

EXPLORING EFFECTIVENESS OF ACCEPTANCE AND COMMITMENT THERPAY: A SINGLE CASE ANALYSIS OF GENERALIZED ANXIETY

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ABSTRACT

Background: Acceptance and Commitment Therapy (ACT) is the acceptance based third generation therapy focused on living richer and meaningful life in the world where pain is inevitable (Luoma, Hayes & Walser, 2017; Hashminsaab et al., 2015; Harris, 2013; Eifert et al., 2013).

Objectives: The present study aimed to explore effectiveness of ACT utilizing single case study.

Method: ABA research design was employed and the single case was observed and conceptualized on Acceptance and Commitment Therapy (ACT) framework, based on Hexaflex of Psychological Inflexibility. The client's symptoms were seen as the result of experiential avoidance and fusion with future apprehensions. Formal assessment includes GAD-7, Acceptance and Action Questionnaire (AAQ-II) and value questionnaire.

Results: Management plan was based on ACT Hexaflex of Psychological Flexibility which is comprised of six core components and a total of twelve individual therapy sessions were taken. Metaphors and experiential techniques were used during the sessions along with homework assignments. Creative hopelessness, defusion and mindfulness techniques along with choice point were introduced in the sessions. These techniques aimed to develop the willingness to experience difficult emotions while moving towards client's values and life that is worth living.

Conclusion: Hence, the client's anxiety significantly reduced after sessions which is not even the direct target of ACT as it is not focused on symptom reduction. It is the by-product of mindfulness and living a valued life.

Introduction

Generalized Anxiety Disorder (GAD) is one of the persistently challenging disorder that often present with excessive and uncontrollable worry that interferes in daily life activities. Traditional and world widely used cognitive-behavioral approaches have shown efficacy in symptom reduction, whereas Acceptance and Commitment Therapy (ACT) offers psychological flexibility as an alternative to the illness rather than just symptom reduction and elimination. In this study, the application of ACT in treating GAD was

investigated, utilizing and examining its core processes - acceptance, cognitive defusion, values clarification and committed action- in facilitating and empowering individual to rise from anxiety with resilience and purpose. By adopting and presenting a single case with in depth clinical account, this study aimed to shed light on the delicate details of the therapeutic processes of Acceptance and Commitment Therapy to demonstrate its transformative effectiveness and potential to bring meaningful change in the

person presented with persistent generalized anxiety.

It is inevitable to remove suffering from human life. Traditional therapies focus on reducing and removing suffering from one's life but not successful in doing so. Whereas Acceptance and commitment therapy (ACT), explains that acceptance is the key as human suffering is unavoidable. It is an innovative third generation, acceptance based behavior therapy. It focuses on behavior change consistent with one's value system (Eifert et al., 2009; Hasheminasab, 2015). ACT also highlight role of human verbal abilities and it function as a two-edged sword. It focuses on the ways to undermine the use of unhealthy human language and cognition, and moving towards psychological flexibility (Orsillo & Roemer, 2005).

Philosophical Underpinnings of ACT

Functional contextualism is one of the pragmatic philosophical phenomenon which built foundation of ACT. This phenomenon emphasizes the role of context in understanding human behavior and viewing psychological events as ongoing actions of the entire organism, holding event primary as a whole. Despite of breaking event into further sub-units, it observe event as a whole and in the light of interaction with its context: historically and situationally described. It can be understood with the help of example of a coin, a coin has two facets. One cannot construct back and front of the coin and then join to make a whole coin. None of its facet holds independent existence. This principle holds primary position in ACT, understanding event and its function within the context: what function this event serve in the present context? (Biglan & Hayes; 2015; Orsillo & Roemer, 2005).

ACT also laid focus upon pragmatic truth criterion referring to multiple forms of contextualism and it depends on the goal of the analyst. In other words, you can say what function it serves? The aim of this approach is not on the modification or any kind of change in the form of the thought rather highlighting the function of the thought and the way it holds you back from living

a worthy and valuable life (Orsillo & Roemer, 2005).

In ACT, the word mind or cognition is used as a metaphor for human language. Human language is comprised of complex set of symbols including words, images, physical gestures and cognitive processes such as analyzing, comparing and evaluating. On a positive side, it helps you to predict and plan future and on the negative side it leads to fusion with inner critique. Relational Frame Theory provide fundamental foundation for ACT. It is based on the idea that all of human language develops by relating one concept to another. The theory proposes the process of development of human cognition and communication, based on the individual's capacity and ability for identifying and creating the interlinked patterns between stimuli and response. Relating operates on operant conditioning and RFT explain the function of human language of a double edged sword. There is a noticeable difference between ACT and other clinical interventions such as cognitive restructuring aims to alter the relation between verbal events while ACT aimed to alter the function of the thought that it serves. According to RFT that verbal relations are hard wired cannot be altered easily but the function these verbal relations serves in one's life can be readily altered (Hayes, Barness-Holmes & Roche, 2001; Hayes, Strosahl & Wilson, 2012).

Theory of Psychological Inflexibility

ACT is predicted on the notion of psychological flexibility which is comprised of six interconnected processes: Cognitive, fusion, experiential avoidance, disconnection from present, self as a content, remoteness of values and inaction. Cognitive fusion and experiential avoidance is the core of any problem. According to ACT, verbal processes hold a narrow range of responses in anxiety or worry related contexts ultimately limiting human behavior. The most common responses in anxiety related situations provoked are fight, flight or freeze. Similarly, our society tame us in a way that we label private events, negative emotions, anxiety and worry as bad and reinforce behaviors which tends to avoid these

feelings and situations. The core of psychopathology lies in the limited repertoire according to ACT perspective. The greater the narrowing of response the greater or severe the psychopathology (Doorley, Goodman, Kashdan, 2020).

Cognitive Fusion

Language plays a vital role in human development and it is the prominent source of behavioral regulation. Human beings experience world through the verbal relations referring to relational frame theory and it is dominant source of regulation than other sources. Building upon this notion, those individuals who are in less contact with present and here or now experiences are more likely to be dominated by these verbal rules. This process is known as “Cognitive Fusion.” The process of cognitive fusion in ACT refers how human cognitively process their thoughts, private experiences, memories etc. through the lens of “literal evaluative strategies.” It means that it is very likely or natural that individuals caught up in the thoughts they are thinking about and they take these thoughts content as literal and it start dominating them when other strategies can be more effective and helpful. It involves fusion of event and one’s thoughts related to that event and they both become the same and they seems to be inseparable. It means that our thoughts, that particularly content lead to the same response as if the event is really happening when in actual it is imagined or assumed. In this way, it becomes behavior regulating strategy (Zhang, 2024).

Now we need to look, how this turns into psychopathology. The verbal rules human beings develops are difficult to challenge and behaviors regulated by these rules are also inflexible, ultimately restricting the range of human behaviors for present experience and ultimately undermines the actual experience and its impact and thus strengthening the rule-followings (Doorley, Goodman, Kashdan, 2020).

Experiential Avoidance

Experiential avoidance is basically based in part on cognitive fusion when an individual try to fix, control, avoid or suppress the form, frequency or

sensitivity related to private events. An individual keeps on indulging in experiential avoidance even if it provides psychological harm. Experiential avoidance is used as problem solving and it is based on if-then relationship, for example “if I want to live happily, I need to eliminate all types of anxiety.” These problem solving strategies are designed to deal with practical life problems such as, if you want dark, you turn off the light but such problem solving escalate the problem in case of anxiety because control is the core of problem. The more you control, the bigger the problem will become. Thus, in case of private event, the problem solving strategies must be approach in a different manner, because it operates on the principles of relational frame theory. It suggest that the psychological events are related and this relational connection cannot be altered but with focus on altering the function, the objective of living meaningful life could be achieved (Newman & Llera, 2011).

ACT model of GAD

The ACT model of generalized anxiety explains how the experiential avoidance serves the function of worry, association of distress with internal experiences, narrow attention towards internal and private experiences and ultimately result in amplification of worry and internal distress (Borkovec, Alcaine & Behar, 2004).

The Experientially Avoidant Function of Worry

Generalized anxiety disorder is different from other anxiety disorders, clients who suffer from GAD does not avoid any specific situation or object of fear as in specific fear, different models explains GAD. According to Borkovec model of cognitive avoidance, the nature of worry is rooted in verbal rules of language and these rules operates as an inhibitor to emotional arousal, mental images and somatic symptoms. When an individual inhibits somatic responses and as well as mental images it interferes with emotional processing of fear and in result it prolongs the period of worry. According to the cognitive avoidance hypothesis, the intolerance of uncertainty concept, and the emotion dysregulation model, anxiety serves as a

mechanism to mitigate sympathetic arousal. (Behar et al., 2009; Orsilo & Roemer, 2005; Brokovec, Alcaine & Behar, 2004).

It highlights that when the internal distress, painful emotions and suffering reduces, it negatively reinforce the worrisome thoughts and behavior of the person but it holds harmful effects in the long run as it effects the nervous system and immune system of the individual. In GAD, the most evident form of avoidance is experiential avoidance, usually it involves avoidance form the present moment, and it restrains people from responding to the environmental circumstances, opportunities and whatever it offers. The function of worry is to facilitate individual not to experience fears, sad feelings, angry thoughts and painful private events of the present moment rather it focuses on future endeavors (Brokovec, Alcaine & Behar, 2004).

Associating Threat with Internal Experiences

Experiential avoidance is a learned response described by Hayes et al., based on the association of perceived threat with the individual's threat experience. People suffering from generalized anxiety face difficulty with their "reactions to their reactions." In other words it can be described that individuals with GAD, respond their cognitions with distress and emotional reactions, which prompts the condition of threat which furthers promote worrisome response. They found their own worry as threatening which accelerate the experience of anxiety, eventually result in perpetuating the cycle of worry and anxiety (Orsilo & Roemer, 2005).

There are some other factors which contribute in generalized anxiety:

Narrowed Awareness and Focus on the Future

Individuals with GAD, usually involves in the attentional bias and they label and interpret an ambiguous situation as threatening. The attention of the individual is narrowed toward the potential threat on first step and then it is further narrowed towards future opposed to the current realities which is threatening (Behar et al., 2009).

Amplification of Internal Experiences

The process of narrowing attention towards private experiences perceived as threatening or undesirable mixed with reactive response and attempts to avoid internal distressing experiences may paradoxically exacerbate internal response or distress. The intensity of the emotional response heightened due the distress created by evaluating the normal event as threatening or harmful when reality is contrary (Behar et al., 2009; Orsilo & Roemer, 2005; Brokovec, Alcaine & Behar, 2004).

Rigid Habitual and Ineffective Behaviour Driven By Avoidance

Narrowed awareness and amplification of internal experiences result in habitual anxiousness which creates rigidity in the pattern of behavioural responding. Their inattention towards other environmental happenings disrupts the ability to adapt and respond effectively. Individuals with GAD also acknowledge their avoidant behaviours. These avoidant behaviours make clients' feel that they are on automatic pilot and observing their own life as a spectator. The preoccupation with potential threat completely disconnect the person from the immediate experience available in the present moment and ability to perceive happenings in the environment (Orsilo & Roemer, 2005).

Behavioural Changes

In ACT, emphasis is laid on the actions that are aligned with the individuals' value set rather restricting themselves with rigid predefined pathway or goals.

ACT interconnected processes target the clients' of generalized anxiety to drop their continuous battle to avoid anxiety and discomfort produced in the result. It also enable the clients' to focus on their values by becoming in charge of their lives by holding commitment towards actions. (Hasheminasab, et al., 2015).

Hypothesis

H1: Acceptance and Commitment Therapy lead to the significant reduction in the severity of Generalized Anxiety disorder symptoms.

H2: The psychological flexibility (of the client) improves after receiving treatment based on the Acceptance and Commitment Therapy.

Method

Research Design

The ABA single case research design was employed in the study, where the effect of treatment was analyzed through pre and post treatment observations.

Sample

The sample was consisted of a 37 years old female presented with excessive worry and facing issues in different areas of life due to worry.

Case Background

B.Z was 37 years old married female, who reported that worrying was her greatest problem. She had completed masters from a well reputed institution and currently working online as content writer. She also reported the family history of anxiety and psychological problems. She got married four years back. She reported that her husband was very shy in the beginning, due to which she faced lot of problems in adjustment. She had one child who is 2.5 years old. She felt on the edge all the time and difficulty concentrating even on the simplest task. She stated that she constantly worries about her health after the miscarriage which happened 10 months ago. After, the incident she avoided using stairs and doing household chores. She also found difficult to take care of her toddler child alone. She also experienced physical fatigue and reported that she never felt fresh. She was having difficulty in falling asleep due to excessive and uncontrollable worry. She all the time engage in thinking about her miscarriage, how her mother in law did not facilitated her during pregnancy and she also felt fearful all the time about being pregnant again. She stated “what if miscarriage happen again?” “How I will bear pregnancy?” “Is it ok to give birth after 30’s?” lot of questions and apprehensions run in her mind. She also engaged in apprehensions about her son that how he will behave when he will grow up? She experienced great tension even on minor conflictual matters at home. She had conflictual relationship with her in

laws and did not allow her child to go out of her room and spend time with grandparents alone. She also avoid talking to parents in law and felt worried about every single comment given by them.

She was also facing financial issues, but she didn’t prefer any office job despite the fact that she was well educated. She also reported that she cannot work until her child fall asleep or her husband take care of her child, due to which her online assignments get delayed and she also feel very tired and drained because she usually sleep after 2:00 am and get up around 7:30 am. She also reported that if house help doesn’t come for help without prior intimation, she feels excessively worried that how she will manage all the tasks without her? She did not like to go in social gatherings as it appears obvious that she was in tension about something. Client B.Z has had lifelong problem with worry, recalling that everyone in the college called her a “worry wart.” She reported that she used to worry a lot about her performance in college days. Currently, she reported that she cannot even enjoy dinner and outing with her husband and kid. All the time engage in worry about the pending tasks or health issues.

Assessment

In this study, self-report measures were used for pre and post assessment which includes Generalized Anxiety Disorder Scale, Acceptance and Action Questionnaire and Valuing Questionnaire. The case was conceptualized on the hexaflex of inflexibility reflecting the case into six interrelated core processes of inflexibility highlighting psychopathology.

Generalized Anxiety Disorder 7-item (GAD-7; Spitzer et al., 2006)

GAD-7 was used to assess the severity of generalized anxiety and total score of the scale ranges from 0 to 21. The score ranges from 0–4 indicates minimal anxiety, the score lies in the range of 5–9 indicates mild anxiety, scores with 10–14 indicates moderate anxiety and the scores above 14 or range between 15–21 indicates severe anxiety.

Acceptance and Action Questionnaire (AAQ-II; Bond et al., 2011)

The Acceptance and Action Questionnaire - version 2 (AAQ-II), is the most widely used measure of psychological flexibility and it is used to track individuals' progress and applicability of flexibility skills in daily life. It is a 7-point Likert scale where 1 indicates never true and 7 indicates always true. The individual score below 25 indicates psychological flexibility whereas the score 25 or above indicates psychological distress and inflexibility. Hence the higher total score indicates higher psychological inflexibility, experiential avoidance and distress and lower score on the scale indicates psychological flexibility.

Valuing Questionnaire (VQ; Wilson et al., 2010)

Valuing Questionnaire is comprised of two subscales. It has two subscales: Progress and Obstruction Scales and the scores on the two scales are negatively correlated indicated that if an individual has higher score on progress subscale that person will more likely to have lower score on obstruction scale. The Progress subscale (questions 3, 4, 5, 7, and 9) measures actions taken by the client to live with their values and the Obstruction subscale (questions 1, 2, 6, 8, and 10) measures the degree to which other things get in the way of the client living within their values. Both subscales total scores range from 0 to 30 and interpreted on the basis of scores on subscales. A psychologically healthier score would be a higher score on the Progress scale along with a lower score on the Obstructions scale. Client's score indicated psychologically unhealthy score, that client feels obstructed and score indicates remoteness from values and lack of committed actions.

Procedure

The researcher conducted clinical interview and used psychological assessment to diagnose the patient. The researcher applied acceptance and commitment therapy for case formulation, conceptualization and treatment purposes and a total of 12 sessions were conducted. The treatment model includes three phases of intervention:

initial, middle and end. The session wise plan was followed and included.

Diagnosis

The participant was diagnosed with Generalized Anxiety Disorder, the diagnosis was made on the criteria mentioned in DSM-V-TR and supported by participant's score on GAD-7 indicating severe anxiety. Similarly, the score on Acceptance and Action Questionnaire (AAQ-II) indicates psychological inflexibility reflecting poor wellbeing and the score on progress and obstruction sub-scale of Value Sorting questionnaire indicates remoteness from values and inaction. In this regard, case was formulated on ACT model of GAD and conceptualized on hexaflex of psychological inflexibility.

Case Formulation

According to ACT, anxiety disorders are experiential avoidance disorders, participant's symptoms also reflect avoidance in many situations like interacting with in-laws, avoiding physical activity. Anxiety is a natural survival response and it became disordered when it is not accepted as it is, when certain thoughts, memories and physical sensations added to the experience the individual establishes unwillingness to be in contact with such emotion or experience of anxiety. In this regard, they take measures to alter their form and frequency of such incidents which lead to such experiences. All these behaviors make them rigid and inflexible and they have to bear this at significant personal and interpersonal cost (Delhom, Mateu-Mollá, & Lacomba-Trej; 2022). The participant's symptoms suggested generalized anxiety disorder and factors that contribute to her problem were excessive worry and uncontrollable apprehension about the future that includes family history of anxiety and psychological issues, her sensitive and shy nature from college days and low frustration tolerance and easily being distressed. Barlow described people with generalized anxiety as sensitive and hypervigilant to detect any possible threat when compared to non-anxious people. This sensitivity shapes the view and perception of the world and declares it as uncontrollable, unsafe rather dangerous place and

this views is linked with early life experiences of stress. (Behar, et al., 2009; Orsillo & Roemer, 2005).

Client was excessively engaged in future apprehension about her health and chances of miscarriage. This engagement with worry through “what if” scenarios or worst case scenarios is the attempt to gain control over situation and unexpected outcome and in result the individual experience less vulnerable and had the sense of being in some control over the situation (Wells, 2002, Dugas & Robichaud, 2007).

According to Borkovec avoidance model of worry, remarkable form avoidance is experiential in nature. They stay away from the present moment. Experiential avoidance prevents people from responding to environmental contingencies (Newman & Llera, 2011). Similarly, in this case client B.Z. was avoiding painful experience of previous miscarriage and involve in future worry. The distress experienced by people with generalized anxiety is associated with their primary cognitive and emotional response which expedite more worry.

They assume their own worry as threatening. Therefore they tend to avoid their internal experiences. Attention of the individual is targeted and focused on the future prospects rather to the present opportunities offered (Borkovec, Alcaine & Behar, 2004; Newman & Llera, 2011).

Client had reported that she gets easily distressed if a maid does not come without prior intimation and cannot manage her household chores. She also reported that she involves in worrying about future possibilities of poor health, miscarriage. Those diagnosed with GAD have predisposition to perceive and evaluate ambiguous circumstances as threatening (Behar et al., 2002).

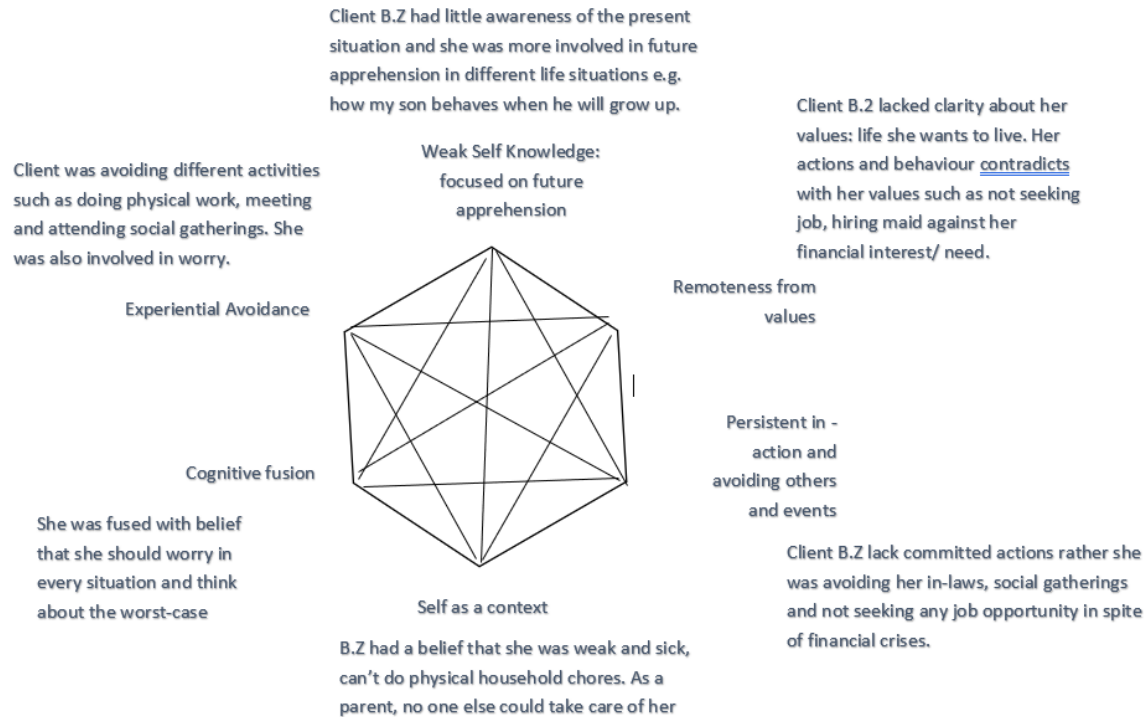
The attentional focus of unwanted private experiences paired with heightened response and continues effort to avoid it experientially eventually exacerbate the internal discomfort and distress. The habitual anxious responding generates rigidity in behavioural responding. People with GAD do endorse avoidance behaviours. Their lack of attention disrupts adaptive responses to environmental contingencies (Behar et al., 2002; Orsillo &

Roemer, 2007). Researchers have found that clients’ reported that she witness her own life as observer, and they are disengaged from immediate circumstances and living in the possibilities of future threats. Client’s history, clinical observation and assessment supported the presented symptoms.

Case Conceptualization

The ACT model of psychopathology includes processes that lead to inflexible and narrow behavioural repertoires and generally unworkable solutions to client problems (Levin et al., 2014). In this case (see fig.1), the client B.Z was involved in experiential avoidance in various life domains such as doing physical work, attending gatherings, finding job and fused with worry and future apprehension. She has conceptualized herself as weak and worrisome which weaken her present awareness of situations and opportunities around. Similarly, her behaviour lacked commitment and she was not living a rich, meaningful life. She mostly involved in worry as solution to her problem which further aggravate more worry and apprehension and result in suffering and dirty discomfort. All these processes lead to poor wellbeing and psychological inflexibility.

Figure 1: An ACT model of Psychopathology (adapted from Hayes et al., 2006)



Treatment Overview

Acceptance and Commitment therapy is not strictly structured as CBT, in this study three interwoven phases of treatment were outlined and session wise treatment protocol was used and core processes were integrated to make the process

effective and leading the client from inflexibility to flexibility (Harris, 2024; Harris, 2013; Smith, Smith & Bluett, 2023; Luoma, Hayes & Walser, 2017; Stoddard & Afari, 2014; Hayes, Strosahl & Wilson, 2012; Eifert et al., 2009)

Table 1
ACT Core Processes and Techniques

Core Process	Metaphor	Technique	Rational
	Creative Hopelessness		To develop hopelessness in client that what they are trying is not helpful and let go off the struggle
Defusion	“Getting hooked” & “Unhooking yourself” Passenger on the Bus	Leaves on the stream Naming the story	To provide client with strategies to unhook herself from future worry and apprehensions

Acceptance	Pushing away paper	Mindfulness exercise (observe/breathe/expand/allow) Pushing away paper exercise Compassionate hand	To help client accept the thoughts, emotions, etc without any defense
Contact with the present moment		Dropping Anchor Brief body scan	To help client to stay steady and in the present while encountering painful private events
Self-as-context	Sky and Weather Chessboard	Stage show exercise The Pen Exercise (i.e. turning the metaphor into an actual practice)	To develop emotional willingness in the client and develop flexible perspective
Values		Magic Wand Life Compass	To help clients to identify values and develop goals that are flexible
Committed Action	“Towards moves”	Bull’s eye worksheet Choice Point	To help client to identify important areas and barriers in the way they want to advance in the light of values



Phases of Intervention

The treatment included three phases of intervention: initial phase (session 1-3), middle phase (session 4-8) and end phase (session 9-12).

Initial Phase

This phase was comprised of 3 sessions with prime focus on therapeutic alliance and rapport building. The participatory nature of the therapy was explained and function of anxiety and when it became disordered were discussed. Case was conceptualized on hexaflex of psychological inflexibility and model was explained to develop the insight in the client. Two important phenomenon of ACT: control is the problem and concept of workability were introduced. The core concept of creative hopelessness was introduced to develop willingness in the client to drop the struggle. Homework assignments and exercises were also introduced.

Session 4-8 (Middle Phase)

This phase was comprised of five sessions. Mindfulness exercises were introduced that would be used through-out the course of treatment. Acceptance as the core process of the six processes of psychological flexibility was introduced and dropping the anchor technique was used and its purpose was to help client to stay intact while experiencing painful emotions or private events. Similarly, defusion strategies and emotional willingness were introduced to unhook the client from future apprehensions while shifting focus on what is important in life of client. Client was asked to identify potential barriers in living a valued life through a worksheet and transcendent sense of self was developed through metaphors.

Session 9-12 (End Phase)

This phase was comprised of four session. The end phase was primarily focused on the two essential core processes of ACT: values and committed action. These two core processes make acceptance

and commitment therapy action based therapy and offshoot of behavior therapy. The concept of values was clarified to the client and a crucial conceptual difference between goals and values was explained. In addition to this, importance of behavioral activation and committed action was explained to the client. It is the process of living a life that a person values.

Results

The purpose of the present study was to assess the effectiveness of Acceptance and Commitment therapy in reducing the symptoms of Generalized Anxiety Disorder and to investigate the improvement in psychological flexibility after receiving the treatment. Pre and post assessment (Table 1) was done to assess the change in the severity of generalized disorder symptoms. Secondly, to identify the change in scores on Acceptance and Action Questionnaire indicating psychological flexibility and Value Questionnaire.

Table 2
 Pre and post assessment scores on GAD-7, AAQ-II and Value Sorting Questionnaire

Measure	Pre Assessment	Post Assessment
GAD-7	18 (Sever Anxiety)	8 (Minimal Anxiety)
AAQ-II	44(Psychological Inflexibility/ Poor Wellbeing)	19 (Psychological Flexibility)
Value Questionnaire Progress	10 (Remoteness of Values)	23 (Clarity of values)
Obstruction	27 (Inaction)	14 (Committed Actions)

Fig 1 Bar graph representing pre and post treatment scores on psychological assessments (GAD-7, AAQ-II, Valuing Questionnaire-Progress and Obstruction)

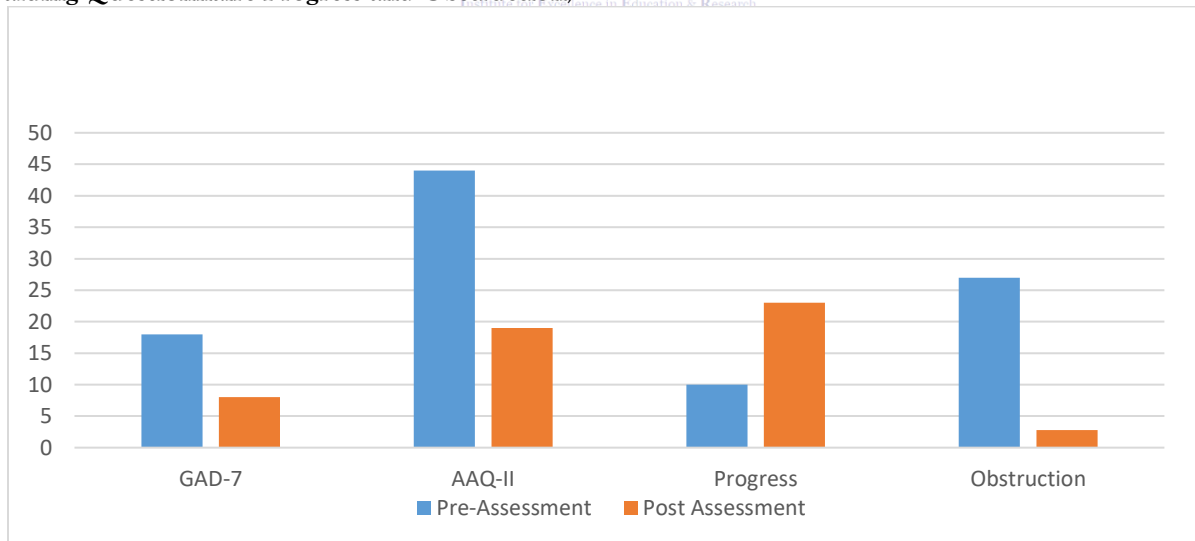


Table 2 demonstrates the effectiveness of Acceptance and Commitment Therapy (ACT) in treating Generalized Anxiety Disorder (GAD). The client’s score on the Generalized Anxiety Disorder 7-item scale (GAD-7) decreased from 18

at pre-assessment, indicating severe anxiety, to 8 at post-assessment, reflecting minimal anxiety. This substantial reduction in symptom severity suggests that ACT was effective in alleviating the client’s anxiety symptoms.

In addition, Table 1 highlights improvements in psychological flexibility following the intervention. The client's score on the Acceptance and Action Questionnaire (AAQ) initially reflected psychological inflexibility and compromised well-being. Post-treatment scores indicated enhanced psychological flexibility, suggesting a positive therapeutic impact of ACT. Further, the client's responses on the Valued Living Questionnaire showed progress across both subscales. Specifically, the score increased on the progress subscale and score decreased on the obstruction subscale. These changes suggest that, prior to treatment, the client experienced significant barriers to living in accordance with personal values. Post-treatment findings indicate reduced obstacles and greater alignment with valued life directions, reflecting increased engagement in committed actions.

Discussion:

The findings of the study support objectives of the research. The first objective was to investigate the effectiveness of Acceptance and Commitment Therapy (ACT) in treating Generalized Anxiety Disorder (GAD). Secondly, the researcher aimed to investigate the impact of interconnected processes of hexaflex resulting in enhanced psychological flexibility.

The result of the study show single case who presented with generalized anxiety disorder, was treated with Acceptance and Commitment Therapy and a total of 12 sessions were conducted. Participant showed substantial decline in the level of anxiety on the scores obtained on psychological measures from pre to post-treatment changes. Experimentally, this is the first study in Pakistan as per researcher awareness utilizing ACT for generalized anxiety and examined its efficacy in reducing anxiety and enhancing psychological flexibility. Data from this case is not definitive, but provide meaningful insight about the effectiveness of ACT in treating generalized anxiety, improving flexibility and promoting wellbeing.

In the present study, the participant learn to drop the struggle with unhelpful and uncontrollable thoughts, cognitions and feelings. For this purpose, the researcher has introduced the

phenomenon of "Creative Hopelessness" a specific technique of motivation. The goal of this concept is that the participant drop the anxiety control agenda by experiencing the unworkability and futility of past avoidance and control efforts creating a space that nothing will change until or unless the client is willing to try something differently in regard to their apprehensions and unhelpful thoughts (Smith, Smith & Bluett, 2023). To further strengthen this concept "Man in the hole" metaphor and Daily Struggle Worksheet was used to facilitate the client to keep record (Stoddard & Affari, 2014).

Acceptance of experience mindfully was employed as a tool to observe fully the distress created by the anxiety and individuals' response towards it without involving in any kind of evaluation and judgement. It build willingness to experience private psychological event without any attempt to change and modify the experience. (Eifert et al., 2009). The target is to widen client's narrowed set of responses usually reflect in the form of worrying, future apprehension and avoidance and enhanced flexibility in response to the unhelpful thoughts. The people with generalized anxiety disorder usually experience excessive worry in every domain of life and overwhelmed with future apprehension consistent with case presentation of the study. In this regard, mindfulness exercises: dropping the anchor and brief body scan was introduced to facilitate the participant to stay intact or grounded while experiencing painful emotions. It foster emotion regulation and helped the participant to differentiate between what they can control and what they cannot control in their lives. As a core principle in ACT, it helped the participant to be grounded in the middle of emotional storms and reconnect with the present moment (Harris, 2024).

Moreover, fusion with distressful thoughts, emotions and events also explained to the participant that fusion or getting hooked is the hallmark of anxiety disorder, limiting the individual and his/her response. Defusion strategies played a significant role in quitting experiential avoidance. The aim of cognitive defusion techniques was not to alter the content and validity of negative evaluation, although it

only target the process of evaluation (Zhang, 2024). These strategies stressed that participant respond to its actual experience rather the evaluation of the experience because when an individual respond to the evaluation of his/her experience, the person is more likely to involve in experiential avoidance. For this purpose, various metaphors such as “passenger on the bus,” “leaves on the stream” “radio doom and gloom” and naming the story was introduced (Stoddard & Affari, 2014).

Concept of emotional willingness was introduced with the aim to facilitate the participant’s willingness to experience painful emotions with the help of “the pen exercise”. Metaphors such as chessboard metaphor and the stage show metaphor were used to develop flexible perspective and transcendence sense of self. The alternative of anxiety management and control agenda is concept of valued living was introduced and focusing on actions that led to the worthy life. For this purpose, life compass and bull’s eye worksheet was used to help the participant to choose valued direction by identifying goals and potential barriers in the way of valued life (Harris, 2013). Drawing from ACT, it emphasized on consistent and persistent involvement in actions guided by values not by rigidly defined goals with particular outcome. It is attained through, a clear distinction between goals and values and also building understanding of the fabricated and layers of conflicts between rigid goals associated with values.

Conclusion

Acceptance and Commitment therapy (ACT) is a better alternative to Cognitive Behavior therapy (CBT), as it is effective in treatment as well improves psychological flexibility and connect the individual with a purposeful action oriented life.

Limitation and Implication

The findings of this research was based on a single case study, hence cannot apply to the group and larger population but it in-depth analysis provide valuable insight regarding session protocol and structure and utilization of core processes for treatment.

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