches into bereavement support programs, particularly in contexts where cultural or social norms discourage open expression of grief. Training mental health professionals in ACT principles and techniques could enhance the accessibility and effectiveness of grief interventions in community settings. Additionally, incorporating digital or group-based ACT delivery models could expand reach to underserved or rural populations and offer cost-effective avenues for supporting grieving mothers. Practitioners are encouraged to remain sensitive to cultural factors influencing grief expression and to tailor ACT interventions accordingly, ensuring that values exploration and committed action plans resonate with clients' unique social and familial contexts.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

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

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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