# Acceptance and Commitment Therapy Processes Differentially Predict Psychological Distress and Satisfaction with Life

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#### Abstract

#### Background

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The Comprehensive Assessment of Acceptance and Commitment Therapy processes (CompACT; Francis, Dawson, & Golijani-Moghaddam, 2016) was developed to address limitations of existing ACT process measures and to provide a fuller assessment of psychological flexibility. Preliminary evidence suggests CompACT factors – Behavioral Awareness (BA), Openness to Experience (OE), and Valued Action (VA) – differentially predict depression and satisfaction with life (Rogee, Daks, Dubler, & Saint, 2019). The goal of the present study was to further examine CompACT factors in the prediction of depressive, anxiety, and stress symptoms, as well as satisfaction with life among a nonclinical sample of adults.

#### Method

Study participants (N = 601) completed a battery of self-report assessments using Qualtrics, including the CompACT, the Depression, Anxiety, Stress Scale - Short Form (Antony, 1997), and the Satisfaction With Life Scale (Diener et al., 1985). Separate hierarchical regression analyses were used to evaluate whether the factors BA, OE, and VA uniquely predicted symptoms of depression, anxiety, and stress, and satisfaction with life.

#### Results

BA, OE, and VA uniquely and significantly predicted depression, and BA and OE uniquely and significantly predicted anxiety and stress. OE and VA uniquely and significantly predicted satisfaction with life (all p's < .01).

#### Discussion

Results suggest different ACT processes may target specific mental health outcomes. Results differ from Rogee et al. (2019) in that BA was not found to be a significant predictor of satisfaction with life. Thus, further research is warranted in this area.

### Background

Higher levels of psychological flexibility have been associated with various positive mental health outcomes (Fledderus et al., 2013; Hardy & Segerstrom, 2017; Kashdan & Rottenberg, 2010).

The CompACT subscales (Behavioral Awareness, BA, Openness to Experience, OE, and Valued Action, VA) assess core ACT processes, allowing clinicians to monitor changes in psychological flexibility during therapy (Francis, Dawson, & Golijani-Moghaddam, 2016).

Depressive, anxiety, and stress symptoms are common among those seeking mental health services (Brody et al., 2018; Cohen et al., 2007; Remes et al., 2016).

The BA, OE, and VA subscales have demonstrated validity in the prediction of depressive symptoms, as well as satisfaction with life (Rogee, Daks, Dubler, & Saint, 2019).

#### Purpose

The purpose of this study was to examine the unique properties of the CompACT subscales (BA, OE, VA) in predicting depression, anxiety, stress and satisfaction with life.

## Hypothesis

All three subscales will uniquely and significantly predict depression, anxiety, stress and

### **Statistical Analyses**

- Zero order correlations show all predictors (OE, VA, BA) were significantly correlated in the expected direction with life satisfaction and factors of psychological distress.
- Separate hierarchical multiple regressions were run for each of the outcome variables using SPSS version 26 (IBM Inc., 2018).
- Each analysis entered the three ACT processes in the same order OE, VA, BA.



- Depression
  - OE, VA, BA, and relationship status significantly predicted symptoms of depression, while controlling for each other, and age (p's < .05).

Anxiety

• OE, BA, and age significantly predicted symptoms of anxiety, while controlling for each other (p's<.01).

Stress

OE, BA, and age significantly predicted symptoms of stress, while controlling for each other (p's<.01).

Satisfaction with Life

• OE, VA, and relationship status significantly predicted satisfaction with life, while controlling for each other (p's<.01).

### Participants

Participants (N = 601) were compensated ~\$4 for completing an online battery of self-report surveys using Qualtrics and were matched to the adult U.S. census population:

- Gender identities Female *n* = 307; male *n* = 294
- Average age = 41 years (range = 18-70)
- Racial identities White or Caucasian = 490 (81.5%); Black or African American = 66 (11%); Asian = 24 (4.0%); other = 9 (1.5%); multiracial = 8 (1.3%); Indigenous American or Alaska Native = 4 (0.7%)
- Ethnic identities Non-Hispanic/Latino = 555 (92.3%); Hispanic/Latino = 36 (6%)

### **Study Measures**

- The Comprehensive Assessment of Acceptance and Commitment Therapy processes (CompACT; Francis, Dawson, & Golijani-Moghaddam, 2016)
  - 23 items measuring psychological inflexibility and processes targeted by ACT.
- Depression, Anxiety, and Stress Scale Short Form (DASS-21; Antony, 1997)
  - 21 items rating cognitive and physical experiences of negative emotional states.

### Table 1

Separate Hierarchical Regression Analyses

	β	t	R	$R^2$	$\Delta R^2$
Depression:			.61	.37	.31**
Age	04	-1.22			
Relationship Status	.47*	2.27			
CompACT OE	.27**	5.46			
CompACT VA	.13*	2.92			
CompACT BA	.57**	9.03			
Anxiety:			.54	.30	.23**
Age	11**	-4.09			
CompACT OE	.26**	5.42			
CompACT VA	02	45			
CompACT BA	.41**	6.85			
Stress:			.56	.31	.25**
Age	09**	-3.27			
CompACT OE	.26**	5.72			
CompACT VA	.002	.06			
CompACT BA	.42**	7.23			
Satisfaction with Life:			.43	.19	.15**
Relationship Status	.53**	3.33			
CompACT OE	.23**	5.79			
CompACT VA	.25**	7.19			
CompACT BA	07	-1.33			

- Satisfaction With Life Scale (SWLS; Diener et al., 1985)
  - 5 items assessing subjective wellbeing and life satisfaction.

#### Discussion

- Findings support the original hypothesis and further support the validity of the CompACT in predicting depression and satisfaction with life.
- Results differ from previous studies, highlighting the need for further research on connections between behavioral activation and satisfaction with life (Rogee et al., 2019)
- Due to the cross-sectional study design, study replication and scale-up efforts are warranted to attempt reproduction of results.
- Each ACT process may target specific aspects of mental health, which may allow for improved individualization of interventions to better address client and patient needs.
- Future studies should work with clinical populations to attempt replication of findings among persons with clinically-significant symptoms of psychological distress.

#### References Available Upon Request