Effectivity of Treatment of Mindfulness based on Cognitive Therapyon Increase of Happiness, Life-Expectancy &Reduction of PervasiveAnger &Worry in Narcotics Addicts

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ABSTRACT

This research tries to determine affectivity of treatment of mindfulness based on (cognitive therapy) on increase of happiness, life-expectancy& reduction of (pervasive) anger & worry in narcotics addicts. Statistical population of this research was 150 addicts who had referred to Tonekabon city addiction give-up clinic. 102 people had points higher than cutoff point in the questionnaires ofhappiness, life-expectancy, anger &pervasive worry. 30people from among those mentioned were chosen by accidental sampling method & inserted into control & test groups. Research design is empirical & has pre-test & post-test with control group. After selecting control & test groups, pre-test was run for both groups, then test intervention (treatment of mindfulness based on cognitive therapy) was exerted to test group & after treatment plan, post-test was conducted. Data analysis was done using multi-variable co-variance (manova) & research hypotheses were verified.

KEY WORDS:treatment of mindfulness based on cognitive therapy, happiness, life- expectancy, anger, pervasive worry, narcotics addicts.

INTRODUCTION

Happiness refers to daily general good feeling. Positive emotion is the liveliness&effervescence which is usually accompanied by daily pleasing experiences like walking in a park in a shinyday, receiving a piece of good news or an unexpected gift, listening to music or progress in a work. People can difficultly explain the reason for their good feeling. If they are made to answer, they might say everything is going on well. On the other hand, researchers know which conditions bring goodfeeling & these conditions cause positive emotion in a way that people don't know its reason (Rio, 2005). Human's spirit is inter-twined with hope & losing hope means distraction of sprit & morale. Hopefulness &life expectancy are the main motivation for life & strengthen human morale & they are drivers for doing difficult works. Positive changes in life, making a satisfactory life atmosphere, creation & strengthening inter-personal relationships are of great importance. Hopefulness makes difficulties easy. In other words, human must have a motivation for everything & having more hope means higher possibility of success in difficult works. Hope is the root of life, therefore we must not disregard it & we must try to strengthen our hopefulness. One way to increase hopefulness in people is establishment of emotional & friendly relationships with others which remove futility from our lives & cause internal solace & spiritual balance. When someone has hope to future, he has received a nice feeling &his motivation will increase & he does correct & positive activities. Hopefulness is the origin of happiness in life (Masoudi, 2007).

RESEARCH LITERATURE

As a child grows up, expression of anger will turn from obvious mode to encrypted mode. He/she tries to internalize his anger & reduce physical harmful confrontations & gradually tortures his addressee spiritually through indirect responses. In the first years of childhood, start & ending of anger is fast, but in older ages, a child learns to confine his/her anger in his inside express the anger over a long time with negative responses. Direct & indirect anger: this classification has been done based on cognition & lack of cognition towards anger cause(s). if the cause of anger is obvious, for example a person or an object has been the cause of our failure & we know that cause & express anger towards it, this is called direct anger, but if we do not know the cause for anger, for example we hit another person in a bus unintentionally & he expresses anger, such a kind of anger that has background & is actually release of excitements is called indirect anger (Hacenberi, 2007). Spiritual &physical symptoms which are called

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anxiety disorders now, have been regarded as important human problems from past. In spite of this, large dimensions of gathered statistics & also clinical experiences in western industrialized countries have made some experts to call 20th century "the anxiety era" (Kaplan &Sadonk, 2007). Anxiety has always been concentrated because of its problems & heavy costs it involves in treatment. A new field of psychology especially from world war on has been anxiety disorders. Anxiety disorders have been the most prevalent among psychological disorders in the fourth edition of psychological disorders diagnosis & statistics guide (DMS.IV.TR)(Kaplan &Zadouk, 2007). The mentioned guide defines spread anxiety disorder (GAD) as a severe anxiety & worry about several activity or event that last for at least 6 months and is present in many days. Worry control is difficult & its physical signs include muscular tension, irritability, sleep disorders & nervousness. Anxietyis mentally harmful & creates disorders in important fields of a person's life (Kaplan &Sadouk, 2007).

Research hypotheses
Main hypothesis
Treatment of mindfulness based on cognitive therapy has impact on increase of happiness, life expectancy& reduction of anger &pervasive anxiety.
Subsidiary hypotheses
1. Treatment of mindfulness based on cognitive therapy has impact on increase of happiness.
2. Treatment of mindfulness based on cognitive therapy has impact on increase of life expectancy.
3. Treatment of mindfulness based on cognitive therapy has impact on reduction of anger .
4. Treatment of mindfulness based on cognitive therapy has impact on reduction of pervasive anxiety.

RESEARCH METHODOLOGY

The present research is an experimental one, its design involves pretest & post- test along with control group which includes two respondents group &both groups were tested (= measured) twice & statistical population involved 150 narcotics addicts who had referred to addiction give- up clinic of Tonekabon city, Iran.

Based on Morgan's table, 102 people were chosen as sample size & the questionnaires (happiness, life expectancy, anger, anxiety) were distributed among them & after primary screening, 30 people who had points higher than normal limit &cutoff point were selected& accidentally, 215-people groups (test & control groups) were created. Test group received treatment of mindfulness based on cognitive therapy in 8 sessions for 2 hours each. Control group did not receive any treatment. After 8-week treatment, again all members of both groups filled the questionnaires of (happiness, life expectancy, anger & anxiety) & data obtained was analyzed using SPSS application software. Data gathering tool in this research was oxford happiness questionnaire, life expectancy questionnaire, AGO anger questionnaire & Back's anxietyquestionnaire. Data analysis was conducted with descriptive & inference statistics. In descriptive statistics analysis, diagram, means & standard deviation & in inference statistics part of the analysis, multi- variable covariance was used to analyze research hypotheses. All analysis was done by SPSS 18 software.

RESEARCH RESULTS

Table 1.Analysis of covariance results for variables happiness, life expectancy, anger and anxiety reduction according to treatment of mindfulness based on cognitive therapy and control group.

Test power	impact size eta	Sig. level	F	Means square	Degree of freedom	Sum of squaresSS	Dispersion source
1.000	0.831	0.001	118.239	1714.826	1	1714.826	happiness
1.000	0.932	0.001	326.419	1438.161	1	1438.161	life expectancy
1.000	0.929	0.001	312.541	3661.142	1	3661.142	anger
1.000	0.838	0.001	124.240	1586.496	1	1586.496	anxietypervasive

Based on the results of the table 4.8 and in order to analyze dependent variables of happiness, life expectancy, anger and anxiety reduction in both groups, Ben Ferouni's adjusted alpha (0.0025) was used. After adjusting happiness pretest means to 27.20 and based on the results of table 4.8 for happiness variable and considering the calculated F, because significance level is less than 0.0025, therefore the calculated F is statistically significant. Therefore it can be said that happiness post-test points are significantly different in treatment group and control group. Means difference comparison shows that happiness value in treatment group is more than that of control's group.

After adjusting pretest means of life expectancy to (40.87) and according to the results of table 4.8 for life expectancy variable and considering the calculated F, because significance level is less than adjusted alpha (0.0025), therefore the calculated F is significant statistically. Therefore it can be said that post-test points of life

expectancy is different in treatment and control groups and means difference comparison shows that life expectancy in treatment group is more than that of control's group.

After adjusting pretest means of anger to (61.97) and also according to the results of table 4.8 for anger variable and considering the calculated F, because significance level is less than adjusted alpha (0.0025), therefore the calculated F is significant statistically. Therefore it can be said that post-test points of anger is different in treatment and control groups and means difference comparison shows that anger reduction in treatment group is more than that of control's group.

After adjusting pretest means of pervasive anxiety to (38.93) and also according to the results of table 4.8 for pervasive anxiety variable and considering the calculated F, because significance level is less than adjusted alpha (0.0025), therefore the calculated F is significant statistically. Therefore it can be said that post-test points of pervasive anxiety is different in treatment and control groups and means difference comparison shows that reduction in pervasive anxiety in treatment group is more than that of control's group.

Considering the significance of means difference, it can be said with 99% of certainty that research hypothesis "treatment of mindfulness based on cognitive therapy has impact on happiness and life expectancy increase and reduction in anger and anxiety in narcotics addicts" is verified.

First subsidiary hypothesis: Treatment of mindfulness based on cognitive therapy has impact on increase of happiness.

Table 2.Statistical analysis of Ben Ferouni's alpha for happiness increase in the treatment and control groups

p	f	Means squares	Degree of freedom	Sum of squares	Dispersion source
0.001	118.239	1714.826	1	1714.826	happiness

Table 3.Comparison of means for happiness increase in treatment and control groups

p	Standard deviation	Means difference	groups
0.001	1.471	15.997	Treatment of mindfulness based on cognitive therapy and control group

According to the results of table 4.9 for happiness variable and considering the calculated F, because significance level p=0.001 is less than p-0.005, therefore the calculated F is significant statistically. Therefore it can be said that there is significant difference between happiness post-test points in treatment group and control group.It is concluded that this difference is statistically significant in 0.01 levels and comparison of both groups mean differences shows a difference of 15.997 which is statistically significant.

Considering the significance of mean differences, it can be said (with 99% of certainty) that the first subsidiaryhypothesis is verified.

Second subsidiary hypothesis:Treatment of mindfulness based on cognitive therapy has impact on increase of life expectancy.

Table 4.statistical analysis of Ben Ferouni's alpha for life expectancy increase in the treatment and control groups

p	f	Squares mean	Degree of freedom	Square sum	Dispersion test
0.001	326.419	1438.161	1	1438.161	life expectancy

Table 5.comparison of means for life expectancy increase in treatment and control groups.

p	Standard deviation	Means difference	groups
0.001	0.811	14.650	Treatment of mindfulness based on cognitive therapy and control group

According to the results of table 4.11 for life expectancy variable and considering the calculated F, because significance level p=0.001 is less than p=0.005, therefore the calculated F is significant statistically. Therefore it can be said that there is significant difference between life expectancy post-test points in treatment group and control group. It is concluded that this difference is statistically significant in 0.01 levels and comparison of both groups mean differences shows a difference of 14.650 which is statistically significant.

Considering the significance of mean differences, it can be said (with 99% of certainty) that the second subsidiary Hypothesis is verified.

Third subsidiary hypothesis: Treatment of mindfulness based on cognitive therapy has impact on reduction of anger.

Table 6.statistical analysis of Ben Ferouni's alpha for anger decrease in the treatment and control groups

p	f	Squares sum	Degree of freedom	Sum of squares	Dispersion source
0.001	312.541	3661.142	1	3661.142	Anger reduction

Table 7.comparison of means for anger decrease in treatment and control groups.

p	Standard deviation	Means difference	groups
0.001	1.322	-23.374	Treatment of mindfulness based on cognitive therapy and control group

According to the results of table 4.13 for anger variable and considering the calculated $F()$, because significance level p=0.001 is less than p=0.005, therefore the calculated F is significant statistically. Therefore it can be said that there is significant difference between anger post-test points in treatment group and control group. It is concluded that this difference is statistically significant in 0.01 levels and comparison of both groups mean differences shows a difference of -23.374 which is statistically significant.

Considering the significance of mean differences, it can be said (with 99% of certainty) that the third subsidiary Hypothesis is verified.

Fourth subsidiary hypothesis: Treatment of mindfulness based on cognitive therapy has impact on reduction of pervasive anxiety.

Table 8.statistical analysis of Ben Ferouni's alpha for pervasive anxiety reduction in the treatment and control groups

p	f	Squares means	Degree of freedom	Sum of squares	Dispersion source
0.001	124.240	1586.496	1	1586.496	Pervasive anxiety

Table 9.Comparison of means for pervasive anxiety reductionin treatment and control groups

p	Standard deviation	Means difference	groups
0.001	1.380	-15.387	Treatment of mindfulness based on cognitive therapy and control group

According to the results of table 4.15 for pervasive anxiety variable and considering the calculated $F()$, because significance level p=0.001 is less than p=0.005, therefore the calculated F is significant statistically. Therefore it can be said that there is significant difference between pervasive anxiety post-test points in treatment group and control group. It is concluded that this difference is statistically significant in 0.01 levels and comparison of both groups mean differences shows a difference of -15.387 which is statistically significant.

Considering the significance of mean differences, it can be said (with 99% of certainty) that the fourth subsidiary hypothesis is verified.

DISCUSSION & CONCLUSION

The results of the present research match the results of researchers conducted by Kaviani et al (2008), Kaviani et al (2005), Hamidpour (2007), Manikavasgar (2010), Barenhoufer (2009), Kenny&Villiams (2006). It can be said that treatment of mindfulness based on cognitive therapy is effective in increase of happiness, life expectancy& reduction of anger & anxiety in narcotics addicts because importance of presence in present time, acceptance of thoughts & feelings without judgement& direct intervention, self- concentration, attention to body, feeling of physical & mental health, change in thoughts & planning for future are all impacts of treatment on test group. The result of the first hypothesis match those of Paeezi (2007), Jokar&Rahimi (2007), Amani&Hamedani (2006), Mani (2004), Abedi (2004), Zohouri (2003). The fact that why treatment of mindfulness based on cognitive therapy has impact on happiness increase in narcotics addicts can be attributed to the contribution of this treatment to addicts to change their temper& thoughts & feel healthier physically.

The result of the second subsidiary hypothesis match those of MajdZadeh, Tabatabaee&Sobhani (2009), SotoudehAsl, NeshatDoust&Kalantari (2009), Sezavar (2009), Hazel (2004), Mekamilan (2009), Lingal (2009), B.R.Feral (1988) &Indou (1988). In explaining the reason why treatment of mindfulness based on cognitive therapy has impact on life expectancy increase in addicts, it can be said that this kind of treatment helps addicts with planning for their future & live in pretest rather than in past.

The result of the third hypothesis match the results of Sadeghi (2008), Maleki (2007), Joe (2010), Clark bard and Bary (2009), Feindler&Weisner (2005). In explaining the reason why the treatment of mindfulness based on cognitive therapy has impact on anger reduction in narcotics addicts, it can be said that this treatment will help addicts pay attention to their body & become aware of their body & solve problems without pre-judgement.

The result of the fourth hypothesis match those of Yousefi et al (2009), Sanaee et al (2000), Sier&Chambless (2007), Ladouceure et al (2000).

In explaining the reason why treatment of mindfulness based on cognitive therapy has impact on anxiety reduction in addicts, it can be said that this kind of treatment helps addicts focus on their current activity & avoid worry about other activities.

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