

The Effectiveness of Cognitive-Behavioral Therapy in Reducing Depression of Working Women outside the Home

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ABSTRACT: Depression have devastating effects on patients and their families. Depression is one of the most common mental disorder that is classified as mood disorder. Depression is a normal response of a person to the pressures of life. Increase of women's employment in the society is caused that they are exposed to environmental stress factors like depression. Studies have shown that in developed countries, Women suffer from depression twice more than men. According to this topic the aim of this study was to evaluate the effectiveness of cognitive - behavioral therapy on depression of working women outside the home. The purpose of this research is applied and its type is as survey research. In this research, the population is all working women in the Islamic Azad University of Saveh, Which they have been working in this center in the last three years. Among the population, 50 women working in Islamic Azad University of Saveh were examined through convenient sampling as sample of study. To collect data we used the literature review and the Beck Depression Inventory. Tested Women responded to a Beck Depression Inventory scale, the data were analyzed by covariance and using SPSS software. The results showed that between depression scores in both experimental and control groups there was significant difference and cognitive - behavioral therapy is effective on reducing depression symptoms among working women.

Keywords: Cognitive-Behavioral Therapy, Depression, Working Women.

INTRODUCTION

The spread of information and technology in the modern era on the one hand has facilitated the living conditions and on the other hand, increases human vulnerability to both mental and physical. For this reason, people often suffer anxiety, depression, resentment, gratuitous or incompetence in dealing with life's problems. (Aghaei et al., 2013). Depression is one of the most common mental disorders that is classified as mood disorders. Mood disorders including the main features and obvious widespread disorders that impair the patient's mood. Depression is so common that has been dubbed as the cold Psychiatry (Sotoudeh et al., 2011). Depression is the fourth leading cause of disease in the world, which is the single largest non-lethal diseases in the world (Montazeri et al., 2013). In this disorder, people has moods of sadness, shock, and bored. The main characteristics of depressive states are reduce deep desire of enjoy everyday activities like socializing, sport and nutrition (Parsai-Rad et al., 2010). According to a national study of diseases and injuries in Iran, depression, is the third problem is health. Depression is a fairly wide range and in its severe form can be considered a serious threat to health and life of patients (Montazeri et al., 2013). In the etiology of depression, there are several factors and according to the etiology

of depression, Different treatments are also offered (Aghaei et al., 2013). To eliminate or pale depression, we must first examine the prevalence of it and then the major factors are identified and we offer strategies to be implemented, to face a healthier and a more advanced society in positive ways (Montazeri et al., 2013). In depression, sleep becomes difficult. Appetite is low and sexual desire disappears then As a result, frustration grows and may lead to a death wish and suicidal thoughts (Houghton et al., 2013).

To investigate the effectiveness of cognitive therapy for depression Lots of studies have been done that the results of the studies show this approach has been effective in treating depression and its effect like antidepressants (Nazari & Asadi, 2011). In explaining the effectiveness of cognitive-behavioral therapy on reduce of depression, Dobson et al believe that there is a key component of behavioral activation with cognitive therapy, which is lowering agent depression at the beginning of treatment, as well as a continuation of the effects of this treatment in reducing symptoms of depression after treatment (Khodaei et al., 2012). Suitable treatments such as group cognitive - behavioral therapy can be fruitful the creation of nursing in mental processes for patients in need, and these measures can improve depression in patients and can raised the quality level of peace of life (Ranjbar et al., 2010). According to Beck, Depression occurs as a result of Disruptions in cognitive processes and misinterpretation of the patient about the events of around her. In his view, cognitive-behavioral therapy, helps in treating depression in patients. This methodology could play an important role on reduce symptoms of depression (Taheri & Jamshidifar, 2007). The methods used in this treatment such as relaxation and mental imagery, could be achieved to better understand their opinion and more appropriate to deal with their feelings (Sotoudeh et al., 2011). Three different approaches in cognitive behavioral therapy that is used by mental health professionals on a regular basis include: 1) rational emotive therapy, 2) multi-modal therapy, 3) Cognitive therapy (Asarnow & Scott, 1999). Given the importance of depression in working women, are not only for economic losses and the important significant aspects are detrimental effects on physical and mental health of individuals, families and society (Mohammadi Parsa et al., 2015). Depression in women have seriously effect on individual and social life on her and her family, So couples need to spend a lot of time to strengthen communication and trust between themselves and family members, especially between their own selves. On the other hand it can be acknowledged that impaired mental health of this group of people disabled the rate of family life and gradually as a result the heart of the community, will see serious damage to itself (Abbaszadeh et al., 2010). Women with depression are two to three times more than men. Women who are well acquainted with the situation and conditions of their employment, can be predict these stressful changes and factors, prepare themselves to deal effectively with them (Aghapour & Mohammadi, 2011).

According to research, there is a direct relationship between depression and mental stress. Triggers physical, psychological and social in the workplace, each of which can cause stress and lead to symptoms of depression (Fallahzadeh et al., 2012). Although employment is important for women than gaining financial independence but it has the multiple pressures on their bodies and their soul including household chores, Mother and job duties that if it continues, compromised women's physical and mental health and the family functions are impaired (Rafatjah & Kheirkhah, 2012). Actually, employment includes 3 feature. This includes carrying out production activities in an organized fashion and in the specific hours and time, wages for worked hours and the distance between work and home, sometimes called as distance from production to consumption, But despite the urgent need for employers Refer to the labor force due to the large number of women to work, still women earn lower and working conditions are so demanding for those and it coupled with variety of financial and sexual abuse to them (Rafatjah & Kheirkhah, 2012).

Research results show that depression in women is about 7.1 times more than men. The widow women showed the highest rates of depression and then the highest percentage is for the divorced and married women and single people had the lowest percentage of depression (Montazeri et al., 2013). The results show the effectiveness of cognitive-behavioral therapy in reducing depressive symptoms is about 0.47. This effect size was evaluated according to Cohen (Aghaei et al., 2013). Studies have shown that cognitive-behavioral interventions for anxiety and depression therapy as a group is effective on anxiety and depression in patients with myocardial infarction (Khodaei et al., 2012). Results showed that all treatments have significant effect on the treatment of major depression, but combination therapy comprising two methods of cognitive-behavioral therapy and drug therapy was better than other interventions (Sotoudeh et al., 2011).

But in a study on the treatment of postpartum depression with cognitive behavioral therapy, performed with sertraline and combination therapy, the results contradict with previous studies in the field of postpartum depression, there is no significant advantage has been reported of the combination of pharmaceutical psychology in short-term treatment (Milgrom et al., 2015). Physical therapy and generally sports and CBT were more effective methods than the usual care provided by physicians and any treatment are promising in the treatment of mild depression (Hallgren et al., 2015). The results of another study of the development and emergence of an online training program with the use of consultants in cognitive behavioral therapy for depression and includes several self-regulatory skills,

including CBT, cognitive restructuring, assertiveness, problem solving and relaxation was satisfactory (Imamura et al., 2015), research results showed that the use of CBT for the treatment of emotional breakdown in a seven-week period developed, the average depression of the start to the end fell and in in were not reported depression of any cases (Anderson et al., 2015).

The main hypothesis of this study is the cognitive-behavioral therapy have any effects on reducing symptoms of depression of working women.

MATERIALS AND METHODS

This study is the quasi-experimental study, we used of Pretest-posttest method, we collected the control group with randomly sampling and during 10 sessions of cognitive-behavioral therapy practices have been implemented step by step. The population in this study include all women in the Islamic Azad University of saveh that they were working in this center in the last three years. Inclusion criteria for this study include: their age range between 30 and 40 years and they should worked continuously for three years at this Center. They should not have any history of depression, mental illness or drug use in last three years. Among the population, 50 women in Islamic Azad University of saveh were have been studied in randomly sampling method as study samples. A questionnaire was used for data collection. For measuring depression, the Beck Depression Inventory is used, Form 21 questions. In this test, the participants should respond to each of the 21 questions. This questionnaire is a self-report questionnaire, consisting of 21 groups of sentences, including the scales of Sadness, pessimism, sense of failure, dissatisfaction, guilt, expectation of punishment, dislike, self-blame, suicidal ideation, crying, irritability, social withdrawal, indecisiveness, worthlessness, loss of energy, changes in sleep patterns , irritability, changes in appetite, difficulty concentrating, fatigue and sexual disinterest. They give. Depression score obtained by summing the scores by the individual options and then interpreted as that minor depression 13-0, 19-14 mild depression, 29-20 moderate depression, severe depression show 63-29.

Different psychometric tests confirmed the psychometric properties of the questionnaire (Kojima et al., 2002), Osman (2002), Lezak (1995), Azadi (1995), Sardoei (1994). The results of the meta-analysis was carried out on the Beck Depression Inventory (BDI) showed that internal consistency coefficient is between 0.73 to 0.93 to 0.86 an average test-retest reliability coefficients of performance in terms of the gap between the number and type of population Continue 49.0 to 86.0 with (Beck et al., 1988, quoted by Groth marl, 2003). Test-retest reliability coefficients of performance and in terms of the gap between the number and type of population are

In the range of 49.0 to 86.0 (Beck et al., 1988, quoted by Groth marl, 2003). Group therapy protocol based on cognitive-behavioral therapy for each session based on the available resources were developed to test hypotheses, Pretest and posttest with control group was selected. Patients with psychiatric diagnosis and DSM-IV diagnostic criteria had been chosen as sample that they have affective disorder and who were experiencing mild depression or aggression. 50 patients who met the study entry requirements were randomly assigned to experimental and control groups. Much effort was made that the average age and marital status are the same in both two experimental and control groups. Selected patients evaluated with the Beck Depression Inventory. The experimental group participated in ten sessions of group therapy. But for patients in the control group did not provide any type of psychotherapy. Group therapy sessions were provide during the ten-weeks, 2 sessions per week and each session was held for 1.5 hours. After ten sessions of group therapy, both groups were evaluated using these tests. After completing the questionnaires, obtained data were analyzed with SPSS software, 19 version and statistical methods (Descriptive statistics: graphs, frequency, frequency percentage and inferential statistics: analysis of covariance).

RESULTS

Participants in this study only employed women in the Islamic Azad University, who were divided into two groups: control and experimental.

Table 1. Frequency distribution in control and experimental groups.

Group	Frequency	percentage
Experimental	25	50%
Control	25	50%
Total	50	100%

The following table shows that 68 percent of women tested samples have a Bachelor's degree.

Table 2. Distribution of terms degree of education.

Degree of Education	Frequency	Percentage
Masters	16	32
Bachelor	34	68
total	50	100

Hypothesis

In the following tables can be viewed descriptive statistics segregated of The pre-test and post-test in terms of call participants of the Beck Depression Inventory.

Table 3. Descriptive indicators of depression in the pre-test.

Variable	Test	Group	Average	SD	Skewness	Maximum	Minimum
depression	pre-test	Experimental	47.96	11.1	-0.24	31	4
		Control	47.04	10.29	0.77	44	3

Table 4. Descriptive indicators of depression and post-test.

Variable	Test	Group	Average	SD	Skewness	Maximum	Minimum
depression	post-test	Experimental	28.76	11.16	0.37	26	5
		Control	45.52	9.83	0.76	42	2

According to the above tables it can be seen that the average of depression in both experimental and control groups in the pre-test and post-test almost equal, But in pre- test, that was performed after applying Cognitive therapy on experimental group an average depression in this group was significantly down in this group from 47.96 to 28.76, while in the control group who were not exposed to treatment no change was observed. That means Cognitive therapy is effective in reducing depression.

The research hypothesis: cognitive-behavioral therapy on depressive symptoms affect working women.

H0: cognitive-behavioral therapy does not have any effects on reducing symptoms of depression of working women.

H1: cognitive-behavioral therapy have any effects on reducing symptoms of depression of working women.

Table 5. Results of the questionnaire statistics Beck in both control and experimental groups in the pretest.

variable	Group	Average	SD	Percentage error
depression (Beck inventory)	Control(25)	47.04	10.29	2.05
	Experimental(25)	47.96	11.1	2.22

As you can see in Table 5 in the column of means, there is no significant difference in Depression test scores between the experimental and control groups.

DISCUSSION AND CONCLUSION

Montazeri et al (2013) in a systematic review examined Depression in Iran. This research was performed by using electronic databases of search tools to systematically review studies on depression in Iran, Has systematically review studies on depression in Iran. Results showed that depression in women is about 7.1 times more than men. The prevalence was higher in the rural population and small towns than big cities. The widow women showed the highest rates of depression and then the highest percentage is for the divorced and married women and single people had the lowest percentage of depression. Aghaei et al (2013) in the research show the effectiveness of cognitive-

behavioral therapy in reducing depressive symptoms is about 0.47. This effect size was evaluated according to Cohen.

Khodaei et al (2012) He and colleagues (2012) examined the effects of group cognitive-behavioral therapy on anxiety and depression in patients with myocardial infarction. This quasi-experimental study was carried out as before and after, on patients with acute myocardial infarction. For patients, cognitive-behavioral therapy group classes was held. The results showed that cognitive-behavioral interventions for anxiety and depression therapy as a group is effective on anxiety and depression in patients with myocardial infarction. Sotoudeh et al (2011) examined the effects of three methods of cognitive - behavioral therapy, medication and the combination of these two methods studied in the treatment of major depression. Results showed that all therapies, have had a significant effect on the treatment of major depression, but combined therapy was better than other interventions.

According to Beck, Depression can be the result of impairment of cognitive processes and misinterpretation of the data surrounding the patient. In his view, CBT encourages patients to actively solve problems and emphasizes the importance of interaction with the environment and courageously and emphasizes on the ability to interpret the changes Events (Beck et al., 1988). Overall, the present results are consistent with previous results of Montazeri et al (2013), Aghaei et al, (2013), and Khodaei et al (2012), and the results was different from Sotoudeh et al (2011) in some comments.

Conflict of Interest

The authors declare no conflict of interest.

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