Effect of Group consoling by Cognitive-Behavioral Model on Depression of the Girl Students

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ABSTRACT

Background: The study tries to investigate the effect of group consoling by cognitive-behavioral Method (Bek) on the depression of girl students who entered to the University of Tarbiyat Moallem in 2010-11. The samples were selected in the disciplined randomly way. So, they were replaced in two groups of experiment and control randomly. Each group was evaluated in two stages: pre-test and post-test.

Objective: The group under study included the students in the dormitory. We mean those students who were clients of the student clinics of the university. The researcher interviewed them. The sample approximately matches those of Bahrami Dashtki in 2006. It was entitled Effectiveness of Spiritual Education in Group Method on Decrease in Depression on the Students of Tehran Allame Tabbataie. Principally, the number of each group is assumed in a range between 5 to 10 persons. Also we may add 3 persons to the group.

Results: This finding was considered in the present research. Only two groups of control and experiment became homogenized in term of demographic traits of testees and some features including married/single, education field and status, lessons unites, succession of birth, parents jobs, description of life place….were questioned because there was limitation for perfect homogenization. According to the collected information, in description of marriage status for example, %15 percent of both control and experiment groups belong to the married and %85 to the unmarried people. In description of education field, diversity of study field of testees was equal for both groups in the humanistic sciences. In the case of the number of unites, the most frequency was %25, between 17 and 18 unites. In the field of birth succession, the most frequency in each group was %50 belonging to the first child. In description of father job, %60 of frequency in each group belonged to the free occupation. %65 of the testee’s mothers was householder. Also, %65 of their father’s education and %95 of their mother’s education were below diploma. In description of the life place, in both groups the most frequency (%50) belonged to the city centre.

Conclusion: The research applied the depression Inventory by Orun (Bek). The experiment group participated in the 9 sessions of group consoling course through cognitive-behavioral method. The data analysis was administrated through covariance test. The results show that a course of group consoling by cognitive-behavioral method has a significant effect on depression of girl students.

INTRODUCTION

Depression is described as situation which is started by essential and early changes in temper. Consequently its different are recognized by continues sadness and nostalgia. Temper change is one of the fixed and firm which is remained for days, weeks and years. It is followed by transformation in behavior, thought, physiologic efficiency (Okhovat and Jalili, 1981 cited by Hossien Enayati Bigdeli, 1980, p. 14).

Frequently defeats depress human. By pressure, human’s level of resistance will be reduced. In such a condition, problems depress human. Depression causes two statuses in individual: first it causes anxiety which is resulted in decrease in concentration and accuracy. Second, it causes decrease in self-esteem. Depression is important because we lose our balance with depression and spend a lot of time (Ibid, p. 1). In other words, we experience the emotional developments and challenges.

Such emotional unrests cause a challengeable and interesting life if they are natural. But if impatience and tiresome get manifestation in human, it is necessary to evaluate the situation. Emotional-psychic problems are
more spread in the early years of university. The newcomer students encounter to more problem in exciting adaptation (Leps Lee et al. 1989 cited by Assadi, Hammid and Dadimofid Vida) 2.

Depression disease is too spread that called the cold of our century (cited by Bageri, Baqezadeh-Barati Mahin, Malekzadeh, John Mohammad, 2008) 3. This disorder is mainly chronic. (Jad, 1997-cited by Keny and Williams, 2007, pp. 45, 617. And 625). The worldly statistics show that about 340 people are suffering from depression. Moreover, it is the fourth reason for mortality in the world. World Hygiene Organization has predicted that, by 2020, depression is the second hygienic problem after heart Ismikemic. Also it was specified that 78% of university students suffers from profoundly depression and need to special services (Taziki et al. 2003, cited by Satar Keikhani, Nasrin Moqadam, 2010, p. 291). About 60% of individuals with profound depression disorder have committed suicide and %15-20 dies because of suicide in general. (Tallaee et al. 2006, Ibid p. 291). In a research entitled Spread of Thought-Plan- and Enterprise to Suicide and Depression in Illam’s University students, Keikhani reported that in his samples %42/25 were natural, %18/75 light depressed, %18 almost depressed and 14% needed consoling and 5/5% was suffering from profoundly depression and 1/5% from very profound depression. According to the samples, the girl students (%55/71) of Illam’s universities were suffering from depression.

Another study, which matches these of the above mentioned research, showed that more than half of university students were suffering from depression (Fuyer et al, 2001, cited by Barzegar et al. 2001. Suicide in Ilam Province pp. 2, 16, 57, 51). Among Psychotherapies approaches to prevent and treat depression disorder, the cognition model is more applicable and favorite than others (Segal, Tizdel and Williams, 2002),5

The last decades observed rapid emergence of short-term psychological therapies of depression (Rash Washar, 1983, cited by Qasemzadeh, Habbib Allah. Cognitive Behavior Treatment vol. 1, p. 231). Bek’s cognition model (Bek, 1967, 1976-1979 Ibid) emphasizes the effect of individual cognition and understanding in construction and continuation of psychological disorder. He recognizes the content aspect of understanding involved in depression as the essential problem in the process of formation of this disorder (Bek and Amri, 1985, cited by Divi Welse 2006) (Saza B. Velubiyond 2002 and Felawel 1979. Cited by Khanipur Hamid and Sohrabi, Faramarz and Tabatabaee Said 2010). Such a disorder process, which is a disease, is result of the processes which reconsider the thoughts and feeling whether positive or negative, and make them meaningful. In the cognitive model of Bek, at first, the early experience takes form in individuals and makes activation of self-coming negative process. Therefore, they are called negative thoughts because they are related to the unpleasant exciting. Moreover, we name them self-coming because they get emergence automatically and they are lack of any consciously causation process. Such thoughts, probably, remind the past issues or future facts which follow the other symptoms of depression in terms of behavioral-motivation, exciting-cognition and physically. By improving the self-coming negative thoughts, the reasonable thoughts are replaced by unreasonable thoughts. Consequently, a vicious circle takes place. Unfortunately, more depression is followed by more depressor thoughts and vice versa. In other words, more depressor thoughts cause more depression. Cognition of therapist breaks this meaningless cycle, namely he questions the negative self-coming thoughts and challenges them by inefficient hypotheses.

In a recently study, relation between the unreasonable thoughts and depression has been considered (Ovei-Tiyan et al. cited by Taqavi, Seied Mohammad Reza, Sepahvand Turaj, 2006). They compared diagnosis of Major’s depression disorder and 42 individuals from normal control group. The results showed that the two groups have significant difference regarding the total score of unreasonable thought questionnaire as well as 7 micro-scale of the questionnaire. The other research by Kazemi (Ibid) considered the unreasonable thoughts of two groups of patients with exciting disorder with diagnosis of epidemic anxiety and the normal control group. The results showed that in both group the clinical patients had a higher significant score in comparison to the control group.

Methodology:

The present research is a half-experimental research and applied both pre and post test and control group. In this research the individuals selected by disciplined randomly method. 1. They were classified into two groups (experiment and control) randomly 2. In the experimental group, the independent variable of group counseling with behavioral-cognitive approach accompanied by training course was exerted. There is not any intervention in the control group. 3. Pre and post-text were executed in both experiment and control groups 4. Independent variable was group counseling with a behavioral-cognitive approach and dependent variable was depression.

Statistical society, Sample and Sampling Method:

The statistic society of the research includes the depressed girl students of Tehran Tarbiyat Moalem University in 2010-11. The samples were 20 individuals among whom 10 individuals were deleted during the execution because of non-cooperation. Totally 20 individuals in experiment and control groups were replaced (each group 10 individuals). The sampling was disciplined randomly.
Measuring Instrument:

The research used the Depression inventory (Aron Bek) to gather information. It is one of the most adequate measurement scales to reflect depression in individuals. Based on the experimental and clinical observation, the data of the text has showed a pretty vital characteristic in measurement of depression. The main text of Bek includes 84 questions which are based on 21 aspects as pessimism dissatisfaction and guilt-feeling. The reviewed form of the test consists of 21 questions. Bek in 1972 and Bek and Rile Wikels in 1974 compiled its short form for quickly execution in the clinical and research situation (Lee Hey cited by Qorbani 2000, Bahrami Dashtaki, 2005).

The research used the 13 question scale. The present research used 21 questions test. The reliability coefficient of 90% has been considered for the form (Ebrahimi, 1991 Ibid). coefficient of validity of the test has been reported in re-examination on 20 normal testees after 2 weeks. It was 76%. Reliability of the test was reported in the other research. It was 91% (Ferman et al. 1996 cited by Vasimeh 1992, Qorbani 2001, Bahrami Dashtaki, 2005). In Iran, the scale has been normalized on a statistical sample 1200) including the students of Tehran universities (Dadsetan, Manssur, 1996, Bahrami Dashtaki, 2005).

Administration Method:

The group counseling was administered in 9 sessions. It applied the behavioral cognition approach and emphasized independent variable (depression) for the experimental group. The control group is free of any education course to control education and results of the experimental group.

Results:

Hypothesis: the treatment education course of group counseling through behavioral-cognition approach reduces depression in the depressed university student girl.

Table 1-1: shows the statistic descriptive character of the hypotheses including: mean, standard deviation, scope of maximum and minimum variations and number of testees in the two groups: of control and experiment method in two stages (pre and post-test).

<table>
<thead>
<tr>
<th>Characters</th>
<th>PAS pas</th>
<th>PAS control</th>
<th>Pis experiment</th>
<th>Pas</th>
<th>pis total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>21/2</td>
<td>21/2</td>
<td>21/2</td>
<td>23/5</td>
<td>23/5</td>
</tr>
<tr>
<td>standard deviation</td>
<td>7/627</td>
<td>8/134</td>
<td>8/134</td>
<td>2/749</td>
<td>2/749</td>
</tr>
<tr>
<td>Scope of variation</td>
<td>27/149</td>
<td>27/149</td>
<td>27/149</td>
<td>6/385</td>
<td>6/385</td>
</tr>
<tr>
<td>Minimum</td>
<td>8</td>
<td>8</td>
<td>13</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Maximum</td>
<td>31</td>
<td>34</td>
<td>30</td>
<td>9</td>
<td>34</td>
</tr>
<tr>
<td>Testees number</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>20</td>
</tr>
</tbody>
</table>

The table (1-1) shows that the total mean of the raw score of depression of pre-test of testees who have participated in the research, was 22/35. The mean was 23/5 for the experimental group and 21/2 for the control group. Standard deviation of total score is 6/385, the scope of variation of raw score of post-test was 23 the minimum of which, is 8 and the maximum of which is 31.

Also, table (1-1) shows that the mean of raw score of post-test of the depressed testees who participated in the research is 12/45. It is different for different groups. In the post-test, the control group’s mean is 22/9 and the mean is 2 for the experiment group. The standard deviation of the total score of post-test is 12/241. The scope variation of raw score of post-test of testees is 34. Their minimum is 0 and maximum is 34.

Diagram 4-21: Comparison between pre-test and post-test of depression
The diagrams (1) present a more suitable comparison.

Square roots, degree of freedom, mean of square roots and amount of $F (0/116)$ has been computed and drawn. As we know, if significant level of the test is less than assumed error level of researcher ($a=5\%$), it means a significant difference between data. As we observe, the computed significance level is less than the assumed error level ($p<0.000$). Therefore, probably the treatment course has decreased depression.

Table 2: shows the results of co-variance of depression scores.

| Sources of Variance | ss   | df | ms   | f    | Sig/
|---------------------|------|----|------|------|------
| Effect of Variable  | 361.7 | 1  | 361.73 | 20.42 | 0.000
| Gender              | 2444.7 | 1  | 2444.7 | 137.99 | 0.000
| Error               | 301.2  | 17 | 17.72  |       |      
| Total               | 2847.0 | 19 |       |      |      

Table 3: shows the results of co-variance of scores.

<table>
<thead>
<tr>
<th>Groups</th>
<th>Number</th>
<th>Variance</th>
<th>DF1</th>
<th>DF2</th>
<th>F</th>
<th>SIG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>10</td>
<td>66.09</td>
<td>1</td>
<td>18</td>
<td>%71</td>
<td>%793</td>
</tr>
<tr>
<td>Experiment</td>
<td>10</td>
<td>7.55</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As we see, the result (71%) is not significant in level $p>0.793$, namely there is not a significant difference between variances and the pre-assumption of equality of variances is confirmed.

The researcher has used Corianse Statistic Test to consider the research hypotheses. The table shows computations of square roots/the degree of mean of square roots and $f$. As we know if the computed significance level of the test is less than the assumed error level ($a=5\%$) of the researcher, we conclude a significant difference between data. In this test, the significance level is less than the assumed error. Level of significance error: $p>0.000$. Also the mean of the depression questionnaire reduced from 23.5 (pre-therapy) to 2 (post-therapy), namely the scores had a descending trend. As a result, we conclude that therapy period reduces depression ($p<0.000$).

Discussion and Conclusion:

As mentioned, the research aimed to camper the effect of group counseling by Bardar behavioral-cognition approach on depression of girl university students. It showed that the effect of group counseling was effective and significant statistically. Comparison of the mean of scores of Bek’s pre-depression test did not show any difference between two groups of experimental and control in the pre-intervention stage. We conclude that the significant difference in the mean of difference of pre and post-test scores in the two groups is because of psychological intervention.

To consider the effect of therapist group of behavioral-cognition in decrease in depression of the girl’s students, the researcher has compared difference between depression scores of pre and post-test in the two groups by Covariance test. As the above table shows, the difference between the two groups was significant statistically. This finding confirms the research hypotheses and matches those of the other researches in this field (Coey and Lipman, 1981, Grapg Valkeip 1986, Klark Hapz Vanderuz 1990, Nezoperi, 1989. Rahm Kaslu Varabin 1987. Vaskat Vaster Adling 1990. Cited by Peterson and Halistid 1998). In this research, the sample individuals participated in 12 sessions of groups cognition treatment. In the experimental group, 5/23 (pre-treatment) was reduced to 2. In average, we mainly observe a decline in the scores. In the other words, the course treatment in decrease in the present research was successful. In the mentioned consideration including a research by Nasrabadi et al. (2002), Bek’s depression score get 50% reduction, in comparison to the pre and post-test. In the other research (Peterson and Halistid 1998) individuals participated in the 6 passions of group treatment. The results showed that the mean of the inventory scores of Bek got reduction from 25/8 (pre-treatment) to 15/5 (post-treatment). The researcher suggests researches in the different groups and educational levels for more comprehensive consideration of this method. Moreover, more centers for such courses should be established in the universities and cultural institutions. Distinction and diagnosis of the students exposed to the risk, introducing to the cognition-therapy groups and self-efficiency of individuals for individual self-reliance of clients are the most important points.

The research findings confirm the research hypothesis which says treatment course of group counseling based on behavioral-cognition approach causes decrease in depression of the depressed university girl students of Tarbiyat Moalem University of Tehran-Iran. Also, the method is based on re-consideration and replacement of positive with negative meaning as well as attention to the pleasant feeling instead of unpleasant emotions. The function of the method techniques in breaking negative thoughts and meaningless cycle of automatic negative thoughts; consequently, consciousness toward trend of improvement in such disturbing thought and the way of confrontation to them and their deletion reduce depression and its signs in the sample research. Also, the
factors which provide and reinforce depression were recognized and controlled during the treatment period. Therefore, the sample individuals answered the trend of treatment course gradually.

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