Examining the Effectiveness of Group Mindfulness-based Cognitive Therapy on Marital Burnout in Married Women in mental and emotional dimensions of Region 1 in Tehran

Zahra Khodabakhsh Moghadam
MSc of Counseling and Guidance, Islamic Azad University, Science and Research Branch, Tehran, Iran Corresponding Author)

Shokooh Navabi Nejhad
Professor of Kharazmi University, Tehran, Iran

Khodabakhsh Ahmady
Professor of Baghiyatalah University, Tehran, Iran

Abstract

The aim of this study was to examine the effectiveness of mindfulness-based cognitive therapy (MBCT) on marital burnout in married women in mental and emotional dimensions of region one in Tehran. This study is quasi-experimental with pre-test, post-test and control group. 30 married women who referred to Municipality Health Centre of Tehran in region one consisted the population of the study. They were selected by available sampling method and then were randomly assigned to experimental (n = 15) and control (n = 15) groups. The training package (Tizdale et al.), which included eight sessions was conducted on the participants of experimental group and participants of control group did not receive any training. 21-question marital burnout test (CBM) was used in this study to assess marital burnout. Data were analyzed using Spss 16 software and covariance analysis method. Findings showed that group mindfulness-based therapy reduced marital burnout in married women.

Keywords: Mindfulness, mindfulness-based cognitive therapy, marital burnout.
Introduction

Family is the first and smallest social institution and its good environment and stability can be effective in the ability and the stability of other social institutions. Marital relationship has been always considered as the longest and deepest relationship because satisfactory marriage is very useful for physical and mental health of spouses (1). Marriage is one of the most important events that happen in life. While some of marriages bring growth and prosperity for couples, many couples also can cause disaster for each other. Establishing and maintaining intimate relationships and satisfaction of emotional and psychological needs in the marriage is a kind of art and skill that demands having and obtaining reasonable attitudes, communication skills, life skills and doing particular duties in addition to the mental health and the primary health experiences (2).

On the other hand, the role of cognitive factors in understanding the dynamics of interactions and marital relationships, has been considered more in recent years. Structured approaches, psychodynamic, communication, behavioral and social learning and etc. can be mentioned. Influenced by these approaches, programs and various prevention and educational patterns are proposed. Although these patterns are different in terms of theoretical principles, objectives, process and interference pattern, but they have some common aspects. These programs include marriage enrichment, strengthening the relationship, communications of couples, and prevention program. Issues such as communication, negotiation, conflict resolution, self-awareness, commitment and responsibility, expectations, enhancing intimacy and sexual relationships, and cognitive restructuring are emphasized in these programs.

Marital burnout is a kind of painful state of physical, emotional or mental exhaustion which affects people who expect that dream love should give mean to their life. This condition occurs when they realize that despite their efforts, their relationship does not and will not give mean to their life (3). Burnout occurs due to failure in love and it is a response to the existing issues. Accumulation of mental stress that debilitate love, gradual increase of fatigue and boredom and accumulation of small annoyances helps the development of burnout (4). Marital burnout means gradual reduction in emotional attachment to the spouse with the sense of alienation, apathy and indifference among couples and replacing negative emotions with positive emotions (5). It causes many dysfunctional thoughts in individuals. In order to understanding and controlling the negative dysfunctional thoughts and negative emotions that are caused in individuals as a result of these thoughts (such as depression, anxiety, and etc.) cognitive therapy resulted in favorable outcomes. (6) believes that mindfulness is an approach in modern psychology that increases awareness in responding to mental processes such as very new emotional disorders.

Results of epidemiology studies indicate that marital burnout has been the most prominent mental health problems in families. Thus, specific psychotherapy approaches were introduced for prevention and treatment of burnout disorder between couples. Among these approaches, older treatments such as psychodynamic were of great popularity and became known as the golden standard of psychological interventions. However, the most effective recent cognitive treatments that are combined, such as dialectical behavioral therapy are long lasting. In
addition, the failure of common techniques of traditional cognitive-behavioral approach, like problem solving, will not solve the problems of burnout alone. Therefore, it seems that there is a necessity to test new cognitive-behavioral approaches for these problems (7). A growing interest is developed in acceptance-based treatments in recent years that do not focus on controlling or fighting with the pain but they focus on accepting it. The learnt skills of attention control in mindfulness meditation are one of these methods. This method can be useful in preventing recurrence of major depression periods. Based on information processing theory about the recurrence of depression, individuals who have experienced major depression periods, are vulnerable to return to depression when they face a dysphoric state, because these feelings can reactive depressive thinking patterns during the present or previous period. Mindfulness based cognitive therapy is designed by Segal et al (8). It has 8 group sessions (once a week) and is based on mindfulness-based stress reduction program by Kabatzin. Mindfulness-based cognitive therapy is a new approach in explaining cognitive-behavioral therapy. Mindfulness training involves metacognition learning and new behavioral strategies to focus on attention, prevention of ruminations and tendency to worrying responses. It expands new ideas and reduces unpleasant emotions. Mindfulness-based cognitive therapy adds some elements of cognitive therapy to the treatment in which the decentralization approach facilitates individual's thought. This kind of decentralized approach is also used for emotions and physical sensations. In this method depressed individuals are taught to observe their thoughts and feelings without judgment and consider them as simple mental events that are temporary, rather than considering them as a part of themselves or a reflection of reality. This kind of attitude to the cognitive related to the depression prevents heightening of negative thoughts in ruminating pattern (9).

With emphasis of these approaches on topics such as acceptance, mindfulness, values, spirituality, relationships and dialectic, they are included in areas that are less practical in traditional cognitive-behavioral approach, and because of that they are not addressed in clinical practices (10). In interventions based on acceptance and mindfulness, unlike the change-based strategy, instead of changing the content of thoughts and dysfunctional attitudes, it is focused on acceptance, decentralization and changing the relationships and attitudes of the individual toward thought as a subjective reality. It is also focused on acceptance without judgment, encounter and increasing the tolerance, negative emotional states, thoughts and ideas instead of changing and avoidance of negative emotions (11). Accordingly, the aim of this study is examining the effectiveness of mindfulness-based cognitive therapy on marital burnout in married women in mental and emotional dimensions of region one in Tehran.

Materials and Methods
The present study is quasi-experimental with pre-test, post-test and control group. 30 married women who referred to Municipality Health Centre of region one in Tehran consisted the population of the study. They were selected by available sampling method and then were randomly assigned to experimental (n = 15) and control (n = 15) groups. The training package (9), which included eight sessions was conducted on participants of experimental group
Participants of control group were put into waiting list and the intervention was implemented on them after finishing the sessions of experimental group and evaluation of both groups. Data were analyzed using spss16 software and covariance analysis method. 21-question marital burnout test (CBM) was used to assess marital burnout. First, 30 married women whose their main cause of reference were incompatibility and marital conflict were selected by available sampling method and according to the consent of participants for taking part in group therapy, two groups of participants with 15 individuals in each were selected as experimental and control group. Then training package (9) that included eight sessions was implemented on participants of experimental group. Participants of control group were put in a waiting list and the intervention was implemented on them after finishing sessions of experimental group and evaluating of both groups. Certain tasks were performed in each session. They included distributing the leaflets, tapes and texts of the session, preparing the room and writing some text that were written on a blackboard as keywords. In order to implement the sessions, first an initial assessment interview was done with participants that included the following goals: 1) Knowing the factors that are related to the beginning of burnout continuity for each participant 2) Explaining the history of MBCT and the way this approach can help the participant. 3) Emphasis on the fact that implementation of MBCT approach requires a lot of effort and patience and takes 8 sessions. 4) Determine whether this treatment is suitable for the client or not. Before starting the training (MBCT) pretest was conducted and the questionnaire of the study was implemented on both experimental and control groups. Post-test was conducted on participants after finishing the implementation of the training.

Marital Burnout Inventory (CBM): Marital burnout scale is a self-assessing tool that is designed to measure the degree of marital burnout between couples. This scale is adapted from another self-assessing tool that is used for measuring burnout. The scale is devised by Pines (7). This questionnaire has 20 items that are consisted of three main components of physical fatigue (for example feeling of fatigue, laxity and having sleep disorders), emotional petering (for example feelings of depression, hopelessness, and entrapment), and psychological petering (for example feelings of worthlessness, frustration and anger toward the spouse). All these items are answered on a seven-point scale. Level 1 represents the lack of experience of desired phrase and level 7 represents high experience of desired phrase (7). Evaluation of reliability coefficient of marital burnout scale showed there is internal consistency among the variables in the range of 0.84 and 0.90. Reliability of the scale is confirmed by negative correlation with positive communication features such as positive idea about the communication, the quality of the conversation, a sense of security, self-actualization, a sense of being purposed, emotional attraction towards the spouse and the quality of their sexual relationship. Translated versions of CBM were successfully used in intercultural studies in Norway, Hungary, Mexico, Spain, Portugal, Finland and Israel (7). CBM has high and satisfactory internal consistency and reliability coefficient and is appropriate for measuring of marital burnout. Internal continuity was assessed by constant alpha coefficient for most participants and was between 0.91 to 0.93 (7).
Navidi (1) measured Cronbach's alpha for this questionnaire in a sample of 240 participants, 120 nurses and 120 teachers and it was 0.86.

Interventions
First session: Finding the best way to prevent the creation or strengthening of negative thought patterns

Session II: This issue includes all the ways that prevent the strengthening of continuous patterns that result in recurrence of depression. The aim is not to drive out the negative thoughts from the mind but is to prevent the strengthening of these thoughts. Session Three: What will trigger old habits of thinking? Session IV: Negative thinking patterns are based on automatic, old and common cognitive habits that are often flowed as rumination (in an inefficient way) and are called to avoid depression or problematic situations of life. Since the individual has the following habits, these inefficient habits continue. Fifth session: Automated guidance. Session six: The desire to avoid negative mood and a strong desire to have pleasant feeling. Session VII: Continuous monitoring/comparing the current state with the desired state.

Eighth Session: Reliance on verbal problem solving methods

Results
Charts below show the mean and standard deviation of marital burnout scores in control and experimental groups.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Experimental group</th>
<th>Control group</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-test</td>
<td>Post-test</td>
<td>Pre-test</td>
<td>Std</td>
<td>Post-test</td>
<td>Std</td>
</tr>
<tr>
<td>Emotional dimensions</td>
<td>Mean</td>
<td>Std</td>
<td>Mean</td>
<td>Std</td>
<td>Mean</td>
<td>Std</td>
</tr>
<tr>
<td></td>
<td>7.73</td>
<td>1.87</td>
<td>4.36</td>
<td>1.92</td>
<td>7.06</td>
<td>2.96</td>
</tr>
<tr>
<td>Mental dimensions</td>
<td>6.33</td>
<td>1.58</td>
<td>4.12</td>
<td>1.28</td>
<td>7.66</td>
<td>2.61</td>
</tr>
</tbody>
</table>

As it can be seen in Table 1, the mean and standard deviation of the marital burnout in mental and emotional dimensions score of experimental group decreased in post-test than pre-test.

Before implementation of assumption test, regression slope equality and variance consistency are discussed.

Table 2 shows the results of examining the regression slope consistency.

Table 2 Covariance analysis test for examining the significance of interaction effect of group membership and marital burnout scores
Membership and marital burnout scores in pre-test on marital burnout. Marital burnout in mental and emotional dimensions scores in post-test.

The results of the above chart show that the interaction effect of group membership and marital burnout scores are significant in pre-test (P ≤ 0.05) so, the regression slope consistency assumption is flawed. But this value is close to non-significant.

Table 3 shows the results of Levine test about the assumption of variance equality.

<table>
<thead>
<tr>
<th>Variable</th>
<th>1df</th>
<th>2df</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital burnout in mental and emotional dimensions</td>
<td>1</td>
<td>2</td>
<td>2.48</td>
<td>0.13</td>
</tr>
</tbody>
</table>

Given that the significance is higher than the desired amount (a = 0.05) therefore, the null hypothesis is confirmed and variances are similar in experimental and control groups in marital burnout in mental and emotional dimensions variable. And analysis continues:

Table 4 shows the results of covariance analysis.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Source variations</th>
<th>SS</th>
<th>df</th>
<th>Ms</th>
<th>F</th>
<th>Sig</th>
<th>Eta squared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital burnout in mental and emotional dimensions</td>
<td>Pre-test</td>
<td>37.08</td>
<td>1</td>
<td>37.08</td>
<td>0.96</td>
<td>0.33</td>
<td>0.03</td>
</tr>
<tr>
<td>Groups</td>
<td>346.45</td>
<td>1</td>
<td>346.45</td>
<td>89.74</td>
<td>0.001</td>
<td>0.77</td>
<td></td>
</tr>
<tr>
<td>Error</td>
<td>10441.05</td>
<td>27</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The results mentioned in the above chart shows that mindfulness-based cognitive therapy was effective in reduction of marital burnout in women in post-test. (F(1,27)=89.75,p<0.01,∞=0.77). Also, 77% of the total variance of marital burnout in women in post-test is explained by two...
levels of group variable (experimental and control), with controlling pre-test scores of marital burnout.

**Discussion and Conclusion**

Conclusion: This study aimed to examine the effectiveness of mindfulness-based cognitive therapy (MBCT) on marital burnout in mental and emotional dimensions of married women in region 1 of Tehran. The findings of the study showed mindfulness-based cognitive therapy has reduced marital burnout in married women. The results are consistent with the results obtained from the study of Pashasharifi et al. in 2012 with the topic of "attribution retraining effectiveness in reducing marital burnout and the probability of getting divorced in couples who are applicant of getting divorced". They also showed in their studies that attribution retraining effectiveness of couples in reducing marital burnout and the probability of divorce is confirmed and can have an effective role in determining strategies for couple therapy. Also Nasirnejad et al. (13) and (14) in 2013, conducted a study with the topic of "The Effectiveness of group mindfulness-based cognitive therapy training on improving physical symptoms in women with irritable bowel syndrome". Their findings support the effectiveness of group mindfulness-based cognitive therapy training on improving physical symptoms in women with irritable bowel syndrome and were consistent with important implications in considering mindfulness-based therapy in reducing physical problems of patients with irritable bowel syndrome. In explaining and considering the results obtained it can be expressed that practices of group mindfulness-based therapy has an effect on cognitive and information processing system by increasing the individual’s awareness to the present moment, by techniques like paying attention to the breath and the body, and focusing the awareness to here and now. Therefore, considering the effectiveness of this training and its usefulness in treating depression and increasing life quality, extensive application of this method is recommended. Consider that studies about mindfulness are still at the beginning stage of development. The results of this study indicate the potentiality of conducting further researches in future. Today, most of the studies are focused on examining the effectiveness of mindfulness practices on increasing the welfare and obtained results are nearly positive. Further research on mindfulness may lead to developing new ways to improve welfare in couples’ life. Given the positive effects of mindfulness-based cognitive therapy on reducing burnout, the consultants are recommended to hold some workshops for couples.
References


