



## Global Journal of Scientific Researches

Available online at [gjsr.blue-ap.org](http://gjsr.blue-ap.org)

©2018 GJSR Journal. Vol. 6(5), pp. 57-61, 31 October, 2018

E-ISSN: 2311-732X

# *The Effectiveness of Mindfulness Techniques on Depression and Anxiety in Patients with Specific Phobia Disorders*

Ali Reza Feily<sup>1</sup> and Mandana Farsi<sup>2\*</sup>

1- Department of psychology Payamenoor University (PNU) Iran

2- Department of Psychology, Arsanjan Branch, Islamic Azad University, Arsanjan, Iran

**Corresponding Author:** Mandana Farsi

*Received: 4 October, 2018*

*Accepted: 13 October, 2018*

*Published: 31 October, 2018*

---

### ABSTRACT

The purpose of this study was to investigate the effect of mindfulness techniques on depression and anxiety in patients with certain phobia disorder. The present study was a semi-experimental study with pre-test and post-test design with control group. The statistical population of this study was all individuals with specific phobia disorder in Shiraz in 1397. The sample consisted of 30 subjects selected through available sampling method and randomly divided into two experimental groups (15 subjects) and control group (15 people). The questionnaires that were used to collect information from the sample group included the psychological syllabus checklist SCL.90.R. At first, the subjects of both groups were pre-test and then the experimental group received 6 sessions of two-hour sessions of mindfulness techniques. After the end of intervention on the experimental group, subjects of both groups were evaluated by post-test. For statistical analysis of data, covariance analysis was performed using SPSS software. The results showed that there was a significant difference between the mean scores of depression and anxiety in the experimental and control groups in the post-test ( $P < 0.01$ ). Therefore, teaching mind-consciousness techniques is an effective method for depression and anxiety in individuals with a specific phobia disorder.

**Keywords:** Mindfulness techniques, depression, anxiety, specific phobia disorder.

©2018 GJSR Journal All rights reserved.

---

### INTRODUCTION

Anxiety disorders are a mental state or arousal, the main features of which include fear, doubt, and excessive anxiety (Ganji, 2017). A particular phobia disorder is a common anxiety disorder, which is an irrational fear associated with an object or a particular situation. In a particular phobic disorder, fear or anxiety is intense and tangible, and people with this disorder struggle to avoid the object or situation that is intended to be feared. If they cannot avoid it, they will endure the situation with a lot of anxiety and distress (Hallinger & Whitburne, 2014). Individuals with certain phobias often accept that there are no justifiable reasons to fear such an extreme object or situation, but they nevertheless state that they cannot overcome their anxiety and if they try to avoid a fear situation. They come close to it or face it, they experience severe anxiety (Azad, 2009).

Individuals with a specific phobia typically avoid situations or objects that are fearful of them. One faces tension and horror in the face of these situations, or even fears of death. These reactions may also be created when faced with situations or scary objects. Exposure to these stimuli almost always leads to anxiety reactions. This reaction may appear as a situation-based horror attack (Khanjani, Hashemi and Vatani, 2016). Anxiety is usually felt immediately after exposure to a frightening stimulus. The level of anxiety depends on the degree of adjacency with the scary stimulus. Sometimes people face horrific attacks in the face of fearsome triggers; this situation intensifies when the person has to stay in that position and show excitement of anxiety. Of course, one usually avoids these situations (American Psychiatric Association, 2013).

Phobia falls into several floors, the most common being of animals, the natural environment and blood or injury (Hallinger and Whitburne, 2014). Anthony, Crosseck, and Barlow (2009) categorized a variety of fears as follows: a. Fear of the animal, b.

Fear of the environment and nature, c. Blood panic, injury and infection, d. Other fears. In the United States, the 12-month prevalence in the community for a specific phobia is estimated at 7 to 9 percent. The prevalence in the European countries is predominantly in the United States (about 9%), but is generally lower in the Asian, African, and Latin American countries (2 to 4%). Women often suffer from this disorder more than men (American Psychiatric Association, 2013)

91 percent of patients with phobic disorder have at least one other psychiatric disorder. According to DSM-IV-TR, 10 to 15 percent of people with phobic disorder also have a major depressive disorder. Approximately one-third of people with both of these disorders had a major depressive disorder before the onset of the phobia disorder, and about two-thirds of them experience a phobia first (during or after the onset of major depression) (Saduk and Saduk, 2012). )

Although different therapeutic and psychological therapies have been developed for the treatment of phobia disorder, and these treatments have been shown to be effective in several trials, but in most cases, these treatments have not been effective in preventing recurrence. Patients with remaining symptoms Disrupted residuals like the persistence of distressing thoughts in difficulty (Hoffman et al., 2010).

In the treatment of psychological problems such as anxiety, stress and depression, various approaches have been used, including drug therapy and combination therapies. In this area of cognitive-behavioral therapy has been introduced since the 1970s, but some criticisms of this approach have been proposed, and other methods have been proposed for the treatment of these problems. For example, cognitive therapy is based on the presence of mind and has a significant effect on treatment and prevention of recurrence of anxiety and depression (Papa Gerico and Wells, 2004).

Kabat Zayn has defined the mind of consciousness in a specific, purposeful, current and unpredictable way (Segal, Williams and Tisdale, 2002). Awareness Minds the growth of three qualities of refraining from judgment, ghostly awareness, and focusing on the present moment in the individual's attention, which focuses on the moment at hand, the processing of all aspects of immediate experience involves cognitive, physiological or behavioral activities. Through self-conscious mind-reading exercises and techniques, one's consciousness becomes aware of daily activities, becomes aware of the automatic functioning of the mind in the past and future worlds, and through conscious awareness of the instantaneous thoughts, emotions and physical states on them Is controlled and abandoned from the everyday and automated minds focused on the past and the future (Segal et al., 2002; Véré and Sanderson, 2004). In the mind of the consciousness of the individual, at any moment, he becomes aware of his mental way, and after knowing on the two modes of mind, one doing and another, he learns to move the mind from one way to another, which requires the teaching of behavioral, cognitive strategies And metacognition to concentrate the attention process (Segal et al., 2002).

Until now, the effectiveness of this treatment in eating disorders, post-traumatic stress disorder, bipolar disorder, depressive disorder and anxiety disorders (Hosseini et al., 2016; Mahmoudi et al., 2016; Dehestani, 2015; Beriami et al., 2014; Akbari and Associates, 2013; Abdul Qadiri et al., 2013; Kaviani Hatami and Shafiabatadi; 2008; Kaviani et al., 2005; Elai et al., 2018; Hoffman & Gomes; 2017; Johnson et al. 2015; Van Sean et al., 2014; Et al., 2009; Keuken et al., 2008; Hayes, 2002; Phineas Kenney & Mercker, 2003). Therefore, it is likely that in the context of depression in patients with certain phobia disorder, therefore, considering this subject, as well as considering the need for specific phobic disorder in improving their mental health, the present study seeks to utilize the techniques of the mind Awareness is to determine its efficacy on depression in patients with certain phobia disorder.

### **Methodology**

The present study was a semi-experimental study with pre-test and post-test design with control group. The statistical population of this study was all children with specific phobia disorder in Shiraz in 2018. The sample consisted of 30 subjects who were selected by available sampling method and were based on the criteria for entering the research (1. Having a specific phobia disorder; 2. Age range of 40 -18 years; 3. Minimum diploma education; 4. No other disturbances; 5. Inclination to participate in the group. They were randomly divided into two experimental groups (15 people) and control (n = 15).

### **Research tool**

SCL.90.R. psychological syllabus checklist. The SCL.90.R test was first introduced in 1973 by Dragothis and his colleagues based on clinical experiences and previous psychometric analyzes in the form and form of the present (Dragoti and Claire, 1977). Since then, this test has been used in many studies. The SCL.90.R test is a self-reporting psychological index of 90 questions that have been generated by clinical psychometric research. This test consists of 90 items in a 5-point Likert scale (0 = 0, 1 = quantitative, 2 = approximately, 3 = high, 4 = strongly). This tool examines 9 after psychiatric symptoms (physical complaints, obsessive-compulsive disorder, interpersonal sensitivity, depression, anxiety, hostility, aggression, anxiety, paranoid thoughts, and psoriasis). On this scale, there are 7 additional substances that are not classified in any of the dimensions and are referred to as the rest of them. This test examines individual modes from a week ago (Dragothis and Clarry, 1977). In addition to the nine dimensions mentioned above, 3 general criteria are also included in this test, which include the symptoms of the disease (GSI), the PSDI, and the sum of the symptoms (PST), and the score and interpretation of the test are based on 3 general indicators of the face (Dragotis and Clari, 1977; Habibzadeh, 2000). This questionnaire has been used in many researches outside and inside

and has been highly valued. Dragovets, Rickels and Rock (1976) reported the simultaneous validity of the coefficients of the nine dimensions of this test with the Minnesota Multidisciplinary Inventory (MMPI), with the exception of the obligatory obsessive-compulsive scale, between 36% and 73%, all at 1% ( $P > 0.01$ ) has been significant (Dragotis, 2000). Dragothis, Moro, Fitting, Patman (1984-1983) conducted an epidemiological study of psychiatric illnesses that were screened at several of the oncological centers using the SCL-90-R test. The results of the study indicated that the test was suitable for the diagnosis of healthy subjects. Also, the results showed that this test was able to diagnose patients who needed medical intervention rather than those who did not need treatment (Dragotis, 2000).

**Manner of execution**

To conduct this research, 30 people were first selected and responded to the measuring instrument in two groups (experimental group and control group). Then an independent variable, namely, mind-consciousness techniques, was applied among the experimental group and after the end of the sessions of mind-awareness techniques, the experimental group and the control group again responded to the measurement instrument as a post-test. The number of treatment sessions for mindfulness techniques was 6 sessions. At each session, a brief summary of the discussions of the previous session was initially discussed, and two sessions were then linked together. The treatment sessions were held once a week for two hours.

**Findings**

In order to test the research hypotheses, the covariance analysis test was applied using SPSS-22 software. In order to observe the assumptions of Covariance analysis, the assumptions of this test were assessed and validated using Shapiro-Wilk test and Lone test and tilt homogeneity regression test. Table 2 Descriptive statistics of depression and anxiety by group and test stage show:

Table 1. Mean and standard deviation of pre-test and post-test scores of depression and anxiety in two groups

Variables	group	Number	Pretest average	standard deviation	posttest average	standard deviation
Depression	experiment	15	1.90	0.627	0.968	0.533
	Control	15	1.75	0.504	1.74	0.474
Anxiety	experiment	15	2.03	0.632	1.08	0.593
	Control	15	1.87	0.562	1.87	0.557

As you can see in the table, the pre-test of depression and anxiety scores in the two groups is not significantly different. It is also observed that in the post-test group, the mean of depression and anxiety scores decreased compared to the pre-test, while the mean scores of depression and anxiety in the control group in the pre-test and post-test were not significantly different. Table 3 shows the results of covariance analysis to assess the difference between groups in depression and anxiety in the post-test phase:

Table 2. The results of covariance analysis to examine the effect of group membership on depression and anxiety scores

Variables	Sources of changes	Sum of squares	Degrees of freedom	Average squares	F	Significance level	Squat trough	Statistical power
Depression	Join group	5.648	1	5.648	47.851	0.001	0.639	1.000
	Error	3.187	27	0.118	-	-	-	-
Anxiety	Join group	6.185	1	6.185	45.714	0/001	0.629	1.000
	Error	3.653	27	0.135	-	-	-	-

As shown in Table 3, there is a significant difference between the mean scores of depression and anxiety in terms of group membership (experimental group and control group) in the post-test stage. Therefore, the mind-boggling techniques have improved depression and anxiety in people with special phobia disorder.

**Discussion and conclusion**

The purpose of this study was to investigate the effectiveness of mindfulness techniques on depression in patients with specific phobia disorder. Therefore, after performing this method and examining the results of pre-test and post-test, it can be concluded that the mind-awareness techniques on depression have been effective in people with certain phobic disorder. Several studies have used mind-conscious techniques in different fields, and they have been considered as effective. It is possible to investigate Hosseini et al. (2016), Mahmoudi et al. (2016), rural districts (2015), Bairami et al. 2014), Abdul Qaderi et al (1392), Akbari et al. (2013), Kaviani Hatami and Shafiabatadi (2008), Kaviani et al. (2005), Elviy et al. (2018), Hoffman & Gomez (2017), Johnson et al. (2015), Van Soon et al. (2014), Bronfer et al. (2009) and Keuken et al. (2008).

The Effectiveness of Mindfulness-Based Therapy on the Improvement of Depression and Anxiety The specific phobic disorder can be explained by the fact that patients learn by using techniques such as verbal positive thinking and thinking about words and positive things, and the effect of good thoughts or understand the bad at their psychological state.

The effect of paying attention to beliefs is clearly in line with the notion that direct correction of attention processing can lead to simultaneous changes in inefficient beliefs. This work is clearly related to the dynamic view of cognition in psychological disturbances. Several mechanisms can underlie the clinical effectiveness of controlling training, which include focusing on self-focus, cutting off worry-based processing strategies and rumination, increasing control over processing, and paying attention to and enhancing metacognitive processing.

Lack of focused attention in emotional disturbances is likely to be useful because it reduces the intensity of perceived emotional and emotional responses. The use of attentive approaches such as attention control training shows that such responses are safe and should be ignored. This approach not only distracts attention from physical and emotional state, but, in emotional states, reduces selective attention to negative thoughts. Learning to pay attention to its therapeutic effects through the cessation of worry-induced processing activities and rumination of thought. The discontinuation of these continuous processes has benefits: First, worry and rumination may be linked to maintaining inefficient patterns of attention and memory retrieval, and to keep track of negative threat assessments and beliefs. The rumination of unfinished aspects of the person's current position may be accompanied by a recovery and reminder of the failures of the past. Therefore, rumination and worry-based processes may result in a person falling into negative processing structures that maintain negative beliefs and interpretations. Secondly, the termination of continuous processing by attention control training eliminates the cyclical process of these processes, and liberates the ability to pay attention to other processing operations that are necessary for the formation of administrative control processes, the creation of new and potential non-confirmation information. . Perhaps under such conditions, attention becomes more flexible, and is less limited to specific patterns of inefficient knowledge. Improved control allows a person to correct his inefficient knowledge and to process potentially threatening motives without causing inefficient cognitive or cognitive processes (Wells, 2006).

Each research has limitations that the present study is not an exception to. Limitations of this study can be generalizable, as well as the impossibility of controlling and measuring it after several months. Therefore, it is suggested that follow-up research be used in future research. As well as the effectiveness of this treatment in depression and anxiety with other third wave therapy such as acceptance and commitment.

## REFERENCES

- Akbari, M. E., Nafisi, N., Jamshidi Far; Z. (2013). The Effectiveness of Mindfulness Education on Reducing Perceived Stress in Patients with Breast Cancer. *Thought Magazine and Clinical Psychology Behavior*, seventh year, issue 27: 32-39.
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. Translation by Yahya Seyyed Mohammadi (2014). Tehran: Ravan publishing house.
- Azad, H. (2010). *Psychopathology*. Tehran: Besat Publications.
- Bayrami, M., Hashemi, T., Bashishpour, A., Alilu, M. M., Eghbali, A. (2014). Comparison of the Effects of Two Methods of Teaching Adjustment of Excitement and Cognitive Therapy Based on Mindfulness, on Psychological Distress and Cognitive Strategies for Thyroid Adjustment in Mentally Retarded Children, *Journal of Modern Psychological Research*, Vol. 9, No. 33: 59-43.
- Hosseini, S., Esmati Moghaddam, M., Dehnoohji, H., Soltani Robat, S & Mohammadi, A. (2016). The Effect of Knowledge-Based Stress Management Training on Anxiety and Depression in Female Students. *Quarterly Journal of Psychology and Educational Sciences*, Volume 2, Issue 3, 65-73.
- Khanjani, Z., Hashemi, T., Vatani, F. (2016). The effectiveness of sensitization through eye movements and the re-processing of symptoms of certain phobia disorder. *Psychological Achievements (Educational Sciences and Psychology)*, Volume 23, Number 2 (16), 20-1.
- Dehestani, M. (2015). The Effectiveness of Mindfulness-Based Stress Management on Depression, Anxiety and Depression in Female Students. *Thought and Behavior*, Ninth Volume, No. 37, 34-24.
- Saduk, B. J., Saduk, V. A & Kaplan, H. (2012). *Summary of Psychiatry, Behavioral Sciences and Clinical Psychiatry*, Translated by Farzin Rezaei, Volume II, Tehran, Arjmand Publication.
- Abdul Qaderi, M., Kafi, S. M., Saberi, A & Aryapuran, S. (2013). The Effectiveness of Cognitive Therapy Based on Mindfulness and Cognitive-Behavioral Therapy on Reducing Pain, Depression and Anxiety in Patients with Chronic Low Back Pain. *Journal of Shaheed Sadoughi University of Medical Sciences and Health Services*, Yazd, 21 (6): 807-795.
- Kaviani Hossein; Hatami, Neda; Shafiabadi, Abdollah. (2008). The Effect of Cognitive Therapy Based on Mindfulness on Quality of Life in Depressed (Non-Clinical) People. *New Issues in Cognitive Science*, Volume 10, Number 4 (40): 48-39.
- Kaviani, H., Javaheri, F & Baharei, H. (2005). The Effectiveness of Knowledge Based Cognitive Therapy (MBCT) in reducing self-administered negative thoughts, ineffective attitude, depression and anxiety: 60-day follow up. *New Developments in Cognitive Science*, Volume 7, Number 1 (25): 59-49.
- Ganji, M. (2017). *Psychological Pathology Based on DSM-5*. Tehran: Savalan
- Mahmoudi M, Naderi, Y, & Masoudzadeh, A. (2016). The Effectiveness of Cognitive-Based Mindfulness Therapy in Patients with Panic Disorder as a Drug Supplement: A Clinical-Controlled Trial. *Urmia Medical Journal*; 27 (11): 950-958
- Wells, A. (2000). *Emotional Disorders and Metacognition (Innocence in Cognitive Therapy)*. Translation by Fatemeh Bahrami and Shiva Rezvan (2006). Isfahan: Mani
- Hallinger, R & Whitburne, S. (1948). *Psychological Pathology: Clinical Perspectives on Psychiatric Disorders Based on DSM-IV-IR*. Yahya Seyyed Mohammadi translation (2013). Tehran: Psycho.

- Antony, M., Graskie, M., & Barlow, D. (2006). *Mastering your fears and phobia*. New York: Oxford university press.
- Barnhofer, T., Crane, C., Hargus, E., Amarasinghe, M. (2009). Mindfulness-based cognitive therapy as a treatment for chronic depression: A preliminary study. *Behaviour Research and Therapy*, 47: 366–373.
- Derogatis, L. R. (2000). Symptom Checklist-90-Revised. in *Handbook of psychiatric measures*. American Psychiatric Association: pp.81-84.
- Derogatis, L.R., & Cleary, P. A. (1977). Confirmation of the dimensional structure. of the SCL-90: a study in construct validation. *J Clin Psycho* 1;33:981-9.
- Elhai, J. D., Levine, J. C., O'Brien, K. D., Armour, C. (2018). Distress tolerance and mindfulness mediate relations between depression and anxiety sensitivity with problematic smartphone use. *Computers in Human Behavior*, Volume 84, July 2018, Pages 477-484
- Finucane, A & Mercer, S. W. (2003). An exploratory mixed methods study of the acceptability and effectiveness of mindfulness-based cognitive therapy for patients with active depression and anxiety in primary care. *Arch Gen psychol*. 12: 35-67.
- Hayes, S. (2002). Acceptance, mindfulness and science. *J Clin Psychol.*; 9: 101-106.
- Hofmann SG, Sawyer AT, Witt AA, Oh D. (2010). The effect of mindfulness based therapy on anxiety and depression: A meta-analytic review. *Consult Clin Psychol.*; 78: 169-183.
- Hofmann, S. G., & Gómez, A. F. (2017). Mindfulness-Based Interventions for Anxiety and Depression. *Psychiatric Clinics of North America*, Volume 40, Issue 4, 739-749.
- Johnson, J. R., Emmons, H., Rivard, R., Griffin, K., Dusek, J. (2015). Resilience Training: A Pilot Study of A Mindfulness-Based Program with Depressed Healthcare Professionals. *EXPLORE: The Journal of Science and Healing*, In Press, Accepted Manuscript — Note to users.
- Kuyken, W., Byford, S., Taylor, R. S., Watkins, E., Barrett, B., Byng, R. Evans, A., Mullan, E. (2008). Mindfulness-Based Cognitive Therapy to Prevent Relapse in Recurrent Depression. *Journal of Consulting and Clinical Psychology*, 76, 6, 966–978.
- Papageorgio, C. and Wells, A. (2004). *Depressive rumination: nature, theory and treatment*. Chichester. 5th ed. UK: Wiley; 187-215.
- Rygh, J.L., & Sanderson, W.C. (2004). *Treating generalized anxiety disorder: evidence-based strategies, tools, and techniques*. New York: Guilford Press
- Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. New York: Guilford press: 121-145.
- van Son, J., Nyklíček, I., Pop, V., Blonk, M., Erdtsieck, R., Pouwer, F. (2014). Mindfulness-based cognitive therapy for people with diabetes and emotional problems: Long-term follow-up findings from the DiaMind randomized controlled trial. *Journal of Psychosomatic Research*, 77, 1: 81–84.