The Effectiveness of Cognitive Therapy based on Mindfulness on Reducing Anxiety and Depression of Divorced Women

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Abstract

The aim of this research was to consider the effectiveness of cognitive therapy based on mindfulness on reducing anxiety and depression of divorced women in Rasht city, Iran. The research method was experimental which was used of pretest posttest control group design. The statistical society included of 100 divorced women that referred to the Behzisti organization of Rasht in 2014-2015. They were Headed households. The average of their age was between 35-50 years old. Statistical sample was 30 individuals of women that gained at least one score lower than the average, in the scale of anxiety and depression. They are randomly replaced in two available groups with 15 individuals (experiment and control). Pretest was performed in both of groups. Then, cognitive therapy based on mindfulness was trained to the experiment group that was 8 sessions, each session had 120 minutes and each week had one session. The control group was not trained during this time. At the end, the posttest was performed on both groups in the same time and same situation. Data was collected by use of Beck depression and anxiety inventory. Data analyzes was performed by use of independent t-test in SPSS 20 software. The results showed that there was significant difference (p<0.05) between two groups in terms of depression and anxiety. Therefore, it can be concluded that cognitive therapy based on mindfulness was effective on reducing anxiety and depression of divorced women.

Keywords: Cognitive Therapy based on Mindfulness, Depression, anxiety, Divorced Women.
1. Introduction

All humans are feeling depression at some stages of their life. They usually relate the reason of depression to the specific events. Two kinds of events have special importance in creation depression: Lack (loss) and failure. Experiences like as job loss or death of close relatives can lead to beginning of period of sad, discouragement and persistent repetition of some negative thoughts. Also, failures such as failing a test or failure to convince a loved one to marry can lead to create frustration and negative feelings and thoughts (such as pessimism and self-doubt). The majority of people can remove these negative feelings, in several days and weeks and return to their usual life. But the symptoms of depression remain for a long time, for some people. Then these symptoms permeate in all aspects of their life. Also, they affect in aspects of emotional, behavioral, cognitive, and physical of individuals and these may lead to clinical depression (Ganjii, 2013). In researching epidemiology is conducted in Iran, the major depression among divorced individuals is 4.6 times of depressions that are seen among single and married individuals. Also, the major depression among individuals that are dead their spouses is 2.8 times. The researches have been showed that there are close relationship between social and economic situation and depression. Most of people become depresses because of different reasons, different degrees and different length of time. They use different methods to adapt with depression. In any moment of the time, 4 to 15 percent of society individuals have clinically necessary criteria for depression (Jongsma & Palge, 2000). Anxiety is remembered as a collection of physical, cognitive and behavioral responses to stress. Anxiety is one of the phenomena that has usually been associated with human and is considered as a part of human life in different societies. Too low or too high anxiety may expose us with significant problems and dangers. Anxiety, on average can help us effort properly to carry out our activities and improve our life. Regard these, anxiety is adaptive because help us to notice future dangers and plan for them. It means that enhances our readiness and helps to others to avoid dangerous potential situations and think properly about possible problems before they occur (Kering et al., 2007). As much as divorce enhances in family life, its effects and consequences threatens the life of society and public health of people more than past every day. Divorce and life disintegration is lead ing to mental and emotional imbalance of family members. Because the divorce is considered as a very severe stress, the risk of mental disorders is high particularly in women, that emotional delicacy is an index, that is formed the personality (Hafarian et al., 2009).

2. Review of Literature

Several researches show that behaviors such as depression, anxiety and life stress are symptoms that have been more created in women. In the other words, divorce also creates the same behavioral responses. Depression, anxiety or denial too much delays the proses of recovery. Teasdale et al., (2005) noted that mindfulness training is leading to the consciousness of all emotional and cognitive events as they occur, especially in people that may experience the primary symptom of depression relapse. So, the mindfulness training can improve the recognition the primary symptoms of a problem. The application of these skills can most likely be effective in prevention of problem. Many women after divorce are experiencing symptoms such as depression, isolation, feelings of hopelessness and despair, lack of responsibility, mental weakness and a tendency to blame themselves. These symptoms in severe cases can be lead to a mental illness such as severe depression, hysterical
modes, hypochondria and even paranoid that cause mental disruption in these women (Amini, 2000). Cognitive therapy based on the mindfulness is made of MBSR model (Mindfulness-based stress Reduction) of Jon Kabat-Zinn. Then, the principals of cognitive therapy is added to it and are included of various meditations, tensional yoga, basic training about depression and several of cognitive therapy practices which shows the relationship among thoughts, feelings and physical sensations.

The aim of cognitive therapy based on the mindfulness is improvement the depression and isn’t competition with depression. Also, it is take care of them in terms of recovery preventing the depression return (Seanz, 2007). Mindfulness based cognitive therapy is considered as a targeted approach to treats people who have a history of depression. So, it is vulnerable to future events. It seems that this method help the participants to learn how be aware of physical sensations, thoughts and emotions when they are improving. Also, they learn how show adaptive response to the warning signs of illness relapse. Mindfulness is an awareness which is formed when we attention to our experiences towards a particular issue. This attention is focused on the goal (the attention is clearly focused on specific aspects of experience) and is conducted in present tense (when turns to the past or future tense it is returned to the present tense) and without judgement (The process is accompanied with the spirit of acceptance towards what has happened). This awareness is awareness of what is happening (deep and strength attention and its relation to accept the issue is easy, it means the power act of collaborative observation). Although, it is simple the nature of this issue and attention to it, but practicing the mindfulness is often difficult. This is the exercises in which regularly teach ourselves to ensure to what is happening around us and is resulting of our experiences. This exercise also introduces our instinct to avoid from problems and avoid from challenging aspects of therapeutic experience. Researches that have been conducted on meditation exercises show that mindfulness meditation has effect on the function of brain especially on the function of left frontal. An experimental group in a research is trained under the 8 weeks training. Then after 4 months the results shows that the function of left frontal of brain is greater in experimental group and they show better reactions to influenza vaccine (Kering et al., 2007). Kaviani et al., (2005) tested the effectiveness of MBCT on reducing depression and anxiety on 65 non-clinical female students that were selected based on the depression and anxiety inventory. The results showed that MBCT was effective in reduction the depression, anxiety, dysfunctional attitudes and unconscious thoughts. In other research, Teasdale (2005) tested the performance of this intervention on depressed patients against with depressed patients who had received common therapy. The results showed that MBCT therapy was more effective and more adequate to prevent from depression that was returned again in improved depressed patients whom have experience for 3 periods and more in depression. Schulman (2004) in a research on 231 students of Pennsylvania selected two groups of experimental and control with 10 individuals randomly. Then, he trained them under the MBCT by the aim of prevention from depression and anxiety. The results showed that the participants in educational periods significantly had less dysfunctional attitudes, depression and anxiety than control group after one year. Regard to this fact, when a theory of therapy and intervention is developed, in a framework of controlled researches, its effectiveness or non-effectiveness can be investigated in treatment of different disruptions and can be investigated among different statistical society such as divorced women. Therefore, this research is conducted based on the effectiveness of cognitive therapy based on mindfulness on reducing anxiety and depression of divorced women.
3. Research Questions

The question of current research was whether mindfulness based cognitive therapy had a significant effect on anxiety and depression of these variables in divorced women with depression and anxiety?

4. Methodology

Current research method was semi-experimental designs. Data was analyzed through pretest posttest control group method. Independent t-test was used to investigate the effect of independent variable (cognitive therapy based on the mindfulness) on dependent variable (depression and anxiety).

5.1 Participants

The statistical society included of 100 divorced women that referred to the Behzisti organization of Rasht in 2014-2015. They were Headed households. Statistical sample was 30 individuals of women that gained at least one score lower than the average, in the scale of anxiety and depression. At first, the depression and anxiety test was performed on all individuals of statistical society (100 individuals). The 50 individuals of women were qualified in both of tests. They were randomly replaced in two available groups with 15 individuals. In this research after selecting samples, they were replaced in one experimental group and one controlled group. Pretest was performed in both of groups. Then, cognitive therapy based on mindfulness was trained to the experiment group that was 8 sessions, each session had 120 minutes and each week had one session. The control group was not trained during this time. At the end, the posttest was performed on both groups in the same time and same situation.

5.1.1 Conditions login to Research:

These 30 individuals must have these conditions:
1. Gaining the score of 19 and higher (average depression) in Beck depression and anxiety inventory.
2. Failing to receive treatments of mental cognitive or medicinal therapy (at least one year before entrances to the research).
3. Having minimum of 35 years old and maximum of 50 years old.

5.1.1 Conditions log out of Research:

1. Having psychotic disorder diagnosis of depressive disorder with psychotic features.
2. Having serious thoughts about suicide.
3. Having substance abuse.

5.2 Data Analysis

5.2.1 Beck Depression Inventory (BDI-II)

This inventory is a self-report tool that has been prepared in order to evaluate the depression symptoms by Beck in 1967. This test has 21 items. Each question is included of 4 options (0 to 3 degrees) that is marker of depression level. Its total score is among 0 to 63. Total score of each individual is sum of scores that obtained from all its aspects in Beck depression inventory. This inventory is one of the most frequent tools to evaluate depression
in adults. The results of meta-analysis is performed about BDI suggest that its inner coefficient is among 73% to 86%.

5.2.1 Beck Anxiety Inventory (BAI)
This inventory is set up based on the 21 anxiety symptoms that each one is described usual symptom of anxiety. It is based on the Likert scale and is fluctuated among 0 to 30. Score of expressions is added with together and is placed in range of 0 to 63. The inner stability is high (α=0.92) and has more coefficient significantly with anxiety subscale SCL-90-R than depression subscale SCL-90-R. Kaviani et al., (2005) evaluated the reliability and validity of Beck anxiety scale in Iranian patient and non-patient population. The results showed that the Beck anxiety scale has validity (r=0.72), reliability (r=0.83) and inner harmony in Iranian population (α=0.92).

5.2.3. Treatment Plan of Training Cognitive Therapy based Mindfulness
First session: Automatic conductance
Practices: Eating one raisin with mindfulness
Assignments: Group formation-determining the principals and rules of period and group boundaries; the participants introduced themselves to group members (they speak about what encourage them for participant in group and what they want to speak about group).
Homework: Reflection 45 minutes of physical checks. Attention to daily activities such as take shower in every day, eating one meal in a week coupled with mindfulness.

Second session: Cope with obstacles
Practices: Reflection physical check, 10 minutes mindfulness on breathing circuit
Assignments: Practice of thoughts and feelings.
Homework: Reflection 45 minutes of physical checks. 10 minutes breathing with mindfulness. Attention to everyday activities in a different method, such as take shower in every day, rerestarting a daily report and experienced a desirable event.

Third session: Mindfulness on breathing (and on body in time of movement)
Practices: Move with mindfulness, practice of breathing and stretching, doing the stretching movement and breathing, mindfulness and subsequent reflection in sitting state, focus on awareness from breathing and body, these practices can began with a short practice of visual and aural mindfulness, 3 minutes breathing space.
Assignments: Identification and registration the calendar of desirable experiences, or registration undesirable experiences that will be explored in fourth week.
Homework: Practice of breathing and stretching on odd days of week, movement practice with mindfulness in even days of week, registration a report of undesirable experiences, doing 3 minutes breathing space three times in a day.

Fourth session: Staying in present tens
Practices: 5 minutes visual and aural mindfulness, reflection in sitting state (awareness of breathing, body, voices, thoughts and awareness without especial directions), the space of 3 minutes breathing, introduction of this method as coping strategies for use when the conditions are motivated difficult feelings, walking with mindfulness state.
Assignments: Identification what is considered as undesirable experiences, definition the depression territory, or other parts that is the member’s problem such as chronic fatigue, stress and etc.

Homework: Reflection in sitting state, the space of 3minutes breathing according to the usual rule (three times in a day), the space of 3minutes breathing as coping strategies (in times of undesirable experiences).

Fifth session: Acceptance and permission/ presence license
Practices: Reflection in sitting state, awareness of breathing and body, the emphasis on understanding how to react to created thoughts, feelings and physical senses, introduction one difficult state in practice and searching its effects on body and mind, 3 minutes breathing space.

Assignments: Reading the Rumi’s guest house poetry and identification its content in group, practice on exploring the habitual patterns of action and potential application of mindfulness skills for facilitate the more responses to the experience of present tense.

Homework: Reflection in sitting state, 3 minutes breathing space according to the usual rule (three times in a day), 3 minutes breathing space as coping strategies (when you find there are undesirable experiences) (after doing practices to explore a way to opening a door for body).

Sixth session: Thoughts not facts
Practices: Reflection in sitting state, awareness of body breathing, in addition; introduction the problem is related to practice and finding its effects on body and mind, 3 minutes breathing space.

Assignments: Practicing the moods, thoughts and alternative views, specifying the symptoms for relapse that may be different for each person and practical plan to coping with them, preparation the participants for end of period.

Homework: doing 40 minutes daily practice, working with different components of three main practices; awareness of using a range of shorter practice, awareness of the method of doing practice, 3 minutes breathing space according to the usual rule (three times in a day), 3 minutes breathing space as coping strategies (when experienced undesirable experiences) and as the first step in development and wider attitude in connection with thoughts, opening the door for thought and much work in practical plan of prevention the personal relapse.

Seventh session: How can I take care of myself in the best form?
Practices: Reflection in sitting state, awareness of breathing of body, voices, thoughts and excitements, 3 minutes breathing space and bring up the problems that are created in doing assignments and finding its effect on body and mind.

Assignments: Finding the relation between activity and mood, preparing a list of daily activities and determining what is boring or inspiring and which one creates sense of dominance or enjoy in person, identification the symptoms of relapse and improving strategies to coping with relapse threat and return again.

Homework: selecting a pattern of all kind of different practices that can be continued it after the end of program, breathing space according to the usual rule and as coping strategies, finding a way after practice to opening a door for doing the skillful practice, developing the primary warning system to identifying relapse, development a practical program that can be used against to coming down moods.
Eighth session: Use of findings for joining with mood conditions in future

Practices: Reflection the physical check, ending the reflection.

Assignments: A review of primary warning systems and practical programs that have been developed for using when the risk of relapse is high, a review of what happened in the period, what things have the most value in their life? That doing this practice can help you to achieve it, discussion about how to maintain the motional force which has been developed in formal and informal practices.

Homework: selecting a program for home practice.

6. Results

The most appropriate method of data analysis in research designs are pretest posttest control designs, ANCOVA test and independent T-test. However, due to the failure to secure assumptions of this statistical test (homogeneity of regressions) in data obtained in this study, t-test was used to compare the experimental and control groups.

6.1 First theory
The MBCT is significantly effective in reducing the depression in divorced women

Table 1 Independent t-test results for comparing mean scores of depression posttest of experimental and control groups

<table>
<thead>
<tr>
<th>Groups</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Mean Difference</th>
<th>df</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MBCT</td>
<td>19.20</td>
<td>2.53</td>
<td>3.6</td>
<td>18</td>
<td>2.12</td>
<td>0.048</td>
</tr>
<tr>
<td>Control</td>
<td>22.80</td>
<td>4.73</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

Independent t-test was performed to check and test the mean scores of depression posttest of women in experimental and control groups. The results were shown in table 1. The results showed that there were significant difference between scores of depression posttest in experimental and control groups (p<0.05).

6.1 Second theory
The MBCT is significantly effective in reducing the anxiety in divorced women

Table 2 Independent t-test results for comparing mean scores of anxiety posttest of experimental and control groups

<table>
<thead>
<tr>
<th>Groups</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Mean Difference</th>
<th>df</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MBCT</td>
<td>15.70</td>
<td>3.77</td>
<td>5.6</td>
<td>18</td>
<td>2.95</td>
<td>0.009</td>
</tr>
<tr>
<td>Control</td>
<td>21.30</td>
<td>4.66</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Independent t-test was performed to check and test the mean scores of anxiety posttest of women in experimental and control groups. The results were shown in table 2. The results showed that there were significant difference between scores of anxiety posttest in experimental and control groups (p<0.05). Also, the results showed that MBCT has significant effect in reducing anxiety of subjects.

7. Discussion
The results showed that cognitive therapy based on the mindfulness was affected in reducing the depression and anxiety of divorced women. Mindfulness is presented a different connection with thoughts. This method isn’t emphasized that agreeable and opposition events
is collected with thoughts or is responded to it. But also, it emphasis that individuals resist against negative thoughts which took place with distinctive thought, more attention and more focus. Mindfulness therapy is one of new treatment approaches that are reformed, controlled and processed thoughts. By this therapy method, individual's thoughts are used as experienced mental accidents. Also, focus and attention on breathing are used as tool for living in present tense. By this method, patients are trained to stop the cycle of mental rumination and are stayed away from its negative thoughts. Flexible training on attention, mental richness, stopping mental rumination and reforming negative beliefs are lead to depression reduction and dysfunctional attitudes. Regard to the research of Teasdale et al., (2005), the trained skills of controlling attention in mindfulness could be effective in prevention of relapse the depression periods. According to their information processing theory about depression relapse, individuals how has experienced depression periods are vulnerable when faced with dismal state against depression retuned. Because these states could activate depressive thought patterns during period or past periods. Also, this finding was aligned with the results of Kaviani et al., (2005) and Schulman (2004) researches.

8. Conclusion

One of the important aspects of therapy is that individuals learn to deal with negative thoughts and emotions and experience mental events positively. Therefore, training MBCT could be useful and constructive in order to promote their mental health, through reduction in depression and anxiety in divorced women and through improvement these abilities and promote interest in personal and social activities. Cognitive therapy based on mindfulness may be promising therapy for divorces women with depression and anxiety. It is recommended that effectiveness of this method are checked on groups and other samples in different cities because of limitation such as weak cooperation of some subjects due to different reasons (impatience) and limitation in ability and controlling all effective variables in research situation.
References


