

# Acceptance and Commitment Therapy: A new Therapeutic Approach for Mixed Anxiety and Depression

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## **Abstract**

Acceptance and Commitment Therapy (ACT) is one of the third wave therapy which is gaining more and more popularity due to its primary focus on identifying the values which are integral to the human existence and trying to base the behaviour on it rather than trying to change the cognitions or overt behaviors. In this case study a client diagnosed with mixed anxiety and depression underwent ACT for symptom reduction.

**Rationale:** ACT at its core focuses on the value system an individual possesses which should be the driving force behind an individual's actions. When a person is suffering from MADD, it is an established fact that the client is experiencing severe conflicts with the past and future. As ACT incorporates mindfulness component as well, it helps the client to identify their value system and take actions in accordance with the value finally which results in the conflicts resolution. By doing this the individual is able to live a meaningful life and thus it can be considered as a potential treatment for the diagnosis in question.

**Aims-** To explore the efficacy of online ACT in symptom reduction. Tools employed: Beck Depression Inventory (Beck et al., 1996) and Beck Anxiety Inventory (Beck, Epstein, Brown, & Steer, 1988). Single case study design was employed.

**Results-** A significant reduction in the levels of anxiety and depressive symptoms post therapy were reported. Conclusion- Online ACT is effective in symptom reduction.

**Keywords-** Anxiety, Depression, ACT , case study

## **Introduction**

World Health Organization (WHO, 2017) reports 56 million Indians suffer from depression and 38 million suffer from anxiety. These number indicate the reported cases. There is a huge number which goes unnoticed due to factors like lack of education or resources, taboo and stigma attached to mental illness and low number of people working in the field of mental health. Mixed anxiety and depression is a common disorder found in the Indian population but goes underreported due to the above mentioned reasons. This disorder has been managed effectively by therapies like CBT. These therapies focused upon reducing the symptoms by employing techniques to correct dysfunctional thoughts. With the development of third wave psychotherapies like ACT, which was developed in 1980s by Steven Hayes is now gaining popularity in 2020s and have also shown significant results in managing different mental health conditions. The focus of this therapy is not on change the cognitive patterns of the client like the second wave therapies but to change the association a person has to their unwanted/ feared thoughts, feelings and emotions by using mindfulness techniques along with enhancing their psychological flexibility, identify self as a context and having value driven behaviors which are engaged in order to have long term effectiveness as they focus on not avoiding any of the experiences but making the individual willing to accept all of it.

## **Methods-**

**Rationale-** The clients who experience the symptoms of anxiety and depression constantly try to fight with their emotions and feelings so as to feel better but that rarely helps. ACT as a third wave psychotherapy focuses on accepting oneself and the thoughts and feelings along with no alteration whatsoever. The therapy has proved to

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be very effective in treating anxiety and depression as it focuses on increasing psychological flexibility, engaging in value directed behaviour and thus it has been selected for the treatment of Mixed anxiety and depression.

Aim-

1. To explore the effectiveness of online ACT in symptom reduction of mixed anxiety and depression.

Hypothesis-

H<sub>1</sub>- Online ACT will significantly reduce the symptoms of mixed anxiety and depression.

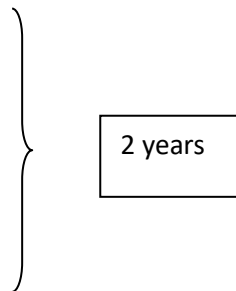
Tools employed-

1. Beck Depression Inventory (Aaron Beck, 1995)- a brief self- report inventory to assess symptom severity of depression. Criterion validity of the BDI-II is positively correlated with the Hamilton Depression Rating Scale ( $r = 0.71$ ) with a high 1 week test-retest reliability  $r = 0.93$  (suggesting robustness against daily variations in mood) and an internal consistency of  $\alpha = 0.91$ .
2. Beck Anxiety Inventory (Aaron Beck, 1988)- a brief self- report inventory to assess symptom severity of anxiety. Internal consistency is Cronbach's  $\alpha = 0.92$ . Test-retest reliability is 0.75 (Beck, Epstein, Brown, & Steer, 1988). It is moderately correlated with the revised Hamilton Anxiety Rating Scale (.51), and mildly correlated with the Hamilton Depression Rating Scale (.25).

**Case Introduction**

Ms. X, 27 year old, unmarried, post graduate and hailing from middle socio economic status. She came with following chief complaints:

1. Low mood
2. Restlessness
3. Decrease in pleasurable activities
4. Disturbed sleep
5. Heart palpitations
6. Troubled breathing
7. Fatigue



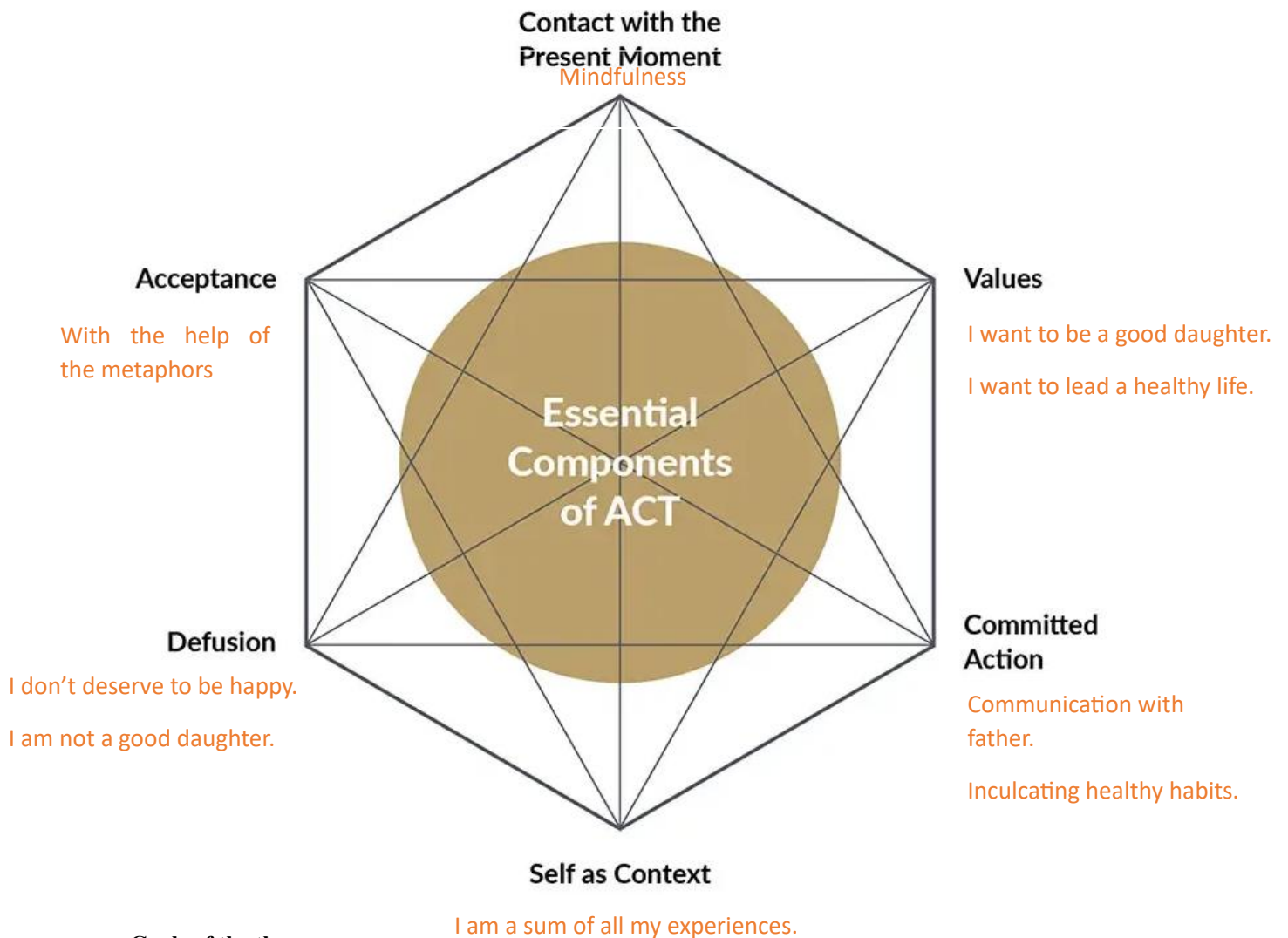
She was asymptomatic till 2021. The problem started after her breakup of 4 years of relationship. From the starting of her relationship her father never approved of the relationship because of this he also started decreasing his conversation with her in 2017. She still continued with her relationship and everything was fine for her. Her relationship with her father was strained and with mother also it started getting affected to some extent.

After the breakup took place, she started experiencing low mood, started staying aloof, didn't talk much, restlessness, disturbed sleep and used to keep crying for hours together as she felt all alone even while staying with her family. All of this started affecting her a lot because of which she started distancing herself even from people who cared for her. Her thoughts consisted of 'my life is over', 'I don't have anything to look forward to' and 'I can't even talk to my father also'.

After 2 months her Masters final exams were about to start. suddenly 2 days before the first examination she went through episodes of feeling restless, heart palpitations, breathlessness and excessive sweating. During the episode she would just sit and her friends used to help her out by taking care of her in whichever way possible. When she would go back home she would call up her friends as her brain was getting numb. She wasn't able to perform well in the exams and due to that her parents scolded her a lot. There would be a lot of fights at home where her parents would indirectly tell her things how she hasn't taken right decisions for her life. After her exams were over she took up a job in a different city for which she had got selected before the breakup. Once she moved her father still didn't speak much to her except for formal conversations. Her mother told her that her father had confided in people around him that he missed her a lot. The client knows that her father will never express his feelings to her as he is not very expressive with her. She came for therapy because her symptoms (troubled breathing, low mood, loss of pleasurable activities, disturbed sleep and low concentration) are still worsening and affecting her job as well. She is unable to complete her tasks in job and experiencing difficulty with day-to-day tasks as well. She also and wants her relationship with her father to get better.

**Therapeutic Formulation**

From ACT perspective the client was fused with thoughts “Probably I don’t deserve to be happy” due to the strained relationship with father, failed relationship with the partner. At various instances she starts thinking about whatever has gone wrong in her life and that in turn makes her feel more miserable. She believes that her life is going to be like this only where she doesn’t deserve to be happy. This cognitive fusion was accompanied with feelings of worthlessness, hopelessness and low mood. She wants to improve her relationship with father but the thought of rejection makes her not to approach but avoid. This leads to the formation of thoughts like ‘I am not a good daughter’, ‘I am not living a good life’ and ‘I don’t want to feel this way’ which are not sync with her value system. She is experiencing low mood, decreased interest in pleasurable activities, staying alone. In order to avoid these symptoms, she indulges in wishful thinking. But this isn’t helping her. Her conceptualized self dictates that she should be a good daughter and that can be achieved by thinking of all the scenarios possible where she is one but there is no committed action in that direction as she is using it as a way to overcome the sadness. The treatment plan will focus on clarifying and identifying values, inculcate willingness, identifying self and commitment to action in order to feel better and not trying to avoid her feelings, thoughts and emotions in any way possible.



**Goals of the therapy-**

1. To psychoeducate the client.
2. Identification of the values of the client.
3. Inculcating willingness to accept emotions the client experiences.
4. To modify the controlling behaviour of the client.
5. Enhance the awareness of self in the client.

6. Help the client to explore and select committed actions which help them to actualize the values.

**Strategies used-**

1. Psychoeducation- The client will be explained about the disorder, its symptoms, prognosis and its treatment. The doubts if any, will be addressed and clarified.
2. Identification of values- the client will be required to recognize which values are important to her and how it would make her feel better only if her behaviors/actions are directed by the values.
3. Inculcate willingness- This will be done in order to make the client more accepting about themselves, their thoughts and emotions and in turn this would help them to realize that their thoughts are not them but just a small part of what they have learnt from experiences over the years.
4. Letting go of control- The client will explore how she has tried to control how she felt for such a long time and it hasn't helped her much but if she allows herself to not control the way how she feels she would be in a better place to accept what is happening and not feel overwhelmed by it.
5. Understanding self- With few exercises and metaphors the client will be able to distinguish between different senses of self. The focus will be to observe and accept all things around her.
6. Committed action:- the client was allowed to explore and select actions which would help them to actualize the values selected by them.

**Session structure**

Session 1-3

Rapport was formed and a detailed psychological interview was conducted. The pre-assessments were administered. Psychoeducation was provided. Course of treatment was discussed where the client Was informed that a 45 min -1 hour session will be held per week.

ACT was introduced. Mindfulness was explained and a small practice was conducted. She was also informed that each session will start with a mindfulness exercise.

Session 4

The session opened with a mindfulness exercise. The concept of values was discussed and how they affect the behaviour of client. She identified her value of being a good daughter as most important to her. Her relationship with her father was strained because of which she always felt that she couldn't practice her value which in-turn gave rise to her symptoms. She had previously tried to write about her feelings and indulge in some activity whenever she felt overwhelmed by these feelings but nothing made her feel better. The reason behind it not helping her was that she needed to take actions in accordance to her values. It was discussed with her which action can make her feel that she is a good daughter which she identified as communicating with her father. The worksheet was provided to her where she could identify more values and barriers which were stopping her from achieving it.

Session 5

After Mindfulness exercise the client identified values- having a meaningful friendship and being physically healthy important. She discussed how she had tried to achieve it but wasn't able to. The goals and values were discussed for her understanding. The actions taken to achieve the values and goals were discussed. The client had tried to keep herself occupied and write about her feelings but that hadn't helped her. The time spent doing it was significantly high. It was explained to her through metaphors like 'tug of war' and 'man in the hole' that the more she tried to solve it (get rid of them) the more it will pull her deeper. The goal was to stop the struggle. Thus, creative hopelessness would come in action.

Session 6

The concept of control was explained and how it is a problem for her. The more she tried to control her feelings (sad, I don't want to feel this way), thoughts (I am not a good daughter) the more she gets bothered. The client was made to understand that everything can not be controlled, she has to let go of internal control then she can have a better life. Worksheet was introduced in order to observe the control strategies being used and were they helpful or not. In the end the client was asked to explore what will happen if she gives up control in certain aspects of her life, where it can become problematic if she does it in excess.

Session 7

Similar to concept of control the Concept of willingness was explored. The client was made to explore how it would feel to be open to experiences to allow the flow of thoughts and feelings in order to be able to experience fully. The 'lemon exercise' was done where the client was made to experience all the properties of a lemon and then repeat the word till the time it is just a mere word with no meaning attached to it. Similarly was done with the thought ' I am not a good daughter' till the time the client didn't recognize that it's something she feels is present but not there in reality. The action homework worksheet was provided where she selected- to have a casual conversation with her father, which is in line with her values and the barrier identified was her thoughts that the father will refuse to talk.

Session 8

The session commenced after a mindfulness practice. The goal of the session was to make the client observe self as a context where she could easily access her emotions and feelings and accept that she is a sum of all of them. The chessboard metaphor was explored with her where both negative and positive thoughts, feelings and emotions were discussed and how they cannot be removed and allow them to just accept their existence. She experienced that her feeling bad about not being a good daughter and feeling low about it will exist but that is a part of her life and not the life as a whole. The next exercise was 'physicalizing exercise' where she identified feeling sadness in her chest area and associated it with being a sad girl and allowing her to stay there with compassion and not trying to remove herself from there. After sometime she felt better in allowing her to stay there. This was done with other feelings and images as well till the time she didn't feel okay to let them stay there in order to practice willingness.

Session 9

The values were revisited with the client with the most integral one being a good daughter and being able to enjoy a healthy life. The tombstone exercise was done where she said probably on 1<sup>st</sup> tombstone it would read that she isn't a good daughter and spent most of her time sitting idle and overthinking about everything. The 2<sup>nd</sup> tombstone should read a loving daughter and describing her as somebody who is happy, cheerful and fun-loving person who is loved by all. She was asked to review if her actions/ behaviors were in sync with her values. Two-sided exercise was also conducted where she was asked if she had a coin with one side which is very beautiful and the other being very ugly is it possible for her that she can carry only one side with her. She said she knew that she cannot carry only one side but only if she could just not see the ugly side she would be more comfortable. It was then explored that valued living will not only get happiness but also sadness but it can be one of the consequences. The goal is to live according to the values which are important to her and not expect that only pleasant consequences will exist. With unpleasant consequences she would have to practice willingness.

Session 10

This session focused on how the client can choose her actions and be responsible for them and how they are linked to values. Passengers on the bus metaphor was explored. Acronym for ACT (Accept your reaction and be present, Choose a valued direction and Take action) and FEAR (Fusion with thoughts, Evaluation of experiences, Avoidance of experiences and Reason giving for behaviour) was discussed.

Session 11

Post assessments were conducted. Techniques were revised along with key components. Termination was introduced.

Session 12

Results were discussed. Queries were answered. Therapy was terminated.

**Results**

**Table: Pre and Post assessment scores of BDI and BAI**

Variables	Pre scores	Post scores	Interpretation
Depression	30	13	Significant reduction of symptom
Anxiety	36	14	Significant reduction of symptom

**Discussion**

The scores suggest that there is a significant reduction in symptoms of anxiety and depression. Thus, it can be concluded that online ACT is effective in treatment of mixed anxiety and depression. This is in line with previous studies (Areum and Tae, 2022 and Menna and colleagues, 2016) where it was concluded that when ACT is delivered online there is a reduction in anxiety and depression symptoms. ACT when delivered online it follows the same principles and structure, so the mode of delivery is not a potential factor which would affect the results. Therefore, eventually ACT lead in reduction of symptoms in MADD. When ACT is considered as a potential treatment it targets psychological flexibility of the client wherein the client is taught how to work on acceptance of uncomfortable thoughts, emotions and sensations. Generally, the MADD clients come up with complaints of fighting with their symptoms, emotions and thoughts. They try their best not to feel a particular way as it is uncomfortable. ACT focuses on helping the clients to identify their value system, work on enhancing their willingness to accept all of it and then take committed actions to actualise their values. This supports the client to be mindful and be in the present moment. Hence as depression and anxiety condition allows the individual to focus on past or future and both the situations are uncomfortable or against the values accepted by the client they suffer from MADD. So ACT breaks this chain and helps the client to be in present with judgement free acceptance. Once the client learns this new way of living and starts practicing it in conjunction with their value system the MADD symptoms reduce.

it is effective as it follows the principle where psychological flexibility (so that the person suffering from MADD is targeted by enhancing awareness and working on acceptance of present moment sensations even if they are causing discomfort to the client (Michelle, 2024).

**Limitations-**

1. Some clients might feel comfortable in a face-to-face session.
2. Homework given is a little complex.

**References**

[1] Beck, A. T., Epstein, N., Brown, G., Steer, R. A. (1988). An inventory for measuring clinical anxiety: Psychometric properties. *Journal of Consulting and Clinical Psychology*, 56, 893-897.

[2] Beck, A. T., Steer, R. A., & Brown, G. (1996). *Beck Depression Inventory-II (BDI-II)*

[3] Brem, M. J., Coop Gordon, K., & Stuart, G. L. (2020). Integrating Acceptance and Commitment Therapy With Functional Analytic Psychotherapy: A Case Study of an Adult Male With Mixed Depression and Anxiety. *Clinical Case Studies*, 19(1), 34–50. <https://doi.org/10.1177/1534650119883351>

[4] Dindo L, Van Liew JR, Arch JJ. Acceptance and Commitment Therapy: A Transdiagnostic Behavioral Intervention for Mental Health and Medical Conditions. *Neurotherapeutics*. 2017 Jul;14(3):546-553. doi: 10.1007/s13311-017-0521-3. PMID: 28271287; PMCID: PMC5509623.

[5] Norouzi M, Zargar F, Norouzi F. Effectiveness of Acceptance and Commitment Therapy on Interpersonal Problems and Difficulties in Emotion Regulation Among University Students. *Iran J Psychiatry Behav Sci*. 2017;11(3):e8005. <https://doi.org/10.5812/ijpbs.8005>.

[6] Saedy M, Kooshki S, Jamali Firouzabadi M, Emamipour S, Rezaei Ardani A. Effectiveness of Acceptance-Commitment Therapy on Anxiety and Depression among Patients on Methadone Treatment: A Pilot Study. *Iran J Psychiatry Behav Sci*. 2015 Mar;9(1):e222. doi: 10.17795/ijpbs222. Epub 2015 Mar 20. PMID: 26251660; PMCID: PMC4525449.