Efficacy of Acceptance and Commitment Therapy for Psychological Distress in Patients with Systemic Lupus Erythematous

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ABSTRACT

Background: Prolonged physical illnesses and resultant health conditions may give rise to mental health problems and psychological distress.

Aim: To see the efficacy of Acceptance and Commitment Therapy (ACT) for patients suffering from Systemic Lupus Ervthematous.

Study Design: Randomized Control Trials.

Methodology: A purposive sample of forty adult patients with a mean age of 29.25 years (SD= 6.37) suffering from SLE were enrolled for the research after their signed written informed consent. The sample was drawn from two public hospitals with the prior permission of authorities. Randomized Control Trials were carried out on forty patients with SLE after the random assignment to the experimental group and control group. Pre and post-treatment assessment was completed with the help of a demographic questionnaire, medical history Performa and psychological distress scale.

Results: Equal number of men and women were included in the present research. Most of the participants' education level was matric and they belong to middle socioeconomic status. results indicated that ACT significantly contributed to the reduction of psychological distress among the patients of the experimental group p<0.01 i.e. 0.00, (M=19.85, SD=2.27); suggesting a decrease in the level of psychological distress with a large effect size whereas no significant difference in pre and post-test scores of control group p>0.05 i.e. 0.66, was observed. **Conclusion**: It was concluded that ACT proved an efficacious mode of treatment for psychological distress in patients with SLE.

Keywords: Acceptance and Commitment Therapy, psychological Distress and SLE.

INTRODUCTION

Health psychology professionals aim to help patients with the mediation which is specified to them. To address the compensation, the strength of the mediation should be equally effectual since the preserving factor is unpreventable. In the late '90s, a therapeutic approach known as acceptance and commitment therapy was introduced by Hayes. To address this matter the pain of the individuals and their suffering are not to be prevented and buffered each time feasible rather struggling is an inevitable and crucial part of a human being. Due to all these elements, the physically weak person is more likely to be exposed to the mental ailment that begins with distress.

The focus of the present research is to search the therapeutic efficacy of ACT among SLE patients who have numerous symptomologies and will be thoughtful in underpinning and rationale of acceptance and commitment therapy. Systemic Lupus Erythematous (SLE) is a disease of an insusceptible structure depicted by far-reaching immunological irregularities and multi-organ contributions including the skin, joints and kidneys just as the fringe and focal sensory. SLE impacts generally women and has high power in feeble masses and certain ethnic get-togethers, especially among individuals of African-American, Hispanic, Native American and Asian dive, and among those of lower monetary status systems¹.

The clinical course of SLE is typically subjected to the organ including, for example, a neuropsychiatric disorder of fundamental lupus erythematous (N PSLE), lupus nephritis (LN), lupus pancreatitis (LP), and pneumonic hypertension (PH). Systemic lupus erythematosus (SLE) is a severe multisystem autoimmune rheumatic disease constituting flares interspersed with episodes of temporary diminution in severity. SLE comprises a constellation of symptoms that influence the multiple organ systems, the onset of the disease may be devious; many different symptoms that may make early and accurate diagnosis a challenge. The contributing factor of SLE is still unknown, but multiple associations tried to identify it through decades of research. There are several factors

Received on 07-04-2022 Accepted on 28-08-2022 such as genetic, hormonal, defective immune- regulatory systems and environmental factors that can lead to SLE. Lupus can arise in a person with an inherited predisposition when they come in direct contact with environmental factors, such as sunlight and infection. SLE which is an autoimmune disease occurs when your immune system attacks healthy tissues in your body. It is a combined result of genetics and environment².

Psychological distress is emotional suffering which relates to stressors and self-entreaties which makes it difficult for a person to survive in everyday life. It's difficult and frustrating for patients and healthcare professionals to identify psychological distress that lacks effective care. The main goal for developing awareness about psychological distress is to acquire more knowledge about living and experiencing psychological distress. Twelve individuals including nine women and three men who developed 23-5 years were met. Examinations were made on a phenomenological hermeneutic technique and it was seen that psychological wretchedness was seen as an abnormality (incongruence) between oneself and the ideal self, which continuously isolates a person. Whenever any health matter has been talked about physical or even related to mental health or psychological morbidities; it has been significantly discussed the importance of related stressors that impacts the condition and further deteriorates it. Therefore, countering such stressors is of utmost importance. The literature has shown that the stressors individuals face based on the course of illness effects it widely. Research on the relation of psychological distress with the experienced changes in the activity and functioning of systemic lupus erythematosus (SLE). The results concluded that the level of depression and anxiety represented through scores is associated with a parallel change in the activity of systemic lupus erythematosus (SLE) represented through the assessment measures3.

World health organization presented an annual report that stated higher levels of psychological distress is present among individuals suffering from an autoimmune disease and with past traumas and traumatic experiences. Furthermore, it was stated that there is a dire need for improved socialization and social functioning along with the need for psychological support which must not only address the trauma experienced but also focuses on improved socialization and social functioning. As the life quality is

greatly influenced by the experienced levels of psychological distress⁴.

It is a well-established fact that CBT is an effective treatment modality for reducing many psychological symptoms like anxiety, depression, distress and even psychosis. In recent years the interest of therapists, as well as researchers, is growing towards ACT as a new intervention in reducing emotional feelings and thoughts that may enhance psychological distress. The focus of ACT is more on feelings to increase individuals' psychological flexibility to face and bear the distress rather than on the content of cognitions that are usually related to the psychopathology^{5,6}. ACT aims to train individuals to accept the unpleasant feelings, cognitions and other related symptoms and establish contact without becoming judgmental towards self, feelings, values, and present moments⁷.

Acceptance and commitment remedy (ACT) is a shape of psychotherapy and a branch of clinical conduct analysis; it is an empirically-primarily based mental intervention that makes use of popularity and techniques of mindfulness mixed in distinctive approaches with dedication and behaviour-trade strategies, to increase mental flexibility. The technique turned into at first known as complete distancing Hayes, 1982. He developed recognition and commitment remedies so that you can create a model known as the mixed method which integrates each behaviour therapy and covert conditioning. ACT as of now gives off an impression of being around as amazing as broad CBT, with some metaexaminations showing little varieties in need of ACT and others no more. For instance, a meta-examination examined sixteen investigations assessing ACT to standard CBT. ACT neglected to isolate from CBT on impact sizes for tension, anyway, unassuming endowments were resolved with ACT to evaluate CBT for uneasiness and top caliber of presence.8 Its helpful effect is a pleasant winding were feeling better finishes in higher expertise of the reality. Mental sadness, sizable in SLE has been associated with expanded SLE contamination interest and diminishes fine arts proficiency. Patients with SLE can be reluctant to add nearly analgesics, opiates, and antidepressants to the genuine sellers essential for heading the chiefs of SLE.9

The objective of the study was to see the efficacy of Acceptance and Commitment Therapy (ACT) for patients suffering from Systemic Lupus Erythematous.

METHODOLOGY

After IRB approval, randomized control trials with an ABA research design (pre-test, therapy, post-test) were followed for the present research. The targeted population for the study was SLE patients. A purposive sample of forty participants was drawn from two public hospitals depending on their informed consent. Participants who have been diagnosed with any other comorbid physical or psychological illness were excluded from the present study. After initial enrollment, and consideration of the eligibility process Kessler Psychological Distress Scale¹⁰ along with a demographic questionnaire and medical history, Performa was administered to all the research participants. Ranges of scores from twenty and above indicate features of mental health conditions, distress and a possible indication of an underlying disorder. Good internal consistency of the K10 scale (α =.91) and strong inter-item correlation (ranges from .350 to .659) is statistically proven i.e. a valid and reliable measure for measuring the level of psychological

After pre-assessment participants were randomly assigned to the experimental group (n= 20), and the control group, (n= 20). The experimental group received Acceptance and Commitment Therapy and the control group remained on treatment as usual. In the treatment group, each participant was given six individual therapeutic sessions implementing different techniques of ACT. Each session is conducted once a week with a duration of 45 minutes per session for one and a half months. The therapy protocol is based on pre-designed targeted symptoms focusing

pre- conceived philosophies, past experiences, mood, thoughts and difficulties faced by each participant in the treatment group. As homework, worksheets were also given to ensure involvement. The control group was given regular treatment. Standardized measure of the Kessler psychological distress scale was utilized as pre and post-psychological distress level assessment.

Statistical analysis: The data collected was analyzed statistically; for this purpose statistical Package for Social Sciences (SPSS) version 25 was utilized. An Independent sample *t*-test for finding out the differences related to psychological distress in treatment and control groups was performed. Paired sample *t*-test was implied for pre and post-test assessment of the experimental group.

RESULTS

Descriptive statistics for the demographic characteristics of the participants. The mean age was 29.25, (*SD*=6.37). Most of the participants belong to middle socio-economic status. An equal number of men and women were included and both belong to nuclear (19) and joint family systems (21). Twenty- seven participants' level of education was matric as shown in table-1.

Table-1: Descriptive statistics of Demographic Characteristics of Participants (n=40)

Variables	Categories	Frequency
Gender	Male	20(50)
	Female	20(50)
Socioeconomic	Low	7(17.5)
Status	Middle	26(65)
	High	7(17.5)
Marital Status	Single	24(60)
	Married	16(40)
Family System	Nuclear	19(47.5)
	Joint	21(52.5)
Level of education	Middle	7(17.5)
	Matric	27(67.5)
	Intermediate	6(15)
	Government Sector	10(25)
	Private Sector	5(12.5)
Employment Status	Business Man	10(25)
	House Wife	5(12.5)
	Student	10(25)
Age (mean ± SD)		29.25±6.37

Significant difference (p<0.01) i.e. 0.00; existed between psychological distress among participants of treatment and control group as shown in table-2.

Table 2: Level of Psychological Distress in Experimental group and Control Group (n=40)

Variable	Experimental Group mean ±SD	Control Group mean ± SD	t	Р	D
Pre Test	29.05±3.85	24.0 ±3.00	4.61	0.00	1.46
Post Test	19.85±2.27	23.65±1.75	-5.91	0.00	1.87
Total	9.2 ± 4.47	0.35 ± 3.52		0.00	2.05

DISCUSSION

The current study aimed to understand the role of acceptance and commitment therapy concerning an autoimmune disease known as systemic lupus erythematous. ACT is considered a third-generation cognitive behaviour therapy; and its role in health psychology will be a pivotal step towards the treatment of associated distress, thus providing more treatment options to the therapists. For this purpose, SLE patients were treated through ACT focusing on preconceived philosophies, past experiences, mood, thoughts and difficulties faced by each participant in the treatment group. It was hypothesized that a significant difference will exist in the impact of treatment and control group on the management of psychological distress among patients with SLE. The statistical analysis reported that there is a difference in the level of psychological distress between the treatment group and control group conditions.

The therapeutic challenges increase when a person is suffering from a medical condition along with symptomologies that compromise mental health as well. Many studies also suggested that stress can lead to such conditions as well as stress can worsen it as well. People with lupus have the challenge of managing chronic illness along with the distress caused to avoid disease progression. All these factors were analyzed to formulate that there is an effective need for a therapeutic intervention whose sole focus is not the mental states as these are most likely to be compromised based on health conditions.

An experimental study was conducted on 20 patients suffering from OCD to see the efficacy of ACT in reducing OCDrelated symptoms and tolerance of distress. Researchers concluded that ACT is an effective mode of treatment which helped reduce OCD and related symptoms and was also able to incessant patients' distress tolerance in the said sample¹¹. Likewise, randomized control trials were carried out with patients who were in their early phase of psychosis and also were at high risk to study the efficacy of ACT in improving their daily living. The target behaviour was distress related to psychosis, social function and pathology itself. After assigning experimental and control conditions reserchers used ACT for experimental conditions and treatment as usual that consisted of medication and CBT. They concluded that ACT was effective in the treatment of distress. social functioning and psychopathology-related emotional symptoms¹².

Acceptance and commitment therapy promotes the embracing of negative thoughts and feelings rather than avoiding them as an escape strategy or disregarding those. People with lupus usually experience conditions involving unpredictable changes in mood leading to mood shifts and personality characteristics. This ultimately turns into aggression, and irritability which can also be due to the use of medications⁹.

Psychotherapeutic treatment through the utilization of ACT leads to a significant reduction in the level of psychological distress; statistically analyzed through pre-therapeutic and posttherapeutic measures. The literature suggests that gender differences influence the therapeutic alliance and progression as well as the manifestation of mental disorders. Lupus is more common in females than males, and males have a higher level of severity of the symptomologies. As the research was conducted during the pandemic, the level of stress might have been affected. The research was conducted on the mental health needs of persons with autoimmune diseases during the pandemic. The results stated several potential contributing factors to psychological distress in the given situation including fear of infection, uncertainty related to medication, access to usual care and effect of social isolation. No therapeutic impact on reducing the level of psychological distress among SLE patients in the control group 13,14. Limitations: Long term follow up could not be completed. Patients were unwilling to participate due to Covid-19 Pandemic. Limited financial resources.

CONCLUSION

It was concluded that there was a significant difference in the level of psychological distress among the treatment group and control group conditions at the post-treatment assessment level. Based on the results it could be concluded that ACT is an efficacious treatment in reducing psychological distress in patients with SLE. **Author's contribution: ZA:** Conceptualized the study, analyzed the data, and formulated the initial draft, **SM:** Conceptualized the study and contributed to the proof reading.

Conflict of interest: None

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