Effect of Mindfulness Training on well-being and Emotional Control of Nulliparous Pregnant Women

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Abstract

Introduction: Pregnancy creates considerable changes in the physical, emotional, and well-being of women. The aim of this study was to investigate the effectiveness of mindfulness training on the well-being and emotional control of pregnant women, and pregnant mothers in 2019.

Materials and Methods: This study was quasi-experimental with pre-test and post-test types. The statistical population of this study was all pregnant women (n = 26) in region 1 in Tehran in 2019, and sample was purposefully selected from nulliparous pregnant women, who had been referred to the Nikan Hospital. Participants were randomly assigned to mindfulness training (n = 16) and control (n = 11). An eight-session mindfulness program was conducted at the Nikan training facility, once a week, for 90 minutes. While the control group did not receive any training. Data were collected from Reef’s Welfare Scale Questionnaire (1989), and Roger & Nesshoever Emotion Control Scale (1987). As part of the analysis, SPSS 24 was used to run ANCOVA and Covariance Analysis tests.

Results: A covariance analysis test has shown that there was a difference between scores of well-being and emotional control among mindfulness training and in the control groups in the post-test phase. There was a positive effect of mindfulness training on well-being and emotional control among pregnant women (p<0.001). According to the follow-up test, the interventions continued to affect well-being and emotional control.

Conclusion: Pregnant women at risk are advised to use mindfulness training interventions as a means to improve their well-being and emotional control.

Keywords: Emotional Control, Mindfulness training, Nulliparous pregnant women, Well-being,

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Introduction

Pregnancy and childbirth are important events in women's lives that are surrounded by many positive values, from boosting self-esteem to social approval. Physiological changes in pregnant women during pregnancy are the result of normal adaptations that a woman achieves with the assurance of proper fetal growth. Maternal well-being also depends on factors such as whether the pregnancy was planned or unplanned, wanted or unwanted, or after a long period of time, or with medical interventions such as in vitro fertilization (IVF). Also, change of role, change in relationships, fear of being a good parent, fear of problems related to pregnancy and child, fear of childbirth, lack of support and loneliness, level of spouse assistance in raising a child, type of relationship with a stable or transient partner, etc. is also effective. Cardiovascular and endocrine factors play an important role in pregnancy stress. Stress and anxiety during pregnancy have exclusive consequences on the well-being of pregnant women, the results of birth, and fetal growth. Stickel et al, the effect of hormonal factors on the emotions of pregnant mothers has also been mentioned.

As mentioned, pregnancy causes significant changes in the physical, emotional, and well-being of women, so it is expected that the lives of pregnant women will also be affected and their quality of life during pregnancy compared to the period. Others are lower.

Some research supports the inverse relationship between well-being and psychopathology: That is, there is an inverse relationship between well-being and mental illness. In another study, Wersebe et al. showed that low levels of well-being are associated with depression.

As a result, if people cannot overcome their anxiety and depression, and do not feel in control of their environment, they have a low level of well-being and as a result, cannot control their emotions and feel trouble and stress due to dealing with life stressors. They lead to long-term anxiety and depression, as well as other physical illnesses, and if a child is born during this time and the mother or caregiver experiences these emotions, they will naturally not be able to establish an effective bond with their child. The result will be low welfare and negative experiences.

Emotional control is a concept that refers to all the efforts that an individual makes to manage the emotion that arises in a situation. Research confirms that mindfulness can be used as a tool to help regulate emotions. Mindfulness helps people be aware of their emotional messages, accept them, and control their behavior. Mothers who attend these sessions reach a level of awareness where they learn and apply emotional control. Due to the importance of well-being and emotional control of pregnant mothers, which was mentioned, attention to effective interventions to maintain the well-being of pregnant women and control their emotions has been considered by experts.

This study seeks to fill the information gap in the field of emotional control with mindfulness and cognitive-behavioral training methods. Given the above, it seems that the need for a program that can help improve mothers' mental health and emotional control is felt more than ever, because women due to physiological conditions in different periods, in particular, their physical and mental needs in relation to reproduction and its complications are more vulnerable.

Methodology

In this study, a quasi-experimental method was used. An experimental design, with both a pre-and post-test, was used in this study. The statistical population consisted of all nulliparous pregnant women between the ages of 20 and 45 in District 1 of Tehran who were referred to Nikan Hospital in 2009. A purposefully selected group of subjects was randomly assigned to an experimental and a control group in this study. The subjects of the two groups were then measured before and after the implementation of the independent variable. The primary purpose of this test is to identify the causal relationship between the controlling phenomenon and the phenomenon being tested. The inclusion criteria were nulliparous pregnant women referred to Farmaniye and Nikan private hospitals and all clinics, mothers aged 20 to 45 years, and women who had successfully delivered their first child. Additionally, they were not pregnant through medication or IVF. There was no obligation to include pregnant women in the study, and they could voluntarily withdraw from it. As a result, they completed two questionnaires for the first time: well-being and emotion control. As a result of the interview and the participant's desire to participate in the experiment, they were randomly assigned (even and odd numbers) into two groups:
mindfulness training (n= 16) and control (n = 11). Following the experimental period, all groups completed the well-being and emotion control questionnaires a second time (post-test). There was no decline in sample size. Participants were followed for three to six months. This study can also be viewed on the website of the National Ethics System in Biomedical Research under the code IR.IAU.TEHRAN.REC.1394.013.

**Mindfulness intervention**

In the present study, pregnant mothers in the experimental group of mindfulness underwent seven 90-minute sessions (one session per week) under the training mindfulness of Segal et al.

**Roger & Nashower Emotion Control Scale (1987)**

has four components of emotion inhibition, inhibition of aggression, rumination or mental review, and benign inhibition. Scoring method: Emotion inhibition of questions 1 to 14, control of aggression of questions 15 to 28, chewing or mental review of questions 29 to 42, and benign control of questions 43 to 56, this questionnaire is based on the Likert scale of six choice options is placed. In Namdar et al.’s research (2020), to validate the measurement tool, Cronbach’s alpha coefficient was used to determine the reliability, the value of which for the whole scale and subscales of emotional inhibition, aggression inhibition, rumination, and benign inhibition were 61.2, 72.2, 69.2, 72.2 and 77.2 respectively were obtained and indicate that the scale has a high and significant internal consistency.

**Reef Welfare Scale (1989)**

The Scale has six components: independence, mastery of the environment, personal growth, positive communication with others, purpose in life, and self-acceptance. The scoring scale of this questionnaire is based on the six-choice Likert scale. 11 items in this scale are scored directly and 7 other items (17.13 · 10 · 9.5 · 4.5 · 3) are scored in reverse. To obtain the score for each dimension, the total score of that dimension is added together to obtain the total score of the questionnaire, and the total score of each question is calculated. In the study of Khanjani et al. the results of confirmatory factor analysis were RMSE = 0.014, df = 99, df = 99.959, x ^ 2, GFI = 0.96, AGFI = 0.94, CFI = 0.96. Is that the structure of the questionnaire has an acceptable fit with the data and confirms all the good indicators of the fit of the questionnaire; therefore, the necessary assurance of the validity of the structure can be obtained. Indicates the validity of the appropriate structure of this questionnaire. Cronbach’s alpha coefficient in terms of self-acceptance, mastery of the environment, positive relationship with others, having a goal in life, personal growth, and independence is equal to 0.51 · 0.76 · 0.75 · 0.52 · 0.73 and 0.72 was obtained for the whole scale of 0.71.

**Research process**

To conduct the study, first, hospitals and private clinics referred to nulliparous pregnant women; Farmaniyeh and Nikan private hospitals and all clinics were selected. After obtaining permission from the above-mentioned educational centers, the plan was introduced and the pregnant women were introduced to the project and their consent was obtained in the implementation of the plan. In the next step, all nulliparous pregnant women who agreed to participate in this project were first tested; then, nulliparous pregnant women were randomly divided into four groups. These groups included two experimental groups and a control group. Mindfulness sessions, one day a week and 90 minutes a day at Nikan Training Center were conducted according to the protocol and according to Table 1. At the end of the post-test sessions, both groups followed up. Between one and three months, both groups were tested again, so that nulliparous pregnant women answered two questionnaires on well-being and emotional control. Subjects were allowed to take the test. If the nulliparous pregnant mothers did not wish to participate in the study, there was no obligation for them to participate in the study. At the request of nulliparous pregnant mothers, the purpose and method of testing and research were explained to them. They were also assured that the private information of the nulliparous mothers would be protected and that no individual test results would be shared with anyone else.

After conducting research in descriptive statistics, Multivariate covariance and Bonferroni post hoc tests were used spss24 software.
Table 1. Description of Mindfulness-based cognitive therapy (13)

<table>
<thead>
<tr>
<th>Session</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>First session</td>
<td>Self-directed: Eating mind-conscious raisins (meditation in which participants spend a few minutes examining the sensory-visual, olfactory, taste, and tactile properties of a raisin seed). Homework: Do a physical exam in 6 days. Examination, homework: Doing mindfulness of a normal daily activity every day (washing, eating, brushing, etc.).</td>
</tr>
<tr>
<td>Second session</td>
<td>Deal with obstacles: practicing thoughts and feelings, homework: recording pleasant events</td>
</tr>
<tr>
<td>Third session</td>
<td>Presence of mind or breathing technique: sitting meditation; Homework: 3 minutes of breathing space three times a day. Conscious mind walking; Homework: Mindful walking. 3 minutes of breathing space; Homework: Recording unpleasant events</td>
</tr>
<tr>
<td>Fourth session</td>
<td>Staying in the present: meditating to see/mediating; Homework: Sitting meditation. Sitting meditation; Homework: 3 minutes of breathing space not only three times a day but also whenever you notice stress and unpleasant emotions.</td>
</tr>
<tr>
<td>Fifth session</td>
<td>Permission: Sitting meditation; Homework: Guided sitting meditation</td>
</tr>
<tr>
<td>Sixth session</td>
<td>Thoughts are not facts: sitting meditation is visualization; Homework: Shorter guided meditation for at least 40 minutes. Ambiguous scenarios; Homework: 3 minutes of breathing space not only three times a day but also whenever you notice stress and unpleasant emotions.</td>
</tr>
<tr>
<td>Seventh session</td>
<td>Use of what has been learned: physical examination, homework, reflection, feedback</td>
</tr>
</tbody>
</table>

Results

Based on the findings, the age range of pregnant women was based between 23 and 39 years. The mean and standard deviations of the age of the samples were (31.63 ± 2.84). The highest mean of pregnant women's education in the undergraduate and average family income groups was over 40 million rails. In this section, descriptive indicators of participants are presented in table (2). In Table 3, the results of the covariance analysis test are shown to compare the well-being scores in three groups. The value of F is 12.057 and its significance level is smaller than 0.05 (P <0.05). That is, the difference in the well-being scores in mindfulness training and control groups is significant. The results of the covariance analysis test to compare the emotional control scores in the experimental and control groups in the table (3) showed that the F obtained 19.36 and its significant level is smaller than 0.05 (P <0.05). That is the difference in the emotional control scores of the post-test between the experimental and control groups.

Table 2. Mean and standard deviation of well-being and Emotional Control variable of mindfulness training and control groups in a pre-test, post-test

<table>
<thead>
<tr>
<th>Variables</th>
<th>Groups</th>
<th>experimental</th>
<th>control</th>
</tr>
</thead>
<tbody>
<tr>
<td>well-being</td>
<td>Pre-test</td>
<td>4.34±0.41</td>
<td>4.57±0.58</td>
</tr>
<tr>
<td></td>
<td>Post-test</td>
<td>4.73±0.33</td>
<td>4.57±0.58</td>
</tr>
<tr>
<td></td>
<td>Follow-up</td>
<td>4.77±0.36</td>
<td>4.31±0.44</td>
</tr>
<tr>
<td>Emotional Control</td>
<td>Pre-test</td>
<td>3.58±0.26</td>
<td>3.55±0.20</td>
</tr>
<tr>
<td></td>
<td>Post-test</td>
<td>3.85±0.20</td>
<td>3.87±0.22</td>
</tr>
<tr>
<td></td>
<td>Follow-up</td>
<td>3.85±0.18</td>
<td>3.86±0.22</td>
</tr>
</tbody>
</table>
Table 3. The results of covariance analysis to compare the well-being and emotional control in the control and control groups

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>P-value</th>
<th>Partial Eta Squared</th>
</tr>
</thead>
<tbody>
<tr>
<td>well-being pre-test</td>
<td>4.550</td>
<td>1</td>
<td>4.550</td>
<td>49.977</td>
<td>0.000</td>
<td>0.510</td>
</tr>
<tr>
<td>group</td>
<td>3.293</td>
<td>3</td>
<td>1.098</td>
<td>12.057</td>
<td>0.000</td>
<td>0.430</td>
</tr>
<tr>
<td>Error</td>
<td>4.370</td>
<td>48</td>
<td>0.091</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotion control pre-test</td>
<td>4.735</td>
<td>1</td>
<td>4.735</td>
<td>74.720</td>
<td>0.000</td>
<td>0.609</td>
</tr>
<tr>
<td>group</td>
<td>1.987</td>
<td>3</td>
<td>0.662</td>
<td>10.451</td>
<td>0.000</td>
<td>0.395</td>
</tr>
<tr>
<td>Error</td>
<td>3.042</td>
<td>48</td>
<td>0.063</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Discussion

According to the results, the difference between the mean post-test of the well-being of nulliparous mothers in the mindfulness training method and the control group was significant; Therefore, it can be concluded that the mindfulness training method has a different effect on the well-being of nulliparous mothers than the placebo group or control group; Therefore, mindfulness has an effect on the well-being of pregnant women. Several studies have highlighted the importance of maintaining the well-being of nulliparous women, including Wereebe et al., Hill et al., and Ginia et al. These studies have reminded future researchers of the importance of maintaining the health of preterm and postnatal women.

Self-awareness includes the skills of cognition, identifying one’s strengths and weaknesses, and how these points affect one's performance. These are cognitive abilities that are an important step in a person's development. Mothers who are aware of the strengths and weaknesses of self-conscious emotions are more likely to recognize their emotional states and be aware of the cause of their emotions. If mothers are consciously aware of their emotions, they are more likely to have control over their emotions and thus take responsibility for life decisions.

Also, the results showed that the effect of mindfulness training on emotional control was significant in the post-test. According to Ford and Gross' research, mindfulness has been shown to help regulate emotions. Mindfulness allows us to become aware, accept, and control our emotions. It essentially empties us of emotions. Study limitations include not being able to find mothers who were hospitalized during that period and were able to cooperate and were below average in terms of welfare. All variables were not controllable in terms of method.

Conclusions

It is recommended that mindfulness training be used in mothers who refer to psychological centers for therapy and that the results be compared with a group of mothers without any history of psychological referrals. Considering the importance of the father's role during pregnancy and in parenting, both educational methods should be implemented and results should be evaluated. Researchers should compare the results of this study with those of other regions with different economic and social levels.

Acknowledgments

This research is based on the first author's doctoral thesis from Azad University, Central Tehran Branch. Researchers expressed gratitude to the Nikan Medical Center and the sample subjects for participating in the study.

Conflict of interest: There is no conflict of interest.
تاثیر روش ذهن‌گاهی بر بهبودیتی و کنترل هیجانی زنان باردار نخست‌از

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تاریخ پذیرش: ۱۴۰۰/۱/۱۴

چکیده

عوامل هورمونی را بر هیجان می‌کند. همسر در تربیت کودک، نوع رابطه با شریک زندگی، بارداری و کودک، ترس از زایمان، حمایت نشدن و تنها بودن، ترس از مشکلات مربوط به بازی و راهبردی نشان داده‌اند (۱۳۹۸) با پیامدهای مثبتی در دوران بارداری. نتایج این مطالعه نشان داده‌اند که در ناتوانی تأمین نیازهای زنان باردار نخست‌از، اثر مداخلات سازگاری با پیشرفت در شرایط حساسی‌تری قرار داشته باشد. همچنین تغییر نفَس، تغییر در شرایط ذهنی مورد نیاز قرار داشته باشد.

کلمه‌هایکل: اموزش ذهن‌گاهی، بهبودیتی، کنترل هیجانی، زنان باردار

نخست‌از

مواد و روش‌ها

1. اموزش ذهن‌گاهی، کنترل هیجانی، زنان باردار

1. مقدمه

تولیدات قابل‌توجهی زنان باردار در دوران بارداری، نتیجه سازگاری‌های مثبت است که یک لازم باید اطلاعاتی از رشد مناسب جنين حاصل کند. همچنین بهبودیتی (۲۰۱۱) نشان داد که مادران باردار با پیشرفت‌هایی در شرایط حساسی‌تری و حمایت نشدن از دخترشان، توانسته‌اند تغییرات ذهنی و روانی این زنان را کنترل کنند. نتایج این مطالعه نشان داده‌اند که در ناتوانی تأمین نیازهای زنان باردار نخست‌از، اثر مداخلات سازگاری با پیشرفت در شرایط حساسی‌تری قرار داشته باشد. همچنین تغییر نفَس، تغییر در شرایط ذهنی مورد نیاز قرار داشته باشد.

نوع: مقاله پژوهشی

نشریه: نسخه باش‌زاده

کد اعمال: حرفه‌ای

نشریه: نسخه باش‌زاده

پژوهش کل: جهاد دانشگاهی واحد تبریز

پژوهش کل: جهاد دانشگاهی واحد تبریز

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یکی از اهداف اصلی این پژوهش تأثیر کنترل هیجان در فرزند و بازی با او بود.

تعداد 115 زن بر اساس روش تصادفی در دو گروه آزمایشی و کنترل مورد انتخاب قرار گرفتند.

یک کیسه پلاستیکی بود؛ هر مادری که عدد زوج را برمی گرفت، به دو گروه تقسیم شد:

- گروه آزمایشی
- گروه کنترل

بعد از اجرای مداخله آموزشی و در صورت تبدیل به افراد ناخوانده، راهبردهای تنظیم چگونه فکر یک و شناختی رفتاری پوشش دهد.

و در نهایت مطالعه این افراد در مورد تاثیر این روش‌ها بر روزمره‌های ذهنی و عاطفی گزارش گردید.

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کسب رضایت و موافقت آنان در اجرای طرح شد. در مرحله بعد، پیش از آزمون از طریق پرسشنامه‌های بهزیستی و کنترل هیجانی در دو گروه آزمایش و کنترل در مرکز آموزشی نیکان با راهنماهای و نشانه‌هایی بوده‌اند ولی انجام شد. همچنین جلسات ذهن آگاهی (جدول 1) یک روز در هفته و روزهای 90 دقیقه در همان مرکز و توسط نویسنده اول اجرا شد. در پایان دوره آزمایش کلیه گروه‌ها پرسشنامه بهزیستی و کنترل هیجانی را باز کرده تا سایر پرسشنامه‌های نیکان بهبود یافته روی آورند. در این مطالعه با استفاده از پرسشنامه در پژوهش خانواده، بهزیستی و کنترل هیجانی، ویژه در پژوهشخانه‌های زیست‌پزشکی با کد: IR.IAU.TEHRAIN.REC.1394.013 نمایش می‌گیرد.

پژوهش در پژوهش خانواده و همکاران (2006). در این مطالعه با استفاده از پرسشنامه بررسی شد که هدف آن برای بهزیستی و کنترل هیجانی از طریق پرسشنامه بهزیستی و کنترل هیجانی بازدارنده‌ی راجر و نشوور زمانی در فاز آزمایش نشسته و نشسته‌ها، در مراحل مختلف از طریق پرسشنامه بهزیستی و کنترل هیجانی بازدارنده‌ی راجر و نشوور زمانی در فاز آزمایش نشسته و نشسته‌ها، در مراحل مختلف از طریق پرسشنامه بهزیستی و کنترل هیجانی بازدارنده‌ی راجر و نشوور

### جدول 1: محوریت جلسات آموزش ذهن آگاهی (12)

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<th>جلسات</th>
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پیشنهادها براساس پایاتنهای بهبود شدهای مراجعه‌ای، محدوده سنی مادران باردار نشست‌های پیشنهاد نماید. برای اطلاع رسانی به وسایل‌های مربوط به هر بار، مجموعه امکانات ذهن آگاهی در مرحله پیش‌آزمون و پیشگیری

### 3. پیشنهدها

متوسط درآمد خانواده‌های بالای 45 میلیون ریال بوده است. با توجه به جدول 2 مشاهده می‌شود میانگین بهزیستی و کنترل هیجانی در گروه‌های ذهن آگاهی در مرحله پیش‌آزمون و پیشگیری
پیش‌آموزی مادران در مرحله پس از آزمون می‌باشد.

در جدول ۳، نتایج تحلیل کواریانس نشان می‌دهد که مقدار F به‌دست‌آمده برابر با ۵/۵۰ است و سطح معنی‌داری آن نیز کوچکتر از ۰/۵/۰ می‌باشد. (۰/۵/۰ > p)

با توجه به مقادیر نتایج آزمون T و کنترل هیجانی بین گروه ذهن آگاهی و کنترل (۴۷۷/۱۱۶اموزش روش ذهن آگاهی) روش ذهن آگاهی باعث ارتقای بهزیستی و کنترل هیجانی مادران باردار می‌شود. یعنی روش ذهن آگاهی باعث ارتقای بهزیستی و کنترل هیجانی مادران باردار می‌شود.

در جدول ۱، نتایج آزمون تحلیل کواریانس نشان می‌دهد که مقدار F به‌دست‌آمده برابر با ۵/۱۰ است و سطح معنی‌داری آن نیز کوچکتر از ۰/۵/۰ می‌باشد. (۰/۵/۰ > p)

با توجه به مقادیر نتایج آزمون T و کنترل هیجانی بین گروه ذهن آگاهی و کنترل (۴۷۷/۱۱۶اموزش روش ذهن آگاهی) روش ذهن آگاهی باعث ارتقای بهزیستی و کنترل هیجانی مادران باردار می‌شود. یعنی روش ذهن آگاهی باعث ارتقای بهزیستی و کنترل هیجانی مادران باردار می‌شود.
نتایج نشان داد مقابله میانگین پسآزمون منفی و باعثه بهزیستی، در روش آموزش ذهن‌آگاهی در مقایسه با گروه کنترل، تفاوت مشاهده‌شده معنی‌دار است. بنابراین نتایج این پژوهش و گروه آموزش ذهن‌آگاهی در مقایسه با گروه کنترل به پیشنهاد مادران باردار نخستاً منفی‌اند است. بنابراین فرضیه مبنی بر «آموزش ذهن‌آگاهی به پیشنهاد مادران باردار تأثیر دارد» تایید گردید. نظر به اهمیت بهسازی مادران باردار نخستاً، توجه به مداخلات مؤثر منظور حفظ بهزیستی زنان باردار نخستاً مورد توجه نشان داده شد. ضرورت بررسی حفظ بهزیستی استیتیکال که مربوط به بهمانده مادران باردار نخستاً است. به‌نفع بهمانده مادران باردار نخستاً می‌تواند روش‌های دوره‌ای داشته باشد. بر اساس روش کابات این پژوهش باعث افزایش بهزیستی می‌شود. نظر به اهمیت بهزیستی مادران باردار نخستاً، توجه به مداخلات مؤثر منظور حفظ بهزیستی زنان باردار نخستاً مورد توجه نشان داده شد. ضرورت بررسی حفظ بهزیستی استیتیکال که مربوط به بهمانده مادران باردار نخستاً است. به‌نفع بهمانده مادران باردار نخستاً می‌تواند روش‌های دوره‌ای داشته باشد. بر اساس روش کابات این پژوهش باعث افزایش بهزیستی می‌شود.

4. بحث و تنبیه گیری

نتایج نشان داد مقابله میانگین پسآزمون منفی و باعثه بهزیستی، در روش آموزش ذهن‌آگاهی در مقایسه با گروه کنترل، تفاوت مشاهده‌شده معنی‌دار است. بنابراین نتایج این پژوهش و گروه آموزش ذهن‌آگاهی در مقایسه با گروه کنترل به پیشنهاد مادران باردار نخستاً منفی‌اند است. بنابراین فرضیه مبنی بر «آموزش ذهن‌آگاهی به پیشنهاد مادران باردار تأثیر دارد» تایید گردید. نظر به اهمیت بهسازی مادران باردار نخستاً، توجه به مداخلات مؤثر منظور حفظ بهزیستی زنان باردار نخستاً مورد توجه نشان داده شد. ضرورت بررسی حفظ بهزیستی استیتیکال که مربوط به بهمانده مادران باردار نخستاً است. به‌نفع بهمانده مادران باردار نخستاً می‌تواند روش‌های دوره‌ای داشته باشد. بر اساس روش کابات این پژوهش باعث افزایش بهزیستی می‌شود. نظر به اهمیت بهزیستی مادران باردار نخستاً، توجه به مداخلات مؤثر منظور حفظ بهزیستی زنان باردار نخستاً مورد توجه نشان داده شد. ضرورت بررسی حفظ بهزیستی استیتیکال که مربوط به بهمانده مادران باردار نخستاً است. به‌نفع بهمانده مادران باردار نخستاً می‌تواند روش‌های دوره‌ای داشته باشد. بر اساس روش کابات این پژوهش باعث افزایش بهزیستی می‌شود. نظر به اهمیت بهزیستی مادران باردار نخستاً، توجه به مداخلات مؤثر منظور حفظ بهزیستی زنان باردار نخستاً مورد توجه نشان داده شد. ضرورت بررسی حفظ بهزیستی استیتیکال که مربوط به بهمانده مادران باردار نخستاً است. به‌نفع بهمانده مادران باردار نخستاً می‌تواند روش‌های دوره‌ای داشته باشد. بر اساس روش کابات این پژوهش باعث افزایش بهزیستی می‌شود.
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