Comparison of the Effectiveness of Mindfulness-Based Cognitive Therapy and Emotion-Oriented Therapy on Psychological Cohesion in Patients with Type 2 Diabetes

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Abstract

Introduction: The aim of this study was to compare the effectiveness of mindfulness-based cognitive therapy and emotion-oriented therapy on psychological cohesion in type 2 diabetic patients.

Materials and Methods: The present study was applied in terms of purpose, with pre-test-post-test design, which used a quasi-experimental research design. The statistical population of the study included all people with type 2 diabetes who referred to Sabzevar Diabetes Clinic in 1398. From the mentioned statistical population, 45 people were selected by convenience sampling and randomly divided into 3 groups of 15 people (2 experimental groups and one control group). Antonovski (2006) answered the questionnaire of feeling psychological cohesion. In this study, descriptive data analysis was used to describe the collected data and the data were analyzed using SPSS statistical software.

Results: The results showed that mindfulness-based cognitive therapy and emotion-oriented therapy are effective on mental cohesion in type 2 diabetic patients and there was no significant difference in their effectiveness

Conclusion: Cognitive therapies based on mindfulness and emotion-oriented therapy can be used to moderate the psychological problems of diabetic patients.

Keywords: Cognitive therapy, Emotion therapy, Mental cohesion, Mindfulness, Type 2 diabetes

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Introduction

A heterogeneous group of metabolic diseases characterized by chronic hyperglycemia and impaired metabolism of carbohydrates, fats and proteins is called diabetes, which is caused by a defect in insulin secretion or insulin action. According to statistics and information, this chronic disease is the seventh leading cause of death, which indicates the progression of this disease. The disease became more prevalent in the late twentieth century, affecting millions of people around the world, and there is still no sign of its cessation. One of the rapidly spreading diseases is diabetes. Numerous epidemiological studies have been conducted on the prevalence of type 2 diabetes in Iran, based on which the population of diabetics in Iran is estimated at 1.5 million. The number of diabetics in Iran by 2030 will increase to more than six million Complications and problems caused by diabetes have a great impact on the quality of life of the individual and family and impose a great cost on the individual and the economy of the society. Diabetes is responsible for at least 10% of the total cost of caring for the country. One of the personality variables that modulates the stress caused by the disease and has been considered by many researchers in recent years is the feeling of cohesion. The sense of psychological cohesion was first proposed by Antonovsky. He introduces a sense of cohesion as a personal orientation to life. People with high levels of psychological cohesion will experience shorter periods of detrimental stress associated with negative experiences than people with poor sense of cohesion. Feeling of mental cohesion is an important factor in the growth and survival of individuals, but it alone cannot explain overall health. There seem to be individual variables in the sense of cohesion that are related to physical and mental health; Thus, the feeling of psychological cohesion is a specific way of thinking, being and acting with inner and definite confidence that allows people to identify, exploit and use the resources available to them. To treat psychological problems, in addition to drug therapies, several psychological therapies have been developed over the years. The first generation of behavioral approaches, as opposed to the original psychoanalytic approach, were developed based on classical conditional and factor perspectives in the 1950s and 1960s. The second generation of these therapies, called "behavioral-cognitive" therapies, emerged until the 1990s with a greater emphasis on cognitive aspects, emphasizing the role of beliefs, cognitions, schemas, and information processing systems in the development of mental disorders. And that in psychotherapy they should be changed or modified with different techniques or eliminated altogether. Today we are facing the third generation of these types of treatments, which can be called general acceptance-based models; like mindfulness-based cognitive therapy, these therapies try to increase a person's psychological connection to his or her thoughts and feelings instead of changing cognitions. Mindfulness is a structure that has been used in many different ways in research and psychological therapies. The basis of mindfulness is derived from meditation exercises, which increase the capacity for attention and continuous intelligent awareness (which is beyond thought). Meditation and mindfulness exercises increase the ability of self-awareness and self-acceptance in people. Mindfulness means paying attention to the present in a specific, purposeful and free of judgment way. Mind-awareness means being in the moment with everything that is now, without judgment and without commenting on what is happening, that is, experiencing pure reality without explaining consciousness and its applications to daily life and coping with stress, illness and pain. Mindfulness is more than two thousand years old. Mindfulness develops in the individual the three qualities of refraining from judgment, purposeful consciousness, and being in the present moment, which, being in the present moment, causes the processing of all aspects of immediate experiences (including cognitive, physiological, or behavioral activities). Through mind-conscious exercises and techniques, one becomes aware of one's daily activities, becomes aware of the automatic functioning of the mind in the past and future world, and through moment-by-moment awareness of thoughts, feelings, and physical states on them. The daily, automatic mind focused on the past and the future is released. Mindfulness has shown success in treating the physical and mental symptoms of people with chronic pain and significant improvements in quality of life, stress and anxiety symptoms in diabetics. They consciously and conceptually integrate, and this integration creates an inseparable link between emotion and cognition; so people are constantly
living more efficiently by combining and managing the combination of biological information and seemingly contradictory cultural learning. Approaching bitter mental and emotional experiences is a difficult and exhausting process. The therapist’s mission in this area, in addition to creating an effective relationship, is often to teach clients skills to regulate emotion. The creators of emotion therapy believe that emotion regulation is a process rather than a training program with a specific protocol, and in this sense the therapist’s work is more like a coach's work than a teacher.

The circuit is in nine steps and three steps that can be done on each person from 8 to 10 sessions that help people achieve their ability to resolve conflicts. The results of applying this approach in clinical communities indicate the effectiveness of this cognitive therapy method in the treatment of anxiety and mood disorders, depression with suicidal ideation, chronic pain and cancer. Research conducted in diabetic patients has shown that the effectiveness of mindfulness-based interventions has attracted much interest in promoting the health and well-being of patients with diabetes. Mir Mehdi and Reza Ali (2018) proved the effectiveness of mindfulness-based cognitive therapy on resilience, emotion regulation and life expectancy in women with type 2 diabetes. According to the presented materials, psychological treatment is necessary in diabetic patients. Therefore, according to what was stated, the main issue of the present study is to answer the question of whether the effectiveness of mindfulness-based cognitive therapy and emotion-based therapy on mental cohesion different in type 2 diabetics.

**Methodology**

According to its purpose, this study was a quasi-experimental applied research with pre-test and post-test with 2 experimental groups and a control group and follow-up stage. The statistical population of the study included all patients. Type 2 diabetes who referred to the Sabzevar Diabetes Association in 1398. Based on the Cohen formula, 45 people were randomly selected from the mentioned statistical population to participate in the study. Inclusion criteria were: at least one year after the diagnosis of diabetes, no advanced complications of diabetes (kidney failure, organ ulcers in need of follow-up), age 40 to 60 years and having informed consent to participate in the study. Exclusion criteria were: receiving psychological interventions in the past year, serious suicidal ideation measured through a clinical interview, and patients who were identified during treatment as not meeting the research objectives. In this regard, first, a treatment group was formed among the people in whom the diagnosis of diabetes was diagnosed by the necessary tests and examinations, after referring to the Sabzavar Diabetes Association. With the list of people referring to the association, 45 people were identified. Available were selected according to the existing criteria and placed in 3 groups (2 experimental groups and one control group). Due to the concurrence of the sessions with the widespread outbreak of the coronavirus and the need for social distancing, the sessions began with the observance of hygienic protocols (including masks, gloves, disinfection of the environment and observance of distancing). First, a pre-test was performed. 8 sessions of mindfulness-based cognitive therapy according to the model of Kabat-Zayn et al. (1992) and 8 sessions of emotion-based therapy of the protocol presented by Johnson (2006) were performed for 90 minutes for experimental groups and the control group did not No treatment was given. Post-test was performed after the treatment sessions. This research was conducted with the ethics ID IR.IAU.BOJNOURD.REC.1399039. After the sessions, the results were analyzed by SPSS software version 24.

**Results**

The findings about mental cohesion showed that the average mental cohesion in the mindfulness group has increased from 55.13 in the pre-test to 72.13 in the post-test and shows an increase of 17 points. This average in the emotion-oriented group has increased from 56.26 to 67.53 and shows an increase score of 11.27. The mean of mental cohesion in the control group had a slight change in the post-test and increased from 60.20 to 60.86 and increased only 0.66 points. By controlling the pre-test, the significance levels of all tests indicate that there is a significant difference between the members of the experimental and control groups in terms of the dependent variable. The results showed that the effect of intervention or cognitive therapy based on mindfulness and emotion-oriented therapy was significant ($p <0.05$) and it means that the mean of psychological cohesion in the post-test stage in the
cognitive group based on mindfulness and emotion-oriented therapy. There has been a significant increase and based on this, the research hypothesis is confirmed. Finally, the results of analysis of covariance showed that there is no significant difference between the effect of two methods of cognitive therapy based on mindfulness and emotion-oriented therapy on psychological cohesion and both treatments are equally effective on psychological cohesion.

Discussion

The present study was conducted with the aim of comparing the effectiveness of mindfulness and emotion-oriented therapeutic intervention on the psychological coherence of type 2 diabetic patients. The results of covariance analysis showed that mindfulness and emotion-oriented therapeutic intervention has a significant effect on the psychological coherence of type 2 diabetic patients and there is no difference between the effects of the two treatment methods on psychological coherence. The result of this part of the research also confirms the previous researches. Psychological stress among people with diabetes is a common phenomenon and is associated with unfavorable metabolic control. The results of research in the field of diabetes have shown that mindfulness can be effective in reducing the stress of people with diabetes, lowering blood pressure, reducing depression, reducing obsessive thoughts and improving sleep quality. In this context, Antonovski believes that people with a strong sense of cohesion are more flexible in stressful events; In other words, they are more aware of their feelings and emotions and consider less stress as a threat; Therefore, by increasing the sense of coherence, there is a reduction in the amount of stress, in addition, people with a strong sense of coherence manage tensions better, as a result, it can affect their health status. Because the sense of coherence is a person's ability to recognize life's stressors and then efficiently use resources to cope with stressors and maintain health, Matosik and Dobkin showed that changes in mindfulness are related to changes in the amount of stress, emotional coping and sense of coherence. Having and increasing the level of mindfulness and sense of coherence has been a predictor of stress reduction. Mindfulness-based stress reduction helps people to reduce stressors and adapt to better situations, thus potentially influencing the sense of coherence by enabling people to re-appraise stressors. In this way, they acquire adaptive coping skills. In discussing the effect of cognitive therapy based on mindfulness on increasing psychological coherence, the change in ineffective coping strategies of people is of particular importance. Non-adaptive coping strategies such as repetitive thinking, threat control and avoidance and suppression of unpleasant thoughts and emotions lead to failure in dealing with threatening situations. These non-adaptive coping strategies are considered as a positive coping strategy in the person's mind, but in reality, they may disturb the monitoring necessary to obtain mental peace and cause an increase in stress in facing threatening situations. Cognitive therapy based on mindfulness by providing coping strategies based on mindfulness and distress tolerance, as well as strategies such as re-evaluation, thinking about the positive points of the issue and allowing thought to pass, brings a better monitoring of the situation to the person and reduces his stress. And increases his psychological coherence. People who experience cognitive therapy based on mindfulness, learn to face environments that are accompanied by new experiences and challenge their creativity and initiative, and create positive experiences for themselves, so they experience many positive emotions. These people adapt well to new social conditions and welcome establishing relationships with new people. On the other hand, these experiences have positive effects on how to satisfy people's emotional, social and material needs in their living environment, which improves their psychological capital. Subsequently, proper satisfaction of emotional, social and material needs provides the basis for increasing their psychological coherence. Another finding of the research showed that emotion-oriented therapy is effective on psychological coherence in diabetic patients. In explaining the obtained result, it should be said that the focus of the emotion-oriented approach is on emotion. In a way that uses excitement to guide and stimulate a person towards new activities and responses. In this method, with the reflection and intensity of emotion, it considers the person's movement from the influence of secondary emotions such as irritation/irritation towards deep fundamental emotions and primary emotions such as fear and discomfort. Awareness of primary and underlying emotions plays an important role in increasing psychological coherence; because in many cases, the cause of
depression and decrease in psychological coherence are unknown underlying emotions such as helplessness. Secondary emotions are emotions that arise in response to primary emotions, and in many cases, a person is not aware of the main cause of these emotions. Based on this, in emotion-oriented therapy, after a person treats, understands, processes and adjusts his emotions without avoiding them in a safe environment, in the end, he uses less repetitive thoughts such as rumination to avoid them, and in this sequence, depression and anxiety symptoms occur. Decreases. Emotion-oriented therapy, by emphasizing and labeling negative behaviors, thoughts and emotions step by step, identifies people's incompatible emotions and finally tries to change them with methods and techniques. This treatment pays a lot of attention to unresolved and unaccepted emotions and was able to play a significant role in reducing people's incompatible emotions and improve psychological coherence. The current research has limitations that can reduce the generalizability of the results to some extent. Considering that the present study showed that the cognitive therapy program based on mindfulness and emotion-oriented treatment is effective in people with diabetes.

**Conclusion**

Cognitive therapies based on mindfulness and emotion-oriented therapy with existing techniques and using their own specific methods can improve the psychological state of diabetic patients. Therefore, cognitive therapies based on mindfulness and emotion-oriented therapy can be used to alleviate the psychological problems of diabetic patients. These treatments can be used in psychological and therapeutic clinics related to diabetic patients. These treatments can be found in psychiatric and therapeutic clinics related to diabetics for the patients themselves and their families who are involved with the patient and the resulting psychological complications are used

**Acknowledgment**

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**Conflict of Interest:** The authors declare that there are no conflict of interest regarding the publication of this manuscript.
مقایسه اثر ریشه‌شناسی درمانی مبتنی بر ذهن‌کاری و درمان هیجانی مبتنی بر انسجام روانی در بیماران مبتلا به دیابت نوع ۲

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چکیده

هدف از پژوهش: هدف از پژوهش جامعه آماری پژوهش را از بین بیماران مبتلا به دیابت نوع ۲ بود. جامعه آماری پژوهش را کلیه افراد مبتلا به دیابت نوع ۲ در سال ۱۳۹۸ به‌کلیه دانشگاه شیراز نمونه‌ برداری گردید و تعداد ۴۵ نفر به‌دست آمده به‌صورت تصادفی به سه گروه آزمونی تقسیم شدند. گروه آزمون ۱، هیچی‌گیری انسجام روانی، گروه آزمون ۲، هیچی‌گیری انسجام روانی و دیابت و گروه آزمون ۳، نمونه‌بندی آماری. گزارش‌های احساسی انسجام روانی آنتونوسکی (۲۰۰۶) و برای پژوهش نمونه‌‌بندی داده‌ها از نرم‌افزار داده‌های ۵۲ و SPSS ساخته شد. تحلیل (کواریانس چند متغیری) استفاده شد.

کلیدواژه‌ها: هیجان، شناخت، شناخت‌سازی، احساسی، انسجام روانی، میزان درمانی احساسی، دیابت نوع ۲

1. مقدمه

گروهی نام‌نامی از بیمارانی که خصوصی آنها افزایش می‌پیدا کرده، در می‌آیند و انتخاب در سوخت و سوزار کرده‌اند، چگونه در پژوهش است بیماری دیابت نام دارد که در نتیجه وجود می‌باشد. نتایج در تحقیقات اخیر این احساس‌ها بر اساس آمار و اطلاعات بیماری مزمن هفته‌بانه، سه‌گروهی به‌حساب می‌آید که حکایت از بیش‌روده‌سازی‌این بیماری دارد. [۱] بیماری در اواخر قرن بیستم شروع می‌گردد و تاکنون شروع شد.

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دریگ مداخله روان‌شناختی که از نمونه بر اساس روان‌شناختی بیماران مبتلا به دیابت نوع دو استفاده شده و شامل سه مرحله درک، شناسایی و اتخاذ تصمیم است.

1. شناخت درمانی مبتنی بر ذهن

2. روش پژوهش

این پژوهش با توجه به هدف آن، پژوهش‌هایی که در زمینه آگاهی و درمان ذهن و دلایل خودکشی انجام می‌شوند، با توجه به ماهیت خاص بیماری دیابت به نظر می‌رسد که از مداخلات روانی باید بهتر درمان گردد. افراد دیابتی که چنین نشانه‌های زیادی دارند، ممکن است به دلیل عدم درک کامل وضعیت خود، به توانایی مدیریت، به درک فرد آگاهی کابات، از طریق بیماری دیابت، رضایت آگاهانه برای شرکت در مطالعه و داشتن ارزیابی‌های آگاهی، از طریق مصاحبه بالینی سنجیده شدند. افراد نشان دادند که از طریق مداخلات بیماری دیابت به نوبت خودکشی، دردهای مزمن و سرطان می‌تواند به دلیل عدم درک روانی بیماران دیابتی، نشان دهنده قابلیت‌های نوپردازی و مدیریت بهتری در درمان بیماری دیابت باشد.

۴ Mindfulness-Based Cognitive Therapy
۵ Kabat-Zinn
۶ Emotion-focused therapy
یافته‌ها
بررسی وضعیت سنی افراد نشان داد که میانگین کل سن پانشکویان برابر با ۴۸/۹ است. در مجموع ۳۳ نفر دیپلم، ۱۶ نفر لیسانس و ۶ نفر فوق لیسانس و بالاتر پیوست. مقایسه گروه‌ها با آزمون تحلیل عوارض نشان داد که از نظر آماری تفاوتی بین میزان گروه‌ها وجود ندارد (۵/۰).\(p\)

جدول ۱: توصیف منجر پژوهش به تفکیک نوع گروه و مرحله آزمون

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افتفانها در مورد انسجام روانی نشان داد که میانگین انسجام روانی ۲۷/۰۲۳ در گروه یکاهزه از ۵۵/۶۳ در پیش آزمون به ۵۵/۶۳ در پیش آزمون رسیده است و ۱۷ نفر افزایش را نشان داد. این میانگین در گروه هیجان مدار از ۵۵/۶۳ به ۵۶/۰۵۳ به آرامی افزایش داشته است.
نتایج آزمون باعث نشان داد که فرضیه پیکاسی ماتریس‌های کوواریانس برقرار می‌باشد (P<0.01). نتایج آزمون لوین نشان داد که مفروضه یکسانی واریانس خط برقرار می‌باشد (P<0.05). نتایج آزمون شابلون ویلک بررسی شد. در مجموع، توزیع نرم‌ال با کمک آزمون شابلون-ویلک بررسی شد. در مجموع، نتایج آزمون تحلیل کوواریانس جدول 4 نشان داد که میزان تأثیر دو روش شناخت درمانی مبتنی بر ذهن آگاهی و درمان هیجان مدار بر انسجام روانی اختلاف معناداری وجود ندارد و هر دو درمان به میزان مشابهی بر انسجام روانی تأثیرگذار هستند (P<0.05).

جدول 3. نتایج تحلیل واریانس با طرح اندازه‌گیری مکر درون گروه برای بررسی شناخت درمانی مبتنی بر ذهن آگاهی و درمان هیجان مدار بر انسجام روانی

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شکل 1. نمودار خطی میانگین انسجام روانی در بین گروه‌ها
پس آزمون در هر دو گروه تغییر معنی‌دار داشته است و بر این اساس فرضیه پژوهش تأیید می‌شود.

با توجه به نتایج جدول 4، تأثیر اصلی گروه شناخت درمانی مبتنی بر ذهن آگاهی بر انسجام روانی دوگاه مبتلایان دیابتی نوع دوم معنی‌دار بود که با توجه به مجموعات متغیرهای مربوط به انسجام روانی در دو گروه، گفت که در بخش بین گروهی درصد تغییرات انسجام روانی ناشی از اثر مداخله شناخت درمانی مبتنی بر ذهن آگاهی است.

جدول 4. نتایج تحلیل واریانس با طرح اندکاری جبری میانگین پیش‌بینی شانس انسجام روانی مبتنی بر ذهن آگاهی و درمان هیجانمی در بررسی انسجام روانی در مرحله بیماری دیابت

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در نتیجه این قسمت از پژوهش نیز مرید پژوهش به شاخص‌های شناخت درمانی مبتنی بر ذهن آگاهی و درمان هیجانمی تأثیر معنی‌داری داشت که با توجه به نتایج جدول 4، تأثیر اصلی گروه شناخت درمانی مبتنی بر ذهن آگاهی بر انسجام روانی دوگاه مبتلایان دیابتی نوع دوم معنی‌دار بود که با توجه به مجموعه متغیرهای مربوط به انسجام روانی در دو گروه، گفت که در بخش بین گروهی درصد تغییرات انسجام روانی ناشی از اثر مداخله شناخت درمانی مبتنی بر ذهن آگاهی است.

جدول 5. نتایج آزمون تحلیل‌شده بر خوری بیماری مبنا به یکی از چهار و برای تخصیص دو گروه درمانی مبتنی بر ذهن آگاهی و درمان هیجانمی

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پژوهش نشان داد درمان هیجان‌پرداز را بر اساس روانی در بیماران دیابت ملایم است. در تحقیق این پژوهش، یک گروه از بیماران دیابتی ملایم به درمان هیجان‌پرداز اختصاص یافته بودند.

در این روش با انعکاس و شدت هیجان، حرکت فرد از تأثیر افزایش استرس روانی در بیماران گیری در دسترس، سن افراد و کنترل نشده دارد و توانست نقش بسزایی در کاهش عناوین ناتوانی در درمان هیجان‌پرداز که واردها در مورد اثرات سیستم‌های غیرانطباقی نظیر دیابت ملایم، اهمیت بیشتری به درمان شامل درمان درمانی و غیرانطباقی دارد. راهبردهای مقابله می‌توانند به کاهش استرس و انسجام روانی و افزایش قدرت مقابله هیجانات غیرانطباقی پیشی بگیرند.

در این تحقیق، به بررسی اثرات درمان هیجان‌پرداز بر روی معیارهای معنایی و روانی بیماران دیابتی ملایم اشاره شد.

در نتیجه، می‌توان به توقف شیوع و درمان هیجان‌پرداز در بیماران دیابت ملایم اشاره کرد. به علاوه، افراد با توجه به نتایج پذیرشی از این روش، در بیماران دیابت ملایم می‌توانند به شیوع استرس و هیجانات غیرانطباقی در دوره‌ی زندگی خود درمانی و آگاهی را افزایش دهند.
References


