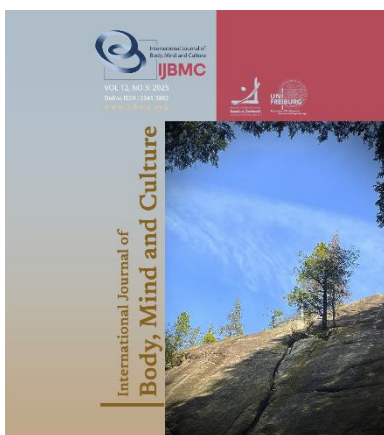


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- 1 Ph.D. student in Counseling, Family Counseling Department, Sanandaj Branch, Islamic Azad University, Sanandaj, Iran.
- 2 Assistant Professor, Department of Psychology and Educational Sciences, Payam Noor University, Tehran, Iran.
- 3 Associate Professor, Family Counseling Department, Sanandaj Branch, Islamic Azad University, Sanandaj, Iran.

Corresponding author email address: vaisi.a1359@gmail.com



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Introduction

One of the qualities that can help individuals develop the ability to cope with life challenges is family resilience. Resilience involves behaviors that lead to favorable outcomes despite the presence of fear and anxiety

Comparing the Effectiveness of Acceptance and Commitment Therapy and Mindfulness-Based Cognitive Therapy on the Components of Family Resilience

Mahmoud. Fatahi¹, Asadollah. Vaisi^{2*}, Omid. Moradi³

ABSTRACT

Objective: This study aimed to compare the effectiveness of acceptance and commitment therapy and mindfulness-based cognitive therapy on the components of family resilience.

Methods and Materials: A quasi-experimental design was used with a control group, pre-test, post-test, and a 5-month follow-up. The statistical population consisted of 407 mothers of intellectually disabled children in Tehran Province, from which 36 participants were selected via simple random sampling. Participants were assigned to three groups: ACT (n = 12), MBCT (n = 12), and a control group (n = 12). The Family Resilience Scale by Sixbey (2005) was used for data collection, and an ANCOVA was employed for data analysis using SPSS software.

Findings: The results of this study showed that Acceptance and Commitment Therapy (ACT) had a significant positive impact on all six components of family resilience, including family communication and problem-solving, social and economic resources, family bonding, family spirituality, positive outlook, and meaning-making ($P < 0.01$). In contrast, Mindfulness-Based Cognitive Therapy (MBCT) had a significant effect on four components—family communication and problem-solving, social and economic resources, family bonding, and family spirituality—while its impact on the remaining two components was relatively weak.

Conclusion: The findings underscore the significance of third-wave cognitive-behavioral therapies in addressing psychological challenges among this population. Future studies should explore these interventions across more diverse groups and larger samples.

Keywords: Family resiliency, Acceptance and Commitment Therapy, Mindfulness-Based Cognitive Therapy.

factors (Yang et al., 2024). Resilience also influences how individuals behave; at various individual, familial, and social levels, resilience enhances positive functioning and increases social adaptability (Safi et al., 2024; Vladislav et al., 2024). By improving individuals' capacity to face challenges, resilience increases their tolerance for

family-related problems (Arvin et al., 2024; Baradari et al., 2024; Liu et al., 2024). Resilience also impacts individuals' health, as its components can reduce the risk of physical and mental illnesses (Tang et al., 2023; Wei et al., 2023). Furthermore, increased resilience improves the quality of parent-child relationships within families (Chen et al., 2024; Zhu et al., 2024).

There are multiple theories regarding resilience, among which the strength-based theory stands out. This theory aligns with the humanistic psychology perspective, focusing on positive individual transformation. It emphasizes enhancing individuals' innate abilities, competencies, and qualifications to create successful and positive adaptation through interaction with the external world. The term "positive" refers to addressing deficiencies and planning for capability development. This approach places significant importance on natural growth stages and personality-protective factors. It employs three methods: 1) reducing individual harms and challenges, 2) enhancing strengths in life, and 3) improving adaptability by strengthening attachment relationships with parents or fostering social growth (Hosseini & Hosein Chari, 2011).

When examining resilience, two categories of factors emerge: risk factors and protective factors. Risk factors are related to an individual's ability to take risks, while protective factors are resources that mitigate the adverse effects of hardships and crises (Hosseini & Hosein Chari, 2011; Houshmand, 2021). Among these, the family plays a fundamental role in resilience. As a space where individuals live and where members' anxieties are moderated, the family's resilience is closely tied to the individuals' resilience (Nasiri Nasab, 2018; Sahraei, 2022). Numerous studies have been conducted to quantitatively and qualitatively improve resilience. However, the present study employs third-wave behavioral therapy methods, such as Acceptance and Commitment Therapy (ACT) and Mindfulness-Based Cognitive Therapy (MBCT), which have demonstrated effectiveness in addressing psychological issues like depression, anxiety, and substance abuse cessation (Abbasi, 2021; Abedpour, 2021; Ghiyoor Baghbani, 2020; Mesbah et al., 2018; Sahraei, 2022).

MBCT, developed by Segal, Williams, and Teasdale, was designed as an affordable therapeutic method to reduce depression relapse (Williams & Penman, 2012). This therapy employs techniques such as meditation,

body scanning, and cultivating mindfulness to promote psychological well-being. Unlike psychoanalysis, MBCT does not aim to resolve or alter past dysfunctional cognitions. Instead, it explores the present moment, bringing hidden mental patterns from unconsciousness to consciousness (Abbasi, 2021; Abedpour, 2021). This method evaluates past actions in the current moment without avoidance. It analyzes emotions, illustrating that they are a combination of mental cognitions and physical sensations. Moreover, the occurrence of distressing emotions indicates a client's significant struggle to form constructive relationships with themselves, others, and their environment. Emotions express internal and external mental data and must be explored with presence and non-judgmental awareness. In this way, MBCT serves as a tool for training and developing the mind, akin to a microscope that reveals the smallest and deepest mental patterns and structures. Once examined through MBCT, surface-level thoughts and feelings dissipate, uncovering the underlying mental states that are the root of unpleasant emotions (Williams & Penman, 2012). MBCT is effective in reducing stress (Liang et al., 2022) and depression (Ashok et al., 2021).

The second independent variable examined for its impact on family resilience is Acceptance and Commitment Therapy (ACT). Unlike traditional behavioral therapies, ACT does not aim to change the intensity or nature of thoughts. This approach encourages clients to confront uncomfortable physical sensations caused by thoughts to reduce and eventually become aware of them. This enhances clients' psychological flexibility and behavioral control (Bakhtiari Saeed, 2019). The goal of this approach is to help clients accept the tension and pain that unintentional living may bring, thereby creating a purposeful life.

ACT employs two main techniques: 1) teaching psychological skills such as meditation to increase tolerance for painful cognitions and emotions, and 2) helping clients analyze and understand what is meaningful and essential to them, thereby clarifying their life values (Hayes et al., 2012). The primary objective of ACT is to foster a rich, meaningful, and fulfilling life by accepting the inevitable tension and pain that comes with living. In essence, the focus of this approach is to enhance mental flexibility. Mindfulness and meditation are central components of ACT. Still, this

therapeutic method also includes six core processes that guide its practice: 1) being in the present moment, 2) defusion from thoughts, 3) acceptance, 4) self-as-context, 5) values, and 6) committed action. The greater our capacity for full awareness, non-avoidance of unpleasant experiences, and value-driven action, the higher the quality of life becomes. Increased psychological flexibility enables individuals to better cope with life's adversities (Harris, 2007).

This study aimed to compare the effectiveness of acceptance and commitment therapy and mindfulness-based cognitive therapy on the components of family resilience.

Methods and Materials

Study Design and Participants

This study was a quasi-experimental design with pre-test, post-test, a control group, and a 5-month follow-up period. The sampling method was simple random sampling. The statistical population consisted of 407 mothers of educable intellectually disabled children from the cities of Malard and Shahriar in Tehran Province during the 2021-22 academic year. From this population, 100 individuals were randomly selected. In the first stage, interviews were conducted with these individuals, and 36 mothers who met the study's inclusion criteria were selected and assigned to three matched groups: the Acceptance and Commitment Therapy (ACT) experimental group (12 participants), the Mindfulness-Based Cognitive Therapy (MBCT) experimental group (12 participants), and the control group (12 participants).

The inclusion criteria for the study were: age above 25 years, having at least one educable intellectually disabled child, literacy up to the ninth grade, not using psychiatric medication, and a moderate household income (e.g., employees and workers). The exclusion criteria were: absence from more than three therapy sessions, disruption of counseling sessions in two consecutive instances, and voluntary withdrawal from the study.

The intervention was conducted from February 2022 to June 2022 in the Shahid Malard and late Qasem Khan Tajik exceptional schools in the cities of Malard and Shahriar, Tehran Province. The ACT intervention was delivered through group counseling based on the protocol by Hayes, Strosahl, and Wilson (2012) with

some modifications. The MBCT intervention was delivered through group counseling based on the curriculum developed by Crane (2009). No interventions were conducted for the control group.

Instruments

Family Resilience Scale by Sixbey (2005): The Family Resilience Questionnaire is a Likert-style tool that includes four response options, ranging from 1 ("Strongly Disagree") to 4 ("Strongly Agree"). This questionnaire consists of 66 items that measure family resilience across six subscales: the ability to create meaning, family spirituality, family bonding, maintaining a positive outlook, family communication and problem-solving, and utilization of economic and social resources. The total score ranges from a minimum of 66 to a maximum of 204. Sixbey (2005) confirmed the psychometric properties of this questionnaire, establishing its reliability through Cronbach's alpha and its validity through construct validity, predictive validity, and concurrent validity. Similarly, Buchanan (2008) reported a Cronbach's alpha of 0.96 for the overall scale and found its concurrent validity to be satisfactory, based on correlations with Family Measurement Scales 1 and 2 (Hosseini & Hosein Chari, 2011). In Iran, this questionnaire has been standardized. A Cronbach's alpha of 0.93 was determined for the overall family resilience score, with subscale reliability coefficients ranging from 0.76 to 0.93 (Hosseini & Hosein Chari, 2011). In the present study, Cronbach's alpha for resilience was calculated to be 0.95.

Interventions

Mindfulness-Based Cognitive Therapy (MBCT):

Session 1: 1) Pre-test 2) MBCT training 3) Basic meditation 4) Homework: Practicing meditation

Session 2: 1) Continued MBCT training, Body Scan 2) Identifying personal stressors 3) 3-minute short meditation for emotion regulation 4) Homework: Identify personal stressors

Session 3: 1) Methods for self-assessment, 2) Problem-solving, 3) Identifying automatic thoughts, 4) Homework: Applying self-assessment methods in real situations

Session 4: 1) Positive self-assessment methods for psychological safety (MBCT) 2) Reaction to events 3)

Short meditation 4) Homework: 45-minute seated meditation

Session 5: 1) Positive perspective and spirituality (MBCT) 2) Relativity of achievements 3) Five senses meditation 4) Homework: Sharing experiences with the group

Session 6: 1) Review of sessions 1-5, 2) Summarizing group learnings, 3) Homework: Reporting successful experiences

Session 7: 1) Resilience in crises and overcoming challenges (MBCT) 2) Meditation on intention, connection, and focus 3) Homework: 45-minute seated meditation

Session 8: 1) Sharing experiences, 2) Self-reflection meditation, 3) Homework: 45-minute seated meditation

Session 9: 1) Positive thinking 2) Problem-solving (MBCT) 3) Short meditation for transitioning from autopilot to mindfulness 4) Homework: Writing about positive experiences

Session 10: 1) Continued positive thinking and spirituality (MBCT) 2) Sharing experiences 3) Homework: Documenting significant life successes and failures

Session 11: 1) Discussing successes and failures, 2) Meditation for emotional regulation, 3) Homework: Reflecting on group learnings

Session 12: 1) Post-test 2) Reviewing sessions 1-11 3) Long-term meditation for life planning

Acceptance and Commitment Therapy (ACT):

Session 1: 1) Pre-test 2) ACT training: Here and Now 3) Basic meditation 4) Homework: Practicing meditation

Session 2: 1) Continued ACT training: Defusion 2) Identifying personal stressors 3) 3-minute short meditation for emotion regulation 4) Homework: Identify personal stressors

Session 3: 1) Methods for self-assessment, 2) Problem-solving, 3) Identifying automatic thoughts, 4) Homework: Applying self-assessment methods in real situations

Session 4: 1) Positive self-assessment methods for psychological safety (ACT) 2) Reaction to events 3) Short meditation 4) Homework: Identify fusion with thoughts

Session 5: 1) Positive perspective and spirituality (ACT) 2) Relativity of achievements 3) Present-moment meditation 4) Homework: Sharing experiences with the group

Session 6: 1) Review of sessions 1-5, 2) Summarizing group learnings, 3) Homework: Reporting successful experiences

Session 7: 1) Resilience in crises and overcoming challenges (ACT) 2) Meditation on intention, connection, and focus 3) Homework: 45-minute seated meditation

Session 8: 1) Sharing experiences, 2) Self-reflection meditation, 3) Homework: 45-minute seated meditation

Session 9: 1) Positive thinking 2) Problem-solving (ACT) 3) Short meditation for transitioning from autopilot to mindfulness 4) Homework: Writing about positive experiences

Session 10: 1) Continued positive thinking and spirituality (ACT) 2) Sharing experiences 3) Homework: Documenting significant life successes and failures

Session 11: 1) Discussing successes and failures, 2) Meditation for emotional regulation, 3) Homework: Reflecting on group learnings

Session 12: 1) Post-test 2) Reviewing sessions 1-11 3) Long-term meditation for life planning

Data Analysis

In both pre-test and post-test phases, participants completed the Self-Compassion Questionnaire. After five months, the Self-Compassion Questionnaire was re-administered to assess the sustainability of the training effects. Data were analyzed using SPSS 22 software, and statistical analysis was conducted using Analysis of Covariance (ANCOVA).

Findings and Results

Regarding demographic information about the groups, the 36 participants in this study comprised 32 individuals with a high school diploma or lower education, 3 with an associate degree, and 1 with a bachelor's degree. Regarding the occupations of household heads, 8 were employees, 18 were laborers, and 12 had occupations other than these two. Regarding age, 5 participants were 30 years old or younger, 10 were aged 31–35 years, and 21 were over 35 years old. The mean and standard deviation for the control and experimental groups, in terms of self-compassion, are presented in Table 1 for the pre-intervention, post-intervention, and follow-up stages.

Table 1*Mean (SD) of research variables*

Variable	Stage	Control Group (Mean ± SD)	ACT Group (Mean ± SD)	MBCT Group (Mean ± SD)
Family resiliency	Pretest	166.17 ± 32.35	169.25 ± 38.13	179.83 ± 55.21
	Posttest	170.92 ± 30.37	253.75 ± 27.11	222.83 ± 48.17
	Follow-up	175.17 ± 27.01	252.25 ± 22.88	224.17 ± 42.03

The assumptions of covariance analysis, including independence of observations, homogeneity of variances, and homogeneity of regression slopes, were examined across different groups. The Kolmogorov-Smirnov test for pretest, posttest, and follow-up scores in the self-compassion variable yielded 0.200, 0.200, and 0.200, respectively, all of which are greater than 0.05. This indicates that there is no significant difference between the observed cumulative distribution and the normal cumulative distribution. Therefore, the distribution of scores across all variables is normal. ANOVA was used to assess the equality of regression

coefficients in the research variables. Results showed that the significance levels for self-compassion variables at the posttest and follow-up stages were 0.100 and 0.134, respectively, both of which were greater than 0.05, supporting the assumption of regression slope homogeneity. Each group was trained and tested independently to ensure the independence of observations. To examine the significance of the interaction effect between treatment and time on resilience, Wilks' Lambda was calculated, and the results are presented in [Table 2](#).

Table 2*MANOVA Results for Resilience*

Variable	Test	Value	F	Hypothesis df	Error df	Significance Level
Time	Pillai's Trace	0.734	44.202	2	32	0.001
	Wilks' Lambda	0.266	44.202	2	32	0.001
	Hotelling's Trace	2.763	44.202	2	32	0.001
	Roy's Largest Root	2.763	44.202	2	32	0.001
Interaction (Time × Group)	Pillai's Trace	0.570	6.571	4	66	0.001
	Wilks' Lambda	0.430	8.387	4	64	0.001
	Hotelling's Trace	1.323	10.253	4	62	0.001
	Roy's Largest Root	1.323	21.827	2	33	0.001

As seen in [Table 2](#), the results of MANOVA indicate that the main effect of time is statistically significant (Wilks' Lambda = 0.266, $F(2,32) = 44.202$, $p < 0.001$). This means that resilience changed throughout the treatment.

Additionally, the interaction effect of time and treatment is also statistically significant (Wilks' Lambda = 0.430, $F(4, 64) = 8.387$, $p < 0.001$), suggesting that resilience differed between the groups over time.

Table 3*Within-Group Effects in MANOVA for Resilience*

Variable	Sum of Squares	df	Mean Square	F	Significance Level	Effect Size
Time	48,124.685	1.078	44,624.518	82.155	0.001	0.713
Time × Group	23,752.704	2.157	11,012.570	20.275	0.001	0.551
Error	19,330.611	35.588	543.172	-	-	-

Since Mauchly's test of sphericity was violated, the Greenhouse-Geisser correction was applied. As shown in

[Table 3](#), resilience changed significantly over time ($p < 0.001$), with an effect size of 0.713. Additionally, the

interaction effect of time and treatment on resilience was significant ($p < 0.001$), with an effect size of 0.551. This suggests that changes in resilience over time varied

among the three groups. To determine which groups and time points showed significant differences, a Sidak post-hoc test was performed.

Table 4

Sidak Post-Hoc Test for Pairwise Comparisons in Resilience

Variable	Stage	Groups Compared	Mean Difference	Standard Error	Significance Level
Resilience	Pre-test	ACT - Control	3.08	17.56	0.997
		MBCT - Control	13.67	17.56	0.826
		ACT - MBCT	10.58	17.56	0.909
	Post-test	ACT - Control	82.83	14.87	0.001
		MBCT - Control	51.92	14.87	0.004
		ACT - MBCT	30.92	14.87	0.130
	Follow-up	ACT - Control	77.08	12.95	0.001
		MBCT - Control	49.00	12.95	0.002
		ACT - MBCT	28.08	12.95	0.108

The results in [Table 4](#) indicate that at the pre-test stage, there was no significant difference in resilience among the three groups ($p > 0.05$). However, significant differences were observed in the post-test and follow-up stages. Both ACT and MBCT were significantly more effective in improving resilience compared to the control group ($p < 0.001$). However, there was no significant difference between ACT and MBCT ($p > 0.05$). Based on these findings, it can be concluded that both ACT and MBCT significantly improved resilience over time in mothers. However, considering the mean scores, ACT was more effective than MBCT in both post-test and follow-up stages.

Discussion and Conclusion

The findings of this study indicate that the application of Acceptance and Commitment Therapy (ACT) had a significant positive effect on increasing the mean scores of six components of family resilience. Mindfulness-Based Cognitive Therapy (MBCT) has a direct influence on four elements of family resilience, including family communication, economic and social resources, family bonding, and family spirituality. In contrast, its impact on positive family perspective and meaning-making was relatively weak. Furthermore, a comparison of the two interventions revealed that ACT was significantly more effective than MBCT in enhancing family resilience components.

Although no identical research has been conducted, previous studies have examined ACT and MBCT in relation to other dependent variables. The first part of this study, which investigated the impact of ACT on

family resilience, aligns with the findings of Afshari (2018) and Mesbah et al. (2018), who demonstrated that ACT enhances resilience. Similar results were reported by Esfahani and Abbasi (2019), showing that ACT significantly improves resilience and enhances life meaning. Additionally, Valizadeh et al. (2020) found that ACT significantly increases resilience and cognitive flexibility. In the same vein, Bahrami et al. (2021) confirmed the effectiveness of ACT in improving resilience and life expectancy. Other studies ([Arabzadeh et al., 2020](#); [Azandaryani et al., 2022](#); [Moghbel Esfahani & Haghayegh, 2019](#); [Zarei et al., 2021](#)) also support the conclusion that ACT plays a significant role in enhancing resilience, psychological well-being, and reducing negative attitudes toward life challenges.

The second part of this study examined the impact of MBCT on family resilience. While no identical research has been conducted on this specific aspect, several studies have explored MBCT in related domains. For instance, Sahraei (2023) demonstrated that MBCT significantly enhances resilience and cognitive flexibility ([Sahraei, 2022](#)). Similarly, Abbasi (2019) found that MBCT improves resilience, distress tolerance, and emotional regulation ([Abbasi, 2021](#)), while Abedpour (2020) reported that MBCT increases resilience and reduces rumination ([Abedpour, 2021](#)).

The effectiveness of MBCT in enhancing resilience can be attributed to its dual mechanisms of action. First, MBCT reduces stress and anxiety through mindfulness techniques that help individuals regulate emotional distress. Second, MBCT facilitates cognitive restructuring, allowing individuals to gain better control

over their thoughts, modify cognitive distortions, and improve their overall response to negative thinking patterns. Fundamental elements of MBCT, such as meditation, present-moment awareness, stress resistance, emotional and bodily awareness, and cognitive flexibility, contribute to enhanced psychological well-being and improved adaptability to life's stressors, ultimately strengthening resilience.

The efficacy of ACT in promoting family resilience can be explained through its core principles, which emphasize reducing avoidance, increasing awareness of thoughts and emotions, identifying personal values, and committing to meaningful actions. ACT encourages individuals to observe their thoughts without attaching absolute truth to them, thereby enabling them to reinterpret their experiences and adopt more adaptive coping strategies. Furthermore, ACT enhances self-awareness, fosters acceptance of distressing emotions, and promotes psychological flexibility—all of which contribute to increased resilience in individuals and families. Through the differentiation of self as observer and self as thinker, individuals in ACT therapy learn to disengage from negative thought cycles and focus on values-driven behavior, which helps them navigate life challenges with greater psychological strength.

This study has several limitations, including the fact that the researchers themselves conducted the intervention, the effect of gender was not controlled, and only one group of parents participated in the study. Nevertheless, the findings provide valuable insights for psychologists and counselors working in educational and therapeutic settings. Based on the results, it is recommended that future research include both fathers and mothers to provide a more comprehensive understanding of family resilience. Additionally, similar studies should be conducted on parents of typically developing children, as they also face challenges in parenting that could benefit from ACT and MBCT interventions. Finally, these approaches should be implemented in educational and therapeutic centers to enhance the quality of life and reduce anxiety in parents facing stressors related to family life.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Declaration of Helsinki, which provides guidelines for ethical research involving human participants. Ethical considerations in this study included the fact that participation was entirely optional.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contribute to this study.

References

- Abbasi, Z. (2021). *The effectiveness of Mindfulness-Based Cognitive Therapy (MBCT) on resilience, distress tolerance, and emotional regulation*, Master's Thesis, Behshahr University.
- Abedpour, S. (2021). *The effectiveness of Mindfulness-Based Cognitive Therapy (MBCT) on resilience, rumination, and dysfunctional attitudes in infertile couples*, Master's Thesis, Payame Noor University, Tehran South Branch.
- Arabzadeh, A., Sodani, M., & Shahbazi, M. (2020). The effectiveness of an integrated approach to Therapy based on Acceptance and Commitment (ACT) and Dialectical Behavior Therapy (DBT) on resilience and psychological well-being of couples referring to counseling centers. *Journal of Family Psychology*, 7(1), 39–54. https://www.ijfpjournal.ir/article_245561.html?lang=en
- Arvin, N., Namjoo, A., Mousavikhoo, S. L., Namjoo, F., & Keshavarz, S. (2024). Exploring the Role of Family Resilience in Predicting Marital Functioning: A Cross-Sectional Study. *Journal of Psychosociological Research in Family and Culture*, 2(1), 10–15. <https://doi.org/10.61838/kman.jprfc.2.1.3>
- Ashok, S., Scott, S., Orth, A., Adaji, B., & Singh, M. (2021). Comparison of the effectiveness of Acceptance and

- Commitment Therapy (ACT), Mindfulness-Based Cognitive Therapy (MBCT), and Positive Psychology Therapy (PPT) on depression. *American Journal of Psychotherapy*, 4(1), 4–12.
- Azandaryani, M., Khajoei-Nejad, G., & Akbariamarghan, H. (2022). Comparison of the effectiveness of emotion-based therapy and acceptance and commitment therapy on emotional self-regulation and psychological well-being in couples. *Journal of Applied Family Therapy*, 3(1), 223–242. <https://doi.org/10.22034/ajft.2021.299592.1164>
- Bakhtiari Saeed, B. (2019). *Group counseling based on Acceptance and Commitment Therapy (ACT) and Mindfulness-Based Cognitive Therapy (MBCT) on organizational commitment and job engagement among employees of Islamic Azad University, Ardebil Branch*, Doctoral Dissertation.
- Baradari, E., Sheikh Islami, A., Sadri Damirchi, E., & Ghamari Givi, H. (2024). The effectiveness of narrative therapy on family resilience and marital happiness in conflicting couples. *Journal title*, 18(3), 0–0. <https://rph.khu.ac.ir/article-1-4474-en.html>
- Chen, M., Chen, X., Jiang, H., Wang, Y., Ren, L., Zhang, L., & Dong, C. (2024). Parent–adolescent Family Resilience and Psychological Adjustment in Chronically Ill Adolescents: An Actor–partner Interdependence Mediation Model. *Journal of Advanced Nursing*, 81(4), 1864–1874. <https://doi.org/10.1111/jan.16377>
- Ghiyoor Baghbani, S. A. (2020). The effectiveness of Mindfulness-Based Cognitive Therapy (MBCT) on identity crisis and resilience in high school students in Torbat-e Jam.
- Harris, R. (2007). *Acceptance and Commitment Therapy (ACT) Introductory*. http://www.actmindfully.com.au/upimages/2007_Introductory_ACT_Workshop_Handout_-_Russ_Harris.pdf
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and Commitment Therapy: The Process and Practice of Mindful Change*. New York, NY: The Guilford Press. [https://books.google.com/books?hl=en&lr=&id=og28CwAAQBAJ&oi=fnd&pg=PP1&dq=Hayes,+S.+C.,+et+al.+\(2012\).+Acceptance+and+Commitment+Therapy:+The+Process+and+Practice+of+Mindful+Change,+New+York,+NY:+The+Guilford+Press.+%09&ots=-8N-RP0Dxu&sig=Dk8NmOD_hEswrJ5nfiMrO5Sp16A](https://books.google.com/books?hl=en&lr=&id=og28CwAAQBAJ&oi=fnd&pg=PP1&dq=Hayes,+S.+C.,+et+al.+(2012).+Acceptance+and+Commitment+Therapy:+The+Process+and+Practice+of+Mindful+Change,+New+York,+NY:+The+Guilford+Press.+%09&ots=-8N-RP0Dxu&sig=Dk8NmOD_hEswrJ5nfiMrO5Sp16A)
- Hosseini, F., & Hosein Chari, M. (2011). Examining the validity and reliability evidence of the Family Resilience Scale. *Journal of Family Counseling and Psychotherapy*, 2(Summer). https://fcp.uok.ac.ir/article_9624.html
- Houshmand, H. (2021). *The effectiveness of Mindfulness-Based Cognitive Therapy (MBCT) on self-confidence and resilience among mothers of slow-paced students*, Master's Thesis, Ardakan University.
- Liang, M., Yanjie, W., & Lapan, Z. (2022). Mindfulness-informed (ACT) and Mindfulness-based Programs (MBSR/MBCT) applied to college students to reduce symptoms of depression and anxiety. *Journal of Behavioral and Cognitive Therapy*, 32(4), 271–289. <https://doi.org/10.1016/j.jbct.2022.05.002>
- Liu, Y. Y., Shen, X., Yang, F., Song, S. Z., & Huang, J. F. (2024). Relationships Between Family Resilience, Individual Resilience, and Quality of Life in Patients with Head and Neck Cancer: A Cross-Sectional Study. *Western Journal of Nursing Research*, 46(11), 869–877. <https://doi.org/10.1177/01939459241287451>
- Mesbah, I., Hojatkah, S. H., & Golmohammadi, M. (2018). The effectiveness of ACT-based therapy on resilience among mothers of children with intellectual disabilities. *Journal of Exceptional Psychology*, 8(29), 85–109. https://jpe.atu.ac.ir/article_9040.html
- Moghbel Esfahani, S., & Haghayegh, S. A. (2019). The Effectiveness of Acceptance and Commitment Therapy on Resilience, Meaning in Life, and Family Function in Family Caregivers of Patients With Schizophrenia [Original]. *Internal Medicine Today*, 25(4), 298–311. <https://doi.org/10.32598/hms.25.4.298>
- Nasiri Nasab, S. (2018). *The effect of Compassion-Focused Therapy on resilience, hope, and psychological well-being among mothers of children with phenylketonuria* Master's Thesis].
- Safi, F., Areshtanab, H. N., Ghafourifard, M., & Ebrahimi, H. (2024). The Association Between Self-Efficacy, Perceived Social Support, and Family Resilience in Patients Undergoing Hemodialysis: A Cross-Sectional Study. *BMC Nephrology*, 25(1). <https://doi.org/10.1186/s12882-024-03629-4>
- Sahraei, A. (2022). *The effectiveness of Mindfulness-Based Cognitive Therapy (MBCT) on cognitive resilience and flexibility in prisoners'* Master's Thesis, Behshahr University.
- Tang, C. S., Siu, T. S. U., Chow, T. S., & Kwok, H. S. (2023). The Role of Family Resilience and Pandemic Burnout on Mental Health: A Two-Wave Study in China. *International journal of environmental research and public health*. <https://doi.org/10.3390/ijerph20053803>
- Vladislav, E. O., Marc, G., Paica, C.-I., & Pop, O. P. (2024). Family Resilience in a Social-Ecological Context – Emotional Difficulties and Coping Strategies. *Frontiers in Psychology*, 15. <https://doi.org/10.3389/fpsyg.2024.1421745>
- Wei, Y., Li, Z., Guo, L., Zhang, L., Lian, C., Yuan, C., & Chen, J. (2023). The Moderating Role of Family Resilience on the Relationship between COVID-19-Related Psychological Distress and Mental Health among Caregivers of Individuals with Eating Disorders in Post-Pandemic China. *International journal of environmental research and public health*, 20(4), 3417. <https://doi.org/10.3390/ijerph20043417>
- Williams, M., & Penman, D. (2012). *Mindfulness: A practical guide to finding peace in a frantic world*. London: Piatkus.
- Yang, Y., He, F., Li, D., Zhao, Y., Wang, Y., Zhang, H., Qiao, C., Cui, Y., Lin, L., & Guan, H. (2024). Effect of Family Resilience on Subjective Well-Being in Patients With Advanced Cancer: The Chain Mediating Role of Perceived Social Support and Psychological Resilience. *Frontiers in Psychology*, 14. <https://doi.org/10.3389/fpsyg.2023.1222792>
- Zarei, F., Asadpour, E., & Mohsenzadeh, F. (2021). The efficacy of acceptance and commitment-based therapy on marital satisfaction and self-efficacy of mothers with children with cerebral palsy [Applicable]. *Journal of Psychological Science*, 20(105), 1493–1512. <https://doi.org/10.52547/jps.20.105.1493>
- Zhu, J., Xiang, S., & Li, Y. (2024). Mothers' Perceived Co-Parenting and Preschoolers' Problem Behaviors: The Mediating Role of Maternal Parenting Stress and the Moderating Role of Family Resilience. *Psychology research and behavior management*, Volume 17, 891-904. <https://doi.org/10.2147/prbm.s451870>