



Efficacy of compassion mind – based cognitive therapy on negative emotions and ruminations with women depression

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ABSTRACT

The present study aimed to determine the influence of the compassionate mind based cognitive therapy on negative emotions and ruminations of women with depression who were referred to the treatment centers. Current study is an experimental pre-post test design with control group. The study population included all depressed women in Ardebil during 2011. Subjects consisted 34 depressed women which were selected by convinced method and divided randomly in two experimental and control groups. To collect data, we used Beck depression, self consciousness emotions scale, rumination scale and self compassionate scale. Compassionate mind based cognitive therapy was used as the intervention. The data was analyzed by multiple analyses of variance method (MANOVA). The results of analysis variance showed compassionate mind based cognitive therapy would significantly decreased shame, guilt, mind ruminations and depression signs in depressed women. By paying attention to the result of the present research, the implication of compassionate mind based cognitive therapy is recommended.

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Introduction

Depression is considered as a challenging issue of mental health and is one of the most common mood and emotional disorders, and is one of the largest diseases of the present century. To put it simply, depression is a psychological reaction, against the pressures and stresses of life [1]. In a study, the prevalence of mood disorders in lifetime is about 20.8%, and prevalence of that annual is estimated 5/9 percent [2]. It is estimated that 75% of admissions in mental hospitals, are depressed patients [3].

According to Beck [4], when people are depressed, may be logical errors, they distort the facts in a way that would cast blame, so depressed, irrational conclusions about them. Beck's logic errors in the form of a scheme takes into account the depressed person, all the events, according to the schema of your negative, self-blame Gary least some interpretation [5]. Blame yourself, because criticism and suppressed by others, is widely associated with feelings of shame [6]. Shame that occurs when people measure their behavior by some standards, and realize that they have failed and failed to assess your overall [7].

Other factors affect the risk of depression, thoughts of unwanted intruder. Beck believes that everyday human thinking process is always a meaningful way, task-oriented and does not follow logically, but human nature is such thoughts that keep unwanted by cognitive activities (Rumination mental) will be stopped, and this inability Common thoughts are helpful, and efficient operation [8].

Allen Knight, the potential benefits of combining the mouth of awareness and compassion, to treat depression and other disorders have pointed out [9].

Some from Therapists now, on the importance of helping people to create inner compassion and the ability to focus on their relief, and especially in dialectical behavior therapy, is shown [10]. Gilbert Irons, compassionate attention to their value,

and create new emotions in the process of its evaluation as an important task in psychotherapy has been emphasized [11].

Although the treatment of cognitive - behavioral therapy are effective in reducing symptoms in patients with depression and anxiety [16,15,14]. But new techniques in the field of cognitive psychology has emerged that one of them is cognitive therapy based on compassionate mind. Cognitive therapy is based on compassionate mind, based on the work of Gilbert, was designed [11]. And integrated view of the various theoretical models that acquires, including psychological development, social, developmental, Buddhism and neuroscience is [13]. In this treatment, And component its compassion for the specific characteristics and skills, are understood [13.12]. The method, based on educational psychology, Socratic discussions (dialectic), learn the thoughts, emotions review, the focus, the test is based on the ideas and practice of behavior, and to help people to work through the relationship of domination - submission, and further a peaceful relationship with their Hallucinations [11]. Gilbert & Procter in a group therapy approach showed that training the mind caring for people with self-criticism, and shame above is effective and results in a significant reduction in depression, anxiety, self-criticism, shame or inferiority and dominance behavior taking showed [17].

According Nolen. hoeksem, depressed people who expressed their feelings about the past and focus on the characteristics of their own (mental rumination conditioned), were significantly more depressed. The results showed that the responses are associated with mental Rumination, they can be used to intensify and prolong depression [18].

The research showed that, between early maladaptive schemas and emotional deprivation, failure, deserve, abandoned, discipline, lack of / shame, vulnerability or illness, there is a positive correlation with depression unfair criteria [19].

Research scheme incompatible with the role of primary and worry (rumination), on account of depression that worry, and think productivity is a significant relationship with depression,

whatever Worried thoughts in depressed patients, more signs and symptoms of more severe disorders will [20].

According to studies, cognitive rigidity plays an important role in the mental Ruminations and a risk factor for onset and is History of depression. The results showed that depression and rumination associated with cognitive control deficits [21].

The results of the studies, the role of mental Ruminations psychopathology, particularly depression point, and the role of psychological interventions and their efficacy in reducing symptoms of depression and given the lack of study, the effectiveness of Cognitive therapy is based on the compassionate mind, to reduce negative emotions and mental Ruminations review is depressed patients, the aim of this study was to determine the efficacy of cognitive therapy, based on compassionate mind to reduce negative emotions, and mental Ruminations is depressed women.

Method

This was a pilot study with clinical trials, pre-post test design with control group was used. The study sample were all depressed women in Ardabil. and had been diagnosed with depression. This study included 34 women with major depression who, for the treatment of clinical centers in Ardabil, had been admitted. In this study, patients were selected by convenience sampling, then randomly divided into two groups. Inclusion criteria were: (1) age range 35-25, (2) higher education from diploma, (3) the absence of disease, 4. psychosis, history of suicide attempts 5. Women Gender

Research tools

1 - The Beck Depression Inventory (BDI) is a 21-item, self-report rating inventory that measures characteristic attitudes and symptoms of depression (Beck, et al., 1961). The BDI has been developed in different forms, including several computerized forms, a card form (May, Urquhart, Tarran, 1969, cited in Groth-Marnat, 1990), the 13-item short form and the more recent BDI-11 by Beck, Steer & Brown, 1996. (See Steer, Rissmiller & Beck, 2000 for information on the clinical utility of the BDI-11.) The BDI takes approximately 10 minutes to complete, although clients require a fifth – sixth grade reading level to adequately understand the questions (Groth-Marnat, 1990).

Internal consistency for the BDI ranges from .73 to .92 with a mean of .86. (Beck, Steer, & Garbin, 1988). Similar reliabilities have been found for the 13-item short form (Groth-Marnat, 1990). The BDI demonstrates high internal consistency, with alpha coefficients of .86 and .81 for psychiatric and non-psychiatric populations respectively

2- self-conscious emotions Scale: The test measures elements of shame, guilt, apathy, out of pride (in his behavior), Cronbach's alpha coefficient of this scale (and its components) to the students is in a range of 0/51 to 0/88 reported. Cronbach's alpha coefficient in this scale in the range of 0/78 (shame) to 0/39 (pride beta) gained .factor correlation between long and short forms of the scale, is in the range of 0/93 to is 0/94. a significant correlation Between the scale and general health questionnaire, was obtained ($P < 0/001$) [24].

3. Ruminations subjective scale: the scale has 22 items, and the multiple-choice answer, the Cronbach's alpha coefficient and test-retest reliability, respectively 0/90 and 0/70 have been obtained [25]. Cronbach's alpha coefficient in this scale, 0/92 and 0/78 it received test-retest reliability. The results show discriminant validity, the scale can be good both clinical depression and healthy individuals distinguish from each other. The findings showed that the scale of the validity and consistency is good [26].

4. Self-compassion questionnaire: self-compassion scale, 26 items that, in a Likert scale of 5 degrees (almost never to almost always), the answer is given. Self-pity is 0/93 reliability value scale, Cronbach's alpha coefficient and reliability of this scale in the present study is 0/81 [27].

Intervention Style

In this study, cognitive therapy based on compassionate mind that, according to the research activities designed Gilbert was used [11]. The treatment consisted of 12 sessions 1/5 hour (12 weeks), respectively. The first step in the treatment of mental training is based on the first and third sessions were taught, and including physical inspection, meditation, awareness of the link between mood, thoughts and feelings, according to the physical position, and about at the moment is present. 6. 4 is the second step of the meeting, attention was taught breathing exercises, step, From Meetings seventh to ninth, and safety strategies, and taking control behavior and its relationship with self criticism was taught, and step From Meetings fourth to tenth to twelfth, compassionate approach to the problem and create a compassionate image was taught.

In addition, the intervention individually in 2011 to 15th November from 15 September, were applied on the control group received no intervention and at the end of sessions, so test on the experimental group and the control group, implemented. The raw data obtained using the software SPSS, were analyzed.

Results

In Table 1, the mean scores of negative emotions (shame and guilt), Self-compassion, Ruminations mental and depression in both experimental and control groups, is presented.

Results Table 2 shows that significant levels of all usability testing, multivariate analysis of variance allows. These results show that, in groups, in terms of the dependent variables, there is a significant difference. Chi or so (which is actually the square of the correlation coefficient between the dependent variables and group membership), shows that the difference between the two groups, according to the dependent variables were significant in total, and the amount of the difference is 89%. ie 89% of the variance is due to the difference between the two groups is due to the interaction of the dependent variables.

Table 3 shows the results of multivariate analysis of variance, the average scores of rumination ($25/427 = F$), depression ($126/373 = F$), shame ($13/514 = F$), and guilt ($28/423 = F$) in the experimental group (in mental compassionate based cognitive therapy), compared to control group significantly decreased ($P < 0/001$). The self-care scores ($9/224 = F$), in the experimental group (cognitive therapy based on compassionate mind), compared with the control group significantly increased ($0/005P <$).

Conclusions

The present study is aimed to determine the influence of the compassionate mind based cognitive therapy on negative emotions and ruminations of the women with depression who were referred to the treatment centers. Findings showed that cognitive therapy, based on compassionate mind, reduced the negative emotions of the depressed women, effectively. In other words, those that received the treatment, had a significant decrease in negative emotions compared to the control group. This findings is similar to the results of other researches [19, 28].

It can be said that a known self(ego) is the necessary element for 'shame, guilty sensation, embarrassment and pride'. According to Gilbert, cognitive therapy that encompasses the training of the compassionate mind, is an extension of a compassionate relationship with the 'self' and involves caring and attention to the self rather than solving the internal

Table 1. Mean and standard deviation scores of negative emotions, Self-compassion, rumination and depression, in the experimental group and the control group

Control		Trial		Phase	
SD	M	SD	M	Statistical indicators	
4/27	41/11	4/66	38/82	pre-test	Shame
3/91	40/11	3/84	32/94	Posttest	
4/26	48/82	6/95	47/58	pre-test	Guilt
3/56	49/70	6/12	37/82	Posttest	
8/13	75/35	10/76	75/35	pre-test	Self-compassion
8/75	76/52	8/88	86/29	Posttest	
6/75	43/05	10/43	42/35	pre-test	Mental Rumination
5/76	41/11	8/45	26/94	Posttest	
3/42	27/35	5/38	28/88	pre-test	Depression
6/04	25/17	4/29	7/82	Posttest	

Table 2. Shows the results meaningful multivariate analysis of variance

Chi Eta	P	ERROR df	Hypothesis	F	amount	Exam Name	Group
0/887	0/001	24	9	21/009	0/877	Pylayi effect	
0/887	0/001	24	9	21/009	0/113	Wilks Lambda	
0/887	0/001	24	9	21/009	7/878	Hetelling effect	
0/887	0/001	24	9	21/009	7/878	The root of the error	

Table 3. Shows the results of multivariate variance analysis tests on test scores

Chi eta	P	F	MS	DF	SS	The dependent variable
0/443	0/001	25/427	1542/382	1	1542/382	Mental rumination
0/798	0/001	126/373	3030/618	1	303/618	Depression
0/224	0/005	9/224	652/971	1	652/971	Self-pity
0/297	0/001	13/514	202/618	1	202/618	Shame
0/470	0/001	28/423	963/559	1	963/559	Sin

challenges, and offers internal compassionate processes that could be used as a psychoneurophysiological treatment. A research results showed that training the compassionate mind is effective for reduction of depression, anxiety, self-criticism, shame and dominating behavior [17,13,12,11]. The results of this study matches completely with that of ours and is in align with it. In explaining these findings it can be said that, compassionate mind cognitive therapy facilitates the emotional change with more care and support for 'self', and elevates the threshold of the acceptability of the problems and lowers emotional turmoil finally enabling the person for better seduction and better control.

The results showed that cognitive therapy based on compassionate mind on reducing symptoms of depression, depressed women affected. This finding is consistent with results of other studies [30,29,17,15,13,12]. According to Beck, a person becomes depressed when he/she get stuck in logical errors, They would distort the facts as if they end in the self-blaming. So the depressed patients have illogical conclusions about themselves. Beck considers these logical errors as a schema. The depressed persons comprehend all the events as the conclusion of these self-blaming & طرحوا های خود کم ارزش بینی [31]. In explaining this study it can be said that, compassionate mind based cognitive therapy causes the patients to learn understanding the negative thoughts and emotions that affect their behavior and feel safer by focusing on emotions, and making compassionate images.

The results showed that the compassionate mind based cognitive therapy reduce mental ruminations of the depressed women. This is in accordance with the results of other studies

[17, 18, 20, 21]. As the mind rumination is known as the most important component of depression, the new theories in cognitive therapy focus on the reduction of the rumination as the treatment goal [8]. In the theory of cognitive therapy based on mindfulness, recurrence of depression is supposed to be a result of a cycle between the depressed mood and ruminative thinking [14]. Thus, if the people who have a history of diagnosed depressive disorder, are taught to be aware of the negative thinking patterns aroused by depressed mood and release themselves from them, risk of depression recurrence will be decreased. [32]. Compassionate mind cognitive therapy besides helping the people to be aware of the recurring and negative thoughts, teaches them the path of confronting these thoughts and be more intimate, sympathetic with themselves.

In general, the results show that cognitive therapy based on compassionate mind, is effective in the treatment of depression and reduce negative emotions and mental ruminations of the depressed women. In other words, the effectiveness of treatment is significant statistically. Therefore, cognitive therapy, based on compassionate mind can be an effective way to improve the mental health of these patients. This study has faced some limitations; As selected inclusion sampling criteria was used, generalizing the results to the people outside of this range must be considered with caution. Another bias was the uncontrolling for pre-test effect and unmatching the controlled groups. As the study was an experimental one, on hand selection and sampling was another limitation of this study. However, it is recommended that future research these points, consider. Therefore these considerations should be effected in the future researches. Overall, as to the efficacy of the compassionate mind cognitive

therapy in reducing symptoms of depression, it is recommended that the method be used by consultants in therapy clinics and Trip Advisor medical centers.

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