

EFFICACY OF COGNITIVE – BEHAVIORAL THERAPY IN THERAPY OF DEPRESSION AND GENERALIZED ANXIETY OF MARTYRS SPOUSES AND GENEROUS INDIVIDUAL IN GUILAN PROVINCE

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Abstract

The recent research is determination of cognitive – behavioral Therapy efficacy in therapy of depression and generalized anxiety of martyrs spouses and generous individual in Guilan province. For this reason, available (non random) sampling methods were used 32 individuals of generalized Anxiety and depression affected individuals in two testable and control groups. Recent design was one of the pretest – post test Semi experimental designs with control groups and tools of information collection were clinical interview and depression questionnaire of Beck and zong anxiety. results of test t for two independent group , showed that between pretest mark in alpha surface %1 statistical level , difference is meaningful but in control group this difference is meaningless and this derived of be affective of this therapy methods in generalized anxiety and depression .

Keywords: Cognitive- Behavioral Therapy- Depression-Generalized Anxiety-Martyrs Spouses.

1- INTRODUCTION

Today, cognitive behavioral therapy approach in treating most cases of depression and anxiety and evaluate the effect proved. Cognitive behavior therapy in its most perfect sense in a complex combination of techniques including cognitive - behavioral, these techniques include practices to some extent is the intervention by people such levinson, Cross Cup, Rome (1982, Sligman (1978), quoting Qasemzadeh, 2003) has been used Simmons and colleagues (1985, quoting Beck, imperative, 1985) found that patients from the treasury of cognitive behavioral coping skills have a good, compared with patients without such a treasure, are faster and more complete response to cognitive behavioral therapy showed And the reason they might be that the logic easier to accept treatment and the other because such patients rather than teaching them an entirely new adaptive behaviors are trying to reactivate the existing skills that have been damaged due to depression, will suffice. (Quoting something Beck, 1985), Butler (1987) found that patients with anxiety, decision finding that education was seen to control anxiety and depression compared with controls whose names were on the waiting list, much more significant improvements and found This improvement was maintained six months follow up. Barlow et al (1984) in their study concluded that cognitive behavioral therapy along with the logo and making improvements cause panic disorder and generalized anxiety can be found. Cognitive behavioral therapy (CBT) in treating emotional disorders, anxiety disorders and a range of other clinical disorders has been used. Many authors concluded that CBT-treated patients referred to the control group had more improvement and effectiveness at least equal or superior to other treatment methods have (Kendall and Hallon, 1979, Mahoney and Rave, 1987) et Maykson(1987) through a combination of research methods, cognitive behavioral therapy, cognitive behavioral therapy alone and with relaxation training in the treatment of panic attacks, anxiety, and patients 13 were used as group therapy sessions received. Data analysis showed that patients with panic attacks in the intensity, fear and anxiety, depression and decreased symptoms and a significant improvement demonstrated. Robson and others (1991, quoted Lak, 2001) 57 patients with generalized anxiety disorder in the two treatment groups are CBT and BT. Treatment sessions lasted approximately 12-4. Evaluation was performed before and after treatment and

six months later, showed clear superiority of CBT over BT is. The superiority of the criteria of anxiety, depression and negative Shnakhthay determined Unlike the CBT group and leave BT treatment failure was observed. (Quoting LAK, 2000) Treatment of cognitive performance in depressed patients frequently have been studied. (Beck, Halvn, 1985, Blackburn and others, 1985, Halvn and others, 1983, Murphy and others, 1984, Rush and Tizdel, 1977). These studies have shown that these therapies in the treatment of depression or even more times the effect of treatment with tricyclic antidepressants are. Some evidence also symptoms of depression rates than medication shows less (Blackburn and others 1986, Simmons, Murphy, 1986, gold leaf and Beck, 1988, quoted Qasemzadeh, 2003) in Scott's study (1996) depressed patients , under which cognitive behavioral therapy were compared with patients who received no treatment Ngrdh were significant signs of improvement demonstrated. Beck and something (1979) concluded that cognitive behavioral therapy in reducing symptoms of depression patients who were referred to psychological clinics, the level was significantly effective in another study of 162 patients with depressive personality disorder symptoms During cognitive behavioral therapy, were compared pre-test scores of the severity of their symptoms is reduced (Beck, Rush, affair, 1979)Block (1988), ballerina (1995) also considering revocation of the techniques, ideas count to questioned unpleasant negative thoughts have used to treat depression. Results showed that patients after the treatment process reported more positive thoughts and were found compatible with the environment effectively. Clack, and Hardy and others (1997) concluded that cognitive behavioral therapy is effective in treating depression roles. They found that depressed patients compared with control groups had significant improvement of their symptoms is reduced. On the evidence above study objectives reassess the effectiveness of cognitive behavioral therapy in depression and generalized anxiety control on the spouses has paid Guilan.

2- METHOD

The study population control and gallantry of all the wives are the Guilan Province 2006-2007 in a counseling center for advice referred Foundation. 32 patients, 16 of them were depressive disorder and 16 others as generalized anxiety sampling (non-random) in two groups of eight random testing and control be included as replacement therapy for at least six months duration was . After describing research goals and their participation and cooperation with clinical interviews and questionnaires and the Beck Depression Zank individuals were selected and their ages range from 20 to 50 years. The present plan, as semi-experimental pre-test project - the control group was to test and try it the techniques effectiveness of cognitive - behavioral treatment of anxiety and depression has decided to test. Measured in two stages as pre-test and post test was performed during 12 treatment sessions for each group separately was.

3- RESEARCH TOOLS

1 - Clinical interview: To identify patients with anxiety disorders and depression has decided to complete psychiatric interview was completed. The semi-structured interview based on DSM-IV criteria and include getting the disease history and mental status testing using a comprehensive psychiatric interview and the pattern of behavior was evaluated. (Kaplan and Saduck, 1987).2 - its scale survey Zong anxiety: this scale in 1970 by William Zong been developed and included 20 items that measures the severity of anxiety symptoms is, each question has four levels of grading as any I, too little, and sometimes and is often expressed as a grading 1 and 2 and 3 and 4. Anxiety Scale for calculating the reliability of the method of Zong correlations within the coherence or congruence questions to consider is to use statistical analysis conducted about 84 / 0 indicates that represent the reliability of this scale is very high (and others Kvtash , 1987). Abolghasemi (2008) coefficient of reliability of the questionnaire, the Cronbach's alpha method about 0/78 is reported.3 - Beck Depression Inventory: The scale in 1961 by Aaron Beck made. This questionnaire with Article 21 and any material, including four from low to high depression shows. The purpose of this questionnaire reveal the severity of symptoms of depression and cognitive content of depression is more emphasis. Beck (1972) Correlation of the general questions about 31 / 0 68 / 0 is the reports and question the overall correlation coefficient Spearman - Bravan about 0/93 has been reported. Using - Richardson scores correlated with the test run twice a month between 0/78 and within three months 0/74 for 50 with the mentally ill within three weeks 0/48 has reported. (Quoting

Abolghasemi, 2008) In this study, in addition to descriptive statistics mean, standard deviation of inferential statistics such as t test for independent groups to determine the effectiveness of cognitive behavioral therapy in the test and control groups were used.

4- RESULTS

As observed from the table is a mean of depressive disorder in pre-trial and post-test respectively 25/44 and 37/23 respectively and the standard deviation 59/5 and 35/15 are indicating significant differences between the mean and SD their standard pre-test and post test are. Table Two indicate that the average generalized anxiety disorder in the pre-test and post test 50/45 and 62/58 respectively and the standard deviation of 10/0285 and 2/3261 is a significant difference between the mean represent standard deviation and They pre-test and post test are. As can be seen from the table Tuesday because the calculated t bigger than t table-level alpha 0/01 is the zero hypothesis is rejected and the result is the difference between two averages There are significant. In other words, between the mean pre-test and post test significant differences in depression, there was variable and this suggests that cognitive behavioral therapy is effective in treating depression and after applying the rate of depression, study groups and this difference has been reduced from chance and accident is not caused by independent variables was applied.

Also see the results of four tables is calculated as t is smaller than in the control group Alpha 0/1 in table t / 0 is zero, so the hypothesis is not rejected and we conclude that between the two population mean there is no meaningful difference between the apparent difference observed is due to chance and accident, and this lack of difference is statistically significant. But groups such as t test calculated larger than t table meaningful level 0/14 is zero, so the hypothesis is rejected and we conclude that the international average in the study population there are significant differences and this suggests that cognitive techniques - treatment is effective in treating depression and the difference resulting from the independent variable was applied. Table Five shows the results because the calculated t bigger than t table-level alpha 0/01 is the zero hypothesis is rejected and we conclude that averages between two groups are significantly different. In other words between the mean pre-test and post test anxiety differ in the variable exists and this suggests that cognitive behavioral therapy is effective in treating anxiety and the actions of the anxiety is reduced and the difference from chance and not crash but is due to the independent variable was applied. Results Table 6 shows such as t calculated in the control group is smaller than t table at 0/01 According to this hypothesis is not rejected and we conclude that the averages between the two communities studied there is no significant difference and the difference Visit the apparent result of chance and accident, and this difference is statistically significant, but in the experimental group because the calculated t larger than t table in a meaningful level of 0/01 is zero, so the hypothesis is rejected and we conclude that between the mean in the study population are significantly different and this suggests that cognitive behavioral therapy is effective in treating anxiety disorders and differences resulting from chance and is not an accident but the result of applying the independent variable was the posttest.

Table1: Statistical characteristics of the study groups in rates of depression in the pre-test and post test experimental group

Standard error	Standard deviation	N	Mean	
1/9798	5/5997	8	44/25	Pretest depression
5/4279	15/3524	8	23/37	Post test depression

Table2: Statistical characteristics of groups studied in generalized anxiety in the pre-test and post test experimental group

Standard error	Standard deviation	N	Mean	
3/5456	10/0285	8	45/50	Pretest depression
0/8224	0/3261	8	58/62	Post test depression

Table3: Summary of t-test for independent test and control groups in depression

sig	df	t	Standard error	Standard deviation	Mean		
0/01	3	1/391	5/3923	10/7858	7/50	Pretest depression	Control group
						Post test depression	
0/01	3	40/146	1/8875	3/7749	34/25	Pretest depression	Experimental group
						Post test depression	

Table4: Summary of t-test generalized anxiety disorder in the pre-test and posttest

sig	df	t	Standard error	Standard deviation	Mean	
0/01	7	-3/599	-21/6471	10/3156	-13/1250	Pretest Anxiety
						Post test Anxiety

5- CONCLUSION

Although research on the effectiveness of the method of seeking review of cognitive - behavioral treatment of anxiety disorders and depression has been decided, but there middle and theoretical research because the researcher had planned in line with previous research findings, treatment efficacy theory depressive disorder and generalized anxiety have been examined and finally a suitable method for the treatment of disorders mentioned above and therefore offer two hypotheses regarding the efficacy of behavioral therapy methods generalized anxiety and depression were raised in the two hypotheses were confirmed as For example, research findings in the treatment of generalized anxiety accordance with previous research findings as (Kaplan and Saduck, 1994, Powell and Anrayt, 1987) Salkoviskiss, Jones, 1986, Siligman, 1975, Brahmavn, Siligman, Tizdel, 1978 and ... Quoted Abolghasemi, 2008) and this is a reflection of the methods of cognitive behavioral therapy in the treatment of generalized anxiety symptoms and reduce its long-term therapy as an effective non-drug-use is abundant. Also, the findings regarding the effectiveness of the methods of cognitive - behavioral treatment of depression in accordance with previous research findings, for example (Simonz&etal, 1985, Rush and Shaw, 1983, Beck 1988, Levinson, Grass Cup, siligman, 1982, silicon, Abraham Fast Download, Tizdel, 1978, quoted Qasemzadeh, 1376) is. This suggests that cognitive behavioral therapy as an effective treatment and effective in reducing symptoms of depression and they are frequently used in the long run other words, cognitive behavioral therapy in reducing symptoms of anxiety and depression control spouses and gallantry in each of the questionnaires Beck depression and anxiety Zong acted the same way and reduce their anxiety symptoms in depression has been. However, therapeutic effects of cognitive behavioral therapy techniques in patients with the ability to create and control physical and psychological symptoms of anxiety control automatic thoughts in depressed patients, controlling their growth control because of aggressive behavior on the one hand and increase their communication skills and the other adjustment is effective is. The results also indicate that the control of any intervention therapy research has been done on them showed signs of slight decrease, and this difference is not so much that is statistically significant. This may increase empathy and learning or for such other relief methods and meditation, relaxation and ... Be. So how cognitive behavioral therapy can reduce symptoms of depression and anxiety sufferers and the methods and techniques specific to a society and culture is not and it can be with regard to cultural infrastructure and to make them conform to the different communities applied.

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