

Acceptance and Commitment Therapy and its Application in Women Living under a Situation of Intimate Partner Violence.

La Terapia de Aceptación y Compromiso (ACT) y su Aplicación en Mujeres que
Viven en Situación de Violencia de Pareja

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Abstract:

The study's objective was to describe whether Acceptance and Commitment Therapy (ACT) was effective for the care of women living in a situation of intimate partner violence. A search was done in databases such as Google Scholar, Redalyc, Scielo, and Dialnet. The inclusion criteria focused on research on Acceptance and Commitment Therapy (ACT) addressing victims of intimate partner violence in the last ten years. Protocols and interventions on women who experience intimate partner violence and men who generate it, treated from Acceptance and Commitment Therapy in conjunction with other models such as Mindfulness, Cognitive Behavioral Therapy (CBT), Behavioral Activation (BA), and Functional Analytical Psychotherapy (FAP) were found. It was concluded that although there is little evidence of the results, Acceptance and Commitment Therapy is effective in reducing symptoms of post-traumatic stress disorder (PTSD), depression, and anxiety.

Keywords:

Violence towards women, Third Generation Therapies, Acceptance and Commitment Therapy (ACT), Post-traumatic stress disorder, Experiential Avoidance Disorder

Resumen:

El objetivo del estudio fue describir si la Terapia de Aceptación y Compromiso (ACT) era eficaz para la atención de mujeres que viven en situación de violencia de pareja. Se hizo una búsqueda en bases de datos como Google Académico, Redalyc, Scielo, Dialnet. Los criterios de inclusión se enfocaron en las investigaciones sobre Terapia de Aceptación y Compromiso (ACT) abordando a las receptoras de violencia de pareja en los últimos diez años. Se encontraron protocolos e intervenciones en mujeres que viven violencia de pareja y en hombres generadores de la misma, tratados desde la Terapia de Aceptación y Compromiso en conjunto con otros modelos como el Mindfulness, la Terapia Cognitivo Conductual (TCC), la Activación Conductual (AC) y la Psicoterapia Analítica Funcional (FAP). Se concluyó que si bien, existe poca evidencia de los resultados, la Terapia de Aceptación y Compromiso ha demostrado ser eficaz para la disminución de síntomas de trastorno de estrés postraumático (TEPT), depresión y ansiedad.

Palabras clave:

Violencia hacia las mujeres, Terapias de Tercera Generación, Terapia de Aceptación y Compromiso (ACT), Trastorno de estrés postraumático, Trastorno de Evitación Experiencial

INTRODUCTION

Violence is a social and health problem that has been normalized and naturalized in societies where power relations

involve social inequality between people; this implies that some are more vulnerable to experiencing situations of violence, within which primarily are women, girls, and boys, the disabled, the elderly, indigenous people and minorities (National Center

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for Gender Equity and Reproductive Health [CNEGSR], 2009). Initially, violence is defined as an exercise of power through force (physical, psychological, economic, or political) through hierarchical positions where there is always one person above and one below in a real or symbolic way that occurs in complementary roles: father-son, man-woman, teacher-student, employer-employee, young-old (Corsi, 1994). Specifically, violence against women has been recognized as being based on gender; that is, there is a social position that men exercise over them just because they are women, which is why gender has been recognized as a factor of risk in violence against women (Ferrer-Pérez & Bosch-Fiol, 2019).

According to the World Health Organization (WHO, 2021), it is estimated that one of three women (30%) in the world have suffered physical and sexual violence within and by their partner relationship or by a third party at some point in their lives. In cases where the partner is the generator of violence, almost a third (27%) of women between 15 and 49 years of age reported violence. For this reason, the Ministry of Health (SSa, 2009) in the Official Mexican Standard NOM-046-SSA2-2005 Family, Sexual and Violence Against Women: Criteria for Prevention and Care [NOM-046-SSA2-2005] defines violence against women such as:

Any action or omission based on their gender that causes them psychological, physical, patrimonial, economic, sexual harm or suffering, or death, both in the private and public spheres; a) that takes place within the family or in any other interpersonal relationship, whether or not the aggressor shares the same address as the woman. b) that takes place in the community and is perpetrated by any person (pp.15.).

And family violence is defined as:

The act or omission, single or repetitive, committed by a family member against another or other family members, regardless of whether the relationship is by blood, affinity, or civil kinship through marriage, concubinage, or other relationships, regardless of the physical space where it occurs. Including abandonment, physical abuse, psychological abuse, sexual abuse, and economic abuse (p.15).

Consequently, there are different investigations and surveys that have been carried out to comprehend the damage to health caused by violence against women, in these, it has been found that at the biological level injuries can arise that cause partial or total disabilities, sexually transmitted diseases (STI/HIV/AIDS), sexual and reproductive conditions or even death, in addition to risk behaviors or family disintegration at the psychological and social level. Other studies have also shown that intimate partner violence against women (VPM) affects the perception of the physical and psychological damage caused that appears in the medium and long term (WHO, 2021; SSa 2009; Arredondo et al., 2018).

For its part, the WHO (2021) has recognized some of the factors that are involved in the problem of intimate partner violence against women (VPM) as well as sexual violence both in women who experience situations of violence and in men.

Background and environmental factors for men who generate violence, such as a history of family and childhood violence (exposure to child abuse, having witnessed scenes of family violence), substance abuse, and political and sociocultural factors (community norms that grant privileges or a superior status are to women, women's poor access for paid employment, and low levels of gender equality).

Considering all factors mentioned above, it has been necessary to account evidence-based interventions that generate a response to the problem of intimate partner violence against women, so the present study aims to show a reference framework based on Contextual Therapies, specifically Contextual Therapy of Acceptance and Commitment, considered one of the best known, and which has shown its effectiveness in the treatment of problematic family relationships.

METHODOLOGY

The theoretical review of Acceptance and Commitment Therapy began using academic search engines such as Google Scholar, Redalyc, Scielo, and Dialnet. Digital files such as scientific journals, degree theses, standards, laws, manuals, and notes were found on web pages that provided information on the variables presented.

The inclusion criteria of the search focused on contextual therapies, specifically Acceptance and Commitment Therapy (ACT), on the approach for recipients of partner violence, as well as on the impact of experiential avoidance disorder, the clarification of the values and psychological flexibility, through keywords such as violence, intimate partner and gender violence, and Acceptance and Commitment Therapy.

Indeed, other theoretical models for the approach and other modalities of violence (labor, teaching, institutional, femicide) were excluded; likewise, attention was paid to protocols or interventions aimed at men who generate violence.

RESULTS

Third generation or contextual therapies are a set of therapies that are concerned with addressing the context and the variables present in the life of each individual, they are interested in the way in which verbal rules, the functions of language and the learning in equivalence relations (López, 2015).

Within these therapies is the Acceptance and Commitment Therapy, abbreviated ACT by its name in English is Acceptance and Commitment Therapy, which is based on the Theory of Relational Frameworks proposed by Hayes and Barnes-Holmes, this theory is analytical and is interested in the functions of language and cognition (Törneke et al., 2010 as cited in Vargas & Coria, 2017). ACT is also considered contextual and formal and aims to help people discover for themselves what their fundamental values are (Flores, 2017).

Although there are different frames of reference from which ACT arises, it is important to consider the Relational Frame

Theory and the Contextualist-Functional Approach as the main ones. These theories postulate that human beings, by enjoying symbolic capacities, can form, through them, frames of similar reference between different external and internal stimuli or events (thoughts, images, sensations, feelings, etc.) (Barraca, 2007).

According to the ACT, the problems and/or discomforts of people are subject to their life history and how through their experiences they have learned to react and derive their thoughts and emotions (Luciano, 2016), that is, they explain the problems as behaviors based on the characteristics of the context and the specific time in which the problem is experienced, emphasizing the learning history that the patient has had thus far (López, 2015).

It should also be mentioned that from ACT people can manifest an experiential avoidance disorder linked to the idea of not wanting to be in constant relationship with disagreeable or bothersome experiences, such as: sensations, thoughts and memories that are problematic or negative, this leads to avoidant behaviours that produce states of relief in the short term but that accumulate in losses that end up producing personal dissatisfaction in the long term, since the discomfort is not resolved, but rather multiplies (Luciano, 2016).

As a result, different studies have suggested that avoiding bothersome thoughts or emotions can contribute to negative response behaviours that generate and increase the period of experimentation of the person, therefore, models based on acceptance promote change through experience. in the here and now without value judgments so that emotions, sensations and thoughts can be accepted (Vargas & Coria, 2017).

For this reason, the objective of ACT is to eliminate those problem behaviours that encourage the appearance or maintenance of symptoms, postulating the importance of distinguishing the emotions and thoughts that derive from unwanted situations and accepting them as they are, this implies desisting from a constant dispute against the discomfort that stops the patient's life and prevents him from going towards what he or she personally wants (Barraca, 2007).

In such a manner, ACT does not intend to change or reduce the symptoms that are bothersome but tries to modify its function so that people are capable of reacting to their personal goals; this is formed through different methods such as metaphors, paradoxes, or complete exposition exercises that focus on the here and now (Flores, 2017).

For their part, Wilson and Luciano (2017) mention that, through the methods, it is intended that the person stops avoiding the unwanted situation and begins to interact with it, which they are described below:

- Metaphors refer to verbal formulas that allow us to get out of logic and reason through stories or examples with the aim of validating the experiences of each person.

- Inherent paradoxes are verbal formulations that have the characteristic of contradicting the literal and functional characteristics of the avoidance rules.

- Experiential exercises are techniques designed so that the patient can establish direct contact with the experience within the context and from this, remove the aversive verbal barriers that act through behavior such as fear, panic, depression, humiliation, anger, aggression, etc.

In general, the ACT treatment focuses on the actions that are valuable for each person, on seeing discomfort and suffering as something normal, explaining that one learns to resist suffering, this implies changing the values of each person to guide their behaviour, accepting that there are events that can arise without expecting them and that we can learn to "fall and get up" (Luciano & Valdivia, 2006).

Regarding its characteristics, Redondo (2016, as cited in Flores, 2017) states that according to the ACT, the following purposes are pursued:

- A posture that emphasizes self-acceptance and where suffering is seen as necessary.
- This style of therapy, through metaphors and exercises, aims to change verbal behaviours that activate unpleasant emotions.
- Experiential Avoidance is considered the basis of different psychopathologies.
- This therapy aims to make the patient accept the emotions, sensations and thoughts that are unpleasant.

Finally, this type of therapy aims to show the behaviour governed by the rules of the context that do not allow the patient to function freely, where the way to solve problems is through accepting and becoming aware of the behaviours so that the goal is achieved through behavioural change, so that learning influences psychological flexibility (López, 2015).

Previous studies of violence against women and acceptance and commitment therapy (ACT)

To introduce the previous studies, it was observed that the issue of violence experienced by women has been of great importance in recent years, so this section began with the presentation of the intervention protocols and later with the applications made in women who experience intimate partner violence and finally with few studies of men who generate it, it was not emphasized in the latter because the main objective is interventions with women.

As is well recognized, an intervention protocol in psychology aims, through an ordered sequence, to help the patient or patients to improve their clinical situation. In 2017, Vargas and Coria carried out a practical guide of 9 sessions to apply a treatment based on ACT and Mindfulness for women with post-traumatic stress disorder through group and individual therapy modalities. The main objectives of this protocol were to direct the consultants to identify the problematic situations in their lives, the actions they carried out in these situations, and the short and long-term effects, as well as to know the function of

emotions, the clarification of their values, establish acceptance as an alternative, develop perspective taking and work on the process of cognitive diffusion and the deictic self.

By the intervention proposal of this manual, activities specific to the objectives were carried out, for example, "My struggle," "the cycle of suffering," "Obey vs. observe," etc., likewise the metaphors of "the ghosts at home," "take the bull by the horns" and the "trip of a thousand coordinates," to respond to post-traumatic stress.

Finally, the authors recognized that this practical manual was designed for the Mexican population and was evaluated in different studies, showing effects on reducing post-traumatic stress disorder (PTSD) and depressive symptoms, and increasing the quality of life of the people who received it..

Daryanani (2019) designed a more extensive protocol. It was intended that in 49 sessions, victims of gender-based violence with post-traumatic stress disorder would learn to live with the suffering of their past, managing to channel it and accept it to live their lives present in the "here and now" through the Therapy of Acceptance and Commitment and Mindfulness-based on Stress Reduction. This intervention model was divided into six phases: creative hopelessness, control as a problem" altering the role of language, the Self as context, values, and patterns of action and commitment. The objectives of the ACT were to reduce the symptomatology of stress and emotional discomfort due to the use of ineffective strategies, the substitution of inefficient behaviors, favoring the achievements obtained from the values of the patient, and the acceptance of the experiences, for which a series of metaphors (of the funeral, gray clouds, the house, and the furniture, the waves on the beach, etc.) and practical exercises (observer of oneself, chooses an identity, classic body sweep, etc.). According to the author, the combination of ACT and Mindfulness-based on Stress Reduction aims to help the patient regulate and express her emotions, not judge herself, and accept all experiences, significantly improving PTSD and anxiety symptoms.

It is known that women exposed to violence often develop PTSD due to exposure to traumatic events. There is data from interventions such as that of Hernández (2018), where a clinical case was formulated in a 53-year-old woman diagnosed with post-traumatic stress disorder (PTSD) who presented depressive, agoraphobic and social anxiety symptoms. The intervention in this case involved Cognitive Behavioral Therapy (CBT), Behavioural Activation (AC), and Acceptance and Commitment Therapy (ACT) techniques establish cognitive, emotional-physiological, and behavioral objectives. For this study, it was noted the intervention carried out by ACT with the following goals: clarification of personal values through the completion of the Values Narrative Form, Full Life Questionnaire (VLQ-2), and the experiential exercise of the funeral, as well as increasing psychological flexibility with the graduated self-exposure exercise, finally, begin to live by engaging in activities consistent with values by planning valuable activities. The results showed that the therapeutic

combination of these three elements (CBT, AC, and ACT) was timely in helping to achieve a decrease in PTSD, depressive, agoraphobic, and social anxiety symptoms; these results were verified at six months when the patient reported that, although the memory was still present in her life, this no longer caused her discomfort, confirming that changes were generated in the way of relating to her private experiences.

Finally, the author concluded that the improvement could be due to the patient's involvement in activities that were valuable to her.

However, to evaluate the efficacy of an intervention protocol, 21 Women Victims of Gender Violence, Vaca-Ferrer, et al. (2020), in 11 sessions, used a combination of Functional Analytical Psychotherapy (FAP), Acceptance and Commitment Therapy (ACT), and Behavioural Activation (AC). From the ACT, personal values were analyzed concerning the significant areas of the patient (family, partner, friendship, health), the meaning of life was questioned, and different metaphors were used. The design was intra-group with pre and post-measurements in three other groups of women who have suffered gender-based violence. The workshop was divided into the "Reflection Group" and the "Autonomy Workshop." According to the results, improvement was found in problem behaviors (decreased avoidance, responsibility for one's own life, and openness to others) inside and outside the sessions; likewise, a decrease in PTSD sequelae was found, improving discomfort and depressive, anxious, avoidance behaviors and decreased clinical indicators of suicide risk. The authors concluded that the combination of the three models could explain the significant results of the study.

In that same year, Álvarez (2020) reported a case of contextual intervention based on Acceptance and Commitment Therapy (ACT) combined with Functional Analytical Psychotherapy (FAP) to reduce anxious and depressive symptoms in a 29-year-old woman who ended a couple of relationships; the patient reported that in the 8-year relationship there were fights, arguments, and psychological abuse (blackmail). Among the main objectives, it was found to explain the experiential avoidance disorder using the metaphor of "The two stairs", as well as to expose the values with the metaphor "the funeral" and cognitive fusion with the "computer." The initial results of anxiety showed severe levels and in those of depression moderate levels were shown, as for the results after the intervention, a decrease in anxiety was shown, placing it at a very low level and in depression it was decreased to slight, as soon as Regarding the results of values, an increase was observed in the dimension of consistency in the areas of family, partner, friends and social life compared to the initial results. Now, when we speak of and about violence two or more participants are involved who exercise power over each other, a situation that has been evidenced so far through different investigations that have been carried out on victims, however, the literature has also achieved to show another side, investigations such as that of Cabanes in 2014, formulated an

intervention protocol for men who generate violence with the aim of preventing and avoiding situations of recidivism, the intervention intended, in turn, to measure the level of experiential avoidance in relation to partner violence.

The protocol intends to be composed of twenty sessions (two initial evaluation, one individual post-treatment, seven group sessions, eight individual sessions and two follow-up sessions) which in turn would be divided into group and individual sessions. According to the metaphors mentioned from the ACT, the following were found: "two climbers", "knowing the place", "taking off the glasses", "today, the dirty glass", among others. As for the mindfulness strategies that are related to ACT, such as: cognitive distancing, acceptance, development of the self-as-context and the observing self.

Lastly the author concludes that, although there are no concrete results regarding an intervention because it is not an applied protocol, she supposes that it can contribute to theoretical and practical alternatives in interventions with aggressors, resulting in a work option. In addition to favouring the acquisition of skills and content.

In 2013, Sahagún and Salgado carried out a quasi-experimental study of comparison between groups to apply a protocol based on Acceptance and Commitment Therapy (ACT) in combination with mindfulness strategies to 18 men serving sentences for sentences gender violence. The sample of this study was divided into two groups, the experimental one, formed by 12 interns, and the control, with six interns. The intervention with the experimental group consisted of fourteen sessions (individual and group). In the group sessions, the practice of mindfulness ("raisins," "body exploration"), the practice of mindfulness, awareness, labeling, deliteralization, letting private events flow, giving course to the mindfulness exercises (yoga), the practice of acceptance as an alternative to control, metaphors ("chessboard"), experiential exercises (diffusion and distancing of thoughts, feelings, sensations, and memories), control exercise of the rage, among others. The results showed that the participants of the experimental group decreased their level of avoidance and impulsiveness, as well as reduced their efforts to eliminate the discomfort, this according to the post-intervention assessment, in turn, changes were reflected in the level of activity and assessment subjective behaviour of the participants in the experimental group compared to the control group.

Another study in 2018 was carried out to know the profiles or prototypes and clinical characteristics of personality in 354 women victims of intimate partner violence (IPV) and establish associations from a functional point of view through the evaluation of the degree of experiential avoidance. Of this sample, 196 women corresponded to victims and 158 non-victims with ages between 19 and 73 years. According to the results, the most vulnerable profiles for victims of partner abuse (IPV) were avoidant, dependent, or depressive; the most common clinical syndromes of being IPV are anxiety, dysthymic, and post-traumatic stress disorders, as well as it was

shown that the most prevalent topography in this study was psychological abuse (Villegas, 2018).

DISCUSSION

The objective of this study was to describe if Acceptance and Commitment Therapy (ACT) was effective for the care of women living in a situation of partner violence, it was found that the variables shown in this article are still little studied among themselves, however, more evidence was discovered regarding proposals for intervention protocols and a lack regarding interventions applied in third-generation therapies, specifically ACT.

Different investigations indicated that the main mental health consequences of intimate partner violence against women are post-traumatic stress, depression and anxiety (Matud et al., 2016; Félix-Montes et al., 2020) followed by low self-esteem, suicidal ideation, consumption of alcohol, drugs and/or psychopharmaceuticals (Legaspi, 2020), so that in the few interventions significant decreases in symptoms of post-traumatic stress disorder were observed, improving discomfort and depressive, anxious, avoidance behaviours and decrease in clinical indicators of suicide risk (Vaca-Ferrer et al., 2020), another study that also showed improvement in levels of anxiety and depression was that of Álvarez (2020) where it was also possible to see the increase in the fundamental values of consistency in the areas of family, couple, friends and social life, however, one of the characteristics mentioned to verify the effectiveness of long-term interventions. The link was supervision of the maintenance of the results, until now no record of the follow-up of these interventions was found, this can become a barrier when verifying the efficacy of the therapy. Following this line of thought and research, it was found that to a great extent the limitations for the ACT approach specifically in the application process were closely related to the skills of the psychotherapist and their own stories (Luciano et al., 2016). This research found that ACT has been largely successful only in combination with other contextual therapies (FAP, BA, Mindfulness, and elements of CBT). Likewise, some frequent errors were found in its application; according to Brock et al. (2015), there was the concern of replacing the practice of Commitment Acceptance Therapy by explaining it, carrying out one exercise after another during the session, taking for granted that avoidance and control are precisely something negative because it is directed only to reduce behaviors but not to increase them, adjust the intervention on the subject of values, think and act necessarily to produce increased effects, from this perspective it was possible to point out the difficulty of learning ACT, taking into account the approach from such a complex and standardized public health problem that it becomes more arduous, and compromising or more interest.

Hand in hand with these limitations and the same errors, few investigations focused on application studies related to ACT

have manifested, insufficient findings in relation to the approach of women who live in situations of intimate partner violence, these limitations were based on having carried out interventions only of group type that although they mentioned how enriching it could be due to the contribution made by women in relation to coping strategies and skills to walk towards a life free of violence, they also noted the difficulties around the myths and trials that can be seen; from this line, although it is true that a complex issue was addressed by the same culture, opportunities were found for its approach since ACT has great flexibility in its application, the literature opened a panorama for the application of therapies of third generation in those who are also part of the violence, so in research such as that of Sahagún (2013) showed that when applying the ACT in men who generate violence, significant changes are formed in their behaviour, this made question the idea that the interventions could be aimed both at the women who experience situations of violence and at the men who generate it.

To this extent, the results to address this public health problem would be more extensive and significant. Studies such as the protocol carried out by Cabanes (2014) visualized that by attending to this population, a decrease in relapses of violence in the future can be generated, which also avoids new victims. However, it would also be important to generate new protocols that focus on early intervention, thereby avoiding an increase in cases of violence and its enormous consequences for both physical and mental health.

Throughout this investigation, findings were found regarding the efficacy of ACT against victims of sexual assault, this therapy was considered very useful compared to other usual models since it promulgates the acceptance of all these experiences of a type thoughts, emotions, memories, etc., that tend to appear in all these people who have experienced a situation of sexual violence. "The problem is not that a victim of sexual assault has painful memories of the event, but that these memories paralyze her life" (Gutiérrez & García, 2001, pp.17).

However, it was found that the domain of interventions is focused on the Cognitive Behavioural Therapy model in relation to the treatment of women in situations of intimate partner violence, as soon as the search for previous evidence was carried out, it was quite common to find mostly studies in which it prevailed, proving to be an effective model for the work against violence, which is why it has also been an impediment to the search for new third-generation models that have an effect within the same theme.

It is concluded that, although Acceptance and Commitment Therapy has been a field seldom used for the intervention of women in situations of intimate partner violence, findings of efficacy were also found for anxiety and depression disorders, psychological consequences of great relevance. in these women. There is evidence of the results and of the interest that ACT began to show for this problem and its interventions, opening possibilities among the models that can be used for the

work against violence, specifically of the women who experience it in their brace relationships, so it would be important to pay attention to new research that talks about the results of interventions, as well as to follow up on the results, because as previously reviewed, the idea is reiterated again that to consider a result as effective it would be optimal to be able to monitor it in the long term.

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