

The Efficacy of Cognitive Mindfulness Treatment in Decreasing Irrational Communicative Beliefs of Couples of Tehran City: An Independent Project

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ABSTRACT

Background and Objectives: Historically mindfulness is one of the main techniques used by in Buddhist reflection that is rooted in the respective religion. The basics of this concept can be traced to the oldest Buddhist texts. The current research has been done by the aim of investigate mindfulness therapy based on cognition in reducing communicative and irrational beliefs in couples in city of Tehran. **Materials and Methods :** In one empirical study in random clinical experimental working form ,with pre-test & post-test ,30 couples (60) of Tehran City that has referred to one & two areas consultation clinics of this City were selected by available ampling method and randomly were allocated with Excel software into two examine and control groups . In two steps the couples were answered to Jones irrational questioner responding rate = 0/91) and responded to Epstein & Eidelson communicative beliefs (responding rate = 0/90). Mindfulness therapy protocol was presented in 12 weekly sessions. The participants did pre-test & post-test (after 12 teaching weeks).The data were analyzed by using ancova covariance. So the qualitative data of demographic assessment were coded and were assayed with analyzing software of qualitative data ATLAS. ti - 5.2. **Results:** The findings results indicated that mindfulness therapy based on recognition is effective in reducing couples communicative (P<0/005) & irrational (P<0/001) beliefs, that totally 0/51 of changes variance in irrational beliefs, is determined by therapeutic intervention. **Conclusion:** The results show that mindfulness therapy based on cognition is effective in reducing irrational & Communicative beliefs in couples in city of Tehran.

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Keywords: Mindfulness base on cognition, Irrational beliefs, Communicative beliefs

Marital relationships is one of the most intimate and private kinds of human relationships and is one of the innate human needs. The relationships with spouse can be the basis of feeling of comfort, support and enjoyment and this is as such that the same relationships can also become the source of anxiety, feeling of failure and dissatisfaction . When two persons with different needs and different tastes start living together, the persistence and quality of their life depends on knowledge, skill and aptitude of each of them in stabilizing this relationship. Fluctuations of the marital relationship and the satisfaction from it can be influenced by various factors among which we can refer to potentialities to solve problem, communicative beliefs and irrational skills of couples (Tabatabaee, 1388).

Today the communicative problems of couples is one of the most important issues in the field of marital satisfaction , (Kaplan & Saduk , 1394) state that relationships form a matrix in which most people spend their life; relationships are the source of comfort, connection, happiness and also the source of commitment, responsibility and conflict (Rezaee , 1385). Irrational thoughts are beliefs that focus on compulsion, commitment and duty and cause anxiety and disharmony in the structure of personality. Irrational beliefs can be called wants and goals that appear as essential preferences that if they are not met cause disorder and unrest (Biyabangard , 1381). Irrational beliefs are the processes that in their extreme predomination lead to severe disorders that often are called emotional disorders. On the other hand inappropriate communicative beliefs refer to every thought, excitement or behavior that cause self-destruction and self-harm and significant consequences of which are temperamental disorders and health disorders. Mental diseases and psychological disorders of couples are the result of wrong recognitions, inappropriate beliefs and opinions and their wrong attitudes (Ellis, 1975, 1988, 2001).

One of the treatment methods that focus on mind and mind conscience is mindfulness treatment. Historically mindfulness is one of the main techniques used by in Buddhist reflection that is rooted in the respective religion. The basics of this concept can be traced to the oldest Buddhist texts. Mindfulness is one of the goals of reflective religions especially Buddhism (Falkenström, 2010).

Mindfulness has been defined as the state of motivated attention and awareness of what is happening (Walsh , 2009) and emphasizes development of three qualities of judgment avoidance, purposive awareness, and focus on present moment in individual attention. Mindfulness not only aims at changing functional trend and mental health by mental training of clients but also changing their way of performance and their relationships (Brown, 2007). This treatment which is a short-term structured intervention designed by](Teasdale et al ,2000,2002) and it is developed based on mind-anxiety decreasing model and therapeutic principles are then

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added to it (Keng SL , 2011). It considers special behavioral, cognitive and met cognitive approaches to focus on the process of attention and in itself leads to prevention of factors that cause negative temperament, negative thought, tendency to worrying answers and growth of new perspective and formation of pleasant thoughts and excitements (Segal, 2002). In order to prevent inappropriate communicative beliefs and opinions of couples, different methods can be used that mindfulness as an open awareness and free of any judgment regarding what's happening at the moment can be highly effective and useful. Besides mindfulness treatment which is based on cognition in social processing can cause changes from various aspects like intrapersonal interactive conflicts, inappropriate communicative beliefs of couples. Therefore, in this study with respect to developing process of application of above-mentioned approach in treating different disorders, we intend to investigate the efficacy of mindfulness treatment based on cognition in improving irrational and communicative beliefs of couples.

METHOD

The present study is a semi-experimental research with pretest posttest and control group. The statistical community of this research was all the referring couples to Tehran consultation clinic centers in 1393. Among these couples, 30 participant couples (60 persons) were randomly selected and were randomly assigned to two groups by Office software Excel. Both groups were exposed to pretest and posttest. To this aim, criteria of entrance to research were: having at least five years married life, having at least degree of diploma, not participating in family training classes before. Also the criteria of exit from research were: more than two session absence from treatment sessions and not participating in tests. To facilitate participation of subjects after calling them and doing preliminary interview and taking informed consent (written consent from couples), pretest were administered to both groups. Then intervention program which contained 16 hours of training (8 sessions) was run by the consultant for the couples of experimental group. A few weeks after last training session, posttest was administered to both groups. In the present study descriptive data were developed within the framework of Mean and standard deviation. Also qualitative data derived from demographic evaluations were codified and analyzed by Atlas.ti-5.2 which is instrument of analyzing qualitative data. In referential analyses, with respect to independent plan in form of pretest and posttest and with regard to spatial scale of evaluation, parametric covariance analysis test and *F* test were used and since the condition of equality of variances in Leven's test was met, applying this statistical test was considered to be suitable. For data analysis SPSS software version 20 was applied.

Instruments

Jones' questionnaire of irrational beliefs: this questionnaire was provided by Albert Elis's theory and includes 100 questions. This questionnaire was rated by five-item Likert scale and has subscales that each of these subscales includes 10 questions and examines various irrational beliefs. These subscales are as follows: 1-need of other's confirmation; 2- high expectation from

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oneself; 3-intention to blame and scolding; 4- reaction to failure; 5- emotional irresponsibility;6-high amount of worry and anxiety; 7- problem avoidance; 8-dependency; 9- inability to change; 10- perfectionism .Taking high score in this questionnaire represents irrational thoughts and low score represents reliable thoughts. Reliability of this scale during the research was obtained as 90% by Crone Bache's alpha and reliability of it by Crone Bache's alpha coefficient was 82%.

Scale of communicative beliefs: this scale which includes 20 questions first was developed by (Edelson & Epstein, 1382). After some changes, the developers of this scale by omitting some questions from the version containing 40 questions codified it in 1990. In this study the version having 40 questions was used that every question is scored in six-level Likert scale. This scale assesses five inefficient communicative beliefs (three assumptions and two standards): no agreement for a relationship is destructive, couples should be able to read mind or emotions of each other without oral expression (standard) , my spouse can't change themselves and our relationship (assumption) , sexual perfectionism (standard), men and women have different kinds of personalities and communicative needs . Higher total score of this scale represents more inefficient beliefs (Bradbury & Fincham, 1993). Since the cutting point of this test was 16+2; if the individual's score between 14 and 18, the individual has the tendency and background to assert that belief but doesn't have it. The alpha coefficient for five subscale of this test is between the range of 72%-81% (Sahebi et al, 1382) Also this scale has been validated by Crone Bache's alpha coefficient through a research by (Sahebi et al, 1382) in Ferdosi university .

RESULTS

Demographic information of participants

Table1. Demographic status of participants in both

Indices	Aspects	Mindfulness	N=15	Control	N=15
		Frequency	Percent	Frequency	Percent
Educational status	Below diploma	4	27	3	20
	Diploma and above diploma	11	73	12	80
Age	18 to 25	11	73	10	66
	25 and above 25	4	27	5	34
Professional status	Employed	8	54	9	60
	Unemployed	7	46	6	40
Monthly average income	Lower than 1 million tomans	8	54	9	60
	Higher than 1 million tomans	7	46	6	40

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Table 1 represents the demographic status of the participants of the research. As it can be observed, most of the participants have educational status of higher than diploma (mindfulness: 73%, control: 80%). With respect to age, most of the participants have age index of lower than 25 years (mindfulness: 73%, control: 66%). Regarding professional status, most of the participants in two groups of treatment and control are employed (mindfulness: 54%, control: 60%). In income status, participants of both groups have monthly income of lower than one million tomans (mindfulness: 54%, control: 60%).

Examining equality of variances and means in pretest phase

Table2. Results of Leven and t tests to compare mean scores of both groups in pretest phase

Index	F Leven	Significant level	T	Degree of freedom	Significance
Mindfulness	0.479	0.31	2.27	22	0.08
Control	0.503	0.17	3.01	-	0.72

According to table2, calculation of Leven's test to examining equality of variances represents lack of significance of this index; therefore, using covariance analysis test to compare groups is possible. On the other hand, the results of independent *t*-test represents lack of significance of scores of experimental and control group in pretest phase.

One variable covariance analysis test

Table3. One-way covariance analysis for examining irrational beliefs

Source changes	Sum of squares	Degree of freedom	Mean of squares	F	Significance	Squares
Pretest	15296.10	1	15296.10	175.47	0.000	0.16
Group	630.35	1	630.35	7.23	0.001	0.11
Error	87.16	57	4968.62			
Total	7750524		7750524			

As it can be seen in table 3, the difference between mean scores of irrational beliefs in pretest phase after controlling pretest scores of both groups is significant ($p < 0.0001$). In other words, mindfulness treatment which is based on cognition, results in decreasing of irrational beliefs. The extent of effect of this method on irrational beliefs in posttest phase was 0.11 meaning that about 11 percent of the variance of scores was related to group membership or treatment effect.

Table 4. One-way covariance analysis for examining communicative beliefs

Source changes	Sum of squares	Degree of freedom	Mean of squares	F coefficient	Significance	Size effect
Pretest	7768.38	1	7768.38	38.43	0.000	0.60
Group	323.92	1	323.92	88.63	0.005	0.40
Error	4995.94	57		3.96		
Total	1320645					

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As it is evident in table 4 the difference of mean scores of communicative beliefs in posttest phase after controlling pretest scores in both groups is significant ($p < 0.005$). This means that mindfulness treatment was effective in improving communicative beliefs of couples. The extent of effect of this method on communicative beliefs in posttest phase was 0.40. This means that about 40 percent of variance of scores was related to group membership or treatment effect.

DISCUSSION

As you know one of the most important and controversial aspect of clinical experiments is applying ethical considerations. Informed consent in this research was assured free of any compulsion, threading and deceiving and participants' avoidance of participation in research was respected. It was attempted that research methods not conflict with cultural and religious norms of participants and research participants be protected in terms of human dignity, respect, and physical and mental well-being through all phases of planning, implementation and reporting so that research process doesn't conflict with medical healthcare of the participants.

This research has been done with the aim of assessing the efficacy of mindfulness treatment in inefficient beliefs of couples. The findings of the research represented that respective treatment was efficient in their irrational and communicative beliefs. These findings are conforming with results of researches of (Davidson et al, 2008), (Wilson & Drozdek, 2004), (Saduk & Benjamin, 2005), (Dobson & Mohamadkhani, 1989, 2007), (Clark et al, 2001), (Feeney et al, 2006), (Hollon, Thase & Markowitz, 2002), (Kabat-Zinn, 1994, 1999, 2003), (Nickel & Egle, 2006), (David et al, 2010), (Barlo et al, 2008) that pointed the factor of irrational thoughts and inflexibility of thinking is the main cause of couples' conflicts that the effect of psychotherapy on their relationships has caused disappearance of their irrational beliefs. In confirming the assumption of cognitive mindfulness and the need to others' assurance it can be said that individuals who always expect others to accept and confirm them, cannot adapt to actual situation and would face with much more problems since they act according their wants and tendencies and have no objective and logical assessment of their performance. Because of having insensible and extreme expectations which are above their threshold of abilities, these couples are unable to adapt to and solve conflicts and when facing with stressful condition use inefficient emotions more instead of using problem-centered approaches and solving problematic condition. (Nunnally & Bernstein, 1994) Through assessing mindfulness training consequences they stated that training mindfulness skills clinically and statistically decreases symptoms of vulnerable temperament and anxiety significantly. In line with this finding, the research of (Gomez & McLaren, 2006) represented that coping strategies especially inefficient coping strategies along with cognitive and thinking systems can result in decreasing action, avoidance, solicitude and conflicts of coping with stress and instead of helping solving of individual's problem leads to escaping of them from the situation or causes inappropriate or temporary coping with problem and would result in social and psychological conflicts and disorders.

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Cognitive behavioral treatment helps the individual to change their diverged patterns and inefficient behaviors and use organized discussions, behavioral assignments and fully organized cognitive-behavioral tactics. Some of behavioral and cognitive tactics are as follow: gaining experience in the realm of self-expression, audacity, peacefulness, decision making, solving problems and issues, communicating with others and time management (Lackner et al, 2005).

The limitation of statistical community and sample of this research restricts generalizing the results of it. Other problems of this research are unawareness of couples of the effect of cognitive therapy based on mindfulness in decreasing their beliefs , difficulty of participation of couples in training program with respect to distribution of them in Tehran city, short-term time of training sessions and lacking time limitation to focus on the contents of the sessions, broadness of the aspects of the research and lack of assessment of many of the correlated variables with variables of the study that caused research to last longer and poor culture of the research and lack of cooperation with the researcher in some cases. Therefore it can be suggested that :1- The effect of training of cognitive mindfulness on different groups of participants who share the same feature of encountering psychological pressure can be investigated in groups and the applying methods and skills of this theory can be taught to family consultants and couples and the results of them can be analysed ; 2- With respect to the effect of cognitive therapy on the life of couples , besides identifying destructive beliefs (irrational) before and after marriage , training courses also can be planned for identification and correcting these beliefs ; 3-having certification of gaining communicative-behavioral skills and conflict-resolving should be included in the terms of marriage so that people try to get these skills before raising of any problem ; 4- cognitive therapy can be compared with other approaches in next studies and the extent of efficacy of both approaches on other problems and marital affairs like conflict, satisfaction ,... can be examined ; 5- this research and the assessment of each of the irrational beliefs separately in other clinic centers of the province with more samples and time spans can be done and the result can be compared with the results of present research so that there would be the possibility of generalization and proving of the results broadly.

CONCLUSION

Based on the results of this study, it was represented that mindfulness treatment based on cognition has been effective in decreasing irrational and communicative beliefs of couples in a way that the respective treatment resulted in disappearance of irrational beliefs and inflexibility of thinking that was the main cause of conflicts between couples.

Acknowledgment

The authors are highly grateful to all those people who participated in this study and helped in facilitation of research process.

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How to cite this article: S Mansour, F Givi, T Yazdanfar, M Sabet, M Bahrani (2016), The Efficacy of Cognitive Mindfulness Treatment in Decreasing Irrational Communicative Beliefs of Couples of Tehran City: An Independent Project, *International Journal of Indian Psychology*, Volume 3, Issue 4, No. 58, ISSN 2348-5396 (e), ISSN: 2349-3429 (p), DIP: 18.01.046/20160304, ISBN: 978-1-365-24976-1