



Studying the Effects of Cognitive-Behavioral Therapy on Depression Symptoms among Students with Abnormal Grief

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ABSTRACT

Death is an inevitable phenomenon that we should accept it as a part of our life. Because everybody will die and we cannot disregard it in our life. One of the most difficult events that may occur for every child or teenager is that one of his/her relatives be died. In order to therapy the consequences of death, it is necessary to acquire different information about its therapy methods such as cognitive-behavioral therapy. This is why that the present study was aimed to examine the effects of cognitive-behavioral therapy methods on decreasing symptoms of depression among students with abnormal grief. The research methodology of this study is a pretest-posttest design with control group. The statistical population of this study includes the students with grief that experienced one of their relatives' deaths and had symptoms of abnormal depression based on the diagnostic and statistical manual of mental disorders (DSM-IR-IV). The sample members have been selected randomly and then were appointed to experimental and control groups randomly. In order to collect the research data, the questionnaire of child and teenagers' depression has been used. In order to analyze the data and test the research hypotheses, Covariance analysis has been used in the SPSS. The results revealed that there is a significant difference between control and experimental groups' depression after intervention ($p \leq 0.001$). Therefore, it can be concluded that the cognitive-behavioral therapy has a significant effect on decreasing symptoms of depression among students with abnormal grief.

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Introduction

Depression studies have been started by approaches of Sigmund Freud and Karl Abraham. They described this disorder as a complex reaction to losing a desirable thing or loved people. Freud indicated in his article about depression that scurry mourning and melancholy are the main natural reactions of losing loved people or desirable thing [1]. Loss of the loved family members is very difficult and traumatic especially for children. This will results in their despair and discourage them from life. Also the children may have different problems in their life such as physical sequences, back to childhood, perturbation, tendency to despair and death, losing social adaptability in school, lack of enthusiasm, weight loss, nightmares, disturbed sleep, or suicidal thoughts. Also the children will search for blaming themselves or others after such disorders [2].

From genitive perspective, death is an unpredictable event that the grief individuals have not any control on themselves. Also their beliefs, behaviors, and emotions changed during grief period. As a result, grief not only is an emotional process, but it is considered as one of the reasons of behavioral and cognitive adaptation with grief. It is should be remembered that the role of cognitive factors is usually less than emotional ones. The reason is derived from explicit nature of emotions in comparison to the implicit nature of the cognitive ones. Also it is should be remembered that the emotions have more effects on the period of death crisis than cognition [3].

The grief not only is an emotional response, but also it is a physiological reaction. The individuals may face with biological rhythms during the grief. The grief also leads to immune dysfunction and decrease lymphocyte proliferation and natural killer cell dysfunction. Yet, it is not confirmed that whether these safety changes are important from clinical view, but the death rate among widowers and widows is more than this rate among general population. Also it seems that there is more danger for widowers than widows in this area [4]. The results of the studies that have been done about grief revealed models with three stages. These include 1) shock, disbelief, and denial; 2) middle period with acute distress and social isolation; 3) final period: return and reorganizing [4].

Also there are few studies on cognitive-behavioral interventions of grief, but they can be considered as efficient samples of the studies in this area. The cognitive-behavioral therapy is focused on this prerequisite that the emotional disorder and symptoms of behavioral disorder are continued through irrational thought. This can be treated through different behavioral, emotional, and cognitive techniques. Unfortunately, this approach pays little attention to the cognitive components, because it is focused on the observable behavior [5]. One of the most important samples of these therapies is therapy of pathological grief that has been introduced by Ramsey (1979). This method has been used effectively in treating individuals with chronic grief. The main point of intervention in his model is the use of indulging methods for enabling individuals for

expressing their painful feelings [6]. Gauthier and Marshall (1977) examined the effects of cognitive-behavioral therapy on the individuals with grief. They surveyed 8 females with grief (four ones of them were control group and others were experimental group). Their reports showed that the experimental group members were treated successfully through pretest-posttest design [7].

It can be concluded from literature review that the cognitive-behavioral therapy is effective in improving symptoms of abnormal grief and their adaptability with surrounding environment. This why that the present study was aimed to examine the effects of cognitive-behavioral therapy on decreasing symptoms of depression among students with abnormal grief.

Research methodology

This study is an experimental research with pretest-posttest design and control group. This design has been presented in fig 1.

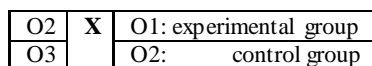


Fig 1: pretest-posttest design with control group

Statistical population and sample: the statistical population of this study includes all of the students with abnormal grief in the city of Eghlid in 2010. A sample of 20 students has been selected from this population. The sample members have been appointed to experimental and control groups randomly.

Measurement instruments: in order to collect the research data, two questionnaires have been used. The first is the questionnaire of demographic characteristics with 11 items and the second is the questionnaire of children and teenagers' depression. In order to develop the second questionnaire, the main components of depression have been studied from fundamental theories in this area and then its measures have been extracted. This includes 42 symptoms of sickness that most of them had overlap with each other and so its number has been decreased. The measures that had the most overlap in different theories and studies were extracted and then were compared with DSM measures for children's depression. Finally, a list of 12 symptoms has been developed that was presented in the following section. Also the singular symptoms have been added to the measures list as secondary symptoms.

Validity of the depression questionnaire has been examined by John Bozorgi through modifying and correcting by 10 clinical experts. This questionnaire has been used in a study that was done on 1546 Iranian children with 7-18 years old and then the present version has been developed. Also Cronbach's Alpha Coefficient has been used for examining reliability of the questionnaire. This coefficient was 0.8616 for this questionnaire that confirms its reliability.

Implementation and data-collection method: since this study is an experimental research, the following stages have been passed for collecting data:

- Selecting sample group randomly from students with abnormal grief in the city of Eghlid in 2010 based on the research measures
- Appointing sample members to experimental and control groups
- Indicating the questionnaires by both control and experimental group members for recognizing their depression level as pretest stage
- Applying independent variable in the study. This variable refers to the intervention programs of individual cognitive-behavioral therapy in eight sessions that have been indicated in the following section.

1. First session: the first clinical interview has been done among students with abnormal grief in the first session for creating a friendly relationship with respondents and providing a safe and supportive environment, describing the goals of interview, examining the present conditions and circumstance, expressing emotions and feelings, and sympathizing with respondents.

2. The psychological recounting has been done in the second session for an hour. This includes normalizing the responses, modifying and extracting emotions in a supported environment, expressing feelings and emotions, and recognizing the reactions during interview.

3. The interviewers seek to describe the concept of emotions, introduce the concept of depression and its symptoms in a simple manner, recognize the effects of depression on decreasing symptoms of grief, and offer homework. In begging of every session, the previous cases are discussed and the respondents' success or failure in doing homework is examined.

4. This session includes learning relaxation in order to lessen the symptoms of excitation.

5. This session includes describing about the use of visual method such as replacing intrusive memories with desirable thoughts and memories and minifying undesirable memories.

6. This session refers to the techniques of avoiding painful events and memories such as incremental desensitization.

7. In this session, the role of replacement method has been done. For this purpose, the students with grief have been asked to complete the incomplete sentences.

8. This session includes learning skills and resuming daily activities and art therapy. This leads that the students with grief replaces them with died one.

The respondents of both experimental and control groups were asked to indicate the questionnaire of children and teenagers' depression as the posttest after implementing interview sessions.

Statistical methods of data analysis: in order to analyze the research data and test the hypothesis, descriptive and inferential statistics have been used. For this purpose, covariance method has been used in the SPSS.

Results

The findings of this study have been presented in two sections including descriptive findings and findings of hypothesis analysis.

Table 1: descriptive measures of control and experimental groups' performance

Variables	Stages	Statistical measures	Average	Standard deviation	Minimum	Maximum	Frequency
		Groups					
Depression	Pretest	Experimental group	25.13	10.27	11.44	39.00	10
		Control group	21.31	12.47	2.00	39.00	10
	Posttest	Experimental group	12.30	9.62	5.00	32.70	10
		Control group	20.49	12.52	0	35.66	10

Hypothesis: the cognitive-behavioral therapy decreases the symptoms of depression among students with abnormal grief significantly.

As the results of table 2 indicate, there is a significant difference between experimental and control groups' performance based on the pretest scores ($p \leq 0.001$).

Table 2: the results of covariance analysis for testing the first hypothesis

Source of changes	Square	df	Square average	F	Sig	Eta	statistical power
Pretest	1526.04	1	1526.04	36.07	0.0001	0.68	1.00
Group	616.30	1	616.30	14.57	0.0001	0.46	0.949
Error	0.9719	17	42.30				

In other words, it can be said that the difference between scores of two groups indicate that the cognitive-behavioral therapy is effective on decreasing depression of the students with abnormal grief. Also it can be concluded from Etta that 66% of these changes are derived from effects of intervention plans.

Discussion

Undoubtedly, many people are depressed because of facing with undesirable events during their life. Also many people are depressed because of harmonic and genetic disorders, chemical imbalance of brain, improper sleeping style, or combination of these factors. The depressed individual is a despair one that not only is inactive, but also cannot finish his/her own works. The depressed individuals have several problems in their sleeping. All in all, depression is a disorder that occurs in individuals internally or externally. In the internal depression, the main reason of depression is internal and biological factors, but external depression refers to the condition in which depression is resulted from undesirable events such as relatives' death [8]. As a result, feelings and emotions considered as the integrative part of the life that are related to the surrounding events and phenomenon. Sorrow is the first feeling after losing relatives. The presence of sorrow is similar in different cultures. Also it is considered as a psychobiological reaction for communicating in divorce. Generally, peoples are depressed after facing undesirable events (such as losing relatives). This depression refers to the normal and reactive depression [9]. The main characteristic of compatibility disorder is the depression reaction to stressors that leads to several considerable behavioral or emotional symptoms. These symptoms appeared three months after stressors. Recognition of compatibility disorder may be appropriate for which cases that extremist and sustainable reaction is expectable [10].

Therefore, the present study was aimed to examine the effects of cognitive-behavioral therapy on decreasing symptoms of depression among students with abnormal grief. The results revealed that this intervention has a significant positive effect on decreasing symptoms of students with abnormal grief. This result is supported by results of different studies that some of them have been indicated in the following section. For example, the results of the studies that have been done by Steak (2008) on depressed teenagers, Cohen (2006) on the depressed children and teenagers that have symptoms of abnormal grief, Mosen (1981) on individuals with abnormal grief, Gasser and Marshal (1977) on eight mournful females [7] support our findings.

Additionally, the results of other studies revealed that the cognitive-behavioral therapy influences other factors. For example, Bennett (2010) indicated that development and primary evaluation of the cognitive-behavioral intervention is effective on the grief [14]. Currier et al. (2010) pointed out that the cognitive-behavioral therapy influences bereaved persons' disturbance and disorder [10]. Matsunage et al. (2010) found that the socio-psychosocial functions of the depressed patients are increased after cognitive-behavioral therapy [16]. Litz et al. (2009) studied the effects of primary cognitive-behavioral intervention among adults and also examined the effective therapies for posttraumatic stress disorder [17]. Rossell et al.

(2008) examined and compared two different interpersonal and cognitive-behavioral therapies on the teenagers' depression in both individual and collective manners [18]. Neimeyer et al. (2008) examined the effects of cognitive-behavioral therapy on the depression [5]. Malkinson (2001) examined the effects of cognitive-behavioral therapy on the grief [6]. Clark et al. (1999) examined the effects of cognitive-behavioral therapy on treating teenagers' depression [19].

Sajadinejhad et al. (2008) studied the effects of cognitive-behavioral therapy on decreasing depression and inability feeling among female students of Shiraz University [20]. Bahrinian et al. (2008) examined the effects of cognitive-behavioral therapy on decreasing patients' depression [21]. Mokhtari et al. (2008) examined the effects of group-based cognitive-behavioral therapy on decreasing depression and physical complaints [22]. Omidi et al. (2008) studied the effects of combinative therapy of cognitive-behavioral therapy on the symptoms of depressed patients [23]. Khodayarifard et al. (2008) examined the effects of cognitive-behavioral interventions on the psychological health of captives [24]. Fakor et al. (2006) and Mahmoghgerani et al. (2006) studied the group-based therapy on the methods of supportive and cognitive-behavioral therapy among patients with stress disorder [25], [26]. Najafi (2005) examined the effects of cognitive-behavioral therapy on self-perception and perception of depression among females with 15-18 years old [27]. Attari et al. (2005) examined the effects of collective education of social skills on individual-social compatibility of the juvenile offenders [28]. Naseri (2004) studied the effects of cognitive-behavioral therapy on decreasing depression, perceived pain intensity, and inability of the illness [29]. Farhodian (2004) indicated that early cognitive-behavioral therapy decreases the symptoms of stress [30]. Poshmashhadi et al. (2003) examined the effectiveness of cognitive-behavioral therapy on the perfectionism, approval-seeking, and depression symptoms among patients with pain disorder [31]. Narimani et al. (2002) examined the effectiveness of cognitive-behavioral therapy on decreasing the students' depression [32]. Hanasabzadeh et al. (2001) examined efficiency of cognitive-behavioral therapy in decreasing symptoms of depression and unhealthy attitudes of teenagers with depression disorders [33]. Rafeinia et al. (2000) examined the effects of personal consulting with cognitive-behavioral approach on treating patients with stress disorder [34]. Heydari Pahloyan et al. (1997) examined efficiency of long-term visualization therapy with a cognitive-behavioral therapy technique among patients with obsessive compulsive disorder [35].

All in all, it seems that the use of cognitive-behavioral therapy is beneficial and effective clinically. However, it is expected that the future studies focus on the samples from different regions of country and also focus on the respondents with different ages and genders. Also it is suggested that other characteristics of painful individuals will be examined through other tests.

Reference

- 1-Azad ,H. psychopathology. Tehran. Samt: 1998; 360-379.
- 2 -Bonana ,G ,A.,&Kaltman,S.(2001). The varieties of grief experience. *Clinical psychologie Review*,21,705-734.
- 3-Rando T A. Treatment of complicated Mourning. Research press. 1993; feb: 22.
- 4-Sadock BJ, SadockVA.Kaplan&Sadock's synopsis of psychiatry / Behavioral sciences/ clinical psychiatry. 10 th ed. Philadelphia: Lippincott Williams &willkins, 2003:54-55.

- 5-Neimeyer ,RA, Kees NJ, fortner Br. Loss and meaning reconstruction: proposition and procedures. Psychosocial press.2000 ;197-230.
- 6-Malkinson, R. (2001).Cognitive behavioral Therapy of grief: A Review and application. Research on social work practice, 11,671-698.
- 7- Gauthier ,Y.,& Marshall, W.L.(1977).Grief:A cognitive behavioral analysis. Cognitive therapy Research,1,39-44.
- 8-Hoseyni, SA.Psychophysiology. Arsenjan. Satare: 2006; 118-121. [Persian]
- 9-Khodapanahi MK. Physiological psychology. Tehran. Samt:2006; 380-381.
- 10-Nickho, MR, Avadisyan, H. DSM-IV-TM. Tehran. Sokhan: 2003;118-123.
- 11-Stice E , Rohde P, Seeley R, Gou M. grief cognitive – Behavioral depression for adolescents. Jurnal of consoling and clinical psychology.2008;76:4,595-606.
- 12-Cohen , JA , Mann arino AP, Staron VR. Apollot study of modified cognitive – Behavioral. Therapy for childhood Traumatic grief(CBT _CTG). Journal of the American Academy of child and adolescent. 2006; Vol2: 45-89.
- 13-Mawson D , Marks IM, Ramma L , stern RSGuided Mourning for morbidgrief: A rolled study. British journal of psychiatry . 1981;138:185-193.
- 14- Bennett ,S.M. (2010). Development and preliminary evaluation of a cognitive behavioral intervention for prenatal grief. Dissertation Abstract international: section B: The sciences and Engineering,V.170 ,PP.4475.
- 15-Currier, J.M.,& Holland , J.M.,& Niemyer , R.A.D. (2010).CBT-based intervention alleviate distress following grief ? A review of the current evidence international journal of cognitive therapy. vo13(1) , nar,pp.77-93.
- 16- Matsunage ,M., & Okamoto ,Y., &Suzuki,S-I., &Kinoshita,A., & Yoshimura ,s., &Yoshina , A. &Kunistato ,Y., &Yamawaki , S. (2010). Psychosocial functioning in patients with Treatment – Therapy.PMC Psychiatry,27 , 34-98.
- 17- Litz,B.T.& Bryant , R.A.,&Foa ,E.B., keane ,T.M. & Friedman , M. J.& Conan, B. A. (2009). Early cognitive – behavioral interventions for adults. New york , NV,PP117-135.
- 18- Rossell, J.,& Bernal ,G.& Medina ,C.(2008).individual and group CBT and TPT for adolescents with depression symptoms. Cultural diversity and ethnic minority psychology. 14,3,234-245.
- 19-Clark,G.N.,&Rogde ,P.,&Lewinsohn, P.M.,&Hopes,H., &Selle, G.R.(1999).cognitive- behavioral treatment of adolescent depression: efficacy acute group treatment and booster sessions.journal of the American child and adolescent psychiatry.vol38(3),p272-279.
- 20-Sajjadi Nejad, M., Mohammadi, N., Taghavi, M R., Ashjzadeh, N. Effect of cognitive - behavioral group therapy on depression and feelings of disability caused by headaches in patients with migraine and tension headache. Journal of Clinical Psychiatry and Psychology. 1998. Year IV, No. 4, Page 418-411.
- 21- Bhrynyan, S A M., Davoudi, M S. Compare the effect of cognitive behavioral therapy methods and behavioral on depression in heart patients rehabilitation. Research Journal of medicine, 1998, Volume 32, Number 4, Pages 96-89
- 22- Mokhtari, s., Taharneshat dost, H., Molavi, H.. Evaluate the effectiveness of group cognitive - behavioral approach on depression and somatic complaints of patients with multiple sclerosis (MS) .1998. Psychology, 47, in the twelfth, Issue 3, Pages 251-242
- 23- Omid, A., Mohammad Khani, P., Dolatshahi, P., pour Shahbazi, A. Efficacy of combined treatment methods of Based presence of mind on cognitive and cognitive - behavioral symptoms of psychiatric patients with major depressive disorder. Journal - Research Faiz, 1998, Volume 12, Issue 2, Pages 245-234
- 24- Khdyary Far, M., Abedini, Y., Zrdkhaneh, A., QobariBonab, B., Sohrabi, F., Younosi, J.Effectiveness of cognitive - behavioral psychological health of prisoners. Journal of Behavioral Sciences, 1998, Volume II, Issue 4, Page 251-242.
- 25-Mahmoudi Qaraie, J., Fakour, Y., Mohammadi, M., Mmtazbksh, M. Effect of individual counseling with the approach of cognitive - behavioral treatment of patients with post traumatic stress of Bam. Research Ethics, Law, ShahidBeheshti University of Medical Sciences, 2006, Volume IX, Issue II, 69-63.
- 26- MahmoudiQaraie, J., Mohammadi, M R., Bina, M., Yasmin, M T., Fakour, Y., Naderi, F. Group play therapy effect on symptoms associated with grief and trauma caused by earthquake damage in Bam, children 3 to 6 years. Journal of Pediatrics, 2006, Volume 16, Number 1, 33-26.
- 27- Najafi, S. The effect of cognitive - behavioral on depression of their perception of girls aged 18-15 living in boarding center in Tehran. MSc thesis.Teacher Training University, Tehran, Faculty of Psychology and Education. 2005, Page 172 -184
- 28- Attari, Shhynyylaq, Kochaki, Bshlydh. The effect of group social skills training on personal adjustment - social of juvenile offenders in the GonbadKavus city, Journal of Psychology and Educational Sciences, University of ShahidChamran , 2005, the twelfth year, Volume 2, Page 46-25
- 29- Nasser, H. Evaluate the effectiveness of cognitive – behavioral therapy on reducing depression and pain and disability resulting from perceived pain in patients with RomatiedArthrit. MSc thesis Clinical Psychology, University of Social Welfare and Rehabilitation Sciences. 2004
- 30-Farhodian, A. early Cognitive - behavior therapy, on reduce traumatic stress symptoms (after lobbying physical injury). Journal of New Cognitive Science, 2004, Year 6, Number 3, 4.
- 31-Poshtmashhadi, M., YazdanDoost, R., Asgharnejad, F., Morid pour D. Effectiveness of cognitive - behavioral on perfectionism, approval seeking and depressive symptoms in patients with pain disorder. Thought and Behavior, 2003, year 9, No. 3, 43-31.
- 32-Narimani, M., Roshan, R. Prevalence of depression and the effectiveness of behavioral - Cognitive therapy on reduce depression in students. Journal of Psychology., 2002, Volume VI, No. 3, Home.
- 33-Hanna SabzadehIsfahani, M., Yazdandoost, R and Mohammadian, M. Effectiveness of cognitive - behavioral Therapy on signs of depression and reduce unhealthy attitudes in adolescents with depressive disorders. Journal andysheh and behavior.2001, Volume VII, No. 1 and 2, the first page.
- 34-Rafiania A., Effect of individual counseling with the approach of cognitive - behavioral treatment of patients with PTSD resulting from war.MScthesi. Teacher Training University, Faculty of Psychology and Education. 2000.
- 35- Heidaripahlavian, A., Zolfaghari, F., Mehrabi, F.comparison Performance of treatment with long exposure to visualize the treatment techniques of cognitive - behavioral treatment of Obsessive Disorder. psychological research. 1997 Volume II, Number 3, 4, 107-98.