

Comparative Efficacy of Resilience Training and Acceptance and Commitment-Based Training on Happiness in Employees of Shiraz Oil Subsidiaries

Pegah Adiby Parsa¹ , Naser Amini² , Khosro Ramezani³ , Mohammad Behroozi⁴ 

1. Department of Psychology, Bushehr Branch, Islamic Azad University , Bushehr, Iran

2. Department of Psychology and counseling, Bushehr Branch, Islamic Azad University, Bushehr, Iran,

amini_n2010@yahoo.com

3. Department of Psychology, Faculty of Sciences, Zand Institute of Higher Education, Shiraz, Iran

4. Department of Educational Science, Bushehr Branch, Islamic Azad University, Bushehr, Iran

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ABSTRACT

Objective: The aim of the present study was to compare the effectiveness of resilience training and acceptance and commitment-based training on the happiness of employees of Shiraz oil subsidiaries.

Methods: The present study was applied research in terms of its purpose and was based on a quasi-experimental research method with a pre-test and post-test design with a control group in terms of its research method. The statistical population of the present study was all employees of oil subsidiaries in Shiraz in 2022. 75 employees with specific criteria were selected based on the aforementioned assessments through convenience sampling and were placed in three groups (first experimental group: 25 people; second experimental group: 25 people; control group: 25 people). The first experimental group was trained in a resilience therapy program and the second experimental group was trained in an acceptance and commitment therapy program, and the control group did not receive any specific intervention. Data were collected using the Argyle et al. (1989) happiness questionnaire.

Results: The results indicated that the difference in the mean happiness score of the subjects in the control group was significant compared to the mean score of the acceptance and commitment and resilience training groups, and a significant difference was also observed between the two acceptance and commitment and resilience training groups.

Conclusions: It can be said that the difference in the effect of the acceptance and commitment training method on the subjects' happiness was significant compared to resilience. In fact, the significant effect of acceptance and commitment training on the subjects' happiness was greater than that of resilience.

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Introduction

A society can progress toward its ideal and elevated objectives when joy and contentment are the persistent experiences of its constituents. In recent decades, happiness has attained a distinguished status within the discourse of development literature and social welfare policies as one of the paramount elements of well-being and advancement ([Eysenck, 2024](#)). Happiness is conceptualized as an emotional state characterized by experiences of joy, contentment, and satisfaction. Although happiness can be defined in various ways, it is frequently articulated as the presence of positive emotions and overall satisfaction with life. The two principal dimensions of happiness are emotional equilibrium and life satisfaction ([Firoozmokhtar et al., 2023](#); [Khalafi, 2024](#)). Individuals encounter both positive and negative emotions, sentiments, and states. Happiness is predominantly linked to the experience of a greater frequency of positive emotions relative to negative ones. Life satisfaction encompasses the extent of contentment regarding various life domains, including interpersonal relationships, professional endeavors, accomplishments, and other significant aspects such as happiness, a state of well-being, and joy (positive emotions), contentment with life, and the absence of depressive and anxious states (negative emotions) ([Kimball & Willis, 2023](#); [Samavi et al., 2022](#)).

The enhancement of vocational skills and the implementation of effective work methodologies necessitate the training of employees across diverse domains. A multitude of training programs is executed to augment employee efficacy within organizations. Workplace resilience training may concentrate on domains such as: surmounting interpersonal obstacles, emotional regulation, managing work-related stress, engaging with challenging individuals, enhancing communication competencies, adeptly adapting to novel challenges, fortifying against burnout, sustaining composure, and improving sleep quality ([Joyce et al., 2018](#)). Each employee encounters obstacles within their work environment. Resilience is defined as the capacity to recover when confronted with challenging life circumstances. Resilience pertains to individuals who are at risk yet do not experience psychological disorders. Resilience empowers individuals to leverage their existing capabilities to attain success and personal growth amidst adversity and risk factors, transforming these challenges and trials into opportunities for self-empowerment ([Mehrabian et al., 2022](#); [Motamedi et al., 2020](#)). There are numerous strategies to bolster resilience. Some of these strategies include cultivating a robust support network, nurturing positive relationships, fostering

a healthy self-perception, and maintaining an optimistic outlook. Individuals exhibiting resilience navigate life's challenges more effectively and experience greater happiness than those who do not ([Robertson et al., 2015](#)).

Among the novel interventions designed to enhance employee performance in challenging workplace scenarios is acceptance and commitment training. Acceptance and commitment training is an evidence-based therapeutic method aimed at enhancing performance and alleviating workplace stress ([Sabouri et al., 2020](#)). Grounded in the principles of acceptance and commitment therapy (ACT), which is applicable in both clinical and occupational settings, it facilitates measurable behavioral transformation and emphasizes the enhancement of employees' psychological resilience ([Moyer et al., 2017](#)). The primary objective is to cultivate psychological flexibility, which refers to the capacity to select an action from a range of options that is most conducive, rather than opting for a behavior that merely serves to evade unsettling thoughts, emotions, memories, or desires or that is externally imposed upon the individual ([Bai et al., 2020](#)). Acceptance and commitment training is predicated on six interactive processes that facilitate the enhancement of psychological flexibility: engagement with the present moment, acceptance, disambiguation, perspective-taking, value clarification, and committed action ([Hayes et al., 2013](#)). Engagement with the present moment is intrinsically linked to the fundamental principles of mindfulness training, which have been increasingly implemented in professional environments. The present moment constitutes the sole temporal framework within which an individual can enact any selected behavior, including productive actions within the workplace; however, individuals typically allocate approximately fifty percent of their daily cognitive resources to thoughts that are unrelated to their immediate tasks. The capacity for cognitive processing and linguistic expression enables individuals to recall historical events, juxtapose current circumstances with aspirational ideals, and strategize for prospective actions and outcomes, thus detracting employees from the present moment. Notwithstanding these complexities, language undoubtedly serves as a formidable instrument with considerable survival significance and is vital for enhancing workplace efficacy; nevertheless, it can also yield adverse effects. Throughout the course of the day, certain cognitive processes may steer employees toward concerns that lie beyond their locus of control, thereby diminishing their commitment to engaging in behaviors that fall within their purview ([Brändas, 2021](#)). The practice of commitment and acceptance skills training directs employees to

concentrate on the immediate context, which is essential for facilitating effective action ([Washburn et al., 2022](#)).

In conclusion, it is imperative to acknowledge that the selection of an appropriate training methodology is a significant consideration for any intervention; consequently, this study was designed to compare resilience training and acceptance and commitment-based training concerning the well-being of employees at Shiraz oil subsidiaries, thereby addressing the inquiry regarding which intervention strategy is more suitable.

Material and Methods

The current investigation represents applied research with respect to its objectives, and regarding the research methodology, it employed a quasi-experimental design utilizing a pre-test and post-test framework alongside a control group. The statistical population under consideration for this study encompassed all employees affiliated with oil subsidiaries located in Shiraz during the years 2022. In light of the quasi-experimental nature of the research, a total of 75 employees meeting clearly defined criteria, as per the aforementioned evaluations, were selected via purposive sampling and subsequently allocated into three distinct groups (first experimental group: 25 individuals; second experimental group: 25 individuals; control group: 25 individuals). The first experimental group underwent training in a resilience therapy program, while the second experimental group participated in an acceptance and commitment therapy program, and the control group received no specific intervention.

The criteria established for participation in the study encompassed the following: endorsement by the relevant organization, willingness to engage in the study, possession of at least a diploma-level education, a minimum of three years of work experience at the Shiraz Refinery, and demonstrable physical and mental health as verified through health records and associated questionnaires. The exclusion criteria from participation in the study included: exceeding two instances of absenteeism, lack of cooperation, failure to fulfill the tasks delineated during the training sessions, and a lack of willingness to persist in the research process.

Instrument

The Oxford Happiness Inventory (OHI): This instrument was conceived in 1989 by [Hills and Argyle \(2002\)](#). The construction methodology involved these researchers consulting with Aaron T. Beck to reverse the items of the Beck Depression Inventory, resulting in an initial set of 21 items. Subsequently, an additional 11 items were incorporated, culminating in the development of the 29-item Oxford Happiness Questionnaire following extensive final studies. Furthermore, the questionnaire underwent modifications in subsequent years, leading to its publication under the designation of Oxford Happiness Questionnaire, abbreviated as OHQ. As previously indicated, the Oxford Happiness Questionnaire comprises 29 items, each item featuring 4 statements. The first statement is accorded a score of 0, the second statement a score of 1, the third statement a score of 2, and the fourth statement a score of 3. Ultimately, an individual achieves a score ranging from 0 to 87, whereby a higher score is indicative of increased levels of happiness. To evaluate the validity and reliability of the Oxford Happiness Inventory, [Hills and Argyle \(2002\)](#) administered the 25 items of the Oxford Happiness Inventory, the Eysenck Personality Inventory, and the Beck Depression Inventory to a sample comprising 142 Iranian males and 227 females, aged between 18 and 53 years. The internal consistency of the Oxford Happiness Inventory indicated that all 29 items within the inventory exhibited a high degree of correlation with the overall score. The Cronbach's alpha coefficient for the entire inventory was determined to be 0.91. The Pearson correlation coefficients between the Oxford Happiness Inventory and the Beck Depression Inventory, as well as the extraversion and neuroticism subscales of the EPQ, were found to be -0.48, -0.45, and -0.39, respectively, thereby affirming the convergent and divergent validity of the Oxford Happiness Inventory. The outcomes of the factor analysis, which extracted five distinct factors encompassing life satisfaction, self-esteem, subjective well-being, satisfaction, and positive mood, accounted for 49.7% of the total variance, with an eigenvalue exceeding 1. The mean scores of Iranian participants on the Oxford Happiness Inventory (7.42) diverged from the results of [Hills and Argyle \(2002\)](#) investigation ($m=6.35$). The study's findings substantiated that the Oxford Happiness Inventory possesses adequate validity and reliability for the assessment of happiness within Iranian society. The validity of this instrument has been corroborated through various scholarly investigations, notably those conducted by [Alipoor and Noorbala \(1999\)](#).

Initially, the researcher composed a formal communication on behalf of the Islamic Azad University, Bushehr Branch, directed toward the pertinent authorities. Subsequently, by conducting site visits to the subsidiaries in Shiraz, 75 employees who met specific criteria based on the aforementioned assessments were selected through a convenience sampling method and allocated into three distinct groups (first experimental group: 25 individuals; second experimental group: 25 individuals; control group: 25 individuals). The first experimental group underwent training in a resilience therapy program, while the second experimental group received instruction in an acceptance and commitment therapy program, and the control group did not partake in any particular intervention. Following the collection of data, it was subjected to analysis utilizing SPSS-26.

Interventions

Table 1. Summary of resilience training sessions

Session	Content
1	Familiarization of group members with each other and with the group leader, with the goals, plans, and rules of the group/pre-test including completing the following questionnaires: Conducting the Social Hot Scale and the Psychological Tolerance Questionnaire/Creating a therapeutic alliance
2	Introducing the audience to the concept of resilience and the characteristics of resilient people, such as acting consciously and mindfully/being aware of the situation, recognizing one's feelings and emotions, and managing them correctly/accepting obstacles as part of life/having an internal locus of control/having problem-solving skills and strong social connections
3	Cognitive restructuring, the CBA model, and familiarization with cognitive errors/recognizing the relationships between events, beliefs, and behaviors/types of cognitive errors. Such as all-or-nothing thinking/overgeneralization/mental filter/ignorance of the positive/judgment/magnification/emotional reasoning/should error/labeling/personalization and blame
4	Cognitive restructuring: challenging irrational beliefs/continuation of A-B-C/how to create resilient thinking?/self-talk: four ways to question irrational beliefs: examining evidence/examining alternatives/examining perceptions/examining the usefulness of a specific type of (irrational) thinking/recording events in the ABCDE format
5	Resilience training against stress and anger/getting to know stress and how to deal with it/getting to know the physical symptoms of stress/mental, psychological and emotional symptoms/behavioral and cognitive symptoms of stress/stress levels/stress stages/problem-focused and emotion-focused strategies for dealing with stress/way to manage anger. The effect of explanatory styles on resilience. Familiarity with optimistic and pessimistic explanatory styles/ Familiarity with the relationship between optimistic explanatory style and resilience. Encouragement through strengthening self-esteem and positive self-talk/ Definition of self-esteem/ Self-image, self-concept and personal image/ Positive thinking and its methods such as ignoring negative thoughts/ Accepting one's mistakes and flaws/ Encouraging oneself/ Not feeling guilty about issues that are beyond one's control/ Forgiving and forgetting/ Giving oneself a chance. Self-efficacy as a factor of resilience in individuals/ Familiarity with the concept of self-efficacy and its effect on behavior/ Sources of feelings of efficacy or self-efficacy such as personal history in performing a particular behavior/ Observing people who perform this behavior/ Verbal persuasion of others/ Physiological states of the individual. Time management/ Audiences should be familiar with how to manage time/ Ten principles of time management including: planning, Goal setting, activity planning, prioritizing activities, daily energy curve, setting deadlines, personal management, flexibility in planning program implementation, program evaluation and control. The effect of hope on resilience and greater happiness / The effect of hope on life / What are the characteristics of hopeful people? / Familiarizing the audience with the concept of hope and the characteristics of hopeful people / Brief description of empathy and interpersonal communication skills / Problem solving and decision-making process /

	Prioritizing problems and its effect on how to solve problems / Self-awareness and its role in how to solve problems / Stages of rational decision-making
6	Familiarization of group members with each other and with the group leader, with the goals, plans, and rules of the group/pre-test including completing the following questionnaires: Conducting the Social Hot Scale and the Psychological Tolerance Questionnaire/Creating a therapeutic alliance
7	Introducing the audience to the concept of resilience and the characteristics of resilient people, such as acting consciously and mindfully/being aware of the situation, recognizing one's feelings and emotions, and managing them correctly/accepting obstacles as part of life/having an internal locus of control/having problem-solving skills and strong social connections
8	Cognitive restructuring, the CBA model, and familiarization with cognitive errors/recognizing the relationships between events, beliefs, and behaviors/types of cognitive errors. Such as all-or-nothing thinking/overgeneralization/mental filter/ignorance of the positive/judgment/magnification/emotional reasoning/should error/labeling/personalization and blame
9	Cognitive restructuring: challenging irrational beliefs/continuation of A-B-C/how to create resilient thinking?/self-talk: four ways to question irrational beliefs: examining evidence/examining alternatives/examining perceptions/examining the usefulness of a specific type of (irrational) thinking/recording events in the ABCDE format

Table 2. Summary of Acceptance and Commitment Therapy training sessions

Session	Aim	Content	Homework
1	Introduction, assessment, and treatment orientation	Getting to know the group, getting details from members Introducing acceptance and commitment therapy	Introduction to Focusing Exercises
2	Individual assessments	Individual interview Assessment to extract sources of threats to responsibility, happiness, enthusiasm and job self-efficacy within the organization	Planning Session, Integrating Individual and Group Assessment
3	Evaluating the costs of ineffective relational efforts	Investigating the costs of responsibility, happiness, enthusiasm and job self-efficacy Developing creative frustration	Using the Hole and Shovel Metaphor
4	Focusing and acceptance	Introducing acceptance and mindfulness	Exercise of Accepting Thoughts and Feelings
5	Cognitive fusion	Explaining and explaining the negative relationship of thoughts to members	Bus Driver Exercise Thoughts on Exercise Sheets
6	Observing thoughts	Developing an observer perspective and comparing their reactions alone and in relation to colleagues and the organization	Thoughts on Exercise Sheets Accepting Relationship Reactions Exercise
7	Choosing toward values, Acceptance and committed action	Helping clients clarify and identify the direction of relationship and life values/revising emotional inclinations in a committed action context	What I Want in Life/Relationship Right Now Exercise, Funeral Exercise, Committed Action Worksheet
8	Identifying obstacles to life value through acceptance and automatic observation toward the end	Reviewing the values and committed action worksheet Discussing obstacles to life values and helping clients move with them rather than overcoming them. / Revisiting relationship values and committed action Revisiting relationship values and committed action, readiness for committed action in the future, and the end of treatment	Committed Action Worksheet, Review of Bus Driver Exercise Taking Committed Action Worksheets at Home, Mindfulness Exercises for Home Practice

Results

The data were analyzed using SPSS software (version 26), employing both descriptive and inferential statistical tests. Measures such as mean and standard deviation were used to summarize

the research variables, while analysis of covariance (ANCOVA) was conducted to examine the research objectives.

Table 3 present the frequency distribution of group membership among the study participants.

Table 3. Frequency distribution of group membership

Group membership	Control	RT	ACT	Total
Frequency	25	25	25	75
Percentage	33.30	33.30	33.30	100

As shown in table 3, the sample consisted of 25 individuals in the control group, 25 in the resilience training group, and 25 in the acceptance and commitment training group. It is worth noting that all three groups were matched in terms of demographic variables prior to the study.

Table 4 displays the mean and standard deviation of pre-test, post-test, and follow-up scores for the happiness variable. The descriptive findings indicate an increase in mean happiness scores from pre-test to post-test and follow-up in both experimental groups (acceptance and commitment training (ACT) and resilience training (RT)). In contrast, no significant change was observed in the control group.

The hypothesis states a significant difference in the effectiveness of acceptance and commitment-based training and resilience training on the happiness of employees at Shiraz Oil Subsidiaries.

Table 4. Descriptive Statistics of Happiness Variable

Variable	Group	Pretest		Posttest		Follow up	
		Mean	Sd	Mean	Sd	Mean	Sd
Happiness	Control	43.76	2.86	52.20	3.52	66.72	10.13
	ACT	40.40	3.23	80.56	4.80	85.92	6.64
	RT	42.36	3.70	69.80	8.29	75.32	7.78

Table 5. Normality indices of Happiness Variable

Measurement time	Group	S-W	P	Skewness	Kurtosis
Pretest	Control	.918	.055	.448	-.931
	ACT	.941	.158	.094	-1.152
	RT	.909	.059	-.221	-1.134
Posttest	Control	.893	.063	1.014	1.006
	ACT	.962	.458	-.483	.210
	RT	.968	.599	-.094	-.426
Follow up	Control	.934	.109	.664	-.266
	ACT	.977	.813	.244	-.058
	RT	.959	.403	.200	-.860

According to Table 5, the Shapiro-Wilk test shows that the data examined in the pre-test and post-test have a normal distribution ($P > 0.05$).

Repeated measures analysis of variance was used to test this hypothesis because there is a group variable and a within-group variable in the test (post-test and follow-up test). Before performing the analysis of variance test, it is necessary to examine its assumptions and screen the data. To examine the assumption of normality of the data, the Shapiro-Wilk test was used, which showed the normality of the dependent data. To examine the assumption of equality of covariances of the dependent variable, the Box-M test was used, the results of which are listed in Table 6.

Table 6. Examination of the assumptions of homogeneity of the covariance matrix for the happiness variable

Box-M	F	P
38.551	3.018	.000

The significance of the Box-M test indicates that the assumption of homogeneity of the variance-covariance matrices is not valid (Box-M=38.551) ($P < 0.01$), so it is necessary to report the Pillai effect in interpreting the test results.

Table 7. Mauchly's sphericity test

Within group effect	Mauchly's W	Approx. Chi-Square	DF	P	Lower-bound
Test	.935	4.739	2	.094	.500

The results in Table 7 indicate that Mauchly's test of sphericity is not significant ($p > 0.05$). Mauchly's test evaluates the null hypothesis that the error covariance matrix of the orthonormalized transformed dependent variables is an identity matrix. In this test, if the significance level is less than 0.05, the null hypothesis (H_0) is rejected, and the alternative hypothesis (H_1) is supported. If H_0 is rejected, the assumption of sphericity is violated, and adjustments to the degrees of freedom must be made using one of three alternative tests: Greenhouse-Geisser, Huynh-Feldt, or the lower-bound correction.

In this case, the assumption of sphericity is met at the 0.05 significance level ($p = 0.94$), so no correction is necessary, and the standard sphericity-assumed results can be interpreted. Therefore, for the within-subjects F -tests—including the main effects and interaction effects—no adjustment to the degrees of freedom is required, and the sphericity-assumed correction should be applied.

Before examining between-group effects, the assumption of homogeneity of variance must be assessed using Levene's test. As shown in Table 8, the F -test is not significant for any within-group factors, confirming that the assumption of homogeneity of variance across the independent variable groups holds.

Table 8. Levene's test to examine the homogeneity of variance of the dependent variables

Phase	F	DF1	DF2	P
Pretest	.771	2	72	.466
Posttest	4.500	2	72	.014
Follow up	.090	2	72	.914

After confirming the assumptions, the analysis was performed. The results of the mixed analysis of variance test are listed in Table 9.

Table 9. Results of the mixed analysis of variance for happiness

Source	SS	DF	MS	F	P	Eta
Test	40983.227	2	20491.613	935.484	.000	.929
Training * Test	8259.147	4	2064.787	94.262	.000	.724
Error	3154.293	144	21.905			

Table 10. Results of the multivariate analysis of covariance test

Test	Value	F	Hypothesis DF	Error DF	P	Effect size
Wilks' Lambda	.138	60.198 ^b	4.000	142.000	.000	.629

As can be seen in Table 10, the results of the within-group test indicated that the main effect of the test type on the happiness score was statistically significant ($P < 0.05$). This means that there is a significant difference between the different levels of the test variable (pre-test, post-test, and follow-up). The eta coefficient of 0.92 indicates that 92% of the within-group changes can be explained by the tests. This main significant effect should be examined by follow-up tests. The interaction effect of test * training was significant ($P < 0.05$). That is, the happiness scores of the pre-test, post-test and follow-up of the individuals in the 3 groups are different, and the eta coefficient of 0.72 indicates that 72% of the changes are explained by the treatment interventions. The significance of the main effect of training and test as well as the interaction effect of test * training treatment does not indicate which groups differ. To answer this question, the Bonferroni post-test test was used, the results of which are shown in Table 11.

Table 11. Results of post-hoc Bonferroni post-hoc comparisons in the happiness test

I-Group	J-Group	Mean Difference (I-J)	Std. Error	P	Confidence interval	
					HL	LL
Control	Act	-17.4933*	1.16835	.000	-20.3572	-14.6295
	RT	-11.0267*	1.16835	.000	-13.8905	-8.1628
Act	Control	17.4933*	1.16835	.000	14.6295	20.3572
	RT	6.4667*	1.16835	.000	3.6028	9.3305
RT	Control	11.0267*	1.16835	.000	8.1628	13.8905
	Act	-6.4667*	1.16835	.000	-9.3305	-3.6028

As can be seen, the difference in the mean happiness score of the subjects in the control group with the mean score of the ACT and RT groups is significant ($P < 0.05$); therefore, it can be said that the two methods ACT and RT had a significant effect on the happiness of the study sample. A significant difference is also observed between the two groups ACT and RT ($P < 0.05$); it can be said that the difference in the effect of the ACT method compared to RT on the happiness of the subjects was significant. In fact, the significant effect of ACT training on the happiness of the subjects was greater than that of RT.

Discussion

Our results indicated that there exists a significant difference in the efficacy of acceptance and commitment-based training compared to resilience training approaches regarding the overall happiness of employees within the subsidiaries of Shiraz Oil.

The outcomes of this investigation align with the findings from previous studies conducted by [Moradi and Dehghani \(2018\)](#), [Bastami et al. \(2016\)](#), [Abdian and Banaee \(2021\)](#) as well as [Paktinatan et al. \(2022\)](#). In elucidating this observation, it can be posited that individuals, by perceiving thoughts as veritable, engage in negative evaluations and behave in accordance with these assessments, resulting in a diminishment of mood and life satisfaction; thus, the acceptance and commitment-based training approach does not merely impart novel strategies for attaining happiness but rather instructs individuals on methods to alleviate issues such as conflict, avoidance, and disengagement from the present moment. From this viewpoint, happiness is conceptualized as leading a rich, productive, and meaningful existence, wherein an individual who is deemed happy enjoys positive social interactions and is capable of receiving social support; consequently, in the context of happiness, individuals' self-evaluations and assessments of their

lives may encompass cognitive dimensions such as judgments regarding life satisfaction or emotional dimensions concerning moods or emotional responses to life events ([Paktinatan et al., 2022](#)). According to [Parker \(2020\)](#), acceptance and commitment therapy can be characterized as a "being" aligned methodology or a novel "understanding" technique predicated on the perception of personal emotions. The acceptance and commitment therapy framework serves as a methodology for enhancing one's communication with life, possessing the capacity to alleviate both physical and psychological distress and to enrich and imbue life with meaning. In this manner, the acceptance and commitment approach facilitate this process through harmonizing moment-to-moment experiences while providing an immediate perspective on the mind's role in generating irrational anxieties, thereby augmenting feelings of competence, well-being, and happiness ([Twohig & Levin, 2017](#)).

In a supplementary analysis, it can be inferred that the human cognitive apparatus, due to habitual tendencies, incessantly revisits past occurrences and endeavors to forecast future events, consequently rendering itself susceptible to disturbance. Acceptance and commitment therapy represents a strategy for attentional processing that is rooted in the meditative traditions of Eastern culture, characterized as a form of complete attention to the unfolding experiences within the present moment. Additionally, it is delineated as an attentional modality focused on the present, devoid of any judgment. Hence, it underscores the importance of attending to the present moment in a non-judgmental fashion while maintaining focus on the established objective. Mindfulness is not a technique aimed at revisiting the past or rectifying prior erroneous thought patterns, nor does it directly address problems; rather, it consciously investigates the underlying drivers of cognition and emotion, bringing the latent aspects of life into the realm of conscious awareness ([Hayes et al., 2011](#)). In this manner, devoid of any form of judgment or reproach, it illustrates that, firstly, emotions comprise thoughts, physiological sensations, unrefined feelings, and impulses; secondly, they frequently serve as profound and pervasive indicators of the inadequacies inherent in our modes of communication with ourselves, others, and the surrounding environment; these emotions represent both internal and external information and warrant observation solely in the present moment, devoid of any evaluative judgments or criticisms. Hence, acceptance and commitment therapy emerge as a novel paradigm of cognitive training, functioning as a magnifying instrument that elucidates fundamental cognitive patterns; when the cognitive processes are scrutinized and

monitored in real-time, these thoughts and emotions tend to dissipate autonomously, thereby enhancing individual satisfaction and ultimately fostering an increase in positive emotional experiences and overall happiness.

The implementation of an acceptance and commitment therapy intervention, coupled with the establishment of a framework for the acceptance of emotions, the application of mindfulness techniques, and the utilization of various acceptance and commitment strategies, equips employees with the tools to relinquish the futile struggle against and the attempt to regulate negative experiences and emotions, while simultaneously motivating them to pursue their values and maintain commitment to value-driven actions; consequently, it can be asserted that this approach augments satisfaction and overall happiness.

Conversely, it can be posited that resilience encapsulates an individual's capacity to readapt to bereavement, trauma, adverse circumstances, and the complex interplay of life's multifaceted factors. In other terms, resilience signifies a constructive adaptation in response to challenging conditions. Resilience constitutes a pivotal factor that empowers individuals to confront and adjust to arduous and stressful life situations, safeguarding them against mental health disorders and various life challenges. Considering that resilience enables a resilient individual to navigate stressful scenarios effectively, not merely enduring the hardships and adversities of life but also attaining a heightened state of equilibrium and positive development, and recognizing that resilience operates as a dynamic process influenced by life contexts, its successful acquisition fortifies individual competencies. In general, with respect to favorable outcomes, despite adverse experiences, the capacity for effective performance in challenging situations and recovery following trauma or significant events is of paramount importance ([Cleary et al., 2018](#)).

Resilience functions as a protective factor akin to a form of immunization. Individuals exhibiting high levels of resilience employ effective coping mechanisms when confronting life's challenges, perceiving problems as opportunities for learning and growth, and viewing events as manageable. Optimistic perspectives enhance the efficacy of information processing. Such individuals tend to adopt more proactive coping strategies, thereby augmenting their capability to navigate difficult circumstances. Consequently, resilience enhances personal flexibility, a characteristic that further augments individuals' adaptability to diverse situations. Additionally, resilience contributes to improved mental health by mitigating negative emotions and elevating overall happiness levels.

Therefore, resilience training has yielded a significant impact on dimensions of happiness, demonstrating the effectiveness of the intervention.

Conversely, the empirical evidence derived from the research elucidated that the methodologies of acceptance and commitment training, alongside resilience training, significantly influenced the happiness of individuals during the follow-up phase, with these effects persisting after a duration of two months, and the corresponding scores exhibiting a statistically significant distinction from those in the control group. The findings of the investigation underscore the durability and consistency of this intervention throughout the follow-up phase (spanning two months). Fundamentally, the concepts of generalization and the sustainability of change, particularly during the concluding sessions, were inherently integrated components of the intervention and training process, thereby enhancing the reliability of the outcomes observed in the follow-up phase.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by the ethics committee of Islamic Azad University. The patients/participants provided their written informed consent to participate in this study.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection, and analysis. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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