

Research Paper

The Effectiveness of Acceptance and Commitment Therapy on Death Anxiety and Mental Health in Women With HIV in Abadan City, Iran



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ABSTRACT

Objectives The purpose of this study was to investigate the effectiveness of acceptance and commitment therapy on death anxiety and mental health in women with HIV in Abadan City, Iran.

Methods This study has a quasi-experimental design with pre-test and post-test and control group. A sample of 30 patients referring to Abadan Behavioral Disease Counseling Center in 2015, were randomly assigned to either experimental (n=15) or control group (n=15). The experimental group received 8 sessions of acceptance and commitment treatment in two 90-minute sessions per week. The study data were collected using Templar death anxiety scale and Goldberg general health questionnaire in 3 time points; before the intervention, immediately after the intervention, and one and a half months later as the follow-up. The obtained data were analyzed by analysis of covariance in SPSS V. 16.

Results The results of covariance analysis showed that acceptance and commitment treatment reduced death anxiety ($P < 0.001$) and increased mental health ($P < 0.001$) in the experimental group compared with the control group at the post-test and follow-up period.

Conclusion Acceptance and commitment therapy can be effective in reducing death anxiety and improving the mental health of patients with HIV. Therefore, acceptance and commitment treatment as a complementary therapy along with therapeutic treatments in these patients is recommended to improve the psychological symptoms.

Extended Abstract

1. Introduction

Acquired Immune Deficiency Syndrome (AIDS) is caused by the infection with HIV (The Human Immunodeficiency Virus). This virus is one of the deadliest known viruses in the present era and a serious threat to the health and economics of societies in terms of its high cost of treatment [1]. AIDS is currently the fourth cause of

human mortality. According to 2014 United Nations statistics, around 500 people in Iran have been infected with AIDS every 3 months from the beginning of 2009 to the end of 2013 [2].

Death anxiety is a complex concept that cannot be easily explained and generally refers to the fear of own death and others. In other words, death anxiety involves the prediction of death and fear of the dying. This type of anxiety can be considered as one of the most important psychological diagnosis in AIDS patients. Mental health

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has defined a state of complete physical, psychological, and social wellbeing (not just a lack of disease, weakness, or disability) that enables a person to function consistently, despite adverse conditions and negative consequences, and keep his or her mental health. AIDS is a disease that affects not only the physical health but also the mental health of the patients due to social problems, misjudgments, and tags that result in many challenges in the patient's daily activities and interests [6].

Acceptance and Commitment Therapy (ACT) is the third wave of behavioral therapy that involves the development of cognitive behavioral therapy. The main purpose of this treatment is to create psychological flexibility, that is, the ability to make practical choices among the various options that are more appropriate, rather than to act solely to avoid disturbing thoughts, emotions, memories, or desires [7]. The advantages of this treatment are using some strategies, such as creative frustration, self-awareness, and behavioral commitment that increase pain tolerance, reduce negative thoughts and feelings, and improve quality of life so that the motivation for treatment increases [9].

Several studies examined the role of ACT on the improvement of generalized anxiety disorder. The results showed that the creation and development of "commitment" and "acceptance" among clients, especially those with generalized anxiety disorder, reduce avoidance, tension, and depression, and avoid life without problems in these people [10-12]. Considering the urgent need for effective treatment and improvement of the psychological symptoms of these patients, the importance and necessity of the present study is manifested that targets the death anxiety and mental health of these patients. The purpose of this study was to investigate the effectiveness of acceptance and commitment therapy on death anxiety and mental health in women with HIV in Abadan City, Iran.

2. Method

The present study has a quasi-experimental design with pre-test and post-test with a control group. A sample of 30 patients referring to Abadan Behavioral Disease Counseling Center in 2015, were randomly assigned to either experimental (n=15) or control group (n=15). The experimental group received 8 sessions of ACT in two 90-minute sessions per week. The study data were collected using Templar death anxiety scale (1970) and Goldberg general health questionnaire (1972) in 3 time points: before the intervention, immediately after the intervention, and one and a half months later as the follow-up.

The inclusion criteria were being female, being 20 to 40 years old, getting a high score in the death anxiety scale and general health questionnaire (high score in this questionnaire indicates low mental health level), giving informed consent to participate in the research, having knowledge about the research goals, not planning for travel. The exclusion criteria included the occurrence of severe physical illnesses, severe neurological disorders or the presence of psychotic symptoms during the study, previous participation in the same intervention and more than two sessions absence from the program. The obtained data were analyzed by Analysis of Covariance (ANCOVA) in SPSS V. 16.

3. Results

The results of ANCOVA showed a significant difference between the experimental group and the control group in terms of dependent variables at the level of $P < 0.001$. Accordingly, there is a significant difference between the two groups at least in one of the dependent variables (death anxiety and general health) (Table 1). To analyze this difference, ANOVA analysis was carried out in the context of MANOVA and the results showed that ACT reduced death

Table 1. ANCOVA tests results (between-subjects effects)

Variable	Source	Sum of Squares	df	Mean Square	F	Partial Eta	Observed Power	Sig.
Death anxiety	Group	2465.333	1	2465.333				
	Error	10998.667	28	392.810	62.762	0.69	1	<0.001
	Total	76722	30	2557.4				
Mental health	Group	4813.333	1	4813.333				
	Error	804.533	28	28.733	167.517	0.86	1	<0.001
	Total	14220	30	47.33				

anxiety ($P < 0.001$) and increased mental health ($P < 0.001$) in the experimental group compared with the control group at the post-test and follow-up period. In fact, this treatment is effective on general anxiety and general health of the subjects. The effect on the general health was 0.86 and 0.69 for death anxiety, i.e., 86% of the general health variance and 69% of the variance of death anxiety are due to ACT intervention.

4. Discussion

Acceptance and commitment therapy can be effective in reducing death anxiety and improving the mental health of the patients with HIV. Therefore, ACT as a complementary therapy along with therapeutic treatments in these patients is recommended to improve the psychological symptoms. Indeed, the considerable client satisfaction with this treatment is noticeable.

Ethical Considerations

Compliance with ethical guidelines

Shahid Chamran University of Ahwaz has confirmed this research (Ethics Code: 240). All ethical principles were considered in this article. The participants were informed about the purpose of the research and its implementation stages; they were also assured about the confidentiality of their information; Moreover, They were allowed to leave the study whenever they wish, and if desired, the results of the research would be available to them.

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Authors contributions

Conceptualization: All authors; Methodology: Zeynab Mirzaeidoostan; Validation: All authors; Analysis: All authors; Investigation: Zeynab Mirzaeidoostan; Sources: Zeynab Mirzaeidoostan; Preparation, writing-review & editing: Zeynab Mirzaeidoostan; Project administration: All authors.

Conflict of interest

The author declared no conflict of interest.