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Effectiveness of the Acceptance and Commitment Therapy-Based Intervention Program for Mothers

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ABSTRACT

This study aims to examine the effectiveness of the acceptance and commitment-oriented intervention program for mothers who have children at primary school on psychological resilience and flexibility. The study sample consisted of 22 mothers, 11 of whom were in the experimental group (average age of 32.6) and 11 in the control group (average age of 33.2). The inclusion criteria for the mothers were that they were not working, had not received any psychiatric diagnosis regarding mental health, and were not using any psychiatric treatment medication. "The Brief Psychological Resilience Scale" and "Psychological Flexibility Scale" were used to evaluate the program's effectiveness in this study. The intervention program applied in the study was developed based on the acceptance and commitment therapy approach. In addition, the program was applied once a week and each session was 90 minutes. The results obtained from the study show that the intervention program effectively increased the participants' psychological resilience and psychological flexibility levels after the sessions ended. It is observed that these positive results were maintained in the two-month follow-up study.

The concept of parenting refers to the roles of mother and father, which have important duties and responsibilities such as teaching the social skills necessary for the child's survival while meeting the child's basic needs such as nutrition, care, love, and safety (Moyer & Sandoz, 2014; Renshaw, 2005). Mothers and fathers may sometimes have negative feelings and thoughts in the face of the duties and responsibilities that being a parent requires (Coyne & Wilson, 2004; Kaner et al., 2011). These adverse psychological reactions experienced by parents in the face of parenting roles and requirements are considered parenting stress (Bernardo, 2017). Many factors, such as duties and responsibilities, the quality of the child's relationship, the child's general psychological and social state, and the parent's mental state, impact parenting stress (Deater-Deckard, 1998). However, in daily life, parents must cope with various stress factors such as economic, social, and emotional issues, work life, and the stress the parenting role brings (Bornstein, 2005). It is important for parents to cope with these stressful risk factors and the effects of protective factors and to develop their ability to adapt to emotional and situational demands (Çalışkan, 2020). Resilience, which is an important concept in stress, refers to an individual's ability to successfully cope with stressful experiences (Greene, 2013). From the family perspective, parental resilience includes the family's capacity to make sense of a negative experience and adapt to the stressor (Walsh, 2016). Studies have found that parents with high levels of resilience experience lower levels of parental stress (Rajan & John, 2017). In studies examining the psychopathological symptoms related to the pandemic, it was found that high level of psychological resilience is a protective factor on parents (Spinelli, Lionetti, Pastore & Fasolo, 2020). In addition, a study found that parents' psychological

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resilience was the strongest predictive variable to predict parenting stress. High psychological resilience scores were associated with low parenting scores, and women's parenting stress was also found to be higher than men's (Çalışkan, 2020). Therefore, this study examined the effectiveness of the acceptance and commitment therapy-based intervention program for the resilience and psychological flexibility of mothers performing the parenting role.

Acceptance and Commitment Therapy (ACT), also called the third wave, is among the cognitive-behavioral therapies that include mindfulness and acceptance-based interventions. Besides, acceptance and commitment therapy focuses on helping to cope with parenting stress and difficulties (Strosahl & Robinson, 2009). The approach guides parents in determining their parenting values, coping with their thoughts and feelings without struggling, and accepting them (Cheron et al., 2009). In addition, the approach emphasizes self-compassion to avoid the mistakes made in the journey of mother and fatherhood and the stress and anxiety experienced as a result of these mistakes and to be a competent parent (Coyne & Murrell, 2009; Coyne & Cowley, 2006; Murrell et al., 2004). From this point of view, it was thought that the intervention approach focused on acceptance stability therapy could improve resilience and flexibility. Considering the acceptance and commitment therapy-based intervention programs in the literature, Tümlü (2021) found that the psychological flexibility levels of the parents participating in the program increased in the psychoeducation program for parents with children with autism. In the same study, it was stated that psychological resilience and marital satisfaction levels of mothers also increased. In another study, it was reported that parents participating in the program reduced their psychological rigidity levels (Blackledge & Hayes, 2006).
Psychological flexibility is one of the important concepts of acceptance and commitment therapy and it is defined as acting in line with one's values and developing awareness by staying in touch with the present moment without trying to change their behavior (Hayes et al., 2012). In addition, it also includes accepting what is beyond the control of the individual, being determined to continue the behaviors that will enrich his life, and following his life values as a guide when there are behaviors that need to change (Harris, 2018). While psychological flexibility is necessary for the individual's mental health, it is also an important mechanism for the family as it directly affects parenting roles and children (Burke & Moore, 2015; Çalışkan, 2020). Psychological flexibility in parenting means that the mother or father accepts their unwanted feelings or thoughts towards their child when they arise and maintains the parent-child relationship healthy (Brassell et al., 2016). For example, parental psychological flexibility is when a parent who feels anger and yells towards his/her child accepts these feelings and impulses without fighting them and continues to show love to his/her child and set healthy boundaries (Burke & Moore, 2015). A lack of psychological flexibility may result in parents' decreased sensitivity to their children and their needs (Burke, 2013). Psychological flexibility in parents is the parent's ability to use an individual emotional regulation resource in negative subjective experiences in the role of parent (Fonseca et al., 2020). It is expected that parents who use this skill effectively will have a high level of focus on their children by providing present-day contact and be able to make flexible choices in their relations with their children (Burke, 2013). Thus, it can be expected that the parent's sense of competence will increase, they will feel more competent and satisfied, their relationship with their children will be strengthened, and their mental health will also be positively affected. In studies on this subject, it has been observed that mothers with low psychological flexibility experience high parenting stress and use negative parental attitudes more (Fonseca et al., 2020).

Another concept covered in this research is psychological resilience. Psychological resilience means that the protective and risk factors interact in the face of difficult life events, and the individual adapts to these challenging situations or innovations in the individual's life (Karaırmak, 2006; Masten, 2001). According to Tugade and Fredrickson (2004), resilience is the capacity to adapt to negative emotional experiences and stressful life experiences. Therefore, resilience is the ability of a person to recover easily and return to his old self after negative events, negative emotions, and challenging situations (Ramirez, 2007). The individual's resilience in challenging situations results from personal abilities and relationships (Gartland et al., 2011). People with high resilience can act flexibly against negative experiences and overcome problems (Kamya, 2000).

The ability of parents to adapt to negative emotions and situations that arise in the face of a difficult life event is considered important not only for the individual but also for the mental health of all family members (Russel et al., 2022). Studies show that people with parental roles experience more stress in the face of difficult life events than those without (Fussel & Lowe, 2014; Russel et., 2020). This is explained by the fact that parents carry additional care burdens from their children other than themselves (Kerns et al., 2014). Therefore, the concept of resilience has been discussed in the context of the family as well as the concept of family resilience, and the concept of family resilience has been put forward. Family resilience is families' resilience to negative disruption in the face of change and difficulties and their adaptation to crises (Patterson, 2002). Factors such as the harmony of family members, communication, spending time in the family, routines, rituals, and sources of social support are important for family resilience (McCreary & Dancy, 2004). These factors support family members to adapt when they are exposed to stress and distress related to their role in the family (Walsh, 1998). Relationships that provide emotional, informative and social support in the form of financial assistance can be considered protective factors in case of negative experiences in the role of parents (Schaefer et al., Lazarus, 1981). Considering the mother in particular, getting help from both the children's father and distant support sources can contribute positively to the mother's mental health by taking on a protective task against the stress factors brought about by the parenting role (Cohen & Wills, 1985). Studies show that the difficulties experienced by parents differ according to the child's developmental period (Briggs-Gowan et al., 1996). This research's scope consists of mothers with children of primary school age. Since the child's primary school period includes processes such as separation from the mother, adaptation to school, learning to read and write, other academic duties, and friendship relations, it is a period in which parents experience difficulties and stress. If parents cannot demonstrate different skills during these periods, they may feel inadequate, and their control over the child may decrease (Coyne & Murrell, 2009).

It is known that the stress experienced by parents due to this role is higher in mothers than in fathers (Dereli & Okur, 2008). This can also be explained by the fact that women are more vulnerable to stress factors (Beesdo et al., 2009; Parker & Brotchie, 2010). However, especially in traditional societies, the mother is seen as the parent with a higher burden of care in terms of parenting roles (Downs, 2003). In such a society, it can be assumed that the person who takes care of the school and development process of the school-age child and communicates about the problems and expectations of the child at school is the "mother" who does not work anywhere and is characterized as a housewife. The reason for this situation is explained by the fact that the basic duty of women is expressed as "motherhood" by both genders. When we evaluate it in terms of Turkish society, it is thought that the existing cultural values and religious structure impose a responsibility on the sanctity of motherhood, especially on women (Seçkin & Tural, 2011). Considering that the duties, responsibilities, rights, and personal characteristics of women and men in society are shaped according to gender roles (Oakley, 2016), it is known that the traditional roles that still exist in our country impose housework and childcare on women's shoulders by making a discriminatory division of labor (Urhan, 2016). According to the "scarcity theory," which is one of the hypotheses produced about the effect of the multiple roles of mothers on mental health, the more roles individuals have, the lower their energy will be due to excessive role overload, and the level of psychological stress will increase (Rosenfield, 1989). In other words, it can be thought that having more than one role for a woman will negatively affect her well-being. However, Norris et al. (2002) stated that "being a woman" is one factor that increases the negative risk outcome in the face of a challenging situation.

In addition to being a woman, being a housewife is considered a risk group in terms of mental health (Dığrak & Koçoğlu, 2015). Working in an income-generating job helps women develop self-confidence, have social support, make decisions, feel safe, and increase their life satisfaction (Özvurmaz & Aksu, 2017). However, having a financial income enables women to gain economic independence and the power to participate in family decisions (Artazcoz et al., 2011). Therefore, it can be said that working in a job gives women some values in society (Kağıtçıbaşı, 1990). Studies have shown that working status in women affects mental problems such as stress and depression and quality of life (Çilli et al., 2004; Etiler, 2015; McDonough et al., 2002; Tetikli-Nart, 2019). This is explained by the fact that working women have two main sources of satisfaction: work and family, and they have more power, prestige, and economic freedom.

Considering the above explanations, developing a program to develop resilience and flexibility for mothers in the parenting role is an important mission of this study. In this acceptance, stability therapy-based intervention was tested. The study can be considered school-based intervention in the school environment regarding the parental stakeholder regarding the child's mental health and education process. The family is one of the leading institutions that significantly affect people. The child's habits, attitudes, value judgments, and basic feelings about life are formed, and the self-concept is shaped (Kuzgun, 2008). On the other hand, school is another important institution in human life. The individual takes the first step into society after the family, learns to live with people, and gains universal knowledge and values (Genç, 2005). In today's societies, school is not just an institution responsible for transferring knowledge. While school plays a role in preparing and socializing children and young people for life, it also has to help parents in their education (Zembat & Unutkan, 2001). In studies (Edward et al., 2010; Sommers-Flanagan et al., 2015), it was stated that as a result of consultation studies conducted with families, parenting competencies increased, the use of negative discipline methods and anxiety and stress levels of parents decreased, parent-child interaction increased, and negative child behaviors decreased.

As a result, this study aims to examine the effectiveness of the acceptance and commitment-oriented intervention program for mothers on psychological resilience and flexibility. For this purpose, the hypotheses of the research are as follows:
1. There will be statistically significant differences in the final measurement of psychological resilience and psychological flexibility scores of the mothers in the experimental group compared to those in the control group.

2. The psychological resilience and psychological flexibility levels of the mothers in the experimental group will be statistically significantly different from their post-test and pre-test scores.

3. When the psychological resilience and flexibility levels of the mothers in the experimental group are compared with the last measurement scores obtained two months after the application, there will be no statistically significant differences.

Method

Research Pattern

In this study, an experimental design, one of the quantitative research methods, was used to reveal the differences in the psychological resilience and psychological flexibility levels of mothers who participated in an 8-week acceptance and commitment therapy-oriented intervention program and mothers who did not. In the 2x3 split-plot (mixed) design used in the study, the first factor shows the treatment groups (one experimental, one control), and the second factor shows the measurements related to the dependent variable (pre-test, post-test, follow-up). The independent variable in the study was an intervention program with an acceptance and commitment therapy orientation. The dependent variable is the scores of the mothers on the brief psychological resilience and psychological flexibility scales. The design of the study is presented in Table 1.

Table 1. Research Pattern

Group	1st. Measurement	Process	2nd. Measurement	3rd. Measurement
Experiment	Pre-Test	Experimental Process (İntervention program based on acceptance and commitment)	Post-Test	Follow-up Test
Control	Pre-Test		Post-Test	Follow-up Test

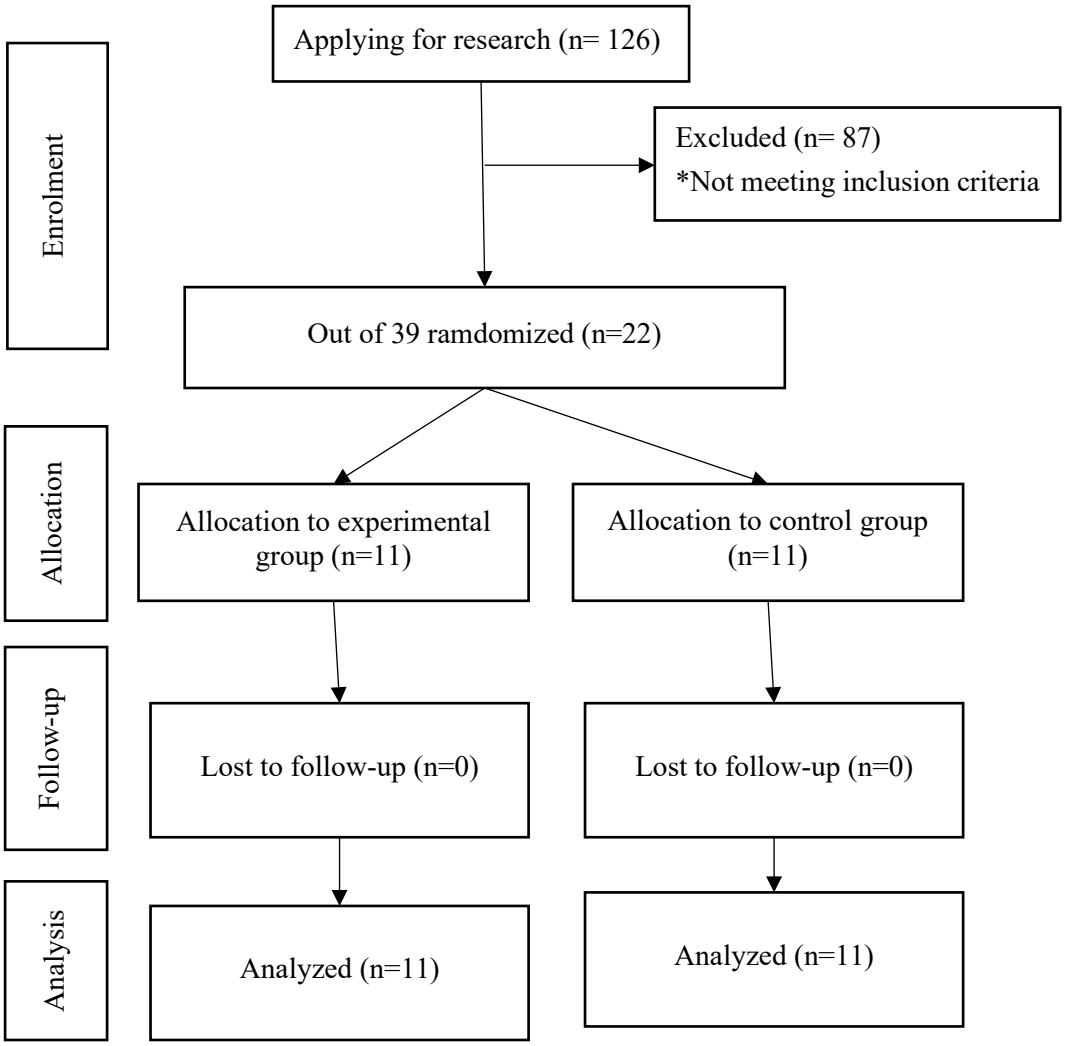
Participants

To identify the mothers who would participate in the study, firstly, the school counseling and guidance service prepared a group counseling announcement and distributed to the students' mothers. Preliminary interviews were conducted with 126 mothers who applied for psychological counseling with the group, and the " Brief

Psychological Resilience Scale" and "Psychological Flexibility Scale" were applied. After the interviews and the scale applications, the school counselors identified 39 mothers whose resilience and flexibility levels were lowest among the participants, who volunteered to participate in the study, and who met the research criteria. Finally, 22 mothers were randomly selected among 39 mothers and assigned to the experimental and control groups in an impartial way (Figure 1). The inclusion criteria for the mothers were that they were not working, have at least one child, had not received any psychiatric diagnosis regarding mental health, and were not using any psychiatric treatment medication.

The mean age of 11 mothers in the study's experimental group is 32.6. Ten of the mothers are married, and one is divorced. However, 2 of them have one child, 7 have two children, and 2 have three children. One of the mothers is a secondary school graduate, 7 of them are high school graduates, and 3 of them are undergraduates in the experimental group. The mean age of 11 mothers in the study's control group is 33.2. Nine of the mothers are married, and two are divorced. However, 2 of them have one child, 8 of them have two children, and 1 of them has three children. Three of the mothers are secondary school graduates, 6 of them are high school graduates, and 2 of them are undergraduates in the control group.

Figure-1. The Experimental Process Flowchart



Data Collection Tools

"The Brief Psychological Resilience Scale" and "Psychological Flexibility Scale" were used to evaluate the program's effectiveness in this study.

The Brief Psychological Resilience Scale. The Brief Psychological Resilience Scale (PSRS) developed by Smith et al. (2008) was adapted into Turkish by Doğan (2015). The PSRS is a 6-item, 5-point Likert-type scale. Items 2, 4, and 6 are scored in reverse. The adaptation study was conducted with 295 university students, 186 women, and 109 men. According to the results obtained during the adaptation study of the scale, it was seen that the single-factor structure of the scale explained 54.66% of the total variance (Doğan, 2015). As a result of the Confirmatory Factor Analysis conducted within the scope of this research, it is seen that the factor loads vary between .70 and .82. As a result of the analysis, since all output values were within the desired value range, no improvement was required. When we examine the CFA results for PSRS in terms of fit indices, it is seen that the structure of the measurement tool for this study was confirmed. (χ^2 = 14,443, sd= 9, χ^2 /sd= 1.605, GFI= .99, AGFI= .97, RMSEA= .03, CFI=.99, SRMR= .02, TLI= .99).

Psychological Flexibility Scale. The Psychological Flexibility Scale was developed by Francis, Dawson, and Golijani-Moghaddam (2016) and adapted into Turkish by Karakuş and Akbay (2020). According to the exploratory factor analysis, the model consisting of 28 items and five dimensions was evaluated to have good fit values (KMO=0.789; X2= 3096.080; p= 0.00). According to the factor analysis results, the scale consists of 28 items and five factors, and factor loads vary between .47 and .81. The scale explains 60% of the variance. The scale's Cronbach Alpha internal consistency reliability coefficient was.79.

Process

Before starting a research, informed an informed consent form was distributed to the mothers participating in the study and their consent was obtained. In addition approval was obtained from XXX University Social and Human Sciences Ethics Committee (Date: 25.01.2022/ Meeting No: 2022.01).

This application is an 8-session application, 90 minutes, once a week developed based on the basic principles of the ACT approach. The program is designed to help individuals get rid of their disturbing feelings, thoughts, and memories, accept them instead of trying to control them, focus on the present moment, determine the values that will add meaning and direction to their lives, and take decisive action in this direction. Goals were set for each session, and activities to be carried out were determined in line with these goals. After the program was prepared using the literature, the suggested corrections and additions were made by taking the opinion of an expert who applied ACT.

To determine the mothers who will participate in the research, a psychological counseling announcement was prepared with a group to be carried out within the scope of the research by the school psychological counseling and guidance service and distributed to the students' mothers. Preliminary interviews were conducted with 126 mothers who applied for psychological counseling with the group, and the "Brief Psychological Resilience Scale" and "Psychological Flexibility Scale" were applied. After the interviews and the scale applications, the school counselors identified 39 mothers whose resilience and flexibility levels were lowest among the participants, who volunteered to participate in the study, and who met the research criteria. Finally, 22 mothers were randomly selected among 39 mothers and assigned to the experimental and control groups in an impartial way. After the experimental and control groups were formed, an eight-week acceptance and commitment therapy-focused psychoeducation program were conducted with the experimental group. While developing the program and planning the sessions, the researchers benefited from the relevant studies in the literature (Harris, 2019; Luoma et al., 2017) and ACT therapist materials. Psychoeducational sessions were held online due to pandemic conditions. The application was carried out with a single leader. Each session lasted 90 minutes. No application was made to the participants in the control group. At the end of the psychoeducation process, the scales were reapplied to the participants in the experimental and control groups as a post-test. Two months after the experiment, the scales were applied again to the participants in the experimental and control groups as a follow-up test.

The achievements targeted by the program for sampling are as follows:

1. Being able to connect with the world: Contacting with the moment, noticing feelings and thoughts, connecting with the body
2. Being able to get away from distressing feelings and thoughts: Noticing the distressing thoughts, naming them, and being separated from these thoughts.

3. Being able to accept unpleasant feelings and thoughts.
4. Being able to act by their values:
a. Recognizing the relationship between values, goals, and actions
b. Setting goals in line with values,
c. Taking action in line with values
d. Being able to continue the action decisively
5. Being able to show self-compassion in times of distress

Implemented Intervention Program

Session 1. It was aimed to give information about the group's formation, the introduction of the general aims and features of this psychoeducational program, the determination of the individual goals of the participating members for the program, and the general principles of the acceptance and commitment therapy approach. In line with these purposes, the first acquaintance activity was held. The joint contribution of the members determines group rules. Information was given about the group's purpose and the program's general features, while the basic aspects of acceptance and commitment therapy were discussed. In this context, sharing was made to determine the individual goals the group members wanted to achieve at the end of the program. Participants were asked to note down their goals.

Session 2. In the second session, information was given about daily stressful situations. Information about the sources of stress, its physical and psychological effects, being stuck in thoughts and feelings, and moving away from the values, as a result, was given with examples from daily life and the sharing of members. In their daily lives, when they realized that they were caught in their thoughts and feelings, simple exercises were arranged so that they could focus on themselves and make contact with their surroundings. Exercises were carried out on breathing exercises, eating with awareness, focusing on the body, and noticing five things around it.

Session 3. The third session aimed to notice and name the distressing feelings and thoughts. For this purpose, ABC formulation was explained, information about cognitive integration and dissociation was given, and it was reinforced through examples with the participation of the members. Pushing the board and hooking the fishing line activities were carried out.

Session 4. This session aims to develop the ability to accept unpleasant and distressing feelings and thoughts. For this purpose, the "Creatures on the Boat" and "Desperate Parrot" activities were held. The members' experiences of getting away from their goals due to their negative feelings and thoughts were discussed through these metaphors. The session ended with a psychodrama activity about accepting and focusing on one's goal instead of escaping or struggling with distressing thoughts.

Session 5. This session aimed to raise awareness about the characteristics of values through various metaphors, imagination activities, and questions for individual discovery of values. An activity was carried out to find values in unpleasant activities. A study was carried out to determine the members' individual goals and the values that cause these goals to be determined.

Session 6. This session aims to enable the group members to take action towards their values in their lives, to recognize the internal and external obstacles they encounter in this process, to overcome the obstacles, and to gain the skills to take action.

Session 7. In the seventh session, the activity "Being a Friend with Yourself" was held for the group members to realize their thoughts about themselves in distressing situations, not to have cruel thoughts, to approach themselves with kindness and compassion, and to care about their needs.

Session 8. In this session, which was planned as a closing session, a general summary of the basic principles of ACT was made, feedback was received from the group members about the program, and the program was concluded with farewell activities. And the scales applied before the program were applied again.

Analyses of Data

To analyze the data in the study, the scores of both groups from the pre-test, post-test, and follow-up tests were calculated, then analyzed with the SPSS package program. The significance level was taken as .05. In the analysis of the data, firstly, it was examined whether the data belonging to the experimental and control groups could meet the basic assumptions of the parametric tests. The Shapiro-Wilk test (Ahad, Yin, Othman, &

Yaacob, 2011), which gives the most sensitive and best results in small samples, was used to test the normality of the data. In cases where the Shapiro-Wilk values of the participant's scores in the groups were greater than .05, parametric tests were used, assuming that the groups showed a normal distribution. In cases where Shapiro-Wilk values were less than .05 (resilience, it was accepted that they did not show the normal distribution and were analyzed using non-parametric tests. The Shapiro-Wilk Test results regarding the psychological resilience of the mothers in the experimental group are as follows; pre-test = .00, post-test = .80, follow-up test = .59. The Shapiro-Wilk Test results regarding psychological flexibility are as follows; pre-test = .47, post-test = .12, follow-up test = .63. The Shapiro-Wilk Test results regarding the psychological resilience of the mothers in the control group are as follows; pre-test = .17, post-test = .83, follow-up test = .54. The Shapiro-Wilk Test results regarding psychological flexibility are as follows; pre-test = .48, post-test = .67, follow-up test = .56.

The Mann Whitney-U Test was used to determine whether there was a significant difference between the experimental and control participants' pre-test, post-test, and follow-up test scores. In addition, the variances of the scores of the participants in the experimental and control groups and the group covariances for the pairwise combinations of the measurement sets were found to be equal. To determine the joint effect of GroupXMeasure on the effectiveness and permanence of the counseling program with the acceptance and commitment-oriented group, Bidirectional Analysis of Variance for Repeated Measures and Bonferroni test were applied for split-plot (Büyüköztürk, 2002). For the study, the Mauchly Sphericity Test was used to determine whether the assumption of sphericity was met to apply the analysis of variance for repeated measures (Gamst, Meyers, & Guarino, 2008) and in cases where the assumption of sphericity was not met, the univariate approach was preferred, and the results of the analysis of variance were obtained using the Greenhouse-Geisser correction (Tabachnick & Fidell, 2006). While testing the significance levels of the differences between the means, the significance level was taken as .05 in all analyzes.

Findings

This section presents the findings for testing the effectiveness of the acceptance and commitment therapy-oriented group psychological program. First, descriptive statistics regarding the pre-test, post-test, and follow-up test data obtained from the experimental and control groups are given. Then, the groups were compared with the pre-test, post-test, and follow-up-test data obtained from the experimental and control groups.

Table 2. Descriptive Statistics

		Mean			Standard Deviation			Standard Error		
Score	Groups	Pre Test	Post Test	Follow-up Test	Pre Test	Post Test	Follow-up Test	Pre Test	Post Test	Follow-up Test
Psy. Resilience	Experim.	16.09	22.54	22.63	2.66	3.64	3.38	.80	1.10	1.02
	Control	15.00	16.18	17.09	5.76	7.64	9.29	1.36	1.80	2.19
Psy. Flexibility	Experim.	98.81	139.18	140.0	9.40	11.39	10.67	2.83	3.43	3.22
	Control	97.09	95.64	98.09	10.50	9.76	7.58	3.17	2.94	2.29

As seen in Table 2, the pre-test mean scores of the participants in the experimental group of the brief psychological resilience scale was 16.09 (SD: 2.66; SE: .80); post-test mean score was 22.54 (SD: 3.64; SE: 1.10), and follow-up test mean score was 22.63 (SD: 3.38; SE: 1.02). Again, the pre-test means a score of the participants in the experimental group on the psychological resilience scale was 98.81 (SD: 9.40; SE: 2.83); the post-test mean score was 139.18 (SD: 11.39; SE: 3.43), the and the follow-up test mean score was 140.0 (SD: 10.67; SE: 3.22). On the other hand, the pre-test mea ans score of the participants in the control group of the brief psychological resilience scale was 15.00 (SD: 9.40; SE: 2.83); The post-test mean score was 16.18 (SD: 11.39; SE: 3.43), and the follow-up test mean score was 17.09 (SD: 10.67; SE: 3.22. Again, the pre-test score means of the participants in the control group on the psychological resilience scale was 97.09 (SD: 10.50; SE: 3.17), the post-test mean score was 95.64 (SD: 9.76; SE: 2.94), and the follow-up test means score was 98.09 (SD: 7.58; SÊ: 2.29).

Table 3. Comparison of Pre-Test, Post-Test, and Follow-Up Tests Regarding The Brief Resilience and Psychological Resilience Scores of the Experimental and Control Groups

	Score	Groups	n	x̄	∑	*U*	*z*	*p*
Psy. Resilience	Pre-Test	Experimental	11	16.09	141.00	46.00	-.975	.37
		Control	11	15.00	112.00			
		Total	22					
	Post-Test	Experimental	11	22.54	177.50	9.50	-3.366	.00
		Control	11	16.18	75.00			
		Total	22					
	Follow-up	Experimental	11	22.63	178.00	9.00	-3.399	.00
		Control	11	17.09	75.00			
		Total	22					
Psy. Flexibility	Pre-Test	Experimental	11	98.81	135.00	52.00	-.561	.61
		Control	11	97.09	118.00			
		Total	22					
	Post-Test	Experimental	11	139.18	187.00	71.00	-3.975	.00
		Control	11	95.64	66.00			
		Total	22					
	Follow-up	Experimental	11	140.0	187.00	78.50	-3.976	.00
		Control	11	98.09	66.00			
		Total	22					

As seen in Table 3, according to the results of the Mann-Whitney U Test conducted to compare the experimental and control groups as a result of the pre-test, post-test, and follow-up test applications, it was seen that there was no significant difference between the psychological resilience pre-test scores of the participants in the comparison between the groups. However, when the experimental and control groups were compared, it was seen that there was a significant difference in favor of the experimental group between the resilience post-test and follow-up test scores of the participants. Again, it was observed that there was no significant difference between the psychological flexibility pre-test scores of the participants. However, when the experimental and control groups were compared, it was seen that there was a significant difference in favor of the experimental group between the psychological flexibility post-test and follow-up test scores of the participants.

As understood from these findings, repeated measurements two-factor analysis of variance were applied to determine whether there was a change in the post-test and follow-up test mean scores compared to the pre-test mean scores in the experimental group and whether the change, if any, was statistically significant, and the analysis results are given in Table 4.

Table 4. Findings Regarding the Effectiveness of the Program

	Source	Sum of squares	Sd	Mean of squares	F	p	n^2
Psy. Resilience	**Between Groups**						
	Grup (E/C)	103.278	1	103.278	15.966	.00	.44
	Error	129.374	20	6.469			
	In-group						
	Measurement	245.485	1.57	156.278	37.592	.00	.65
	Measurement*Grup Error	88.576	1.57	56.388	13.564	.00	.40
		130.606	31.416	4.157			
Psy. Flexibility	**Between Groups**						
	Grup (E/C)	4644.854	1	4644.854	64.484	.00	.76
	Error	1440.626	20	72.031			
	In-group						
	Measurement	6057.212	1.331	4549.469	74.424	.00	.78
	Measurement*Grup Error	6171.030	1.331	4634.956	75.822	.00	.79
		1627.758	26.628	61.129			

According to these findings obtained from the analysis of variance, Bonferroni Test was applied for inter-group and inter-measurement comparisons of the participants in the experimental and control groups depending on the averages of the scores they received from the psychological resilience and psychological flexibility pre-test, post-test, and follow-up measurements to determine between which groups there was a significant difference depending on the measurements. Bonferroni Test, which is one of the post-hoc techniques used at this stage, was preferred because it does not require equal sampling conditions, and it reveals the difference between the groups and the significance level of this difference in a stable manner free from type I and II errors (Miller, 1969).

According to the post-hoc comparison (Bonferroni) results, the difference between the mean scores of the experimental group from the psychological resilience pre-test measurement ($\bar{x}$ = 16.09) and the mean scores of the post-test ($\bar{x}$ = 22.54) was significant (+6.45* p< .05). Similarly, the difference between the mean psychological resilience pre-test scores of the experimental group ($\bar{x}$ = 16.09) and the mean scores obtained from the follow-up test ($\bar{x}$= 22.63) was found to be significant (+6.56* p< .05). When the post-test mean scores of the experimental group ($\bar{x}$= 22.54) and the mean scores of the follow-up test ($\bar{x}$= 22.63) were compared, there was no significant difference (+0.09 p> .05). In other words, it is seen that the difference between the pre-test, post-test, and follow-up test scores of the experimental group is significant. In contrast, the difference between the post-test and follow-up test mean scores are not significant.

Again, according to the Post-hoc comparison (Bonferroni) results, the difference between the mean scores of the experimental group from the pre-test measure of psychological flexibility ($\bar{x}$=98.81) and the post-test mean score ($\bar{x}$=139.18) is significant (+40.37* p. < .05). Similarly, the difference between the psychological flexibility pre-test mean scores of the experimental group ($\bar{x}$ =98.81) and the mean scores obtained from the follow-up test ($\bar{x}$= 140.0) was also found to be significant (+41.19* p< .05). When the post-test mean score of the experimental group ($\bar{x}$= 139.18) and the follow-up test mean score ($\bar{x}$= 140.0) were compared, it was seen that there was no significant difference (+.0.82 p> .05). In other words, while the difference between the psychological flexibility pre-test and post-test and follow-up test of the experimental group was significant, the difference between the post-test and follow-up test mean scores was not significant.

Discussion and Conclusion

This study examined the effectiveness of an intervention program focused on acceptance and commitment therapy in the context of group psychoeducational studies. According to the results obtained from the study, the intervention program applied significantly increased both the psychological resilience and psychological flexibility levels of mothers after the sessions were over. It is seen that these positive results continue in the two-month follow-up study.

Psychological resilience supports some skills, such as maintaining healthy development and coping with a negative situation (Masten et al., 2013). Considering that in today's world, individuals are struggling with difficult living conditions such as infectious diseases like the Covid-19 epidemic, wars, and economic crisis, intervention studies developed to increase psychological resilience are thought to be important to support effective coping skills. In previous studies aiming to increase psychological resilience, cognitive behavioral therapy (Erden & Eminoğlu, 2020; Songprakun & McCann, 2012; Wert, 2007); narrative therapy (Yazıcı, 2018); music-assisted therapy (Cömert & Özbey, 2021) and mindfulness therapy (Chesak et al., 2015; Pigeon et al., 2014); attention and interpretation therapy (attention and interpretation therapy; Sood 2014) based activities are included. Psychological flexibility, on the other hand, is a structure that enables individuals to establish a balance between their desires, needs, and living spaces. It positively affects interpersonal relations and physical and psychological well-being (Çetinkaya, 2022; Wersebe et al., 2018). Kashdan and Rottenberg (2010) also described psychological flexibility as the basis of mental health. In this sense, it can be accepted that intervention studies aimed at increasing psychological flexibility are important for the mental health of individuals. Similar to our study, previous studies aiming to increase psychological flexibility include acceptance stability therapy-based approaches (Flaxman & Bond, 2010; Luoma & Bilardaga; Ryan, 2014; Kırca & Ekşi, 2020). This study differs from these studies in the literature by studying with a sample of women who have the role of motherhood. Studies show that women struggle with mental problems more than men

and receive more psychological support (Messina et al., 2000). This is explained by the fact that in a society dominated by traditional roles, reflecting these roles in real life is difficult for women and increases their stress levels (Kurtuluş & Bulut-Ateş, 2019). These roles are referred to as gender roles and refer to the behavioral patterns society expects women and men to fulfill (Sheehan & Dooley, 2013). According to traditional roles, society expects women to help men, to be satisfied with their living standards, not to oppose their spouses, and not to question their lives. However, in this process, it is also important for women to do housework and take care of their children (Koç et al., 2017; Özçatal, 2011). In such a society where women do not work and are described as housewives, the social status of women is supposed to be shown as important, and childcare and housework are to be blessed. These assumed roles risk women's mental health (Bekker & Boselie, 2002). Therefore, this study studied mothers who do not work in any job and whose childcare and housework duties are expected.

However, the study's strength is that psychological resilience and psychological flexibility were increased through a psychoeducational intervention focused on acceptance stability therapy. Psychological resilience is a person's ability to successfully overcome negative conditions, adapt to new situations, and recover from stressful experiences (Smith et al., 2008). Psychological flexibility is the ability to be in harmony with one's values in the face of unwanted and challenging internal experiences (Hayes et al., 2011). Both concepts emphasize protective factors that promote adaptation in risky situations such as challenging life conditions. The concepts of psychological resilience and psychological flexibility, which are accepted to be changeable and can be developed through interventions (Bengel, 2012; Hayes et al., 2006), were intervened through intrinsic protective factors in this study. Intrinsic protective factors include a positive and optimistic view of the future, effective problem-solving skills, internal locus of control, self-esteem, and self-efficacy (Gizir, 2016; Mandleco & Peery, 2000). It aimed to reach these internal factors with the achievements of self-compassion, solving problems by their values, recognizing oneself, emotions, and thoughts, and getting away from negative emotions, which are included in this study. Therefore, it may be thought that this intervention program is important in strengthening the protective factors against risk factors. Masten (2014a) also states that various risk factors individuals encounter throughout their lives cannot be completely controlled. In this context, the necessity of developing intervention programs that strengthen protective factors to cope with risk factors is emphasized (Masten, 2014b). However, it is important to strengthen the psychological flexibility of parents to cope with the life challenges encountered in parenting roles. A strong mechanism of resilience and flexibility can support positive parenting practices and the child's healthy development. Therefore, it is thought that this research is important in terms of strengthening parental competence and contributing to mothers' mental health as a result of both prevention and early intervention aimed at increasing resilience and psychological flexibility.

Implications

This study examined the effectiveness of an acceptance commitment therapy-focused psychoeducation program on mothers. In future studies, different experimental studies can be conducted with different age groups using this intervention program. In particular, information can be obtained about the development of resilience and flexibility in children and the course of resilience and flexibility in the transition from childhood to adolescence. Mixed-method studies can be conducted to explore the mechanisms underlying psychological resilience and psychological flexibility. Again, further follow-up studies can be conducted to monitor the results of this acceptance stability therapy-focused psychoeducation program applied to mothers, and longitudinal studies can support the results.

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