

The impact of group therapy scheme on early maladaptive schemas of depressed women undergoing hemodialysis in 22nd of Bahman hospital in Nishabour

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Abstract: Background: due to the incidence of renal failure and recognition of depression as one of the main problems in hemodialysis patients and since depression has emotional components which are more dealt in cognitive behavior therapy, this study aimed to determine the effect of group therapy in modifying primary incompatible patterns in depressed dialysis patients. **Method:** This is a semi-experimental study (pre-test and posttest and tracking with the control group). Therefore, 20 hemodialysis patients were chosen as the participants out of the 125 patients on hemodialysis at 22nd of Bahman hospital in the city of Nishabour. Yung and Depression Questionnaires were used to collect data. Then the participants were randomly selected and randomly divided into control (n = 10) and experimental (n = 10) groups. Then the therapy was performed for 12 sessions (weekly) for experimental group but control group did not received any education. **Findings:** The results indicated that group therapy has been effective and significant in reducing depression in patients undergoing hemodialysis (p< 0.05). **Conclusion:** The results indicated that group therapy has been effective in reducing depression in patients undergoing hemodialysis.

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1. Introduction

Chronic kidney disease is one of the diseases that are not only put the physical health, but also other aspects of health at risk. Hence, comprehensive planning, and rehabilitation of these patients is unavoidable. Currently, these patients who do not receive kidney can get rid of premature deaths by innovative methods of treatment, such as hemodialysis. However, a wide range of physical, psychological, economic and social problems exist that affect the total quality of life. Hemodialysis in dialysis patients is currently prescribed as the most common and practical, easy recommends method but has different physical and nervous effects including headache, chest, and back, nausea and vomiting, hypotension, muscle cramps, itching, fever, chills, anemia, bone and joint diseases, cardio - vascular disease, infections, mental health problems ,anxiety and depression(1). Nagas and colleagues defined depression as a result of interaction between biological features and psychological harming and tensional events or continuous problematic condition of life (2). There is a constant relationship between depression and physical diseases. It is probable that depression induces due to the beginning of some diseases or inabilities (3).

Depression is one of the most common mental problems that is increasing in the present century and involved many people. A large percent of people in every society have problems in their families and

marital relationship and a lot of problems due to the complex industrial world that may cause them to be depressed. In our country, according to the statistics provided by Health Office of the country, 21 percent of Iranians suffer from mental disorders. Based on the researches, depression is one of the most common mental disorders that is mostly seen among women.

Different methods are used to treat depression, the most important of which is cognitive- behavioral therapy. Today, one of the challenges for cognitive-behavioral therapy is to find an effective therapy for chronic patients which do not fail. Some of the patients who refer to the offices for this kind of therapy fail to treat their depression and stress or even their symptoms increase (5). In cognitive behavioral therapies, three main factors are mentioned by the clients as the main cause of their problems: 1. Basic factors, 2. Revealing factors and 3. Resume factors.

Although from the beginning of this method in last few years, interventions and therapy techniques were considered as continuant factors, but gradually, the medical experiences showed that in order to find solution for some problems it is necessary to deal with the predisposed factors. It is especially true about the patients who had chronic disease. One of the approaches that consider this issue is Yung's therapy that is used for discovering the changing roots of psychological problems and inefficient therapies. The early maladaptive schemas are emotional harming

schemas that form in the beginning of brain growth and repeat all over the life. The maladaptive schemas are inefficient approaches through which the patients learn to get along and most of them are the bases or chronic disorders such as depression. In fact therapy schemas of change are important since they somehow change the life style (5). Therapy scheme affects the self-destroying pattern of thoughts and feelings learnt from childhood. This pattern or scheme is called early maladaptive scheme. Malcontent and failure in meeting the basic needs (need for security and accepting, identity, self-control, etc.) in childhood cause forming a disordered scheme. Yung have introduced 18 early maladaptive schemes and the ways to confront these problems which continue unconsciously and finally results in intervention in personal ability for meeting the basic needs of people. In this model, the therapy is done through cognitive, experimental, interpersonal and behavioral for changing the early maladaptive schemes (7). According to Yung, early maladaptive schemes are internal and comprehensive insights that were formed in early childhood or teenage and continue to relate the person to others and are seriously maladaptive. He believes that two schemas of dependence and inefficiency potentially predict the symptoms of depression in a person (5).

By finding the root of depression, it is found that the early maladaptive schemes through which patients learn to get along with others mostly have chronic bases of disorders such as irritation, depression, drug misuse and physical mental disorders. Early maladaptive scheme is one of the oldest components and are formed even before childhood and mostly penetrate in data analysis systems and act unconsciously (5). These are long lasting cognitive structures that act as the filter of experiments from the real world and help the person to organize his behavior. In other words, schemes are somehow organized schemes of thoughts, feeling and behavior based on a collection of schemes (5).

Since the early maladaptive scheme is the bases for depression and based on the early statistics, depression is widely generate, it seems that modifying and improving the early maladaptive schemes reduces depression in patients. It should also be noted that reducing depression has increased following the therapy plans of patients under hemodialysis and they will have more incentives for therapy and continuing it and finally, stop taking medicines without prescription.

The present research considers the following hypotheses:

1. Therapy scheme is effective in reducing the early maladaptive scheme of dependence/ inefficiency, rejection and shame in depressed patients.
2. Therapy scheme is effective in improving the depression in under hemodialysis patients.

Methodology

The present research has a semi-experimental (posttest- pre-test with control group) method to determine the effect of group therapy scheme on modifying the early maladaptive scheme of depressed women under hemodialysis. The population includes all the patients under hemodialysis in 22nd of Bahman Hospital in Nishabour. This includes 20 patients who were randomly selected and divided into groups of 10 in each control and experimental groups.

First Beck questionnaire was given to 125 of the patients under hemodialysis and then 30 patients were randomly selected from among them the ones who had scores of 17-29 and finally 20 of them entered the therapy after asking their permission and completely explaining the research process. Since the score of the tests were mostly based on rejection, shame, dependence/inefficiency, they were selected more than others. Therapy sessions were held as one session per week for 120 minutes for two month and half and the process of therapy was as below: performing pre-test and communicating and knowing the therapy, teaching the general principles of therapy and determining the schemes as contrastive styles for each testee (by reviewing the questionnaires), work on changing roots and cognitive distortions of the testees, applying the cognitive, experimental and interpersonal techniques and behavioral pattern changing techniques and ending the process after posttest.

Two questionnaires were used in this research: 1) Yung scheme questionnaire (short form), 2) Beck Depression Questionnaire.

Yung Scheme Questionnaire (short form) is a self-reporting instrument that includes 75 questions and measures 15 early maladaptive schemas. This questionnaire is extracted from the long form questionnaire. In normalization by Ahi (4), the reliability and validity of the questionnaire was obtained and its results were associated with the results of Lee and colleagues (9), Waller, Mir and Henian (10). The reliability was between 0.64 and 0.85 and validity was done by internal similarity. In order to analyze the validity of the questionnaire, construct and content validity were applied and the results confirmed the factor analysis of reliability. If two people took 5 or 6 from a scheme, that scheme was formed in their mind.

Beck Depression Questionnaire includes 21 questions and is used to measure the severity of depression in teenagers and adults. This questionnaire was used in 1961 for Americans and then for English and in 1872 for Iranian and it was considered as having enough reliability for recognizing and predicting depression.

Mansour and Dadsetan (Saatchi) normalized the short form questionnaire of Beck on population of Iran

(11). The results of the study by Partoiee showed that the questionnaire had the sufficient reliability. He also standardized the questionnaire in 1976 on Iran population. Each question is scores from 0 to 3 and maximum score is 63 and minimum one is 0. In 2000, the depression questionnaire of Beck was normalized on Iranian population and introduced based on correct classification (11).

Findings

In table 1 the depression scores of control and experiment group is shown. As can be seen in the average scores of pre-test for experimental and control

group is 21.5 and 21.7 respectively and the average scores of pre-test for experimental and control group is 8.38 and 24, respectively.

Table 1: descriptive scores of depression posttest and pre-test

group depression	group experiment		group control	
	Mean	SD	Mean	SD
pre-test	21/5	3/89	21/7	3/77
posttest	8/38	5/31	24	6/23

Table 2: descriptive scores of posttest and pre-test for maladaptive scheme

Group scheme	dependence/inefficiency				rejection				Shame/weakness			
	Mean		SD		Mean		SD		Mean		SD	
	pre-test	posttest	pre-test	posttest	pre-test	posttest	pre-test	posttest	pre-test	posttest	pre-test	posttest
experiment	75/40	30	72/9	01/7	75/35	88/27	6/5	61/4	25/69	63/41	81/8	75/5
control	30/38	40/39	15/7	32/6	39	40/38	31/5	90/4	10/60	40/61	02/11	22/12

In table 2 we dealt with comparing the testees in three schemes of dependence/inefficiency, rejection and shame. The comparison of mean and standard deviation

in posttest and pretests scores of both groups show the positive changes in early maladaptive schemas.

Table 3: comparing the variance of two groups in depression variables of the scheme

rejection	group	St	Mean	SD	t	df	level of significance
		experiment		87/7	7/4	10/4	16
	control		60/0	6/2			
dependence/inefficiency	experiment		75/10	23/4	04/8	16	01/0
	control		1/1	79/1			
weakness/shame	experiment		62/27	08/11	58/5	16	01/0
	control		3/1	78/10			
depression	experiment		12/13	31/6	47/5	16	01/0
	control		3/2-	63/5			

Table 4: comparing two groups in depression schema

level of significane	F	
16/0	07/2	rejection
07/0	93/3	dependence/inefficiency
59/0	29/0	weakness/shame
97/0	001/0	depression

The first hypothesis: therapy scheme was effective in reducing early maladaptive schemas of dependency/inefficiency, rejection and shame in patients. Based on the results shown in table 4, the t-test of 10.4, 8.04 and 5.58 and 16 degree of freedom indicates the difference between two groups with confidence level of 0.99. So, the null hypothesis is rejected and first hypothesis is confirmed.

The second hypothesis: therapy scheme was effective in improving the depression of under hemodialysis patients. Based on the results shown in table 4, the t-test of 5.47 and 16 degree of freedom indicates the difference between two groups with confidence level of 0.99. So, the null hypothesis is

rejected and second hypothesis is confirmed.

Results and Discussion

This research was done to study the effect of group therapy scheme on early maladaptive schemas of depressed women undergoing hemodialysis in 22nd of Bahman hospital in Nishabour. According to the results shown in table 4 and significance of null hypothesis, it is concluded that the claim about the effectiveness of group therapy scheme on early maladaptive schemas of dependence/ inefficiency, rejection and shame and improving the depression in patients undergoing hemodialysis are confirmed. Depression can be defined as the result of these maladaptive schemas.

Findings of the present research are in line with the studies of Hamidpour (12), Tabatabaiee(13), Dadfarnia (14) and Vlizado (15). The results of Hamidpour (12) show that the therapy scheme is effective in reducing the disease. The results of the study by Valizado (15) show that the early

maladaptive scheme and styles for confronting depression have meaningful relationship. The correlation analysis showed that there is a meaningful relationship between the subscales of maladaptive schemas including rejection, self-management and disordered performance and orientation toward others in depression. The results of the study by Tabatabaiee have been based on recognizing the depression schemas based on the Lomly and Harkens (16) model and indicated the relationship between depression and symmetrical schemas with worthless issues from which emotional deprivation, dependence, failure and social isolation were selected and the results indicated serious schemas in depressed people. The results of the present research by considering the speciality of Beck questionnaire suggested that disorders and psychological modes are distinguished through cognitive content. These schemas reflect the negative views about one own personality, absolute and not cognitive thoughts toward self and others and three dimensional views about the relationship between depression and lack, inefficiency, failure and weakness which are main contents of depression. On the other side, the results indicated that teaching experimental techniques of therapy scheme causes serious reduction in depressed people. The results of the present study are in line with the results of Hans and Colleagues (quoted in Tabatabaiee) (13), Julian and Colleagues (19) and Kesh and colleagues (20). The emphasis of the techniques was on emotions, so it seems that these techniques help people to learn about their emotions and accept them. The practical techniques of therapy scheme would help people to modify their emotions and relax to improve the maladaptive schemes (21). On the other hand, the patients can use these techniques to deal with the schemes and improve them to provide the condition for emotional understanding. In addition, improving the patients understanding and helping them causes his movement toward logical experiencing of emotions. Nordla and Hans (22) studied the effect of therapy on dependence, inefficiency, insufficient self-control and devoting in depressed and non-clinical patients and concluded that these features distinguish them. In the study of Valizade (15) the schemes of shame, insufficient self-control and dependence were accompanied by lack of efficacy in parents. The results of the present research are in line with the research by Asfarjani (23). The study showed that social isolation schemes, obedience and failure can specifically distinguish depressed patients. The findings show that depression can result from early maladaptive schemes that are related to low communication with others or interpersonal relations. According to Yung (5) two schemes of dependence and shame potentially predict the symptoms of

depression since each of them can depress a person by itself. The results of the present research showed that the schema therapy has been effective for patients under hemodialysis and based on the views of Yung it can help to meet the unsatisfied needs of patients. When in a process of therapy the emotional needs are satisfied the condition becomes better to improving the schemes.

Since taking medicines in these patients had side effects and disorders their sexual performance so it is suggested to study the efficiency of schema therapy on getting along with sexual disorders.

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