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Acceptance and Commitment Therapy for the Treatment of Postpartum Depression: A Case Study Approach

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Abstract

The prevalence of postpartum depression (PPD) has been linked to contradictory outcomes for mothers, infants, and mother-child relationships. Pakistan has the greatest prevalence percentage among the Asian countries which ranges from 28%-63% (Habiba et al., 2020). When it comes to treating postpartum depression, one of the best methods is Acceptance and Commitment Therapy. (Hayes et al., 2006). However, a large number of new mothers choose not to seek expert assistance, which highlights the need for new platforms to be developed in order to provide health care services in Pakistan. As noted by Waters et al. (2020) the primary goal of this research is to develop and evaluate the ACT for postpartum depression in postpartum women. The present work is based on replication of the study conducted by Branquinho et al., (2022), titled "A blended cognitive–behavioral intervention for the treatment of postpartum depression". The treatment approach used in the present study addresses mood and anxiety problems related to perinatal diseases. Utilizing the single-case study design. Our main resource who woman who volunteered, from teenage mothers to women in their forties who give birth. The intervention protocols and the strategy were developed in close collaboration with seasoned clinical psychologists and psychiatrists who are experts in the sector. The program was conducted weekly for a minimum of 12 weeks, during which the technique and treatment plan were explained in full. Compiling the patient's progress report and compiling the data received during treatment were done using computation. At the conclusion of the session, there was a notable decline in the severity of anxiety and depression symptoms. The goal is to compile positive evidence supporting the feasibility, efficacy, and proof-of-concept of ACT in reducing depressive symptoms in the postpartum phase. The advantages and disadvantages of this format were examined, along with their prospective applications in clinical health care and future research.

Keywords: PPD, ACT, women, treatment, depressive symptoms.

INTRODUCTION

Postpartum depression (PPD) is a kind of mood disorder, which can be developed by some women after delivery. It manifests in a very low mood, constant fearfulness, and fatigue which makes it hard for mothers to take care of themselves and their newborns. While a lot of women tend to not feel happy, or sad or have mood changes after childbirth,postpartum depression is a lot more serious and long-term. (O'hara & McCabe, 2013). Universally, over 10% of pregnant women and women who recently gave birth experience postpartum depression. (Woody et al., 2017). However, this prevalence rate is dependent on several factors, such as cultural, socioeconomic, or individual differences. The overall pooled prevalence of postpartum depression (PPD) in low to middle-class (LMIC) countries is between 18.7 - 19.8%. (Fisher et al., 2012). As far as only postpartum population is concerned, there is 9- 16% of women per annum

(American Psychological Association, 2022) experience postpartum depression (PPD), and 15-20% of whom have significant symptoms of depression and anxiety. Moreover, Pakistan has the greatest prevalence percentage among the Asian countries which ranges from 28%-63% (Habiba et al., 2020). Half of the cases in Pakistan remain unaccounted for. (Aliani & Khuwaja., 2017).

Research Significance

Postpartum depression refers to the kind of mood disorder some women get following childbirth. It is marked by the experience of depressing symptoms like extreme sadness, anxiety, and fatigue, which hamper new mothers' ability to take care of themselves and their babies. Postnatal depression is very common in many women across the globe. Universally, over 10% of pregnant women and women who recently gave birth experience postpartum depression. (Woody et al., 2017). However, this prevalence rate is dependent on several factors, such as cultural, socioeconomic, or individual differences. The overall pooled prevalence of postpartum depression (PPD) in low to middle-class (LMIC) countries is between 18.7 - 19.8%. (Fisher et al., 2012). As far as only postpartum population is concerned, there is 9- 16% of women per annum (American Psychological Association, 2022) experience postpartum depression (PPD), and 15-20% of whom have significant symptoms of depression and anxiety.

Moreover, Pakistan has the greatest prevalence percentage among the Asian countries which ranges from 28%-63%. ACT is a kind of psychotherapy, which can be applied to different mental health questions, among which is postpartum depression. The results of the current research will define the efficiency of ACT therapy as a treatment method for postpartum depression and contemplate the opportunity of using ACT as a prevention strategy for PPD, detecting whether ACT applied in time leads to the reduction of the risk or the level of depressive symptoms. Through placing into practice ACT in the exploratory study, the researchers will see the ways interventions can be individualized with adjustment and modification to certain issues and cases depending on the level of symptoms of postpartum depression. The current study will assess the applicability of ACT interventions concerning postpartum depression to enable healthcare providers, educators, community members, and decision-makers to decide on the appropriate interventions for specific cases and contexts.

Predicting postpartum depression involves recognising women who are vulnerable and understanding risk factors like prior depression, lack of support, problems with marriage, financial stress, and hormonal changes (Bloch et al., 2006). A great deal of stress and a lack of support in relationships increase the chance of postpartum depression. Attachment trends that include avoidance or ambivalence have been linked with more severe and persistent symptoms, and mothers with PPD often give up to bond with their children (Bennett & Indman, 2019). Research indicate an association between postpartum depression and negative outcomes for kids, including disruptive behaviours, poor cognitive function, and insecure attachment. Infant development may be impaired by mother depression that interrupts the bond between mother and child (Murray & Cooper, 1996).To be able to successfully manage postpartum depression, behavioural therapy is ne cessary. This may be accomplished via a variety of methods such as IPT, DBT, peer support, CBT, and ACT.

Acceptance and Commitment Therapy for PPD

Research shows that Acceptance and Commitment Therapy (ACT) is an effective treatment to decrease symptoms of postpartum depression while improving general

wellness. The principles used in conventional weekly ACT sessions may be adapted for the internet, and they are effective for dealing with negative thoughts and behaviours. Group E1 got cognitive-behavioral treatment (CBT), while group E2 got acceptance and commitment therapy (ACT). In postpartum women, ACT proved more effective at managing symptoms of anger and mood disorders (Kazemeyni & Bakhtiari, 2018). By eliminating barriers like childcare and transportation, online ACT modules have raised participation while making therapy more accessible for women who just gave birth (Stephens et al., 2016; Smith et al., 2023).

The rationale of the Study

While conventional treatments for postpartum depression, or PPD, are effective, novel methods like as Acceptance and Commitment Therapy (ACT) must be used to address PPD holistically. PPD is a common global condition. The impact of ACT is investigated in this study, with a focus on distance learning programs that enhance accessibility for moms with issues like childcare, travel, or geographic problems. The objective of the research is to better access therapy and adapt ACT for a range of demands. ACT may be more suitable in this situation because of its flexible approach, which may better meet cultural and psychological needs despite the paucity of data supporting its usage in Pakistan for postpartum depression.

Research Questions were as follows:

- How effective is Acceptance and Commitment Therapy (ACT) in reducing symptoms of postpartum depression?
- How does Acceptance and Commitment Therapy (ACT) impact maternal bonding and mother-infant interactions in women with postpartum depression?

Method

Using a single case study strategy, the study investigated the impact of Acceptance and Commitment Therapy (ACT) on postpartum depression. After the birth of her first child, it focused on a woman with PPD and collected comprehensive personal, familial, and medical history data. (Flyvbjerg, 2011). Married women having a confirmed diagnosis of postpartum depression based on standardized diagnostic criteria (e.g., DSM-5 criteria), typically within the first year post-delivery having age ranged 18-45 years were included in the study.

Selected Case Description

The patient, S.T, a 28-year-old woman married for 3 years, and mother of a 2-month-old baby boy, came with the complaints of anxiety and depression. It was her first birth and she did not have any major medical issues. She was also working as the marketing manager in Lahore, which is the second biggest city in Pakistan. Referral source was mother.

Presenting Complaints

The client was referred by her mother for a consultation concerning pervasive feelings of sadness and unusual/excessive crying, hopelessness, feelings of guilt, disrupted sleep, and exhaustion that have been manifesting since the birth of her first child 2 months ago. She also complained of more isolation, less assistance from her partner, and intolerable household activities. Moreover, she reported that her child cries often, so she is tired and cannot sleep enough.

History of Present Illness

Postpartum symptoms worsened after four weeks of pregnancy, although they had been believed to be typical. She faces difficulties in connecting, lack of sleep, and dread of hurting her child. She suffered from depression at age 25 following the demise of her father. The patient's nervousness was worsened by the difficult three years of her marriage based on by infertility strain. She worried about taking care of her baby and about accidentally harming him.

History of Marriage: Postpartum depression was caused by of emotional separation and pressure from in-laws over infertility. Her husband did not put any pressure on her, but she became more anxious due to mental and financial stress.She feels burdened with housekeeping and child care due to her husband's lengthy work hours and financial challenges. She feels lonely since her spouse is too worn out to assist and because her family is tiny and she doesn't have anyone else in her family. She is feeling alone and stressed due to this circumstance.

Sleep Disturbance: Due to many nighttime feedings and crying, the child reports severe sleep deprivation, resulting in fatigue and irritability. **Psychological Assessment**: consists with both formal and informal evaluations, prompted by data and spontaneous assessments, respectively. The Mental State Examination (MSE) keeps an eye on people's interactions, conduct, and general look.

Informal Assessment

Mental Status Examination (MSE):Appearance: The client often sobbed and gave out an anxious vibe. **Mood**: Deeply depressed and tense. **Thought Pattern**: No obsessions, hallucinations, or suicidal thoughts; slow speech and guilt about being a mother. **Attention:** Distracted, constantly watching her youngster. **Memory**: Good current, immediate, and distant memory; accurate.

Formal Assessment

Demographic Form: Gathered data regarding age, marital status, number of children, birth order, training, job, and family structure. **Consent Form in Creating**: collected consent from participants, stated the goal of the study, promised confidentiality, and informed them of their right to withdraw.

Edinburgh Postnatal Depression Scale (EPDS): The Edinburgh Postnatal Depression Scale (EPDS) was used for assessment. The EPDS is a ten-item test with a 0–3 response scale, typically easier for mothers to use, and it only takes five minutes to complete. For the EPDS patients, the reliability of the overall scale ($a = 0.77$) and the component of depressive symptoms ($a = 0.73$) was found to be adequate. For the overall scales of the EPDS, test-retest reliability was deemed adequate ($r = 0.50$; $p<.001$).

Acceptance and Action Questionnaire-II (AAQ-II): AAQ-II is a seven-item assessment tool used to measure psychological flexibility developed by Bond et al. (2011). A 7-point Likert scale, with 1 denoting never true and 7 denoting always true, is used for responses. The total score, which ranges from 7 to 49, is favourably correlated with experiencing avoidance and inversely correlated with psychological flexibility. AAQ II exhibits strong internal consistency and good stability ($r = 0.8$) over time, as indicated by its Cronbach's alpha value of 0.88.

Diagnostic Impressions

From the presentation, the client is most probably suffering from severe to mild postpartum depression (PPD) The existence of intrusive thoughts, sleep disruptions, and the affection of a maternal-infant relationship is a sign of the severe illness.

Procedure

The women who volunteered included in the research as subject, interacting with the participants, short introduction about the current researcher and objectives of the research were briefed. After that she was asked to fill the consent foam and it was assured that her information would keep confidential. Demographic questionnaire was formulated by incorporating necessary information (e.g. age, gender, qualification, marital status, no of siblings, no of children, family system and years in marital relationship). The instructions were given and sequence protocol was followed: Demographic sheet, Edinburgh Postnatal Depression Scale (EPDS) and Acceptance and Action Questionnaire-II (AAQ-II). A detailed interview was conducted with the client. The primary data from the survey is the wealth of information regarding family, personal, and family medical history, as well as the attitude towards the child. The plan of intervention was developed with the consultations of the experts in that field in collaboration with a senior clinical psychologist and psychiatrist and the CVI technique was utilized to prove the validity of the protocols of intervention. Per week consultations with the psychologist and certain sessions in the web-based programme were part of the at least 12-week programme. The treatment plans and techniques are spelt out in detail. Results from the treatment and the patient's advance report have been gathered. Upon completion of the intervention, notable modifications (a reduction in symptoms of depression and anxiety) were noted. Furthermore, the results are discussed in the result and discussion section. Ethical issues were considered fundamental.

RESULTS

Case Conceptualization

The patient, S.T, was a 28-year-old woman married since 3 years, and mother of a 2-month-old baby boy, came with the complaints of anxiety and depression. It was her first birth and she did not have any major medical issues. She was also working as the marketing manager in Lahore, which is the second biggest city in Pakistan. The client was referred by her mother for a consultation concerning pervasive feelings of sadness, hopelessness, excessive crying, feelings of guilt, disrupted sleep, and exhaustion that have been manifesting since the birth of her first child 2 months ago. She also complained of more isolation, less assistance from her partner, and intolerable household activities. Moreover, she reported that her child cries often, so she is tired and cannot sleep enough.

The client, a resilient individual, faced significant emotional challenges following the death of her father at 25, leading to a depressive episode marked by sadness, fatigue, loss of interest, appetite changes, and sleep difficulties. With psychiatric intervention and antidepressants, she gradually regained stability over a year and resumed her studies. Years later, after three years of marital pressure to conceive—especially from her mother-in-law—she finally became pregnant. Though the pregnancy was a joyful milestone, postpartum life brought back familiar struggles. Four weeks after giving birth, she began experiencing exhaustion, anxiety, and feelings of inadequacy. Her primary concern centered on managing routine caregiving tasks for her newborn,

such as feeding, holding, and bathing. Compounding her anxiety was a deep-seated fear of unintentionally harming her baby, which added stress to daily life. Cultural expectations in Pakistani society further exacerbated her difficulties. Extended family members often pressured her to follow traditional childcare practices, critiquing her choices and undermining her confidence. Additionally, societal norms idealizing the "perfect mother"—one who is always happy, selfless, and never visibly tired—heightened her self-doubt and anxiety. Failing to meet these unrealistic standards intensified her feelings of inadequacy. This combination of personal fears and societal pressures created a challenging postpartum period, impacting her emotional well-being and confidence. Her experience underscores the importance of recognizing the unique psychological and cultural challenges faced by new mothers, particularly in societies with strong traditional expectations.

The client also reported that her partner didn't support her, he didn't agree to hold the baby at night while he had to sleep to get ready for his job in the morning, so the client felt lonely. The client faced significant postpartum challenges due to a lack of support in managing her baby and household. Living in a nuclear family left her isolated, with temporary assistance from her mother providing only brief relief. Returning to work added emotional strain, as placing her baby in daycare caused intense guilt and worry. She struggled to focus at work, preoccupied with concerns about her child's care, leaving her torn between professional responsibilities and her desire to be present as a mother. This internal conflict heightened her feelings of inadequacy and exhaustion, deeply impacting her emotional well-being and sense of self.

The entire scenario emerged the symptoms of postpartum depression. The client described motherhood as a challenging period marked by social isolation, limited spousal support, and a loss of confidence. A history of depression, her baby's irregular sleep patterns, and lack of partner support increased her vulnerability to postpartum depression (PPD). Negative thought patterns, such as "I'm a failure," fueled self-doubt and guilt, leading to withdrawal and heightened anxiety. Acceptance and Commitment Therapy (ACT) was introduced, helping her embrace her role, detach from unhelpful thoughts, and align actions with core values. ACT emphasized communication, social support, and adaptive coping strategies, fostering resilience and well-being. Studies confirm ACT's effectiveness in treating PPD.

Course of Treatment

The present study follows the course of treatment given by Branquinho, Canavarro, & Fonseca, (2022), in their article titled "A blended cognitive–behavioral intervention for the treatment of postpartum depression: A case study," published in *Clinical Case Studies.* Although other protocols were also consulted but since the excellent work done by them was highly relatable using the same study design so main structure of their course of treatment was followed and acknowledged duly.

Acceptance and Commitment Therapy

The patient underwent twelve sessions of Acceptance and Commitment Therapy—seven in- person sessions with the psychologist and five conducted virtually—followed by a single follow-up appointment. After the intervention was carried out, it is currently being evaluated. The general structure of the Acceptance and Commitment Therapy for Postpartum Depression.

Session	Nature	Content

Session 1 Evaluation and introduction to treatment	Face-to-Face	• Clinical evaluation • Motivation and goal setting • introduction to the ACT
Session 2 Psychoeducation, PPD and emotions	Online (Video call)	• Psychoeducation (about PPD, symptoms, risk factors, myths) • Changes during PPD period • Emotional responses during PPD
Session 3 ACT model Mindfulness Training	Face-to-face	• Emotions and their adaptive functions • introduced mindfulness techniques such as scan, and mindful observation of thoughts and emotions breath awareness, body
Session 4 Mindful Mothering	Online	• Practice bringing non-judgmental awareness to the present moment. • Apply mindfulness to the client's interactions with the baby, emphasizing the importance of being fully present during these moments.
Session 5 Cognitive Diffusion: Identify Negative Thoughts	Face-to-face	• Help the client recognize and label negative thoughts related to motherhood and postpartum experiences. • Explored the impact of these thoughts on emotions and behaviours.
Session 6 Cognitive Diffusion Techniques	Online	• techniques to "de-fuse" from distressing thoughts, such as using metaphors or changing the perspective of thoughts. • acceptance and diffusion, questioning, self-compassion)
Session 7 Values Clarification and Commitment	Face-to-face	• collaboratively identify the client's core values, especially those related to parenting, family, and personal growth. • Definition, identification and clarification of parenthood values
Session 8 Explore Personal Values Set Values-Based Goals	Online	• Help the client set specific, realistic, and values-driven goals for behaviour change and emotional well-being. • Techniques to enhance and implement enjoyable, morally-driven activities

Session 9 Interpersonal relationships Social support and interpersonal competences	Fcae-to-face	• Identifying the networks and needs for social support and using assertive communication • The value of social support during the postpartum phase and recognising challenging circumstances (such as whether to seek assistance or handle criticism and judgement from others)
Session 10 Behavioural Activation	Online	• Develop a step-by-step plan for increasing engagement in positive and values-based activities. • Gradually reintroduce enjoyable and meaningful activities, considering the demands of parenting.
Session 11 Self-Compassion Practices	Face-to-face	• Introduce self-compassion exercises to help the client navigate the challenges of motherhood with greater self-kindness. • Schedule regular sessions to monitor progress, discuss challenges
Session 12 Integrate Skills Final balance and relapse prevention	Face-to-face	• Revision of the learned therapeutic skills (mindfulness, cognitive diffusion, and values-based actions) • Relapse prevention plan • Evaluation of treatment progress

Assessment of Progress

Table 2 highlights significant improvements in the client's depression and anxiety following the intervention, with symptom scores falling below clinical thresholds. The client reported increased confidence in managing daily challenges and a healthier relationship with her emotions and thoughts. She developed enhanced coping skills, enabling her to navigate stress effectively and focus on value-based actions, particularly in her role as a mother. Over time, her persistent sadness and hopelessness gave way to a more positive outlook, moments of joy, and renewed energy. This transformation underscores the intervention's effectiveness in fostering resilience, emotional well-being, and a revitalized approach to motherhood.

Client's pre and post assessment measures

Assessment Measures	(Pre-intervention)	(Post-intervention)
EPDS	22	6
AAQ-II	34	24

Note: EPDS= Assessment and Action Questionnaire-II, or AAQ-II, The Edinburgh Postnatal Depression Scale.

The client's EPDS score improved from 22 to 6, reflecting a significant reduction in postpartum depression symptoms, while her AAQ-II score improved from 34 to 24, indicating enhanced psychological flexibility. Acceptance and Commitment Therapy (ACT) helped her accept

emotions with curiosity, fostering resilience and enabling engagement in valued activities.

DISCUSSION

The case revealed that a blended intervention for depression at postpartum period was more than a one-way process for women. ACT helped the client rediscover purpose by aligning actions with core values, enhancing fulfillment and engagement. Virtual therapy combined with ACT improved her coping skills, resilience, and overall mental health. The ACT core protestant six steps— acceptance, cognitive diffusion, being present, self as context, values, and behavioural commitment—are where this specific shift occurs. It occurs when clients at last cease trying to escape and get fully immersed in these experiences, and instead choose to become conscious and aware of them, accepting them as a necessary component of life as a whole. ACT quality of life is also confirmed by preceding studies (Waters, 2020; Stenhoff, 2020; Forman & Herbert, 2009; Hayes et al., 2006, 2011). It is also proven that it improves behavioral change (Hayes et al., 2011). Blended interventions, combining online and traditional therapy, provide significant benefits for new mothers. The flexible format allowed the client to access materials at her convenience, reinforcing concepts and empowering her recovery. Acceptance and Commitment Therapy (ACT) effectively reduces depressive symptoms by fostering psychological flexibility, healthier emotional regulation, and alignment with core values, promoting purpose and engagement. (Branquinho, Canavarro, & Fonseca, 2022). Blended approaches enhance accessibility in underserved areas, integrating culturally relevant strategies like local languages and addressing motherhood-specific issues. They also reduce stigma and are more affordable, making mental health care attainable for families with financial constraints, improving well-being for postpartum mothers.

CONCLUSION

The performance of blended ACT in dealing with depression in pregnant and postpartum women has been enlarged by the case study which has also deepened the understanding as well. Future research will play more roles in terms of the effects of prenatal care on lowering depression level of women during pregnancy and postnatal period. Such research too can multiply the number of books written on the issue of depression and the way of its removal in pregnant women and new mothers. Working on the role of Acceptance and Commitment Therapy (ACT) as an intervention for postpartum depression in Pakistan could have certain implications which includes cultural adaptation, accessibility, education and awareness.

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