


Let's MOVE: Empowering Emerging Adulthood Lives with Acceptance and Commitment Therapy Training for Greater Well-Being and Self-Compassion

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<p>Revised: 2024-10-17</p> <p>Published: 2024-11-01</p> <p>Keywords: ACT, Acceptance and Commitment Therapy, Emerging Adulthood, Self-Compassion, Subjective Well-Being</p> <p>Copyright holder: © Author/s (2024)</p> <p>This article is under:</p>  <p>How to cite: Juaninda, C. P., & Oriza, I. I. D. (2024). Let's MOVE: Empowering Emerging Adulthood Lives with ACT Training for Greater Well-Being and Self-Compassion. <i>Bulletin of Counseling and Psychotherapy</i>, 6(3). https://doi.org/10.51214/002024061132000</p> <p>Published by:</p> <p>E-ISSN: 2656-1050</p>	<p>ABSTRACT: Emerging adulthood is a transitional phase characterized by instability and uncertainty, which can lead to psychological distress among individuals transitioning from high school to adulthood. This study utilized an experimental design to assess the effectiveness of Acceptance and Commitment Therapy (ACT) training in improving subjective well-being and self-compassion. We recruited 18 emerging adults, specifically those who had recently graduated from high school, with 8 individuals in the experimental group and 10 in the control group. The training comprised four sessions, each lasting two hours. The Satisfaction with Life Scale (SWLS) and the Self-Compassion Scale (SCS) were used for the measurement. Data analysis using independent sample t-tests indicated significant improvements in subjective well-being and self-compassion in the experimental group compared to the control group. The effects of the intervention remained strong at the 3-week follow-up. These findings suggest that ACT training is effective in enhancing subjective well-being and self-compassion among emerging adults experiencing psychological distress.</p>
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INTRODUCTION

Psychological distress, such as symptoms of depression, anxiety, and stress, emerged as a considerable issue affecting a wide range of populations. It posed significant challenges to mental health. Psychological distress was found to pose a higher risk for emerging adult populations (Franzoi et al., 2021; Matud et al., 2020; Peltzer et al., 2017). Previous studies indicated that the level of psychological distress among emerging adults in Indonesia tended to range from moderate to high (Condinata et al., 2021; Widyasari & Yuniardi, 2019). Emerging adulthood was a concept that described the developmental period typically occurring between the ages of 18 and 25, where individuals transitioned from adolescence to adulthood. According to Arnett (2023), the key characteristics of emerging adulthood included the exploration of personal identity, openness to various future possibilities, greater self-responsibility, and instability in aspects of life such as work and interpersonal relationships. During this stage, individuals often felt caught between adolescence and adulthood, not fully adopting adult roles and responsibilities, yet no longer bound by the roles of adolescence. A range of challenges had the potential to profoundly influence an emerging adult's personal and social development. The primary challenge in this phase was the pressure to identify one's identity and set life goals, which often led to confusion and uncertainty. Additionally, the influence of family and social environments also provided significant challenges. Individuals in emerging adulthood often felt pressured by expectations to achieve specific milestones in their

careers, education, interpersonal relationships, and other aspects of life (Smith et al., 2011). Failure to meet these goals often led to self-criticism, expressed through comparisons to others or personal expectations, resulting in disappointment and fostering a negative self-concept (Schiller et al., 2016; Thompson & Zuroff, 2004). Consequently, emerging adults experienced psychological distress as a result of these reactions (Condinata et al., 2021; Joeng & Turner, 2015; Matud et al., 2020; Ningtias & Andriani, 2022).

The ability to manage psychological distress in this transitional period played a crucial role in preventing the development of more serious psychological disorders in the future. Self-compassion served as an essential element in reducing psychological distress (Caldwell & Tairi, 2023; Fong & Loi, 2016; Marsh et al., 2018). Alongside this, self-compassion, defined as an understanding and open attitude toward suffering without avoiding it, and encouraging efforts to alleviate suffering and heal oneself with kindness (Neff, 2003a). Research indicates that enhancing self-compassion not only reduces psychological distress but also promotes well-being (Marshall & Brockman, 2016; Neff & McGehee, 2010). Thus, emerging adults need interventions that cultivate self-compassion, which can help reduce psychological distress and enhance subjective well-being as they transition to a fulfilling adulthood (Reginasart & Gusniarti, 2016).

One effective approach is Acceptance and Commitment Therapy (ACT). ACT was developed by Dr. Steven C. Hayes in the late 1980s. Hayes designed this therapy to emphasize the acceptance of thoughts and feelings rather than attempting to change or eliminate them. The primary goal of ACT was to enable individuals to achieve psychological flexibility. Psychological flexibility, defined as the capacity to adapt to changing situations, manage mental resilience, shift perspectives, balance desires, needs, and demands from various aspects of life (Hayes et al., 2011), involved awareness and acceptance of emotions, sensations, and thoughts without judgment, as well as a focus on actions consistent with personal values (Kashdan & Rottenberg, 2010). ACT was based on three core principles: acceptance, mindfulness, and commitment to actions consistent with personal values (Harris, 2019). Previous studies have demonstrated the efficacy of ACT interventions in both individual and group settings, particularly in enhancing self-compassion and subjective well-being. Through ACT interventions, individuals could develop psychological flexibility, allowing them to face difficult life experiences without avoidance and commit to actions that align with their values. In this way, individuals could more effectively manage the challenges of emerging adulthood, build the independence needed to face adulthood with greater confidence, and cultivate self-compassion. Additionally, individuals with strong psychological flexibility and self-compassion were expected to achieve higher levels of subjective well-being, helping them navigate this transitional phase more successfully.

Various studies had demonstrated the effectiveness of ACT intervention in reducing anxiety and depression levels among emerging adults, as well as in improving subjective well-being and overall quality of life (Christodoulou et al., 2021; Othman et al., 2024). However, there appears to be a lack of research in Indonesia specifically evaluating the ACT intervention's impact on self-compassion and subjective well-being in emerging adults experiencing psychological distress. Notably, a study by Gunawan and Oriza (2022) showed that an eight-session ACT self-help program effectively increased psychological flexibility and self-compassion in undergraduate students with emotional distress. Consequently, there is a clear need to investigate the effectiveness of ACT interventions in enhancing self-compassion and subjective well-being among emerging adults facing psychological distress in Indonesia.

Study Aim and Hypothesis

The objective of this ACT group training is to enhance the subjective well-being and self-compassion of emerging adulthood who have recently graduated from high school and had

psychological distress. The hypothesis is that group ACT training can enhance subjective well-being and self-compassion in emerging adults with psychological distress.

METHODS

Design

This study used an experimental design with a randomized controlled trial to determine the effectiveness of ACT training in enhancing subjective well-being and self-compassion in the experimental group compared to the control group.

Participants

The subjects of this study consisted of emerging adults who had recently completed their high school education, ranging in age from 17 to 20, and were living in the Jabodetabek region, Indonesia. The employed methodology was convenience sampling. After gathering the participants, 18 individuals with consistently elevated DASS-21 scores were identified. Ten participants were assigned to the control group, while eight were assigned to the experimental group.

Procedure

The researcher submitted an ethical review to the Ethics Committee of the Faculty of Psychology, Universitas Indonesia. The intervention received ethical approval under the reference number 062/FPsi.Komite Etik/PDP.04.00/2024.

Potential participants were recruited through digital posters disseminated via social media, specifically Instagram. The ACT training was open to emerging adults who had recently graduated from high school. Participants who registered provided their personal information and completed the DASS-21. Subsequently, the researchers contacted the participants to confirm their availability for participation in the training. Those who confirmed were randomly assigned to either the experimental group or the control group.

The experimental group received the training program in June 2024, lasting four weeks and two hours for each session. ACT delivered in one to four sessions with single sessions lasting one to two hours has been shown to produce positive changes in individuals by effectively promoting psychological flexibility and facilitating value-driven actions in a time-efficient manner (Strosahl et al., 2012). Before the first session, participants completed the SWLS and SCS as a pre-test. During the pre-session, they were informed about the content of the upcoming four sessions. After completing the four sessions, participants retook the SWLS and SCS for the post-test. Three weeks later, they completed the SWLS and SCS again for the follow-up. For the control group, the SWLS and SCS assessments were conducted at the same time as those for the experimental group. Four weeks after the final training session, or in July 2024, the control group received a book as well as webinar on the same topic as the experimental group.

ACT Intervention

The ACT training was adapted from an existing intervention for adolescents (Hayes & Rowse, 2008) and combined with ACT skills manuals, creating a simplified skill set called MOVE—Mindfulness, Observation and Defusion, Value, and Engage. The MOVE skills module was developed by three graduate students from the Master's Program in Professional Psychology, with a specialization in Adult Clinical Psychology at the Universitas Indonesia, and an experienced clinical psychologist who is a seasoned practitioner of ACT and who also served as an intervention supervisor. These students studied the skills and reviewed relevant research on ACT for four months prior to the training implementation. Throughout the process, they engaged in intensive discussions with the psychologist. The training was led by the primary facilitator, who is also the first author of this study,

with support from two co-facilitators who were part of the same team. The MOVE skills module was delivered across four structured training sessions.

The first session, participants were encouraged to answer questions about dealing with unpleasant situations and shared personal experiences. The researcher linked these experiences to psychological inflexibility and introduced the concept of avoiding such experiences using the DOTS—Distracting, Opting Out, Thinking, and Other Strategies. The concept of psychological flexibility was then explained using a ship-sea-island analogy and connected to the MOVE skills, which would be covered in the following sessions. For the mindfulness skill, they were introduced to Mindfulness of The Breath, Connected with Your Body, and Grounding Technique. The training session ended with a Kahoot! quiz to help participants recall the skills they had practiced.

The second session, participants first explored observing feelings and were introduced to the emotion wheel, practicing how to identify strategies for avoiding negative emotions. They then moved on to defusion skills, where they were shown the Sushi Train analogy for negative, positive, and neutral thoughts. Participants practiced the defusion technique "I am noticing that I am having a thought/feeling..." and Leave on the Stream.

The third session, participants learned the difference between values and goals. They practiced identifying values in four life areas: education/work, interpersonal relationships, personal growth, and leisure time. They reflected on their educational values from elementary, middle, and high school, illustrated these on paper, and presented their reflections to the group.

The fourth session, participants implemented the values identified in the previous session by setting committed actions using the SMART formula—Specific, Meaningful, Adaptive, Realistic, Time-framed. They were introduced to potential challenges (FEAR—Fusion, Excessive Goals, Avoidance of Discomfort, Remoteness from Value) and learned how to address these with DARE—Defusion, Acceptance of Discomfort, Realistic Goals, and Embracing Value. Participants worked on a mini project to envision themselves 5-10 years ahead, incorporating FEAR and DARE, which also included mindfulness, acceptance, and defusion skills.

Instruments

The Depression, Anxiety, and Stress Scale (DASS) developed by Lovibond and Lovibond (1995) and translated into Bahasa by Ifdil et al. (2022), was used to measure the three aspects of negative emotional state, depression, anxiety, and stress. DASS-21 was typically used by clinicians and professional mental health. DASS-21 used 4-point severity/frequency to answer from 0 = Did not apply to me at all to 3 = Applied to me very much, or most of the time. The reliability coefficient was $\alpha = 0.99$.

The Satisfaction With Life Scale (SWLS), developed by Diener et al. (1985) and translated into Bahasa by Hilmia and Handayani (2018), was used to measure individuals' personal life satisfaction. The SWLS consists of five items, an example of which is "In most ways, my life is close to my ideal." SWLS used Likert scale to answer the items from 1 = Strongly Disagree to 7 = Strongly Agree. The internal consistency, based on the reliability coefficient, was $\alpha = 0.63$.

The Self-Compassion Scale (SCS), developed by Neff (2003b) and translated into Bahasa by Sugianto et al. (2020), was used to measure the level of self-compassion an individual has. The SCS consists of twenty-six items and six dimensions (self-kindness vs. self-judgement, common humanity vs. isolation, mindfulness vs. overidentification). SCS used Likert scale to answer the items from 1 = Almost Never to 5 = Almost Always. The reliability coefficient was $\alpha = 0.92$ for total score and $\alpha = 0.57$ to $\alpha = 0.80$ for each dimension. The example of items could be seen on Table 1.

An additional informal survey was also included to evaluate the participants' experience with the intervention. The questions asked were, "How satisfied are you with this training?" and "How beneficial is this training for you?" using a Likert scale from 1 to 5. The next question was an open-ended question: "What did you gain from this training?"

Table 1. Sample Items from the Self-Compassion Scale

Dimension	Statement
Self-Kindness (SK)	I try to be loving towards myself when I'm feeling emotional pain <i>Saya mencoba untuk mencintai diri saya ketika saya merasakan sakit secara emosional</i>
Self-Judgment (SJ)	I'm disapproving and judgmental about my own flaws and inadequacies <i>Saya tidak menerima dan menghakimi kelemahan dan kekurangan saya</i>
Common Humanity (CH)	When things are going badly for me, I see the difficulties as part of life that everyone goes through <i>Ketika hal-hal buruk terjadi pada saya, saya melihat kesulitan hidup sebagai bagian hidup yang dilewati semua orang</i>
Isolation (I)	When I think about my inadequacies it tends to make me feel more separate and cut off from the rest of the world <i>Ketika saya memikirkan kekurangan saya, hal tersebut akan membuat diri saya terkucil dari seisi dunia</i>
Mindfulness (M)	When something upsets me I try to keep my emotions in balance <i>Ketika sesuatu membuat saya kesal, saya berusaha menjaga emosi saya tetap stabil</i>
Overidentification (O)	When I'm feeling down I tend to obsess and fixate on everything that's wrong <i>Ketika saya sedang terpuruk, saya cenderung terobsesi dan terus terpaku pada segala hal yang salah</i>

Data Analysis

Hypothesis testing was carried out using Microsoft Excel and IBM SPSS 26. The data processing technique employed was descriptive analysis that focused on the mean score and standard deviation of participants in each group. Descriptive analysis was presented in the form of a line graph to illustrate the changes before the intervention, after the intervention, and several weeks following the intervention. To assess the effectiveness of the intervention between the experimental group and the control group, the researcher also performed an independent sample t-test analysis to compare the group means and determine the significance of their differences.

RESULTS AND DISCUSSION

Results

Table 2. Independent Sample T-Test of Subjective Well-Being (SWB)

SWB	F	t	df	Sig.	M. Diff.
Pre-test	.365	1.350	16	.196	2.650
Post-test	.130	4.103	16	.001	8.225
Follow-up	.008	4.468	16	.000	9.300

Table 2 shows the results of an independent sample t-test comparing subjective well-being between the experimental and control groups. Prior to the intervention, pre-test analysis revealed no significant difference between the experimental group ($M_{pre-test} = 20.25$, $SD_{pre-test} = 4.621$) and the control group ($M_{pre-test} = 17.60$, $SD_{pre-test} = 3.718$); $t(16) = 1.350$, $p > 0.05$. Following the intervention, there was a significant difference between the experimental group ($M_{post-test} = 25.13$, $SD_{post-test} = 4.324$) and the control group ($M_{post-test} = 16.90$, $SD_{post-test} = 4.149$); $t(16) = 4.103$, $p = .001$. At follow-up, the difference in subjective well-being between the experimental group ($M_{follow-up} = 27.00$, $SD_{follow-up} = 4.209$) and the control group ($M_{follow-up} = 17.70$, $SD_{follow-up} = 4.523$) remain significant, $t(16) = 4.103$, $p < .001$.

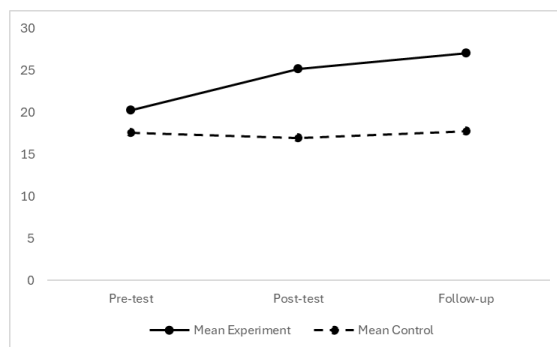


Figure 1. Subjective Well-Being (SWB) scores.

Based on Figure 1, there is a significant increase in subjective well-being in the experimental group from pretest to post-test. The experimental group also demonstrate a slight improvement in follow-up scores compared to post-test scores. Conversely, the scores of the control group remain relatively stable across pre-test, post-test, and follow-up. These findings indicate that the intervention is effective in enhancing subjective well-being in the experimental group compared to the control group.

Table 3. Independent Sample T-Test of Self-Compassion (SC)

SC	F	t	df	Sig.	M. Diff.
Pre-test	3.013	.864	16	.400	.197
Post-test	.612	4.712	16	.000	.852
Follow-up	1.087	3.782	16	.002	.842

Table 3 shows the results of an independent sample t-test comparing self-compassion between the experimental and control groups. Prior to the intervention, pre-test analysis revealed no significant difference between the experimental group ($M_{pre-test} = 3.09$, $SD_{pre-test} = .649$) and the control group ($M_{pre-test} = 2.89$, $SD_{pre-test} = .292$); $t(16) = .864$, $p > 0.05$. Following the intervention, there was a significant difference between the experimental group ($M_{post-test} = 3.66$, $SD_{post-test} = .324$) and the control group ($M_{post-test} = 2.81$, $SD_{post-test} = .420$); $t(16) = 4.712$, $p < .001$. At follow-up, the difference in self-compassion between the experimental group ($M_{follow-up} = 3.81$, $SD_{follow-up} = .571$) and the control group ($M_{follow-up} = 2.97$, $SD_{follow-up} = .371$) remain significant, $t(16) = 3.782$, $p < .001$.

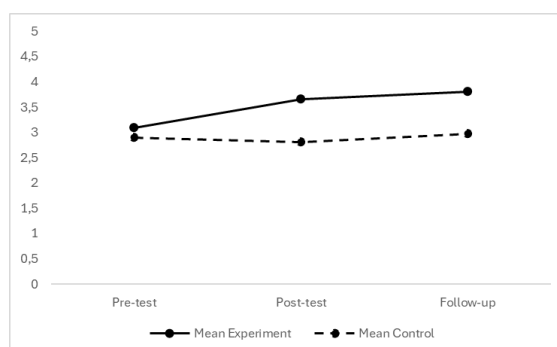


Figure 2. Self-Compassion (SCS) scores.

Based on Figure 2, there is a significant increase in self-compassion in the experimental group from pretest to post-test. The experimental group also demonstrate a slight improvement in follow-up scores compared to post-test scores. Conversely, the scores of the control group remain relatively

stable across pre-test, post-test, and follow-up. These findings indicate that the intervention is effective in enhancing self-compassion in the experimental group compared to the control group.

Based on an informal survey, participants reported gaining significant insights and practical knowledge from the intervention. The skills acquired not only enhanced their awareness and acceptance but also contributed to better preparation for future challenges. This comprehensive learning experience enriched their understanding and equipped them to navigate various life obstacles more effectively. Furthermore, participants noted the social benefits of the intervention, expressing satisfaction with the new connections formed, and emphasized the overall enjoyment of the sessions.

Discussion

The results of the ACT training indicate a significant improvement in subjective well-being and self-compassion in emerging adults. This improvement not only occurs immediately after the intervention but also persists for up to three weeks based on the results of the follow-up. This finding is consistent with previous research (Fledderus et al., 2012; Katajavuori et al., 2023; Viskovich & Pakenham, 2018) which states that ACT interventions are effective in enhancing subjective well-being and self-compassion in individuals with psychological distress, such as symptoms of depression, anxiety, and stress. The sustainability of this improvement after three weeks strengthens the effectiveness of ACT as an approach that can have long-term impact on well-being.

During emerging adulthood, individuals begin to pursue higher education or enter the workforce, marking a shift towards independence and an increased focus on interpersonal relationships (Hiester et al., 2009). This phase is often marked by instability, which can lead to psychological distress (Kuwabara et al., 2007; Othman & Jaafar, 2022; Viskovich & Pakenham, 2018). For example, some individuals who have recently been rejected from university may experience feelings of low self-esteem, self-critic, and disappointment. In addition to educational challenges, family conflicts are also common in emerging adults. Emerging adulthood is a crucial developmental stage where unresolved mental health issues can negatively impact social, emotional, and cognitive functioning, potentially affecting overall adult life (Rickwood et al., 2005; Viskovich & Pakenham, 2018). These challenges can lead to psychological inflexibility. Thus, it is important to develop effective strategies that help individuals respond adaptively and manage various challenges efficiently (Ng et al., 2024; Wong & Hamza, 2024).

Interventions focusing on acceptance and acting based on personal values help individuals lead more positive, active, and meaningful lives (Fledderus et al., 2012). According to triflex ACT, individuals are trained in skills to manage unpleasant internal experiences, specifically to "open up," "be present," and "do what matters." Typically, people engage in experiential avoidance to escape unpleasant internal experiences, such as unhelpful thoughts and uncomfortable feelings (Harris, 2019). ACT interventions teach individuals to accept and not judge their thoughts, rather than engaging in disputes with these unpleasant thoughts (Brown et al., 2011; Othman et al., 2024). Techniques such as cognitive defusion help individuals recognize and confront their thoughts, understanding that these thoughts are merely ideas rather than facts (Katajavuori et al., 2023). Unhelpful thoughts do not have the power to control behavior (Harris, 2019). After learning to accept and open up to thoughts, individuals also practice accepting uncomfortable feelings without being disturbed or driven by them. These skills are combined with mindfulness, allowing individuals to be aware of their internal experiences. Being present in the moment helps individuals set goals and act according to their values, even when uncomfortable feelings are present (Turrell & Bell, 2016). As a result, individuals develop psychological flexibility, enabling them to handle various challenges during the vulnerable phase of young adulthood without excessive psychological distress.

ACT-based interventions can help individuals experiencing psychological distress improve their subjective well-being and self-compassion by enhancing psychological flexibility (Marsh et al., 2018;

Marshall & Brockman, 2016; Viskovich & Pakenham, 2018). Acceptance of thoughts and feelings, combined with be present in the moment and value-driven actions, can boost self-compassion and, in turn, subjective well-being (Katajavuori et al., 2023; Kohtala et al., 2018; Marsh et al., 2018; Marshall & Brockman, 2016). This approach also reduces the risk of developing future psychological distress, including depression, anxiety, and stress (Fledderus et al., 2012; Marshall & Brockman, 2016). Individuals navigating the challenges of emerging adulthood become less self-critical and begin to set important goals aligned with their values, leading to a more meaningful life and enhanced subjective well-being.

Implications

This study provides both practical and theoretical contributions. Practically, it underscores the significance of enhancing psychological flexibility through ACT training can improve subjective well-being and self-compassion. The ACT training employed can be adapted to create targeted interventions for emerging adults, addressing issues such as self-esteem, self-criticism, and other psychological constructs. Furthermore, the integration of ACT training into institutional settings, including schools and universities, may facilitate broader access and participation among emerging adults. Theoretically, this research offers valuable insights into the psychological challenges encountered during emerging adulthood, such as uncertainty, instability, and identity formation, and serves as a foundational reference for future research in this domain.

Limitations and Further Research

The ACT intervention has several limitations. First, researchers do not measure psychological flexibility; instead, they focus solely on the intervention outcomes, subjective well-being and self-compassion. Future research needs to measure psychological flexibility to obtain a stronger measure of the intervention effectiveness. Second, the intervention does not provide in-depth material on accepting unpleasant emotions. Researchers only mention that individuals often try to avoid uncomfortable emotions. Future interventions can include skills for accepting unpleasant emotions to help individuals learn to coexist with them. Third, the delivery of material in the intervention session is dense, resembling a classroom teaching process. This structure has the potential to make participants feel bored. Various activities can be introduced, such as engaging participants in outdoor activities. Fourth, the intervention sessions lack intense interaction among participants, which limits the development of close friendships. Only a few participants engage in open conversations with others. This situation may be due to the participants' psychological distress, which requires a different approach compared to groups with mild psychological distress. Participants can be divided into smaller groups for discussions or exercises, creating a safer environment that encourages free expression and engagement.

CONCLUSION

The conclusion is that ACT can increase subjective well-being and self-compassion among emerging adults who participated in the training. The intervention also aids participants in preparing for their adulthood life, specifically life after graduating from high school. The intervention sessions were found to be satisfying and beneficial by the participants.

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AUTHOR CONTRIBUTIONS STATEMENT

CPJ and IIDO designed and developed the experiment. CPJ conducted the experiment, collected the data, analyzed the data, and interpreted the results. CPJ wrote the initial draft of the manuscript with significant input from IIDO. IIDO supervised the entire research process. All authors reviewed the manuscript, contributed to revisions, and approved the final version for submission.

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