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Effectiveness of Stress Management on Mental Health of Divorced Women

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Abstract

Psychological interventions may improve the Mental health in divorced Women. This study is aimed to assess the efficacy of cognitive behavioral stress management (CBSM) group education on improvement of mental health of divorced women. This study is a quasi-experimental design with pre-post test and follow-up stages. The sample consisted of 42 divorced women selected and were randomly assigned to two experimental and control groups (n=21). The experimental group administered 8 sessions of stress management 2 hours weekly. After the intervention, scores in the experimental group showed significantly higher increase when compared with that of the control group ($P < 0.05$). So these results indicated that stress management is considered as an important part of the treatment.

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1. Introduction

Stress is a multidimensional phenomenon which is focused on dynamic relationship between the individual and the environment. It should be noted that some degree of stress can be effective on increasing and improving individuals' performance. Evidences indicate that most of the human successes are created in stressful conditions, but high rate of stress would followed by numerous consequences, including mental and physical illnesses, sleep disorders, restlessness, irritability, forgetfulness, abnormal fatigue, reduced individual's resistance and recurrent infections, headaches, poor concentration, memory impairment and reduce in problem solving ability (Beddoe & Murphy, 2004). In general, everyone experiences the stress, but divorced women are a group of people who are at the higher risk of stresses due to the nature of the their life, because they need to adjust themselves with the life environment which requires compliance with new social norms and new friendship. They should also meet the needs of family, environment, friends and other groups which, in most of the cases, influenced by the family and the culture they have been belonged to (Taghavi, Ramezani, Khatoni & Monjamed, 2007). Studies indicated divorced

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women experience many stressor agents (Taghavi, Ramezani, Khatoni & Monjamed, 2007). Divorced women are influenced by the various stressor. Life's divorced women are considered as one of the most stressful environments, because there is difficult situations in it (Abazari, Abaszadeh & Arab, 2004).

Stress can cause mental and physical illnesses, dysfunction and adjustment disorder and ultimately reduction of divorced women's mental health (Gammon, Morgan-Samuel, 2005., Ryan, 2000). So that in 2006, Assadi, Nakhaei, Najafi & Fazel (2007) in their study found that psychological problems were more prevalent among divorced women. Studies indicated that the prevalence and severity of mental and psychological problems have been increased in divorce women compared to the older population. According to the reports of the National Institute of Mental Health, recent study results in the Wolfson Health Sciences Institute of London indicated that 59 percent of the divorced women suffered from depression and anxiety and other disorders. The consultants of the mentioned institute had reported the increase rate of referred divorced women to the consultant centers from 2.4 per 100 divorced women in 1995 to 9.7 in 2000 (World Health Organization, 2005). In the study of Ebrahimian (2004) on 113 divorced women indicated that 57.5% of divorced women suffered from various degrees of depression. In reviewing stress and its consequences, in the stress coping strategies, the method of response to it would be more important than the nature of stress itself. The most appropriate method used in coping with stress, the less she would be damaged (Akochehian, Rohafza, Hasanzadeh & Mohammad Shrif, 2008). Stress coping skills have a comprehensive concept and multiple cognitive behavioral components. Generally Cognitive-behavioral coping strategies are the most effective methods to reduce the stress (Kaviani, Pournaseh, Sayadlou & Mohammadi, 2007).

Stress management practices include: yoga relaxation, progressive muscle relaxation, breathing exercises, meditation and mental imagery (Daubenmier et al, 2007). There have been done many studies about the effectiveness of stress management training on anxiety, depression and stress rate. So that Mehrabi, Fati, Davazdah Emami & Rajab (2009) in their study had reviewed the effectiveness of this approach on emotional problems of the diabetic patients and have found that stress management training can be helpful as a comprehensive diabetes care.

Researches indicated that stress management was associated with reduction of the depression (Daubenmier et al, 2007) and anxiety symptoms (Kaviani, Pournaseh, Sayadlou & Mohammadi, 2007). Kang, Choi & Ryu (2009) also in his study titled as "the effectiveness of a stress coping program based on mindfulness meditation on the stress, anxiety, and depression experienced by divorced women in Korea" showed that the above approach could be effective in reduction of the stress and anxiety of the divorced women (Kang, Choi & Ryu, 2009). The effectiveness of stress management training on mental health of divorced women was investigated; the results showed that stress management training could result in progression in mental health (Soltani, Aminoroaya & Atari, 2008). Considering the wide use of stress management training program for emotional problems and various diseases and also low rate of mental health in divorced women, the studied researches on this group have been descriptive. Therefore, the researcher decided to conduct a study as reviewing the effectiveness of stress management training program on mental health of divorced women in dargaz city in 2011.

2. Method

2.1. Participants and procedures

The study population included all divorced women who were living in a dargaz city in 2010-2011 and referred to the clinic. 42 divorced women selected with low level of mental health on general health inventory (GHQ) and clinical interview and were randomly assigned to two groups and based on the odd and even numbers. The first group (n=21) trained stress management training program and a second group (n = 21) did not receive training. The groups were heterogeneous for age, education, duration of divorce. Participants in pre-post test and follow up (9 months) stages completed the General Health Questionnaire (GHQ). This program was a compound of cognitive-behavioral techniques which merged with cognitive-behavioral stress management method as stress management intervention. This program had the intervention which was 8 sessions, twice a week, that each session was two hours. The

activities of the studied sessions were as the following table This study was a parallel -group randomized quasi-experimental trial that from 2010 to 2011 conducted in dargaz city.

Table 1. Educational sessions and their description

Session	sdescription
1st session	Introduction session and providing information about the stress
2 st session	Familiarity with gradual muscle relaxation and its implementation with mental imagery
3rd session	Familiarity with the consequences and physical symptoms of the stress
4th session	Relaxation and imagery and training and diaphragm breathing practices
5th session	Linking thoughts and emotions and familiarity with cognitive errors
6th session	Discussion about relaxation exercises
7th session	Replacement of logical thoughts and personal stress management program
8th session	End of the stress management training program, completing the questionnaire

2.2. Measure

2.2.1. The General Health Questionnaire (GHQ)

This instrument has been suggested to be suitable for screening mild psychopathology. GHQ-28 contains more items on mental health compared to the other versions of GHQ and is regarded as well suited for patients in primary care and in somatic hospitals. Each item can be recoded to 0 or 1. A total sum score over 5 indicates psychopathology ('case'). The respondents were also asked whether they had been through periods of anxiety, depression, or both since discharge from the rehabilitation hospital; whether they had sought professional help for these problems; and, potentially, the helpfulness of this. In addition they were asked whether they were satisfied with emotional and practical support by family and friends, and the range and service of primary health care and therapists in the community.

3. Results

Participants in the experimental group (n=21) and in control group (n=21) were responded to questionnaire in all stages. Mean of age in the experimental group was 35 and in the control group was 38. In the experimental group, mean of undergraduate women was 15 and in graduated women was 6. In control group mean of undegraduated women were 13 and in graduated women were 8. In experimental group mean of duration of divorce was 7 and in control group mean was 9. Mean and standard deviation in experimental and control group in pre-test, post-test and follow-up stages are in table 2.

Table 2. Mean and standard deviation in experimental and control group in pre-test, post-test and follow-up stages

Groups		Pre-test		Post-test		Follow-up	
		Mean	SD	Mean	SD	Mean	SD
Experimental	Total score	27	3.04	17.46	3.8	18.2	4.1
	Body symptoms	5.73	43.2	3.86	1/84	3.67	2.3
	Anxiety and insomnia	9	3.22	4.08	2.38	4.03	2.5
	Depression	6.6	4.83	1.46	1.59	2	1.7
	Social dysfunction	6.53	2.95	7.33	2.11	7	2.3
Control	Total score	24.73	4.6	26.93	5.28	25.3	4.9
	Body symptom	5.26	2.05	6.66	2.55	6.23	2.12
	Anxiety and insomnia	8	2.92	6.86	3.35	6.45	3.1
	Depression	4.2	4.24	5.93	4.23	5.23	4.1
	Social dysfunction	5.26	2.05	6.66	2.55	6.23	2.12

In above table participant's scores decrease significantly in pre-test and follow-up stages than pre-test. So, in table 3, results of covariance analysis of group membership on scores in post-test and follow-up were showed.

Table 3. results of covariance analysis of group membership on scores in post-test and follow-up

	Source of change	Sum of square	df	Mean of squares	F	P		Source of change	Sum of square	d f	Mean of squares	F	P
Pre-test	Total score	/87 652	1	/87 652	/44 30	00 0/1	Follow-up	Total score	630. 12	1 2	630.1 2	29. 33	0.0 01
	Body symptoms	/80 48	1	48/80	/97 8	00 0/6		Body symptoms	46.2 3	1	46.23	8.6 2	0.0 05
	Anxiety and insomnia	/60 57	1	57/60	/87 5	02 0/3		Anxiety and insomnia	54.6	1	54.6	5.4	0.0 28
	Depression	/131 142	1	/131 142	/64 12	00 0/2		Depression	153. 23	1 3	153.2 3	12. 71	0.0 02
	Social dysfunction	/832 0	1	0/832	08 0/9	00 76		Social dysfunction	0.73 3	1	0.733	0.0 78	0.0 76

As seen in the above table, results of covariance analysis are show differences in scores in post-test for total score ($p < 0/001$), body symptoms ($p < 0/006$), anxiety and insomnia ($p < 0/023$), depression and in follow-up for total

score ($p < 0/001$), body symptoms ($p < 0/005$), anxiety and insomnia ($p < 0/028$) and depression ($p < 0/002$) are significant and in social dysfunction ($p < 0/076$) not significant.

4. Discussion

The aim of present study was to determine the effectiveness of stress management training method on mental health of divorced women in dargaz city. There were many studies that evaluated the role and importance of the cognitive and behavioral techniques in reducing components of mental health. The results of this study indicated that cognitive behavioral stress management method significantly decreased body symptoms, anxiety and insomnia and depression but in scores of subscale social dysfunction observed no significant change in the experimental group. The changes were persistent in 9 months of follow-up. On the other hand, the stress management training program caused a reduction in body symptoms, anxiety and insomnia and depression which this result was in accordance with the result of of Sajadinejad, Mohammadi, Taghavi and Ashjazadeh (2008), Mehrabi, Fati, Davazdah Emami, Rajab (2009), Davazdahemami, Roshan, Mehrabi, Atari (2009), Antoni et al (2006). Studies that all of them have approved the efficacy of cognitive and behavioral stress management on increasing the mental health.

It is necessary to enhance the level of mental health of divorced women to prevent more failure and increase their efficacy. As the results of the present study indicated, stress management training program had a positive effect on the mental health of the divorced women. The studies of Hirokawa, Yagi and Miyata (2002) showed that stress management training based on the meditation could significantly reduce the anxiety level of the female students in the intervention group compared to before the intervention. Therefore, in the present study which was done on the divorced women, relaxation techniques were used in order to reduce the anxiety level of the divorced women; the results of both studies indicated the efficacy of this technique in reducing the anxiety level of the women. According to the results of the present study, Dehghan Nayeri & Hajbagheri (2006), trial determined the effect of relaxation on stress and quality of life of the students lived in the dormitories, it showed that the mean score of stress in the intervention group was 1.51 before the intervention which was a significant difference after the intervention in terms of stress level by using test showed. Moreover, in support of the results of the present study, the findings of study of Kim et al, (2004) titled as "the effect of psychosocial stress management on stress coping with student nurses" indicated that students stress level in the intervention group after the intervention had significantly decreased that in comparison to the control group was significant, but on the depression and anxiety of the students this was not effective (Ja, Hur, Kang, Kim, 2004). Which was not accordance in regard to present study; because in the present study stress management training program also had a reductive effect on the depression and anxiety of the students, May be due to difference in the obtain of results; in the present study, stress management training was used in cognitive-behavioral technique in addition to relaxation techniques.

The study of Mehrabi, Fati, Davazdah Emami and Rajab (2009) indicated that stress management training program in cognitive-behavioral technique could have a significant reduction in stress, anxiety and depression level in the intervention group in comparison with the control group and this reduction was also significant in the follow-up stages. Finally, future studies should use are conducted on other samples for reach certain results.

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