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Acceptance and Commitment Therapy Boosts Subjective Well-Being of Emerging Adults but Leaves Emotion Regulation Unchanged

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Abstract: Emerging adulthood is a period of transition to early adulthood characterized by unstable conditions due to changes in many aspects of life. Psychological skills are needed that can help emerging adults face future challenges. This study aims to see the impact of Acceptance and Commitment Therapy in improving subjective well-being and emotion regulation in emerging adults. The participants of this study consisted of eight persons. The criteria for participants in this study are individuals aged 17-19 years who did not show indications of anxiety, depression and stress disorders. The selection of these non-clinical criteria is intended so that healthy individuals can achieve better psychological conditions and as a preventive effort to avoid psychological disorders. The measuring instruments used in this study are the Satisfaction with Life Scale (SWLS) and The Emotion Regulation Questionnaire (ERQ) Scale. The data analysis method used is paired sample t-test to measure the difference in the average score in the group before and after the intervention. The results of the analysis proved that there was a significant increase in subjective well-being scores between before and after the intervention by increasing the life satisfaction. On the other hand, there was no significant difference in emotion suppression scores, however there was a decrease in the use of expression suppression strategies in regulating emotions. The results also show there is a decrease in the use of cognitive reappraisal strategies in regulating emotions between before and after the intervention, but the decrease is not significant. This study provides implications for counseling practice with ACT based interventions to provide more skills in observing and defusion technique in regulating emotions so that ACT is expected to improve individuals' emotion regulation abilities.

Key Words: Acceptance and Commitment Therapy; Emerging Adult; Subjective Wellbeing; Emotion Regulation.

INTRODUCTION

Emerging adulthood is the transition phase from adolescence to adulthood, referred to as early adulthood, which occurs around the age of 18 to 25 years (Arnett, 2023). Experimentation and exploration characterize the emerging adult period. At this stage of development, many individuals are still searching for the career path they want to take, the identity they want, and the lifestyle they want to live. In the emerging adult phase, individuals also experience a transition from adolescence to adulthood which is characterized by various important changes in their lives. According to Arnett (2023), there are five main characteristics of emerging adulthood including: (1) Identity exploration especially in terms of love and work; (2) Instability in terms of love, work, and education; (3) Self-focused; (4) Feeling in-

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between because they do not consider themselves as teenagers or mature adults; (5) Age of possibilities, a time when individuals have the opportunity to change their lives.

Emerging adults experience a transition to early adulthood characterized by unstable conditions due to changes in many aspects. The emerging adulthood phase presents various challenges that can significantly affect an individual's personal and social development. At the beginning of the emerging adult stage, aged 17-18 years, young adults are generally dependent, live with parents or caregivers, begin to engage in romantic relationships, and attend high school and then continue to college. By the end of this stage, mid- to late-20s, most young adults are living independently, in long-term relationships, and have a clear career path ahead of them (Wood et al., 2018). These transitional changes give challenges and pressures for emerging adults to be able to become independent individuals and achieve stable adulthood. In addition, pressure from family and social environment is also an important challenge during the emerging adult phase. Individuals in the emerging adulthood phase often feel burdened by expectations to achieve success in careers, relationships, or other aspects of life (Smith et al., 2011). An American study showed that the prevalence of psychiatric disorders was greater than 40% in people aged 18-29 years (emerging adults), and higher in people of all age ranges, especially for mood disorders, anxiety disorders, and substance abuse (Arnett et al., 2014). The risk of psychological disorders is relevant to the challenges and demands of emerging adults in Indonesia, such as high academic and career pressures. Therefore, the ability to manage stress is important in preventing the emergence of psychological disorders in the future.

Some of the skills that are important to develop in facing this transition period is emotion regulation in order to improve subjective well-being. This is because in the transition process from adolescence to young adulthood, individuals usually do not consistently show maturity towards more adaptive emotional regulation. On the other hand, improving psychological well-being and emotion regulation skills is in line with the Sustainable Development Goals (SDGs) framework, particularly SDG 3 (Good Health and Wellbeing) and SDG 4 (Quality Education) where attention to mental health and emotion regulation skills is highly relevant. Ensuring emerging adults have access to psychological support and emotion regulation skills training not only contributes to individual well-being, but also supports the achievement of the SDGs and the overall vision of a Golden Indonesia 2045. Emotion regulation is defined as the way individuals influence the emotions they have, when they experience them, and how they experience and express these emotions (Gross, 1999). Acceptance and Commitment Therapy can help emerging adults deal with and accept their emotions in a healthy way, thereby improving subjective well-being. Subjective well-being refers to an individual's affective and cognitive evaluation of their life (Diener, 2000). Subjective well-being describes an individual's evaluation of their life, both in terms of cognitions such as "my life is satisfying" and feelings such as "my experiences are pleasant and satisfying" (Diener, 2012).

Acceptance and Commitment Therapy (ACT) was developed by Dr. Steven C. Hayes in the late 1980s. Acceptance and Commitment Therapy is a psychological intervention based on modern behavioral psychology that applies mindfulness and acceptance processes, as well as commitment and behavior change processes to create psychological flexibility (Hayes et al., 2006). ACT is an intervention that helps individuals to accept what is beyond their personal control and commit to taking life-enriching actions (Harris, 2009). The goal of ACT is to create a rich, full, and meaningful life while accepting the pain that inevitably accompanies it (Harris, 2009). Various studies have shown the effectiveness of ACT in helping individuals in emerging adulthood to reduce levels of anxiety, depression, and improve subjective well-being and contribute to a better quality of life for individuals in emerging adulthood (Christodoulou et al., 2021; Othman et al., 2024). A meta-analysis study found that post-intervention subjective well-being (SWB) scores were significantly higher for the ACT experimental group compared to the control group (Stenhoff et al., 2020). That meta-analysis study also showed that ACT interventions had increased subjective well-being in both clinical and non-clinical populations. Then a study conducted on medical students in Iran also showed that ACT was effective in improving subjective well-being components and reducing psychological distress scores in the experimental group compared to the control group (Googhari et al., 2022). On the other hand, a qualitative study conducted by Natalia et al. (2023) on emerging adults found that ACT can reduce scores of decision-making indecision, hopelessness, negative self-assessment, being trapped in difficult situations, anxiety, stress and concerns about interpersonal relationships. In addition, ACT intervention

has also been shown to increase defusion, self as a context, acceptance, values, flexibility at present moment, and committed action scores of emerging adults.

On the other hand, Acceptance and Commitment Therapy (ACT) has also been shown to improve individuals' emotional regulation abilities. This can be seen through research conducted by Googhari et al. (2022) which found that ACT was effective in improving emotional regulation in medical students when compared to the control group. Then a study conducted by Norouzi et al. (2017) on students with interpersonal problems showed that ACT was effective in dealing with interpersonal problems and emotional dysregulation. This can be seen through the significant difference in scores between the experimental and control groups after the intervention. Various other studies in populations with health problems have shown that ACT can improve emotional regulation abilities in women with breast cancer (Jelodari et al., 2020), in patients with chronic headaches (Khazraee et al., 2018), and in individuals with spinal cord injuries (Khanjani et al., 2021). In addition, previous research has also found that good emotion regulation skills are proven to have a direct positive effect on academic and social adjustment (Meganingtyas & Mufitasari, 2022). Academic adjustment skills are important for emerging adults who are entering the transition stage from high school to college.

Through ACT interventions, individuals will learn to develop psychological flexibility, allowing them to accept difficult experiences without avoiding them, and commit to actions that are in line with their values. ACT teaches individuals the psychological skill of mindfulness to deal effectively with painful thoughts and feelings so that they have much less impact and influence. ACT also helps individuals to clarify what is truly important and meaningful by identifying their values. It then uses those values to guide and motivate individuals in setting goals and taking life-enriching actions. ACT intervention is expected to help individuals face challenges during the emerging adulthood phase more effectively and live adulthood with more confidence. In addition, with psychological flexibility and good regulation, individuals are expected to achieve higher levels of subjective well-being that can support them during this transitional phase.

Various other interventions have also been proven to improve subjective well-being, such as mindfulness-based therapy and cognitive behavioral approach (Sakuraya et al., 2020). Acceptance and Commitment Therapy (ACT) was chosen because it is an intervention that invites individuals to accept all their emotions and thoughts without trying to avoid or change them. This is important to do because unpleasant experiences in life that cause uncomfortable thoughts and feelings are difficult for someone to avoid. On the other hand, the cognitive approach emphasizes challenging one's own thoughts, whereas not everyone is comfortable being given intervention using this method. Whereas mindfulness interventions only focus on the present moment without judgment provide but less direction regarding behavior that can be carried out by individuals. ACT addresses psychological rigidity, promotes values-driven action, reduces avoidance behaviors, and utilizes cognitive defusion techniques which collectively contribute to enhanced subjective well-being.

A meta-analysis study by Sun et al. (2022) showed that both individual and group ACT therapy have similar effectiveness in reducing depressive symptoms. Therefore, an ACT-based group intervention to improve subjective well-being and emotion regulation is expected to be a more effective and efficient method, as well as more accessible to more individuals in the emerging adulthood phase compared to individual interventions. Therefore, the study aims to provide Acceptance and Commitment Therapy group intervention to emerging adults as a preventive effort so that individuals in the emerging adult stage are able to face various challenges effectively. The hypothesis of this study is that ACT intervention can improve subjective well-being, reduce the use of emotion regulation strategies in the form of emotion suppression, and increase emotion regulation strategies in the form of cognitive reappraisal in emerging adults. The results of the intervention are also expected to be a reference for educators and professionals in supporting the development of young adults so that they can grow into mentally healthy individuals.

METHOD

Participants

The participants included were those who had relatively healthy psychological condition given the purpose of this intervention is to see the prevention effectiveness of the intervention conducted. The participants selected in this study were individuals who did not showed no indication of severe depression, anxiety, and stress. These criteria were chosen because research on healthy populations is still quite limited. On the other hand, the selection of these participant criteria is intended so that healthy individuals can have a better psychological condition and have the skills to face future challenges. Another criterion for participants in this intervention is individuals who fall into the emerging adult category, namely those aged 17-19 years who have just graduated from high school. Preventive efforts in emerging adults are carried out because this phase is a transition period from adolescence to young adulthood. The transition period poses many challenges and pressures for emerging adults to be able to become independent individuals and be able to achieve stable maturity in many aspects of life.

The participant recruitment process was conducted through social media. Individuals who fit the criteria were asked to fill out the Depression Anxiety Stress Scales (DASS) measuring instrument as a screening to determine the psychological condition of the participants. Selected participants who have normal and low to moderate scores on the DASS will be contacted by the facilitator through the contact number provided during the recruitment process. After being contacted, participants were given a brief explanation regarding the intervention design and things that would be done during the session. Then the authors selected 8 participants who met the criteria to be given group intervention in the form of ACT (see Table 1). Determining the number of participants in one group was based on consideration of the dynamics that might occur in the group and optimizing the participants' activeness during the training session. Although at the beginning of the intervention there were 8 participants, there were two participants who did not attend the full session.

Table 1. Demographic Characteristics of Participants

No.	Category	N	Percentage
1	Gender		
	Female	8	100%
	Male	0	0%
2	Age		
	17 years old	4	50%
	18 years old	4	50%
3	DASS Score – Depression		
	Normal	5	62,5%
	Low	2	25%
	Moderate	1	12,5%
4	DASS Score – Anxiety		
	Normal	2	25%
	Low	2	25%
	Moderate	4	50%
5	DASS Score – Stress		
	Normal	6	75%
	Low	1	12,5%
	Moderate	1	12,5%

Procedure

The participant recruitment process uses convenience sampling techniques where participants are selected based on their availability and willingness to respond. The recruitment technique carried out is by distributing posters through various social media platforms, then participants who meet the characteristics will be contacted by authors to be included in the study. After the number of participants was collected, the researcher provided group interventions for four sessions which each session lasted for 120 minutes. Each session contains material presentation and also skills exercises that has been

taught in the session. Exercises were also done by filling in the module that have been given physically during the first session. The intervention was conducted at the Faculty of Psychology, University of Indonesia and participants who attended would receive reward with an amount of 25 thousand rupiah for each session. The reward was given after the entire series of sessions were completed and sent via ewallet balance. Before and after the intervention process took place, subjective well-being and emotion regulation were measured on the research participants. All research data were then analyzed quantitatively, while feedback from participants and authors observation data were then analyzed qualitatively. The protocol for implementing all intervention sessions can be seen in Table 2.

Table 2. Protocols of Intervention Sessions

Sessions	Topics	Objective and Activity
1	Introduction to <i>mindfulness</i> materials and techniques	<p>Objective</p> <ol style="list-style-type: none"> Participants were able to understand the purpose of the intervention and its benefits to daily life. Participants are able to understand and apply skills in the here and <i>now</i>. <p>Activities</p> <ol style="list-style-type: none"> Introduce the abdominal breathing technique with full attention. Introduce the <i>connect with your body</i> technique to scan the body from head to toe and notice what sensations are present. Introduce <i>grounding</i> techniques to engage in current activities.
2	Observation and get out of the trap	<p>Objective</p> <ol style="list-style-type: none"> Participants are able to understand and accept the various emotions that arise. Participants are able to identify and observe the various thoughts that arise. Participants are able to apply snare release skills. <p>Activities</p> <ol style="list-style-type: none"> Doing emotion and mind recognition exercises. Explaining the unhooking technique introduces "I realize that I am having a thought or feeling...", "name the process", and "metaphor of letting go".
3	Value	<p>Objective</p> <ol style="list-style-type: none"> Participants are able to understand its value and function. Participants are able to identify values in four aspects of life (education/career, interpersonal relationships, personal growth, and leisure). <p>Activities</p> <ol style="list-style-type: none"> Conduct an exercise to identify differences in values and goals. Conduct value targeting exercises from various aspects of life. Conduct a value reflection exercise of each lifetime from the past, present, and future.
4	Engage in action	<p>Objective</p> <ol style="list-style-type: none"> Participants are able to execute values into actions with the SMART formula. Participants were able to handle the internal experiences that arose during the action plan with the <i>mindfulness</i> and escape techniques learned.

Sessions	Topics	Objective and Activity
		Activities <ol style="list-style-type: none"> Conduct an action determination exercise based on the SMART formula. Conduct action determination exercises that are aligned with values and goals. Conduct a <i>post-test</i> on participants to measure the level of subjective well-being and self-compassion of each participant after the intervention.

Measures

There are three measurements given during intervention including pretest, posttest, three weeks follow-up. The measuring instruments used in measuring the effectiveness of group interventions are the Satisfaction with Life Scale (SWLS) and The Emotion Regulation Questionnaire (ERQ) Scale. SWLS is a measuring tool used to measure individual subjective well-being in terms of overall individual life satisfaction which refers to the cognitive assessment aspect (Diener et al., 1985). SWLS consists of 5 items and uses a 7 Likert scale with a range of 1 = strongly disagree, 2 = disagree, 3 = somewhat disagree, 4 = undecided, 5 = somewhat agree, 6 = agree, and 7 = strongly agree. The SWLS used in this study is a measuring instrument that has been adapted into Indonesian by Ghibran (2010). The adapted SWLS measuring instrument showed a good reliability score of 0,768. Then the measuring instrument was tested by Hilmia (2017) on an adolescent population and showed a reliability score 0,630 and all items showed good validity with corrected item-total correlation scores range of 0,2 – 0,4.

Meanwhile, ERQ is a measuring tool used to see the use of emotion regulation strategies used by individuals, namely cognitive reappraisal and emotion suppression. The ERQ consists of 10 items and uses a 7 Likert scale with a range of 0 = strongly disagree to 6 = strongly agree. The psychometric test of the ERQ measuring instrument which has been adapted into Indonesian by Radde et al. (2021) and then a psychometric test was conducted by Safiya (2023). Psychometric test showed good reliability with cronbach alpha score 0,771 for the cognitive reappraisal dimension and 0.872 for the emotion suppression dimension. Psychometric testing of the ERQ measuring instrument also showed good item validity scores ranging from 0,3 to 0,8 for both dimension.

Data Analysis

The employed analytical method is descriptive analysis, concentrating on the mean score and standard deviation of the participants. To assess the efficacy of the group intervention, we utilise the paired sample t-test to compare the mean scores of participants at pretest, posttest, and follow-up regarding subjective well-being and regulation variables. Participants were presented with questions following the completion of all intervention sessions. The enquiries pertained to the impressions, feedback, and insights that participants derived from the intervention. Qualitative assessment was used to get participant comments on the execution of group interventions.

RESULTS

The within subject model measurement method is carried out by comparing the average total score of the Subjective Well-Being Life Satisfaction Scale (SWLS) and the score of each dimension on The Emotion Regulation Questionnaire (ERQ) scale at pre-test, post-test and follow-up test using the Paired Sample T-Test analysis method.

Table 3. Results of Within Subject Paired Sample T-Test Analysis of Pretest and Posttest

Variables	Pre-Test		Post-Test		t	df	Sig.	Mean Diff.
	Mean	SD	Mean	SD				
SWLS	16.25	3.73	21.50	3.96	-3.479	7	0.010	5.25
ERQ (ES)	16.25	5.78	14.75	4.59	0.507	7	0.628	1.5
ERQ (CR)	28.63	4.84	27.50	4.84	0.473	7	0.651	1.13

Paired Sample T-Test was conducted to compare subjective well-being scores in groups between before and after the intervention. The results of the pre-test and post-test analysis for subjective well-being variables showed that there was a significant difference between the pre-test score ($M_{\text{pre-test}} = 16.25$, $SD_{\text{pre-test}} = 3.73$) and the post-test score ($M_{\text{post-test}} = 21.50$, $SD_{\text{post-test}} = 3.96$); $t(7) = 0.010$, $p < 0.05$. The results of the analysis showed that there was a significant increase in the level of subjective well-being of the group between before and after the intervention (See Table 3). These results are in accordance with the research hypothesis that the group intervention is able to increase the level of subjective well-being in participants.

While the results of the analysis between the pre-test and post-test for emotion regulation variables (emotion suppression) showed no significant difference between the pre-test ($M_{\text{pre-test}} = 16.25$, $SD_{\text{pre-test}} = 5.78$) and post-test ($M_{\text{post-test}} = 14.75$, $SD_{\text{post-test}} = 4.59$) scores; $t(7) = 0.628$, $p > 0.05$. The results of the analysis showed that there was no significant difference in scores, however there was a decrease in the use of expression suppression strategies in regulating emotions between before and after the intervention. The results were not in line with the research hypothesis that the group intervention would significantly reduce the level of expression suppression emotion regulation in the group participants (See Table 3).

Then the results of the analysis between the pre-test and post-test for the emotion regulation variable (cognitive reappraisal) also showed no significant difference between the pre-test ($M_{\text{pre-test}} = 28.63$, $SD_{\text{pre-test}} = 4.84$) and post-test ($M_{\text{post-test}} = 27.50$, $SD_{\text{post-test}} = 4.84$) scores; $t(7) = 0.651$, $p > 0.05$. The results of the analysis show that there is a decrease in the use of cognitive reappraisal strategies in regulating emotions between before and after the intervention, but the decrease is not significant. The results of the study are also not in accordance with the research hypothesis that group intervention will increase the level of cognitive reappraisal emotion regulation in participants (See Table 3).

Table 4. Results of Within Subject Paired Sample T-Test Analysis of Posttest and Follow Up

Variables	Post-Test		Follow Up Test		t	df	Sig.	Mean Diff.
	Mean	SD	Mean	SD				
SWLS	21.50	3.96	20.38	4.31	1.062	7	0.324	1.12
ERQ (ES)	14.75	4.59	13.75	4.95	0.457	7	0.661	1
ERQ (CR)	27.50	4.84	29.38	5.29	-0.872	7	0.412	1.88

The results of the analysis of the post-test and follow-up test for the subjective well-being variable showed no significant difference between the post-test ($M_{\text{post-test}} = 21.50$, $SD_{\text{post-test}} = 3.96$) and follow-up test ($M_{\text{follow-up}} = 20.38$, $SD_{\text{follow-up}} = 4.31$) scores; $t(7) = 0.4825$, $p > 0.05$. The analysis showed that the subjective well-being level of the post-intervention group was at a similar level even three weeks after the intervention (see Table 4). This indicates that the effectiveness of the group intervention has a long-lasting effect, which is three weeks after the intervention.

The results of the post-test analysis with the follow-up test for the emotion regulation variable (emotion suppression) also showed no significant difference between the post-test score ($M_{\text{post-test}} = 14.75$, $SD_{\text{post-test}} = 4.59$) and the follow-up test score ($M_{\text{follow-up}} = 13.75$, $SD_{\text{follow-up}} = 4.95$); $t(7) = 0.06559$,

$p > 0.05$ (see Table 4). This suggests that the group intervention remains effective for up to three weeks following its implementation. Meanwhile, the results of the post-test analysis with the follow-up test for the emotion regulation variable (cognitive reappraisal) also showed no significant difference between the post-test score ($M_{\text{post-test}} = 27.50, SD_{\text{post-test}} = 4.84$) and the follow-up test score ($M_{\text{follow-up}} = 29.38, SD_{\text{follow-up}} = 5.29$); $t(7) = 0.5467, p > 0.05$ (See Table 4). That good improvement perhaps because the participants went through exercises process after being given the intervention, thus improving their emotional regulation abilities. This shows that emotion regulation strategies in the form of expression suppression and cognitive reappraisal after three weeks post intervention remain at a similar level as before getting the intervention. This further strengthens the results of the pre-test and post-test analysis of emotion regulation variables which show that the group intervention provided is less effective in improving participants' emotion regulation skills. Although it does not provide a significant difference, it should be underlined that the participants of this study are non-clinical individuals who are assumed to have good emotion regulation skills even though they are not given an intervention.

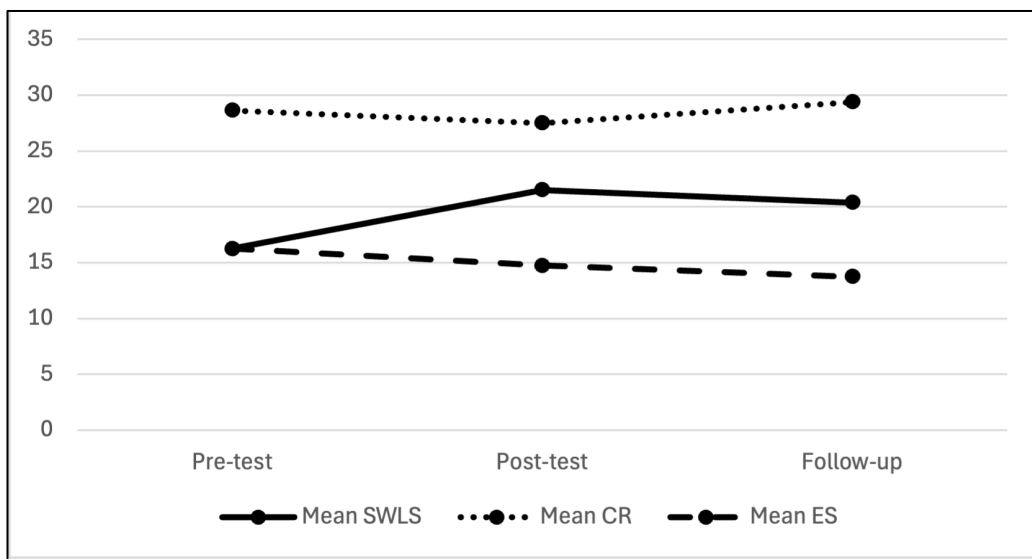


Figure 1. Mean of Subjective Wellbeing and Emotion Regulation

In addition to quantitative data, this study includes qualitative data collected via feedback questionnaires from participants post-intervention. The qualitative inquiry was, "What did you gain from this training?" Participants were at liberty to provide responses as their names remained anonymous when completing the feedback form. The subsequent responses are from all participants (See Table 5).

Table 5. Qualitative Data: Feedback From Participants

No.	Participants	Feedbacks
1	Participant 1	New knowledge, techniques for getting out of the trap of the problems we are facing, new friends.
2	Participant 2	This training is very useful. Through this training, I learned about mindfulness which helps me control my emotions and stay calm when I feel anxious. I was also taught to always be positive and focus on things that can be controlled. Overall, this training greatly improves the mental well-being of teenagers like us.
3	Participant 3	There are so many benefits. Now I know how to deal with problems within myself and can also apply them. Then I have new friends who are super kind, great, cool, and beautiful.
4	Participant 4	Knowledge and meet new friends.
5	Participant 5	I can learn how to control my thoughts and feelings.
6	Participant 6	I got a really good lesson, then I was able to explore new places, get new friends, and get a new perspective on my mental health.
7	Participant 7	I became more confident and brave in making important decisions.
8	Participant 8	I got lots of knowledge and science.

The qualitative data indicates that all participants experienced several benefits from the intervention. Numerous participants reported acquiring new knowledge and skills, particularly in the regulation of their emotions and ideas. Participants believed that this intervention effectively enhanced their mental health and equipped them to address their issues proficiently.

DISCUSSION

The results of this study showed that Acceptance Commitment Therapy (ACT) group intervention resulted in a significant increase in subjective well-being scores in a psychologically healthy emerging adult population. The results of this study are in line with various previous studies that prove ACT is proven to improve the psychological well-being of college students and reduce psychological distress (Googhari et al., 2022; Howell & Passmore, 2019). In addition, this study is also in line with the results of previous research in Indonesia involving students aged 18-19 years and showing no clinical indications that prove that ACT can improve students' wellness (Wahyun et al., 2019). The results of this study further enrich the research results that prove the effectiveness of ACT in healthy individuals. This is because non-clinical populations generally receive less attention because they are considered unproblematic so they need less help in improving their psychological well-being. Nonetheless, non-clinical populations still need facilitation to improve their psychological capacity to live a more meaningful and mentally healthy life. Improving psychological skills in healthy individuals is also a form of preventive effort so that they have the skills to face various challenges so that they can prevent psychological disorders in the future.

The results of this study provide novelty in studies related to the implementation of ACT in the emerging adult population in Indonesia. This is because to the author's knowledge, there has been no research that looks at the impact of ACT on subjective well-being specifically in healthy emerging adult population in Indonesia who have just graduated from high school and will start college. The importance of increasing psychological capacity is in line with the results of a National College Health Association (2017) survey of 41,000 college students and found that at some point during the previous 12-month period there are 50,9% of respondents experienced hopelessness, 60,8 % overwhelming anxiety, with 10,4 % having seriously considered suicide, and 1.9% having attempted suicide.

On the other hand, the ACT group intervention results showed no significant difference in emotion regulation scores between pre- and post-intervention. This is different from the results of research showing that ACT is effective in improving emotional regulation and reducing psychological distress in a population of medical students in Iran (Googhari et al., 2022). Another study conducted on university students aged 18 - 35 years also showed acceptance and commitment therapy (ACT) can be effective in improving interpersonal problems and emotional dysregulation (Norouzi et al., 2017). In addition, other studies have also proven the effectiveness of ACT on emotion regulation skills showing significant improvement results in various populations such as in women with breast cancer, patients with spinal cord injury, mothers of children with autism disorder, divorce woman (Jelodari et al., 2020; Khanjani et al., 2021; Mahmoudpour et al., 2021; Salimi et al., 2019).

The results of the analysis of this study showed that there were changes in emotion regulation ability after the ACT intervention, but the changes were not significant. This result may be due to the group's healthy condition or without any indication of psychological disorders such as depression, anxiety, and stress. A meta-analysis study found that ACT proved to be more effective in clinical populations with certain psychological disorders such as anxiety disorders, depression, addiction, and somatic health problems (A-Tjak et al., 2015). Therefore, it can be concluded that the administration of ACT in healthy populations has less significant impact when compared to clinical groups. On the other hand, the very small sample size of eight participants may also affect the insignificant results. This is because previous studies usually involve more participants to see the effectiveness of ACT on emotional regulation ability. For example the study conducted by Yuan et al. (2024) involved 36 participants for the experimental group and 36 for the control group which showed that ACT can effectively regulate the emotional state of adolescents. In addition to the small sample size, all participants in this study were also female. On the other hand, previous study has shown that gender has an impact on individual strategy use and flexibility of emotion regulation. The results of that study showed that overall women

tend to use emotion regulation strategies more often than men and in a more flexible manner (Goubet & Chrysikou 2019). The results of that study can be an alternative explanation of why in this study ACT did not significantly improve the ability to regulate emotions in participants. This may be because all samples were women and they showed minimal symptoms of depression, anxiety, and stress so that they were assumed to have good emotional regulation abilities.

The difference in results may be also due to the amount of sessions. The group intervention in this study was only conducted for four sessions, while other studies that also looked at the effects of ACT on emotion regulation provided interventions with more sessions. One example is research conducted by (Mahmoudpour et al., 2021) showing that ACT has an impact on individual emotion regulation after providing eight sessions of intervention, each session lasting 90 minutes. In addition, the effectiveness of ACT on emotion regulation also showed significant results when compared to the control group after being given ACT for ten sessions, each session lasting 90 minutes and conducted twice a week (Norouzi et al., 2017). In addition, the ACT intervention provided in this study had little emotion-related content, which may be the reason why there was no significant difference in emotion regulation scores between pre- and post-intervention. The second session of intervention discussed module related to observation and breaking free from the trap or rumination, but the discussion still focused on observation the mind and and there was still very little material or training related to emotional regulation. A long enough session time and the more sessions given allowed participants in other studies to tell the problems they experienced and the feelings they had (Yuan et al., 2024). They also allowed to tell the less effective results when they did adverse coping in facing their problems and emotions. Meanwhile, because this research time was quite limited, participants in this study did not have the opportunity to tell about the problems they faced and how they felt. By telling about their problems and feelings, it might make participants more actively involved in the intervention session. That is because they are able to concretely imagine unpleasant feelings and learn directly how to regulate good emotions according to the ACT techniques taught.

The results of this study prove that ACT qualitatively gives positive influences on each participant. This can be seen based on feedback from participants who stated that they got new knowledge and techniques for getting out of the trap of the problems that they are facing. They were also able to deal with various unpleasant emotions and focus on things that could be controlled after receiving the ACT intervention. These qualitative results are in line with previous research which found that ACT made participants learn stress management skills and how to overcome their negative thoughts (Katajavuori et al., 2021).

Limitations

This study has multiple drawbacks, one of which is the restricted duration of implementation. The time constraint arose as the intervention occurred during a period when participants were unoccupied, awaiting their college entrance outcomes. Extended intervention sessions posed scheduling challenges for all participants due to their enrolment at several campuses. The second disadvantage of this study is the exceedingly tiny sample size, which consisted exclusively of females. The study's subjects, being solely females, resulted in a gender imbalance. Consequently, the generalisation of the research findings is challenging due to the absence of male participants. Third, two participants failed to attend the entire intervention session. The absence of these participants may account for the lack of significance in the difference between pretest and posttest scores of emotion regulation in the group. Notwithstanding many limitations, this study offers theoretical and practical advantages concerning the efficacy of ACT in the growing adult demographic regarding subjective well-being and emotional control.

Further research is also expected to involve more participants and also involve male participants so that the results of the study can be well generalized and can see differences in the effectiveness of ACT on two different genders. Further research is also expected to be able to conduct ACT group interventions with a greater number of sessions so that it is hoped that the material provided in each module can be further deepened. Especially the importance of deepening the discussion related to emotional regulation such as providing opportunities for more sharing related to unpleasant experiences, how feelings are felt, observation of emotions, and practice in dealing with these emotions. In addition, the implementation of longer intervention sessions allows researchers to include more interactive and

creative activities. This is important given the participants' high enthusiasm whenever they did independent activities when given tasks that allowed them to be creative. Online delivery of the intervention might also be considered as it could reach more participants and might avoid participants missing the intervention sessions due to time constraints.

CONCLUSION

This study demonstrates that the Acceptance Commitment Therapy (ACT) group intervention effectively enhances subjective well-being, as evidenced by the results of the quantitative analysis conducted. Conversely, there was no notable difference in emotion regulation scores for both cognitive reappraisal and emotion suppression aspects following the ACT intervention. Nonetheless, there was a reduction in the utilisation of emotion suppression methods following the intervention, accompanied by an increase in cognitive reappraisal three weeks post-intervention. Qualitative analysis revealed that ACT positively influenced research participants. Participants reported acquiring new knowledge, learning to manage various negative emotions, and concentrating on controllable aspects. Participants reported increased confidence and courage in making significant life decisions following the group session. Consequently, it can be inferred that the ACT group intervention yielded qualitative advantages for participants.

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