Mindfulness-based cognitive therapy : Effectiveness of Mindfulness-Based Cognitive Therapy (MBCT)Group in Decreasing mood disorders and Increasing Quality of Life in Women with Addicted Husbands

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Introduction

Addiction has affected human societies since ancient times. This phenomenon today as a social, health and Medicine encompasses the structure of the family and human society (1, 2).Psychiatric disorders associated with addiction have devastating effects on Physical, psychological, social, family and health issues Related to social communication and its consequences This disease will cost governments dearly (3). in the Diagnostic and Statistical Manual of Mental Disorders Substance Disorders (Substance Abuse, Substance Dependence, Substance poisoning and substance withdrawal) as a group of disorders

Is raised (4).Among these is one of the factors on Families around the world are well documented negative effects Alcohol and addiction. Addiction souvenirs for families are nothing but There is no anxiety or worry. Joy and happiness of an addicted family He takes off his clothes and the head of life falls apart.

In fact from Consequences of addiction can be severe physical, mental, Socio-economic for the dependent person and their families. Women living with an addicted husband are affected by consumption Spouse substances are placed (5).Spouses of addicted people should have a complication- Psychological, social and economic factors of their spouses' substance use Tolerate. Among the psychological complications of women who have an addicted husband Are, referred to as depression (6,7).

Depression is one of the most common psychiatric diagnoses By the American Psychiatric Association for a set of symptoms Mood disorder was applied to the DSM-III in the 1980s and is trending Growing and prevalent, it poses a fundamental problem for mental health has done(8,9).

Depression is one of the most common psychiatric diagnoses By the American Psychiatric Association for a set of symptoms Mood disorder was applied to the DSM-III in the 1980s and is trending Growing and prevalent, it poses a fundamental problem for mental health has done(10).

In the view between An individual emphasizes interpersonal relationships as a cause of depression Becomes; Cognitive models of the causes of depression include cognitive distortions and Negative dysfunctional thoughts (11); Learned Therapy Model Causes Depression is the expectation of a person that bad things will happen "He can not prevent them from happening," he said(12). Quality of life is an important issue in various disciplines, including It is considered psychology. Quality of life is an important issue It is considered in various fields, including psychology. based on World Health Organization (World Health Organization)(2013).

Quality of life People understand their position in life In terms of culture, the value system in which they live, goals, Expectations, standards and priorities (13). in relationships Family, marital addiction have a negative effect on kidney quality of life Family members, especially spouses (14).research results Najafi et al (2005) . in order to compare the quality of life Women with addicted spouses performed with the control group showed that Women with addicted spouses have physical symptoms, anxiety and insomnia and They show more depression than

the control group(15). There are currently several theoretical perspectives with different approaches to Seek to reduce depression and thus increase people's quality of life They are addicted. One of these approaches is the approach Cognitive-behavioral, rational-emotional, systemic, theory of choice And noted the analysis of reciprocal relationships among different perspectives Psychology of mindfulness approach based on depth cognition Its wide and varied theory and application are very prominent.

A review of research papers shows that studies Recent new approaches called the third wave of treatments Cognitive-behavioral in improving the quality of life and reducing symptoms Depression and anxiety have been explored over the years The latter is largely a combination of traditional exercises and Ritual of the presence of the mind with common psychological methods, in line Improved quality of life and psychological well-being have been used(16,17,18).

A number of researchers found that MBCT treatment in Patients with three periods of major depression in relapse prevention Depression is effective(17). In a study by a number of researchers They found that mindfulness-based cognitive therapy improved Patients have become depressed who have not responded to any treatment Were 19 in the study by Michalak et al Use of mind-based methodology on 25 patients Depressed with a two-year follow-up was seen not only in treatment Reducing depression, but also effective in preventing recurrence of depression Is (20). Tizdel, Segal, Williams, Ridgowy, Solasby and Lao Demonstrated in patients with two or three periods of major depression MBCT was significantly effective in reducing depression (21) Is In relation to the methodological effect based on the presence of the mind The quality of life, the results obtained indicate a significant effect of this Methods to increase the quality of life of people living with AIDS(22),Cancer(23,24), Diabetic patients(25).

It can also be The research done in Iran can also be effective Mind therapy based on the presence of mind on reducing depression and Improving the quality of life of depressed people (26),quality of life of patients Diabetic (28, 27) noted.

Research results of Asghari et al Also (2012)on the effectiveness of mindfulness training on regulation The excitement and quality of life of women with addicted spouses showed that Mindfulness training significantly increases regulation Excitement and quality of life in women with addicted spouses(29).

In addition, the effectiveness of MBCT in increasing the quality of life And Depression Reduction in Ross & Robbins Research (30) Carlson, Boltz & Morris (31)Dimijian et al. (32)Goldfrin and Colleagues (33)Van Larhon (34)and Neshat Doost, Nilforuzadeh And Dehghani (35)has been approved.

In Iran, more addiction studies on prevalence estimates, Type of consumables, attitude to substance consumption and predictors, Dangerous or protective and weak life skills in people At risk of addiction and sometimes testing interventions Psychologically focused compared to drug therapy, this While research related to family and especially The wives of these people received less attention from Iranian researchers and even It is located outside of Iran. However

many research studies They have focused on the destructive effects of addiction on families (36)by Another cognitive therapy group therapy based on the presence of the mind in recovery Many psychological and emotional components and quality in general Life can be effective and rewarding. Therefore, the purpose of conducting research Presentation of the effectiveness of cognitive-based group therapy Presence of mind on reducing depression and increasing quality of life

Married women have addicted husbands.

PROCEDUREES

materials and methods

This research is applied in terms of purpose and semi-methodically It is a pre-test-post-test with a control group. The statistical population of the study included all women with addicted husbands Mashhad was a comprehensive health center in 2019 They had visited the city of Mashhad. To select the sample, use the method Available sampling was used so that out of 88 The woman who responded positively to the call, 30 people by interview method and The Depression and Marital Quality of Life questionnaire was selected. Then 30 people were randomly divided into two experimental groups and a group Controls were replaced (15 people in each group.) Experimental group, treatment Received mind-based cognition while group The control did not receive any treatment.

Inclusion criteria were: -1 spouse in Study time addicted (including addicts to addiction centers Refer to, prison addicts and other addicts), -2 At least one year of spouse addiction, -3 no having disorders Psychologically acute, -4 not seeking divorce, -5 not receiving Counseling and psychological services outside of treatment sessions, -6 The woman is in the age range of 20 to 50 years and -7 for participation Have complete satisfaction in the research. Exclusion criteria Also included: -1 women who used drugs before marriage Were or their spouses were addicted to sleeping pills, -2 absenteeism More than two treatment sessions.

Then and after grouping the sample members of group therapy Cognitive therapy based on the presence of Segal, Williams and Tizdel minds Session (every 8) during (37) Segal, Williams & Teasdale (Meeting for 70 to 100 minutes) at the City Comprehensive Health Center Mashhad was held. Content of cognitive group therapy based sessions The presence of mind is given in Table 1

Tools

Beck Depression Inventory: (BDI-II This questionnaire is a figure Revised Beck Depression Inventory The severity of depression has been compiled (38)This comparison The first version is more compatible with DSM-IV and like BDI And BDI-II is also 21 questions and is based on all elements of depression Cognitive approach covers. The score of clinically depressed people It is in the range between 12 and 40. Results of Beck studies, Epstein and Brown showed that this questionnaire has internal validity High (39)Internal consistency of this test 0.73 to 0.92 with Mean 0.86 and alpha coefficient for each group of patients 0.86 and non-patients 0/81 has been reported. Also Cronbach's alpha level is 0.86 Calculated (40)The reliability of

the questionnaire in the research The present was obtained using Cronbach's alpha coefficient of 0.87

Short Quality of Life Questionnaire (QOL): Data Related to quality of life with the help of 26 quality test questions The life of the World Health Organization was collected. Since, 1996 Validity and reliability of this questionnaire by the World Health Organization in Different countries and cultures have been studied (41). Bonomi et al. In their review of the internal reliability of the test 0.95 announced (42).This questionnaire simultaneously in 15 The country of the world has been designed and translated. Standardization, translation And psychometrics of the Iranian species by Nejat, Montazeri and Nain Took that the values of intra-cluster and Cronbach's alpha in All domains were obtained above 0.70 and for content validity First, the questionnaire was translated into Persian twice, then the study A face validity experiment confirmed it with high confidence (43).

To analyze the data at the descriptive level of statistics Mean and standard deviation and at the inferential level of analysis Multivariate covariance (MANCOVA) was used. Data with Using SPSS-18 software were analyzed.

Table 1 - Cognitive group therapy sessions based on the presence of mind

Number of sessions	topic of the sessions	Actions
First session	**Automatic steering against Presence of mind**	Introduction of the instructor and explanations about the general treatment plan of the sessions began and the process of introducing the members The group passed. Practice eating raisins, practice checking the body Start training with a focus on short breathing, Giving feedback and discussing each exercise, presenting and explaining homework for the following week Session 1, distribution of tapes and pamphlets Session 1 and end of class focusing on shortness of breath
second session	**Focus more on the body**	Review homework, exercise check-ups, give feedback on exercise check-ups, practice thoughts and Emotions (walking in the street), training to record pleasant events, sitting meditation training, distribution of tapes And booklets for the second session, presenting and explaining homework for the week after the second session, end Giving class by being in a breathing space
third session	**Focus and integration More focused on Awareness of breathing**	Reviewing homework last week, doing listening exercises, doing sitting meditation, reviewing exercises And giving feedback, practicing 3-minute breathing space and giving feedback, walking with the presence of mind, preparation A

		list of unpleasant events, the distribution of pamphlets and tapes of the third session, and a home presentation and explanation for One week after the third session
fourth Session	**Expand The extent of the presence of the mind and Stay in the present**	Homework review, 5 minute listening practice, Meditation practice - awareness of breathing, body, voice and thoughts, Discuss the exercise done and give feedback, provide explanations about anxiety states and thoughts Automatic related to obsession, 3-minute breathing space, distribution of fourth session booklets and presentation and explanation Homework
fifth meeting	**Acceptance and permission Presence**	Homework review, sitting meditation - awareness of breathing, body sounds and thoughts, paying attention to how Through the reactions we show to our thoughts, feelings, or bodily senses We communicate; Expressing the difficulties that occur during the exercise and paying attention to its effects On the body and reaction to them; Breathing space and reviewing it, reading the Roman poetry of the guest house, breathing space 3 Details of the confrontation and its review, distribution of pamphlets and presentation and explanation of homework
Sixth Session	**Thoughts are just thoughts Objects or facts**	Homework Review, Sitting Meditation - Understanding Mind, Body, Sounds and Then Thoughts, Review Exercise And giving open, preparing to complete the course by discussing moods and thoughts and practicing point of view or Substitute thoughts, time, 3 minutes and review, distribution of booklets and tapes of the sixth session and presentation and Explain homework
Seventh session	**self care**	Homework review, sitting meditation practice - awareness of breathing, body, sounds, then thoughts (in addition to Pay attention to the reactions given to problems), Practice observing the relationship between activity and emotions and worries, make a list of activities that lead It feels like controlling and predicting the situation, planning and preparing a suitable plan For such

		activities, 3-minute breathing space, identify signs of obsession and identify tasks Needed to deal with obsessions, practice walking with the presence of mind, distribute booklets and present and explain Homework for the week after the seventh session
Session eighths	**Use what we learned**	Review homework, practice body exams, review the whole program, discuss how to do the best Syntax, mobility and order in the last 2 weeks, both in regular and irregular exercises Continue reviewing, reviewing and discussing programs and positive reasons to continue practicing, distributing booklets Eighth session between participants, ending classes with the last meditation

Results

Mean and standard deviation of age of participating women, respectively For the experimental group (24.19) and (1.60) and for the control group (24.45) and (1.35) with a minimum of 20 and a maximum of 40 years. Level Women's education 18 diplomas (60%), 9 bachelors (30%) and 3 The number of graduates was 10%. The results of the data in Table 2 indicate that Is the average rate of depression in the experimental and control groups. The pre-test stage was almost the same but in the post-test stage The experimental group had lower scores than the control group. Also the average quality of married life of groups The experiment and control in the pre-test stage were almost the same, but in

Post-test stage of the experimental group compared to the control group of scores Shows higher. Before testing the statistical hypothesis and analyzing the data by analysis method Multivariate covariance, the default for using this test Parametric was performed. To check the normality of the test data Kolmogorov-Smrynov was used. Test results for none Of the variables of depression and quality of life in the pre-test stages and Post-tests were not significant; As a result, the data is assumed to be normal Holds (.) $P <0.05$ Also to check the equality of variances Leven test was used with the results according to the value of F and Significant value is significant for any of the dependent variables Was not; Therefore, the assumption of equality of variances is also valid ($0.05 < P$).Research Hypothesis: Cognitive group therapy based on the presence of mind Awareness on reducing depression and increasing the quality of life of women An addicted husband is effective.

As shown in Table 3, the ratio F is observed Pre-test and post-test difference in depression rates for groups Experiment and control is 89.74 $0.001\geq P$. These groups differ from each other in terms of the degree of depression Significant and indicative of cognitive-based therapy The presence of mind leads to a reduction in depression in the group.

Table 2 - Descriptive indicators related to the data obtained from the performance of pre-test and post-test of depression

	group	Number	Pre-test		post-test	
			Average	Standard deviation	Average	Standard deviation
Depression	experiment	15	20.12	2.66	15.33	2.14
	control	15	21.65	5.27	21.33	4.75
Quality of Life	experiment	15	20.12	2.66	15.33	2.14
	control	15	21.65	5.27	21.33	4.75

Table 3. Results of multivariate analysis of covariance (MANOVA) related to independent variable (experimental and control groups) and dependent variables amount Depression and quality of life

Independent Variables	Dependent variables	Total Squares	Degree the freedom	Average total Squares	Ratio F	Level p
group	Pre-test difference and Post-test for depression	273.37	1	271.36	89.74	p≥0/001
	Pre-test difference and Quality of life post-test	2147.04	1	2128.04	110.31	p≥0/001

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Has been tested. Also analysis of covariance related to difference Pre-test and post-test scores on marital quality of life In experimental and control groups showed significance and effectiveness Has cognitive therapy based on the presence of mind (F = 110/31) . 0 / 001 ≥P This finding indicates that quality of life scores The subgroup of cognitive therapy based on the presence of mind from the pre-stage Post-test to the untreated group Increased.

Discuss

The aim of this study was to investigate the effect of group cognitive therapy Based on the presence of mind on reducing depression and increasing quality Life in women with addicted husbands referring to the comprehensive center Health of Mashhad city was performed. Findings showed that cognition Mind therapy based on the presence of mind has a significant effect on depression Women in the experimental group. In other words, this treatment causes Reduction of depression among women in the experimental group. This finding With research in the field of cognitive therapy based on The presence of the mind to reduce depression, including Kuyken et al And Teasdale et al., 2007 (and Kenny et al., 2016)

2010 and Shaykh al-Islami, DOrtaj and Iskandar (2013) are in line (46, 21, 19, 45).The results of the present study are also consistent with Which is with a (2000) Papageorgiou & Wells findings Case study AB on the effects of the technique on four depressed patients Attention training in three stages: pre-test, quarterly follow-up and They checked for six months. The results of this study showed that Applying a technique to control attention can have positive effects on Reducing the severity of depressive symptoms and preventing recurrence in patients Depressed (47).The main component of MBCT attendance training It is the mind, and basically the presence of the mind is a way to control attention And clear MBCT researchers The main purpose of using the presence method Help the mind to depress patients to control attention direction Achieve ways to resist the thoughtfulness you seek Perceived changes about the current situation and the desired situation They did not express their mood (48).

In explaining this finding, it can be said as in the text The older the reference comes, the more it actually seems to be the presence of the mind Attention becomes effective through control training (18).In principle, Vulnerability is assumed to recur Depression is caused by the frequent links between depressed mood and patterns Negative self-objectionable and hopeless thinking that in turn to Changes in cognitive and neurological levels (37).According to this Suppose those who were depressed in the past, in terms of pattern of thinking Boxers who have never been depressed are different. Therefore, Despite the flawed pattern of thinking, it is always possible due to clogging Mild mood and consequently reactivation of the thinking pattern, the person enters the course Be new to depression. Cognitive therapy based on the presence of the mind Can control by changing defective patterns of thinking and training skills Increase attention to the preventive aspect of treatment. Cognitive therapy Based on the presence of the mind by encouraging the individual to practice to pay attention to

Characteristics of experiences in non-judgmental ways More specific encoding of information is stored in the memory Which in turn can bring more dedicated memory readings along Have (49); So in mind-based therapy, with Changing the relationship with cognitive content (decentralization) and management Thinking processes can be done without extensive challenge on the content Cognitive dysfunction helps patients to get rid of depressive symptoms.

The results also showed that presence-based cognitive therapy Mind has affected the quality of life of women in the experimental group. In other words, the average quality of life in the group post-test The experiment was more than the quality of life test in the control group And increases the quality of life in women in the experimental group Is. This finding is in line with research on effectiveness Cognitive therapy based on the presence of mind on quality of life, including Solati et al. (51) Yang (2017)and colleagues (2015)Zare et al. (2012) et al are aligned.

Conclusion

The results of the present study showed that the use of therapeutic methods A mind-based group reduces and increases depression Quality of life in women with addicted husbands; Therefore The treatments used have positive effects on reducing depression And increasing the quality of women with addicted husbands. Therefore in The results of the present study seem to be interventions Psychology, including mindfulness-based cognitive therapy It can reduce depression and increase the quality of life of women Have an addicted husband to be effective.

Every research project has its limitations and accuracy In interpreting the results, consideration should be given to these limitations To take. One of the limitations of the present study was research Present on women with addicted wives in Mashhad in 2019 Has been done and should be generalized to other statistical communities Aspects of caution. It is suggested that research Similar in other statistical communities, especially populations that are different Involved in marital and family problems. It is also recommended that in addition to addiction treatment centers Treatment programs for addicts The problems of these people's spouses should also be considered and educational programs And therapy (including mind-based cognitive therapy, MBST To reduce their psychological and marital problems.

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Conflict of interest

No conflict of interest has been expressed by the authors.

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