

Research Paper

The Effectiveness of Acceptance and Commitment Therapy on Resilience, Meaning in Life, and Family Function in Family Caregivers of Patients With Schizophrenia



Somayeh Moghbel Esfahani¹ , *Sayed Abbas Haghayegh¹

1. Department of Psychology, Faculty of Humanities, Najafabad Branch, Islamic Azad University, Najafabad ,Iran.



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ABSTRACT

Aims The caring of schizophrenia patients is a tiresome task for their families. This research aimed to examine the effectiveness of Acceptance and Commitment Therapy (ACT) on resilience, meaning in life, and family functioning in the caregivers of patients with schizophrenia.

Methods & Materials This was a quasi-experimental study with a pretest-posttest and follow-up design and a control group. The study sample included 30 members of schizophrenia patients' families, referring to 2 neurological and psychological rehabilitation centers in Isfahan Province, Iran. By the convenience sampling method, the experimental group received 8 ACT sessions weekly; however, the control group received no treatment. Both groups were assessed in three phases; pretest, posttest, and one-month follow-up. The assessment tools consisted of Connor-Davidson Resilience Scale, Stagger Meaning in Life Questionnaire, and McMaster Family Functioning Scale. The obtained data were analyzed in SPSS by repeated-measures Analysis of Variance (ANOVA).

Findings The collected results indicated the significant difference of posttest and follow-up phases in terms of meaning in life and family functioning scores between the control and experimental groups ($P < 0.05$). Furthermore, there was a significant difference in posttest resilience scores ($P < 0.05$); however, there was no significant difference in the follow-up phase in this respect.

Conclusion The collected results suggested that ACT was effective on the meaning of life, family functioning, and resiliency; thus, it could improve such variables in the caregivers of patients with schizophrenia.

Extended Abstract

1. Introduction

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chizophrenia is a clinical syndrome that includes variable but profoundly destructive psychopathology that encompasses cognition, emotion, perception and other aspects of behavior.

The occurrence of these manifestations varies by in-

dividuals and over time, but the impact of the disease is always severe and usually lasting. Schizophrenia usually begins before the age of 25, and none of the social classes are immune to it [1]. When the disease enters the family, like an uninvited guest, it disrupts the homeostasis of the family system in the domain of boundaries, roles, expectations, aspirations and hopes [2]. The first reported attention to the psychological problems of family caregivers of schizophrenic patients goes back to 1960 [3].

* Corresponding Author:

Sayed Abbas Haghayegh, PhD.

Address: Department of Psychology, Faculty of Humanities, Najafabad Branch, Islamic Azad University, Najafabad, Iran.

Tel: +98 (31) 42293030

E-mail: abbas_haghayegh@yahoo.com

Resilience is defined as one's confidence in his/her ability to overcome stress or one's ability to maintain bio-psychological balance in adverse conditions [10]. The concept of resilience has been derived from observations in which many children have demonstrated the ability to achieve a new positive status despite adverse experiences [11]. Resilience is important as a significant indicator to counter the negative consequences of chronic diseases such as cancer [12, 13].

Family functioning is a joint effort to establish and maintain balance in the family. One of the positive functions of a family is to support its members in stressful and unpleasant situations. The role of family is to adapt itself to life changes, resolve conflicts, unite family members to succeed in achieving discipline patterns, respect the boundaries between individuals, enforce the principles and laws governing the family institution in order to protect the entire family system [18].

Acceptance and commitment therapy approaches emphasize acceptance of negative thoughts and feelings, not change of thoughts and feelings; thus, by reducing one's focus on negative thoughts, this approach may be beneficial to families of schizophrenic patients and improve their mental health and psychological well-being. Acceptance and commitment therapy has six central processes that lead to psychological flexibility: acceptance, blame, self as context, connection with the present, values and committed action. Acceptance and commitment therapy has a significant increase in the tendency to engage in challenging activities while also experiencing difficult emotions.

2. Methods

Design of the present research was quasi-experimental with pre-test, post-test and follow-up (one month) with control group. The statistical population of the study was the family of all schizophrenic patients in Isfahan province in 2015. Subjects were selected through convenience sampling from among the clients' families in two daily neurological and psychiatric rehabilitation centers Baran and Raha in Isfahan province. Then, all of their primary caregivers were invited over the phone, and after giving explanations about the study method, they were asked for a written consent to participate in the study. 30 volunteers (out of 81 schizophrenic patients who had psychiatric records in these centers) were selected for the experimental and control groups.

3. Results

The demographic characteristics of the research sample and descriptive findings are presented in Table 2 and Table 3 respectively.

4. Discussion

In the present study, the efficacy of acceptance and commitment based treatment on resiliency, meaning in life and family functioning of family caregivers of schizophrenic patients was investigated. The results are evaluated below.

The results regarding the effectiveness of intervention on the level of resilience showed that there was a significant difference between the pre-test and post-test in the experimental group, but the difference between the post-test and the follow-up was not significant and compared to the follow-up, the post-test scores of the participants did not increase. The results of this study are somewhat consistent with those of Eilenberg et al [26].

5. Conclusion

The outcomes of this study show that this treatment can be a good option for improving the inter-family interactions of these patients and enduring the unintended psychological consequences of this disorder among their family members. However, it seems that more therapeutic sessions are needed to increase the resiliency of the caregivers of these patients.

One of the major limitations of this study is that convenience and non-double-blind sampling of this study may be hampered to some extent by the generalizability of the results and external validity of the study. Other limitations of this study include the lack of control over some variables such as the proportion of caregivers, the duration of illness, and the psychological status of caregivers themselves, which may have influenced the results.

Ethical Considerations

Compliance with ethical guidelines

This study has obtained its ethical approval from the Research Ethics Committee of Islamic Azad University of Najafabad branch (Code: IR.IAU.NAJAFABAD.REC.1397.032). Informed consent was obtained from the participants and they were assured of the confidentiality of their information. After the end of study, the control group also received four educational sessions on Schizophrenia and how to communicate with these patients within the family.

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Authors' contributions

Conceptualization, methodology, investigation, and data collection: Somayeh Moghbel Esfahani; Data analysis and writing: Sayed Abbas Haghayegh.

Conflicts of interest

The authors declared no conflict of interest.