

## Comparison of the effectiveness of two approaches based on acceptance and commitment therapy and reality therapy on the meaning of life of female\_ headed households under the auspices of the Relief Committee

Nikookar Y.,<sup>1</sup> Jafari A.,<sup>\*2</sup> Fathi G.,<sup>3</sup> Poyamanesh J.<sup>4</sup>

### Abstract

**Introduction:** The present study was a comparison of the effectiveness of two approaches based on acceptance, commitment and reality therapy on the meaning of life of women heads of households under the auspices of the Relief Committee.

**Research Method:** The design of the present study was quasi-experimental with pre-test-post-test-follow-up and control group. The statistical population of the study was 153 women heads of households of Shabestar city relief committee, of which 30 people were selected based on the cut line score of the meaning of life questionnaire by available sampling method and in two experimental groups (based on admission treatment), and commitment and reality therapy group (a control group) were randomly assigned. The data collection tool was the meaning of life questionnaire of Steger. In this study, data analysis was performed by mixed analysis of variance.

**Results:** The results showed that the two approaches based on acceptance and commitment therapy and reality therapy significantly increase the meaning of women's lives ( $P \leq 0.01$ ). Also, comparing the effectiveness of the two groups showed that there is no significant difference between the effectiveness of treatment based on acceptance and commitment and reality therapy on the meaning of life of women heads of households ( $P = 0.29$ ).

**Conclusion:** According to the obtained results, therapeutic approaches based on acceptance, commitment and reality therapy can be used to improve the meaning of clients.

**Keywords:** Acceptance and Commitment Therapy, Head of household, Meaning of Life, Women, Reality Therapy

---

<sup>1</sup>- PhD Student Counseling, Islamic Azad University, Abhar Branch, Abhar, Iran. [Yagoub\\_nikookar@yahoo.com](mailto:Yagoub_nikookar@yahoo.com), ORCID:0000-0003-3763-7489

<sup>2</sup>- (Responsible author), Department of Psychology, Abhar Branch, Islamic Azad University, Abhar, Iran, [persianarvj@yahoo.com](mailto:persianarvj@yahoo.com) ORCID:0000-0001-9968-8578

<sup>3</sup> - Department of Psychology, Abhar Branch, Islamic Azad University, Abhar, Iran, [Fathi4468@yahoo.com](mailto:Fathi4468@yahoo.com) ORCID:0000-0002-1884-2092

<sup>4</sup>- Department of Psychology, Abhar Branch, Islamic Azad University, Abhar, Iran, [Jaffar\\_pouamanesh@yahoo.com](mailto:Jaffar_pouamanesh@yahoo.com) ORCID:0000-0002-7616-3442

**Received: 31/October/2021****Accepted: 8/February/ 2022**

**Citation:** Nikookar Y., Jafari A., Fathi G., Poyamanesh J.. Comparison of the effectiveness of two approaches based on acceptance and commitment therapy and reality therapy on the meaning of life of female\_ headed households under the auspices of the Relief Committee, Family and health, 2022; 12(2):

## **Introduction:**

The phenomenon of "female-headed households" is a social reality that is seen everywhere in the world today and among human beings and human society, and unfortunately in our society today, the number of these women is increasing. Women heads of households, when they lose their husbands, are forced to play multiple roles in life, most of which are in conflict with each other, a large proportion of these women are facing with powerlessness, inability and poverty, especially in managing families' economic issues; in such a way that these problems provide the necessary basis for reducing their self-esteem and mental health and suffering from psychological disorders (1). The pressures of poverty and economic problems, and the extreme need and helplessness in meeting basic needs and accepting the domination of others, provide the grounds for the development and spread of mental disorders in them (2). Researchers believe that the emotional and psychological problems of these women increase mental disorders such as anxiety disorder, post-accident stress and depression, and they have more stress to manage their lives compared to women with husbands. Work at home, employment, financial worries, childcare and lack of adequate support resources cause helplessness, stress, feelings of weakness and meaninglessness in women heads. One of the psychological problems of women heads under the auspices of the Relief Committee in the field of personal development is the lack of meaning in life. Meaning in life is one of the most important characteristics of a healthy personality. The meaning of life is as a valuable and protective factor (3). Having meaning in life is the desires and goals that become important and necessary preferences and become mandatory, required and definite goals, so that if they are not met, they lead to confusion and anxiety. Various studies show that the component of meaning in life is closely related to health and psychological well-being of people (4). In fact, the meaning of life leads to a reduction in negative emotions such as anxiety and depression and ultimately reduces the risk of mental disease. According to the researches, the meaning of life in women has a positive and significant relationship with their happiness, hope and satisfaction with life and a negative and significant relationship with their depression (5). Also, Jalom and dikazman (6) have stated that many researchers in their research have concluded that the existence of meaning in life is an important and influential factor in mental and emotional health of individuals and is compatible in an organized manner with different dimensions of personality, adaptation, compatibility with pressures and stresses, physical and mental health, religion and religious activities. Lorca et al. (7) also concluded that meaning in life is negatively related to borderline

personality disorder in women and have mentioned meaning in life as an important psychological variable in the pathology of disorders. In this regard, and in order to solve the psychological problems related to women heads of households, we can refer to the therapies derived from the third wave or pragmatic therapies such as acceptance and commitment therapy. In this treatment, it is believed that psychological inflexibility causes psychological damage and the person merges with his own thoughts and tries to control his inner experiences, which in most cases these efforts are ineffective (8). In acceptance and commitment therapy, the main goal is to increase psychological flexibility and the ability to practically choose the desired option among different options with six basic steps, which are: failure, contact with the present moment, self-observation, acceptance, committed action and values (9). This treatment is not just about avoiding unpleasant beliefs, thoughts, memories or desires, but also tries to increase the person's psychological acceptance of mental experiences (thoughts, feelings, etc.) in the first stage and to understand that any practice of avoiding or controlling these undesirable mental experiences is ineffective or even exacerbates them. Also, existing techniques in acceptance and commitment therapy enable people to manage critical situations in more effective ways (10). Javanbakht and Manshei concluded in a study that acceptance and commitment therapy significantly increased the meaning of life in the experimental group.

Another effective way to improve the psychological state of individuals is group reality therapy. Reality therapy is developed by Glasser and is based on recognizing needs, responsibility, and lack of control (11) and is a relatively straightforward approach that refers to the client's ability to address his or her needs using a logical or realistic process. According to this approach, man is responsible not only for his behaviors, but also for his thoughts and feelings. A person is not a victim of his past and present, unless he wants to. This treatment method is used for normal and abnormal behaviors as well as for providing appropriate behavioral methods (12). Searching and finding meaning in life helps people to identify their main concerns in life and to be able to adopt flexible and adaptive strategies to achieve their goals in life. Thus, the duties, destiny, and responsibilities of each individual are dependent on himself. Semantic therapy draws for him the limits of many powers and freedoms (13). For this reason, the existence of meaning is considered a positive and desirable psychological quality in life. In general, having meaning in human life to people and phenomena around them is the result of their feeling and knowledge of that phenomenon or person, as a result of which their behavior is founded. Part of this importance is based on the assumption that the meaning of life determines behaviors, and this assumption implicitly implies that by giving meaning to people's lives, their behaviors can be changed (14). Research has also shown that changing the meaning in people's lives can lead to a better life and better adaptation for them (4, 5). Among the third wave of psychological therapies, acceptance and commitment-based therapy has a good ability to change people's attitudes and perceptions in the face of stressful life events (15); For example, the findings of Salehi and Najafi Solari (16) showed that this treatment led to increased post-divorce adjustment, hope and reduced depression and loneliness of divorced women in the experimental group compared to the control group. Qomyan

and Siri (17) concluded in their research that act therapy has led to an increase in meaning in the lives of adolescents. At the same time, the results of various studies show that group reality therapy is also effective in improving quality of life, meaning in life, increasing life satisfaction and happiness (18). Studies have shown that this treatment has a significant effect on meaning in life and leads to improved meaning in life in women (19). If man's need for meaning in life and positive thinking is not met, man will suffer from futility, despair and existential emptiness (20). In reality therapy, it is important to increase responsibility, make appropriate judgments about one's abilities, and accept reality and emphasize the present life. In this situation, the person considers his life empty and useless and suffers from feelings of hopelessness and depression, and the person is likely to suffer from many psychological problems and emotional disorders, and may even commit suicide (21). Therefore, it is very important to study the factors influencing the formation of meaning in life and the way of thinking of human beings, and since the root of most mental disorders is the lack of meaning in life (3, 5); Therefore, the use of various and effective treatment methods is necessary. Various studies have compared the two approaches. For example, Haji Karam in their research concluded that the effectiveness of group therapy based on reality therapy is different from group therapy based on acceptance and commitment (31). Zamani Foroushani and Doghaneifard also studied the effectiveness of acceptance, commitment and reality therapy based on women's mental health and psychological well-being and the result showed that both treatments increased women's mental health and psychological well-being. But there was no difference between the effectiveness of the two methods (32).

The reason for comparing these two therapies is that in the theory of acceptance and commitment therapy emphasizes in mental health that instead of focusing on eliminating harmful factors, it helps the person to accept his controlled feelings and perceptions in the environment and frees themselves from the control of the verbal rules that lead to their problems and gives them the ability to stop arguing with them (21); However, by changing the source of external control and turning it into a source of internal control, reality therapy teaches that their future happiness and success is not in the past events of life, but in their own hands, and they can shape their future as they like to figure out (22). On the other hand, it should be said that both in reality therapy and in the treatment of commitment and acceptance, more emphasis is placed on changing the individual's consciousness. Considering that the research in the field of comparing the effect of reality therapy and treatment based on acceptance and commitment on the meaning of life among female heads under the auspices of the Relief Committee has not been done and also the possibility of increasing behavioral disorders and related problems for this Women and the increase in dissatisfaction with life and the prevalence of new behavioral disorders and conflicts, as well as claiming approaches based on acceptance, commitment and reality therapy to increase the probability of meaning in life, happiness, having positive beliefs about themselves and others and increasing Internal control (21 and 22), the present study seeks to investigate the effect of these two treatments on the variables studied in women covered by the relief committee in Shabestar city (one of the cities of East Azerbaijan) and compare the two methods. As a result, the present study seeks to answer the question of whether there is a difference between the effectiveness of the two approaches based

on acceptance and commitment therapy (ACT) and reality therapy on the meaning of life of women heads of households under the auspices of the Relief Committee?

### **Research Method:**

The present research method is quasi-experimental with pre-test, post-test, and follow-up with the control group. The statistical population of the study included women heads of households of Shabestar city relief committee in 1399. In the present study, purposive sampling method was used and 30 female-headed households supported by the Relief Committee were selected as the sample. Criteria for inclusion of participants in the study were: conscious willingness and consent to participate in the study, under the auspices of the Relief Committee in the last five years, having diagnostic criteria for the meaning of life, not receiving any psychological or medical treatment (at least one month before Research), no other mental disorders, no substance abuse and age (having a minimum of 25 and a maximum of 45 years). The number of people in the age range was 153. Then 30 people were selected from 153 people who had low scores in the meaning of life test and were randomly divided into three groups (two experimental groups and one control group). The criterion for leaving the research is that there is a problem in the subjects that the process does not continue. Ethical considerations of research include the right to withdraw from research, informed and voluntary consent, confidentiality, disclosure of information and privacy.

**The Meaning in Life Questionnaire:** This questionnaire was presented by Estger et al. (25) in 2006 to assess the existence of meaning and try to find it. To construct this expression, they first prepared 44 components and then using exploratory factor analysis. The existence of meaning in life and the search for meaning in life were formed as two main factors with 17 components. Then, using confirmatory factor analysis, by removing seven items, the appropriate two-factor structure with 10 items was obtained. This scale is designed in the range of 7 degrees Likert. A score greater than 24 in the presence dimension and more than 24 in the search dimension indicates a person who feels his or her life has meaning, and vice versa. According to the research of Estger et al. (2006), the validity of the subscale of meaning existence has been estimated using the Cronbach's alpha coefficient of 0.86 and the subscale of meaning search 0.87. According to Steger et al. (2006), the reliability of subscales of meaning existence is 0.70 and 0.73, respectively. In order to determine the validity, confirmatory factor analysis method was used and the results showed that all items had a factor load higher than 0.46. Jamali (26) also obtained its reliability coefficient using Cronbach's alpha, 0.91. Also, the reliability of the above questionnaire in the research of

After selecting the groups, the subjects of the three groups were asked to participate in a briefing session. In this meeting, the objectives of the research were stated first and then, in order to observe the ethical principles, the participants were assured that their information will remain completely confidential and they have full authority not to participate in the research or at any stage they wish to continue or withdraw from the research. They were also given written consent to report the results of the research without mentioning their names in return for providing psychological services. It should be noted that the participants were completely free to sign this consent. Also,

by informing the control group about the importance of receiving treatment at the end of the research project, they were asked to go to the counseling center of the relief committee for help. Then, pre-test was taken from all three groups. All completed the meaning of life questionnaire. Then one of the experimental groups underwent reality therapy and the second experimental group underwent acceptance and commitment therapy, the control group did not receive any treatment. Commitment and acceptance therapy used in this study was based on the acceptance and commitment therapy model adopted from the book Acceptance and Commitment Therapy and Relationship Theory Theory of Dal et al. (28) in 8 two-hour sessions.

Table 1. Content of treatment sessions based on acceptance and commitment

Content of commitment and acceptance therapy sessions
Session 1: Establishing a medical relationship and getting to know people and concluding a medical contract
Session 2: Identifying and reviewing treatment methods and discussing them
Session 3: Helping People Identify Ineffective Control Strategies and Realize their uselessness Accepting Painful Events Without engaging them
Session 4: Explaining the avoidance of painful experiences and being aware of its consequences and teaching the steps to accept the change of language concepts with the metaphor of the allegory of teaching relaxation and receiving feedback and giving homework
Session 5: Introducing the three-dimensional behavior model in order to express the common relationship between the behavior of functional psychological emotions and observable behavior and discussing the attempt to change behavior based on it, receiving feedback and presenting homework
Session 6: Explain the concepts of the role and context of observing oneself as a path and establishing contact with the metaphor of allegory and awareness of receiving different senses
Session 7: Explain the concept of values and motivate and to change and empower clients for a better life and practice focus and receive feedback and provide homework



**Table 2. Content of reality therapy sessions**

Content of reality therapy sessions
Session 1: Establish a relationship of trust, friendship, fairness and determination
Session 2: Examining the desired world or the qualitative world of the individual
Session 3: Identifying the world of perception, examining the requests , examining the needs, introducing the five main needs, and recognizing the profile of the needs
Session 4: Examining the behaviors and replacing the behaviors.
Session 5: Clever planning and planning to get the client what he wants
Session 6: Summarizing, following up and solving the problems of the previous sessions (29).

It should be noted that at the end of each session, in addition to reviewing the session and the exercises of the previous session, homework was also given. Mixed analysis of variance and Tukey post hoc test were used to analyze the research data.

## Results:

Descriptive statistics of the study sample showed (36.66%) women in the experimental group were 26 to 32 years old (53.44%) women in the control group were older than 32 years. The minimum age was 24 and the maximum age was 46 years. The level of education has varied from undergraduate to bachelor, so that the frequency is related to the level of postgraduate education with 9 people (30%); Diploma with 11 students (36.7%); Association degree with 6 students (20%) and a bachelor's degree with 4 students (13%).

Table 3. Descriptive statistics indices show the variables studied in the experimental and control groups.

variable	Group	The reality therapy		commitment acceptance		and Control	
		M	SD	M	SD	M	SD
<b>The meaning in life</b>	Pre_test	20.24	08.3	30.26	80.3	50.25	00.4
	Post_test	80.33	99.3	10.37	06.4	80.26	98.4
	Follow up	70.36	57.4	40.39	06.4	20.27	96.4

According to the information in Table 1, the average scores of pre-tests, post-test and follow-up of the first experimental group (reality therapy) in the meaning of life variable are equal to 20.24,

80.33 and 70.36, respectively, and the average of the second experimental group (commitment and acceptance). In this variable, it is equal to 26.30, 10.37 and 40.39, respectively. Also, the average scores of the control group participants in the meaning of life variable are equal to 50.25, 80.26 and 20.27, respectively.

Table 4 shows

Table 4. Kolmogorov-Smirnov test results to measure the normal distribution of participants' scores

Variables	The stage of the	statistical test	the obtained value
Meaning of life	Post_test	Kolmogorov-Smirnov	14.0
		Significance level	09.0
	Follow -up	Kolmogorov-Smirnov	15.0
		Significance level	06.0

A) Normality of the distribution of scores: Table 2 shows the results of the Kolmogorov-Smirnov test to check the normality of the distribution of scores after the post test of variables. According to the results of the table, the significance level of the calculated statistic for the studied variable is greater than 05.0, i.e., the observed data curve is not much different from the normal curve; Therefore, the assumption that the distribution of scores is normal is accepted.

B) Assumption of variance homogeneity: Checking the variance homogeneity is another premise of the analysis of variance test, for this purpose the Leven test has been used. Given the value of F and the level of significance obtained, it must be said that the assumption of homogeneity of variances for the variables is established; In other words, because the level of significance obtained for the variables is greater than .5.0, so we can say that the hypothesis of homogeneity of variances is confirmed.

C) The assumption of matrix-covariance homogeneity: The homogeneity of variance-covariance matrix is one of the main assumptions of analysis of variance. Box test was used for this purpose. The results show that the level of significance obtained in this test for the meaning of life ( $p > 05.0$ ) indicates that the condition of variance-covariance matrix is well observed.

D) Sphericity hypothesis: This hypothesis is tested using the Mochelli sphericity test. The results of this test in the present study confirmed the homogeneity of covariances (Mauchly's  $W = 88.0$ ,  $P = 18.0$ ). Considering the significance of the size of the Mochelli test for the meaning of life variable ( $P = 001.0$ ). Therefore, Greenhouse statistical correction in interpreting the findings was used.



E) Significance of the main effect of time and interaction: To determine the significance of the effect of time of measurement and also the interaction of the effect of time and group, the "Wilkes lambda" test was used. Considering that the significance level of the tested works is less than 05.0, we can conclude that the effect of measuring time of variables is statistically significant and the scores of meaning of life of the subjects have changed significantly between three different time periods. In order to evaluate the effect of the independent variable between the subjects (ACT therapeutic approach and reality therapy), the intergroup effect test was used, which is presented below for each of the research hypotheses.

Table 5. Test results in analysis of variance of life meaning variables

Variables	lambda Wilkes	F	Error Df	effect Df	Significance level
Meaning of life	94.0	89.145	17	2	001.0

According to Table 1, the average scores of pre-tests, post-test and follow-up of the first experimental group (reality therapy) in the meaning of life variable are equal to 20.24, 80.33 and 70.36, respectively, and the average of the second experimental group (commitment and acceptance) in this variable is equal to 30.26, 10.37 and 40.39, respectively. Also, the average scores of the control group participants in the meaning of life variable are equal to 50.25, 80.26 and 20.27, respectively.

Table 6. Comparison of mean scores in pre-test, post-test and follow-up with Tukey test in intervention groups

Comparison groups	of Variables	The difference between the mean	error the deviation	of significance level	
ACT treatment	Reality therapy	the meaning of life	70.2	77.1	29.0
	Control	the meaning of life	76.7	77.1	001.0
Control	Reality therapy	the meaning of life	-06.0	77.1	02.0

Tukey post hoc test was used to compare the effectiveness of the two treatments on the meaning of life and female-headed households. The mean scores of pretest, post-test and follow-up of the first experimental group (reality therapy) are equal to 20.24., 80.33 and 36.70, respectively, and

the average scores of the second experimental group (commitment and acceptance) in this variable are equal to 30, respectively. / 26, 10/37 and 40/39. Also, the average scores of the control group participants in the meaning of life variable are equal to 25.50, 26.80 and 27.20, respectively. Comparison of means indicates that there is no significant difference between the effectiveness of commitment and acceptance therapy and reality therapy on the meaning of life of female-headed households ( $P = 0.29$ ). In other words, the data in the table above show that commitment and acceptance therapy and reality therapy affect the meaning of life.

### **Discussion and conclusion:**

The purpose of this study was to compare the effectiveness of two approaches based on commitment and acceptance therapy and reality therapy on the meaning of life of women heads under the auspices of the Relief Committee. The results showed that there is no significant difference between the effectiveness of treatment based on acceptance and commitment and reality therapy on the meaning of life of women heads of households. This result is partly in line with the results of Haji Karam et al. (31) and Zamaniforoshan and doghaneifard (32) in terms of the difference between these two treatments in improving psychological problems. Explaining the present result, it can be said that the treatment based on acceptance and commitment in women heads of households under the auspices of the Relief Committee changes the context in which their thoughts occur and reduces the impact and importance of the problems. Because the belief of this type of treatment is that emotions such as sadness, anxiety, sadness, etc. are an integral part of people's lives that are difficult to control and the only way to accept such feelings. The function of control in this treatment is to help people experience the contradictory effects of their efforts to control thoughts and emotions. However, in most cases, trying to control thoughts and feelings not only has no effect but also increases the importance of thinking and feeling, which makes the thought and feeling bigger instead of less important. In this regard, if people can communicate with their thoughts and feelings, they are more likely to let go of control and try other different methods. Javanbakht and Manshei (32) also concluded in their research that treatment based on acceptance and commitment has significantly increased the meaning of life in the members of the experimental group. Women's Psychological Problems at the Relief Committee Institute Explains the growing need for recovery in order to play a critical role in the effective upbringing of children and the dysfunctional and negative thoughts rooted in life crises through the use of psychological therapy. In this regard, and in order to solve the psychological problems of such women, we can refer to the third wave or pragmatic approaches such as act therapy. The main goal of this treatment is to create psychological flexibility and the ability to choose the right option from among the various options with six basic steps "self as context, failure, acceptance, values, connection with the present and committed action." (33) Thus, the solutions provided to clients during treatment sessions help the women covered to identify dysfunctional patterns that lead to feelings of inadequacy and replace them with effective patterns. It can also be said that the simultaneous use of verbal methods and cognitive processes and its interaction with non-verbal elements used in this treatment, leads to the desired function. This method includes language metaphors, exposure-

oriented exercises, and methods such as mental care (34). Acceptance and commitment therapy change the relationship between traumatic thoughts and feelings so that people do not perceive them as pathological symptoms and even learn to perceive them as harmless (35). The effort in this treatment method is to increase the acceptance of life facts and as a result to use problem-solving coping strategies in the face of life events, which is through methods such as physical symptoms and annoying and negative desires and the tendency to accept thoughts, beliefs and memories. They come to the conclusion that these harmful symptoms do not prevent a meaningful and rich life, but are part of a meaningful and rich life (36). In fact, active and effective confrontation with thoughts and beliefs, changing attitudes toward self and avoidance, rethinking life values and goals, and finally committing to a more social goal can be considered as effective factors in this treatment method. It can also be considered the reason for the effectiveness of act therapy in creating agreement and teaching methods of adaptation to intolerable aspects of life instead of trying to manage them and conflicting factors. On the other hand, it emphasizes discovering values and how to create a meaningful life for oneself and family members through the creation of personal values, and thus women consider all of their life experiences to find ways to live more efficiently (37). One of the benefits of act therapy is to train clients to fully experience their emotions and bodily feelings without avoiding and taking a life-based path of values to change behavior. The main goal of act therapy is to create and develop acceptance and increase value-based performance in individuals (38); Therefore, it can be said that treatment based on acceptance and commitment with the encouragement of women does not impose any particular value or method on patients through practice and repetition, and individuals change based on their value system, which is a kind of meaning in life. In the reality therapy model, clients are taught to know their needs and to prepare and implement required programs to achieve the needs and achieve the goals. This therapeutic approach helps the individual to change his or her perspective from external control to internal control (39), which increases hope and, consequently, the meaning of life. On the other hand, the reality therapy approach leads to acceptance of life realities, acceptance of responsibilities, and control of internal behaviors (40). The need for effective use of reality therapy among women is the preparation and implementation of responsible programs by women, which in itself will cause the shortcomings of this method compared to the treatment method based on acceptance and commitment; Because developing a program to identify needs and achieve goals is a complex task for most women heads of households and requires psychological comfort.

### **Research Limitations:**

The present study was not without limitations and its most important limitation was the limitation of the research community to the community of female-headed households under the auspices of the Shabestar County Relief Committee, which as a result of the generalizability of the data should be done with caution. The use of a standard questionnaire and two treatment protocols and the impossibility of examining other psychological variables in this field, not paying attention to other

modifiers and interfering variables during the study and the limited sample method of study by available sampling method were other limitations of the study.

### **Recommendations:**

For future studies, it is suggested that larger samples or from other cities other than Shabestar be selected in order to achieve wider results for greater generalizability of the findings. To examine the long-term effects of the results obtained in this study, the research should be conducted with a longer duration and the amount of meaning in life over the next few years should be examined.

### **Application of the research:**

Considering the effectiveness of commitment and acceptance therapy and reality therapy on increasing the meaning of life, counselors should use two methods of reality therapy and acceptance-commitment therapy in counseling centers and mental health service centers to treat meaning in life.

### **Ethical considerations:**

In order to observe ethics in the research, the participants were first informed that they are participating in a research project and participation in it is optional. The objectives of the research, observance of scientific honesty and trustworthiness, informed consent to participate in the research, anonymity of the subjects and keeping information confidential were also explained to them.

### **Conflict of interest:**

It is certified that the article submitted to the Family and Health Quarterly is taken from the student dissertation and is not under any protection from the organization, institution and third party and does not have any financial support.

### **Acknowledgment:**

In the end, thank the women heads of households of Shabestar Relief Committee who participated in this study as well as the efforts of the honorable chairman of Shabestar County Relief Committee and all their colleagues who helped us to do this research as well as possible. will be appreciated.

### **References:**

1. Afshani S., Fatehi E.. An Investigation of Socio-cultural Factors influencing Women Householder Abilities in the City of Tabriz. Quarterly Journal of Women and Society, 2017; 7(27): 19-38.
2. Cheeseman S., Ferguson C., Cohen L.. The experience of single mothers: Community and other external influences relating to resilience. Aust. Community Psychol. 2011 Aug; 23:32-49.

3. Lew B., Chistopolskaya K., Osman A., Huen JM., Talib MA., Leung AN.. Meaning in life as a protective factor against suicidal tendencies in Chinese University students. BMC psychiatry. 2020 Dec; 20(1):1-9.
4. Melton AM., Schulenberg SE.. On the measurement of meaning. Logotherapy's empirical contributions to humanistic psychology. The Humanistic Psychologist, 2008 Feb 20; 36(1):31-44.
5. Feldman DB., Snyder CR.. Hope and the meaningful life. Theoretical and empirical associations between goal-directed thinking and life meaning. J social and clinical psychology. 2005 May 1; 24(3):401-21.
6. The Relationship between Life's Meaningfulness, Hope, Happiness, Life Satisfaction and Depression. Women in Development & Politics, 2008; 6(2): 157-176.
7. Julom AM., de Guzmán R.. The effectiveness of logotherapy program in alleviating the sense of meaninglessness of paralyzed in-patients. International J Psychology and Psychological Therapy, 2013;13(3):357-71.
8. Lorca F., Pérez S., Giner F., Marco JH.. What dimension of meaning in life is the stronger predictor of borderline personality disorder symptom? J Constructivist Psychology, 2019 Dec 5: 1-3.
9. Araqi Y., Bazazian S., Amiri Majd M., Qamari M.. The Effectiveness of an Acceptance and Commitment Based Approach on Reducing Emotional Dysfunction and Disappointment of Divorced Couples. J Analytical-Cognitive Psychology, 2020; 83-97.
10. Aalami M., Teymouri A., Ahi G.. Comparison of the effectiveness of acceptance and commitment therapy and the combined approach of commitment and acceptance therapy schema on reducing the desire for divorce of couples seeking divorce. Family Paradise Quarterly. 2020; 10 (4): 11-25.
11. Omid Mehr A., Hekmat HR., Kurdistan D., Gholami MT.. The effectiveness of mindfulness therapy, meaning therapy and behavioral activator therapy on their negative thoughts and attention of depressed female students; 2020; (3): 19-35.
12. Roditi D., Robinson ME.. The role of psychological interventions in the management of patients with chronic pain. Psychology research and behavior management; 2011; 4:41.
13. Davae markazi M., Karimi J., Goodarzi K.. Evaluation of the effectiveness of couple therapy interventions based on reality and emotion therapy on happiness and resilience of couples. J Consulting Research, 2021; 20 (77): 89-121.
14. Prezman S., Murphy RM.. Effects of teaching control theory and reality therapy as an approach to reducing disruptive behaviors in middle school physical education. International J Reality Therapy. 2016; 57(1): 149-150.
15. Mohamadpor F, Aflak Garlic A. Mohammadi, N. Hadian, H.. Analysis of meaning components of life in the elderly, Journal of Positive Psychology. 2020; 7 (1): 1-18.
16. Hayes SC.. Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. Behavior therapy. 2004 Sep 1;35(4):639-65.

17. Torkhan M.. The effectiveness of acceptance and commitment therapy on regulating emotion and meaning in the lives of depressed women. *Psychological studies*, 2017;13 (3): 147-164.
18. Rahmanian M, Dehestani M, Alavi Barooq SF. The effectiveness of commitment-based therapy and acceptance on irrational beliefs and bias of attention to stimuli with negative emotional load, in adolescent girls, *J social cognition*, 2018; 7 (1 /13): 103-89.
19. Aslami R, Hashemian P, Surgery L, Modarres Gharavi M. The effectiveness of group reality therapy approach on happiness and quality of life of abused adolescents in Mashhad, *J Mashhad University of Medical Sciences*, 2013; 56 (5): 306-300.
20. Share H, Dealer Moghaddam F, Haghi A. The effectiveness of acceptance and commitment-based therapy on meaning of life, emotional distress tolerance and pain self-efficacy in patients with multiple sclerosis. *Clinical Psychology*. 2020; 11 (3): 39- 42.
21. Jvanbakht Z, Manshae G. The effectiveness of acceptance and commitment-based therapy on the meaning of life and loneliness of adolescents in quasi-family centers. *Social Work Quarterly*. 2017; 5 (4): 39-32.
22. Fallah Berejestanaki V, saberi H, Shomali Oskooei A. A Comparative Study of the Effect of Group Reality Therapy Training and Group Cognitive-Behavioral Training on Empathy and Self-Control and Marital Satisfaction of Women with Marital Conflict. *QJCR*. 2021; 20 (79) :167-194.
23. Julom AM, de Guzmán R. The effectiveness of logotherapy program in alleviating the sense of meaninglessness of paralyzed in-patients. *International Journal of Psychology and Psychological Therapy*. 2013;13(3):357-71.
24. Sadok BJ, Sadok V. *Summary of Psychiatry, Behavioral Sciences - Psychiatry*. translated by Rezaei, Farzin. Tehran: Arjmand Publications. 2015.
25. Zimmerman M. *Interview Guide for DSM-5 Evaluation*, translated by Jabbari Amiri, Maryam. First Edition, Tehran: Danjeh Publishing. 2015.
26. Steger MF, Frazier P, Oishi S, Kaler M. The meaning in life questionnaire: assessing the presence of and search for meaning in life. *Journal of counseling psychology*. 2006 Jan;53(1):80.
27. Jamali F. A study of the relationship between religious attitudes, sense of meaning in life and mental health in students of Tehran universities. Master Thesis in Psychology, Tehran, Faculty of Educational Sciences and Psychology, Al-Zahra University; 2017.
28. Peymanfar AA, Mohtashami I. Comparing the feeling of loneliness and sense of meaning in the lives of the elderly with different levels of religious attitudes. *Journal of Psychology and Religion*. 2013; 5 (4): 52-41.
29. Dal J, Stuart I, Martel CH, Kaplan J. *ACT and RFT in relationships*. Translator: Shokooh Navabi Nejad; nadere saadati; Mehdi Rostami. Tehran: Jangal; 2016.
30. Nejat R. Evaluation of the effectiveness of reality therapy in a group method on self-efficacy and resilience in female high school students in Mashhad. *Payame Noor University - Payame Noor University of Tehran - Faculty of Humanities*; 2014.



31. Haji Karam A, Gamari M, Amiri Majd M. Comparison of the effectiveness of acceptance and commitment-based therapy (ACT) and reality therapy on work-family conflict and psychological well-being of married women with a lasting effect. *Scientific Journal of Kurdistan University of Medical Sciences*. 2019; 24 (3 /101): 20-33.
32. Zamani Foroushani Z, Dokaneifard F. Comparing the Effectiveness of Acceptance, Commitment and Reality Therapy on Mental Health and Welfare-Psychology of Women Referred to Ashtiani Neighborhood House, 3rd National Conference on Science and Technology of Educational Sciences, Social Studies and Psychology, Tehran, Institute for Development-Based Conferences Sam Iranian Science and Technology; 2017.
33. Javanbakht Z, Manshae G. The effectiveness of acceptance and commitment-based therapy on the meaning of life and loneliness of adolescents in quasi-family centers. *Social Work Quarterly*. 2017; 5 (4): 39-32.
34. Hayes SC, Strosahl KD, Wilson KG. *Acceptance and commitment therapy: The process and practice of mindful change*. Guilford Press; 2011.
35. Forman EM, Herbert JD. New directions in cognitive behavior therapy: acceptance-based therapies, chapter to appear. In: O'Donohue WT, Fisher, JE, editors. *Cognitive behavior therapy: applying empirically supported techniques in your practice*. 2nd ed. Hoboken, NJ: John Wiley & Sons. 2009; 263-8.
36. Harris R. *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*. New Harbinger Publications; 2019 May 1.
37. Hayes SC, Strosahl KD. *A practical guide to acceptance and commitment therapy*. Springer Science+ Business Media; 2010.
38. Sianturi R, Keliat BA, Wardani IY. The effectiveness of acceptance and commitment therapy on anxiety in clients with stroke. *Enfermeria Clinica*. 2018; Feb 1(28): 94-7.
39. Levitt JT, Karekla M. Integrating acceptance and mindfulness with cognitive behavioral treatment for panic disorder. In *Acceptance and mindfulness-based approaches to anxiety 2005* (pp. 165-188). Springer, Boston, MA.
40. Shariatipour S, Barabadi H, Heydarnia A. The effectiveness of group reality therapy based on choice theory on the psychological capital of homeless adolescent girls. *Journal of Consulting Research*. 2020;18 (71): 36-59.