Efficacy of Cognitive-Behavioral Treatment and Existential Psychotherapy of Anxiety among Students of Martyrs Families

Malihe Pashib1, Abdolmajid Bahrainian2, Mahmoud Panahi Shahri3, Zahra Hemmati Javanmard4, Mehri Jahanshir5, Javad Layeghian6

1Master of clinical psychology, university of medical sciences of Torbat Heidarieh, Torbat Heidarieh, Iran
2Department of clinical psychology, Shahid Beheshti University of Medical Sciences, Tehran, Iran
3PhD in psychology, Board of Payam Noor university of Gonabad
4Master in clinical psychology, head of psychology of Fariman
5Master in general psychology, Torbat Jam Azad University
6Master in pediatric psychology, Azad University of Birjand

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ABSTRACT

Anxiety is one of the most important mental disorders which hurt the students mental health. This paper is going to study the effect of cognitive behavioral treatment and existential psychotherapy on decreasing of the anxiety among the students of martyrs families.

Method: In this empirical paper, of the kind of pre-past test, 45 students who suffer from the anxiety are chosen. They are studying in Azad university of Torbat Heydariyeh in the school year of 90-91. They are divided in 3 groups equally and by accident. The first group has 8 sessions of cognitive-behavioral treatment, the second group has 8 sessions of existential psychotherapy but the third group has no treatment. Back anxiety question are (BAI) is used for each student at the first and the end of each session.

The papers data are analyzed by 16th version of SPSS software, descriptive statistical methods and one-side variance analysis.

Findings: There are significant differences among these 3 groups marks (p<0/01). Although both of the groups who were under treatment (cognitive-behavioral and existential psychotherapy) show significant development (p< 0/01), there isn’t any relation between two groups who has different treatment.

Conclusion: The results show that cognition-behavioral treatment and existential psychotherapy have the same effect and both of them decrease the anxiety.

The students who were in test group get better marks than those in control group.

KEY WORDS: Cognitive-behavioral existential psychotherapy anxiety.

INTRODUCTION

Anxiety is a part of our life in usual situations, and in this amount, considered as an adaptive response. Lack of stress may make significant problems and dangers. In another words, stress as a part of every body’s life, develops personality structure of people (1-3). Stress can make chance for peoples to increase their adaptive mechanisms in confrontation with stressful situations. Stress of war can have short term effects, and make serious dangers for family of person. Although there are some noble motives in decreasing behavioral- psychologic disorders of veterans and families of martyrs, we can’t neglect negative effects of injury, imprisonment and death in the family (4-7). In a study by Ghahari it was shown that half of veterans make their families stressed due to their disabilities. These results nesseciate logic in veterans lives. In our country, 8 years wars with Iraq resulted in prevalence of PTSD and other psychologic disorders of war as a frequent disorder in veterans and their families. Now, after 20 years of war, it seems that trauma of PTSD transferred to next generation, anxiety disorders are not beneficial, but may have some risks in these patients, and we should consider it as a failure source, discomaptability, and frustration that deprive the patients from most parts of his/her life and make a variety of anxiety disorders made by cognitive and physical disorders (8-10). Anxiety disorders is one the most common psychologic disorders in medicine, that effected more than 23 million people in USA annually, and one of four people, have signs of it. People with anxiety disorders, frustrate because of chronic and severe emotions. These emotions are so strong, that people can’t do their daily works, their anxiety is not good and they can’t enjoy their usual situations (11-13).
Although anxiety is common in every body’s life, but it seems more severe in student’s lives. Quality of life, in students, depends on previous history, development and personal growth and dissociative emotions, but according to significant effects of anxiety and its negative results, we have to determine anxiety sources (14, 15). There are several theories about anxiety. According to two factorial theory of Marror, development and continuity of anxiety with mental events (as thoughts and images) is conditioned, but in cognitive views, anxiety is mental disorders. Albert Elis’s view about cognitive and behavioral aspects, insists in thinking, judgment, making decision and analysis. According to this theory, events do not make people sad, but their thoughts resulted from their beliefs, views and perspectives effects on method of information process and make personal reactions (16-18). People who insist in unreasonable beliefs about themselves, and events, always have some problems in their lives. Elis showed that people can learn cognition and unreasonable analysis and correct them. In practice, theory of cognitive-behavioral approaches means that cognition can effect on emotions and behaviors. Also we believe before events, people response to their cognitive feedbacks. Cognitive-behavioral consult insist in decrease in effects of beliefs and incompatible feedbacks. In this method, we help the person to learn analysis of her/his thoughts about unsatisfactory events (20-24). In other words, help them to compare these thought with evidences, correct their cognitive changes and make new cognition and adaptations. Cognitive-behavioral treatment is made from two behavior therapy approaches (mainly in conditioning of Pavlov and non Pavlov) and cognitive approach was made in framework of cognition therapy and cognitive psychology (25-27). The aim of this treatment is changing inefficient cognitions, with cognitive interventions. In a study by Ruppy and Himburg, about efficacy of cognitive-behavioral treatment based on Himburg pattern in decreasing anxiety signs, concluded that group CBT based on Himburg pattern, can improve SAD in female Iranian students. In CBT, progress in treatment following changes in cognitive frameworks, especially in direct correcting of false beliefs, or inactivation of other frameworks (28-30).

In other words, existential view is a theory about existential topics including live and death, freedom, responsibility about yourself and others, and adaptation with meaningless. Personal basis of this concept, is human’s freedom in making life and personality and renew of it. Basic concept of existential view is attention to existence without negligence about existence concepts. Existence approach is about whole human. It says that there is no part of human that is more important than the others. This approach is based in this belief that all humans are free, so they are responsible about their choices. Humans are not victims of situations, because they have right to choose about their existence. One the most important goals of this existential treatment is challenging patients to find different situations in life and choosing them. Existential therapist try to inform patients that he/she would not act as a patient in making life’s events, but he make his own life. In existential treatment, papers refer to a stage of awareness and perception and teach in differences between changeable and unchangeable aspects of life. Experiments showed significant relationship of anxiety with psychologic disorders, and psychologic health. Stergen and Hamley found that there is a significant relationship between anxiety and AT. In a study by Halt, there was a significant relationship between high existence anxiety and high depression, high SONG and low PIL. Wems et al showed that in two experimental samples, anxiety and anxiety syndrome have direct relationship. Berman et al found inverse relationship between anxiety and psychologic health. Principle goal of this treatment is make a more corrected life style for patients, means that they become responsible and choose their values. In existential treatment group, this place and now are important and therapists insist on now and this place, so according to effects of anxiety on psychologic health and efficacy of improvements in lifestyle of students, we have to make conditions for patients to confront with and adapt with changes and anxieties. So this study is about the effects of learning cognitive-behavioral treatment and existential treatments in decreasing anxiety of students in families of Martyrs.

**METHODS**

This is an empirical paper, of the kind of pre-past test that is applicable in searches. In this study we have incorporated two groups for independent variable and a control group, to compare learning effects. First we have done apre test from all three groups, then all patients were participated weekly to 8 weeks in a 90 minutes session to learn evidences. We have not changes control group, after all sessions, we have done past tests from all groups, all groups had same age, job, education and marital status.

Sample size of this study include all children of martyrs and veterans with anxiety complaints, they were students of BA in Azad university of Torbat Heidarie in 90–91 years chosen with random sampling, divided in two groups of case (n = 30) and control (n = 15).

This questionnaire is a 21 item scale with four options scored from 0 to 3. This test has two scale of mental and physical anxiety, and total score of it was from 0 to 63. Alfa coefficient was 0.92, and reliability of it after 1 week was 0.75, from 0.30 to 0.76.
Five types of content validity, concurrent, construct, test, and factor measured for this test, all had high efficacy in measuring severity of anxiety.

Reliability coefficient reported with retest method 2 weeks after test as 0.80. Also in psychologic evaluations in Iranian people, content validity was 0.72 and reliability coefficient of test 1 month after was 0.83, alpha coefficient was 0.92.

Structure of cognitive-behavioral treatment sessions:
First session: introduction, reviewing the whole sessions, describing ABC model and providing some homework.
Second session: review of homework, presenting a topic about personal thoughts, introducing cognitive changes to participants and providing homework.
Third session: reviewing homework, presenting a topic about basic negative reliefs and teaching downward arrow method and providing homework.
Fourth session: reviewing homework, presenting a topic about thoughts and challenges with them, describing some methods about them and explaining next session homework. Fifth session: reviewing homework, presenting a topic about suggestions and rules, explaining some methods in analysis of suggestions and rules, providing homework. Sixth session: reviewing homework, presenting a topic about anxieties, describing different methods of analysis of anxieties and providing homework. Seventh session: reviewing homework, presenting a topic about prospective of study, providing homework. Eighth session: reviewing homework, presenting a topic about information process and logic errors, explaining present practices, reviewing sessions and listening to comments of participants about their group.

**Structure of existence therapy sessions**
First session: welcoming, introduction and getting to know other participants, reviewing whole sessions, explaining total rules and existence rules, knowing sympathy and existentialism, providing homework for next session.
Second session: reviewing homework, explaining self esteem and this place and now, increasing knowledge about choice and freedom, providing homework for next session. Third session: reviewing previous sessions, presenting topics, extending participant’s thoughts about freedom and responsibility, providing homework about next session.
Fourth session: review of homework, introducing meaning of life and methods of existence, explaining next homework.
Fifth session: reviewing last session, presenting topics about anxiety and different type of it, explaining next homework.
Sixth session: review of last session, talking about anxieties of patients about death and their results, explaining next homework.
Seventh session: reviewing last homework, presenting participant’s thoughts about loneliness, explaining next homework.
Eighth session: review of last homework, detecting orientation of participant’s thoughts about love, explaining practices, review of all sessions and listening to comments of participants.

**Results and discussion**

| Table 1 – mean and standard deviation of pre and post test of case and control groups. |
|---------------------------------|----------------|-------------|----------------|
|                                | Frequency | Mean       | Standard Deviation |
| **Control group**              |           |            |                 |
| Pretest                        | 15        | 45.60      | 86.997          |
| Past test                      | 15        | 46.72      | 25.254          |
| **Existential treatment group**|           |            |                 |
| Pretest                        | 15        | 66.92      | 53.002          |
| Past test                      | 15        | 34.8       | 23.936          |
| **Cognitive-behavioral treatment group** | |            |                 |
| Pretest                        | 15        | 82.94      | 37.737          |
| Past test                      | 15        | 47.28      | 24.945          |

Table 2. mean changes of anxiety in two studied groups and control group in pre and past tests. It is clear that anxiety have decreased after treatments more than control group. We have used covariance method to determine significance of differences.
Table 2. mean and standard deviation of treated and control groups in pre and past tests of anxiety.

<table>
<thead>
<tr>
<th>Groups</th>
<th>Pretest</th>
<th>Past test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive-behavioral</td>
<td>Mean</td>
<td>Standard deviation</td>
</tr>
<tr>
<td>treatments</td>
<td>22.67</td>
<td>9.100</td>
</tr>
<tr>
<td>Existential treatment</td>
<td>Mean</td>
<td>Standard deviation</td>
</tr>
<tr>
<td></td>
<td>19.87</td>
<td>12.766</td>
</tr>
<tr>
<td>Control group</td>
<td>Mean</td>
<td>Standard deviation</td>
</tr>
<tr>
<td></td>
<td>10.87</td>
<td>8.391</td>
</tr>
</tbody>
</table>

Mean and standard deviations of scores of case and control groups in pre and past studies shown in table 1.

Table 2. results of analysis of variance of cognitive-behavioral treatments in anxiety in case and control groups.

<table>
<thead>
<tr>
<th></th>
<th>Squares</th>
<th>Freedom</th>
<th>Mean squares</th>
<th>F value</th>
<th>Significancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between groups</td>
<td>997.511</td>
<td>2</td>
<td>498.756</td>
<td>3.99</td>
<td>0.26</td>
</tr>
<tr>
<td>Intra groups</td>
<td>5250.4</td>
<td>42</td>
<td>125.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>6247.911</td>
<td>44</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As it is obvious in table 2, there are significant differences between two groups of cognitive-behavioral and existential treatment.

Table 3. Mean differences between efficacy of cognitive-behavioral and existential treatments in people with anxiety.

<table>
<thead>
<tr>
<th>Group</th>
<th>Group</th>
<th>Mean differences</th>
<th>Standard error</th>
<th>Significancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>Existential treatment</td>
<td>9.33</td>
<td>4.083</td>
<td>0.085</td>
</tr>
<tr>
<td>Control</td>
<td>Cognitive-behavioral</td>
<td>10.533</td>
<td>4.083</td>
<td>0.046</td>
</tr>
<tr>
<td>Cognitive-behavioral</td>
<td>Treatment</td>
<td>1.2</td>
<td>4.083</td>
<td>0.958</td>
</tr>
</tbody>
</table>

According to table 3, there are significant differences between control and cases groups, but there were no significant differences between cognitific-behavioral and existential treatments in cases and control groups.

We have calculated the differences between cognitive-behavioral and existential treatments in decreasing anxiety, in all three groups. It was shown that teaching existential and cognitive-behavioral treatments are effective in decreasing student’s anxiety (31,32). Also after 8 sessions, their anxiety decreased significantly. Our results are consistent with Lager’s study. Barokalv’s study showed that cognitive-behavioral treatment is more effective in decreasing anxiety of students. Dandato, Dinner showed that cognitive treatments and learning skills can decrease anxiety in stressed students. According to Glassi et al, cognitive group from fearing from open places, was the basic group. Finally there were some patients passed sessions of learning skill, and their stress decreases. So the effect of cognitive-behavioral teachings in decreasing anxiety is significant (33,34). When patient tough different methods of relieving anxiety, her/his response will be suitable. And when he presents the suitable response, he would be successful and his stress will decrease. So cognitive-bahavioral factors, manipulations and correctness are effective in anxiety (35).

According to our results and previous studies we can say that increasing knowledge and correcting beliefs can decrease anxiety, and improve lifestyles. So teaching this methods in schools, universities and etc can decrease anxiety and increase self esteem. Noorbala and Narimani, Sabbagh et al, Najafi and Aquachian and NikYar studies are consistent with our results.

Limitations of this study include small sample size, restrictions in sessions, and it is better to increase sample size in next studies and following changed signs and symptoms of this study.

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REFERENCES


3. Davidson, AC; Mellor, DJ. The adjustment of children of Australian Vietnam veterans: is there evidence for the Trans generational transmission of the effects of war-related trauma? NZJ psychiatry 2001; 35(3) 435-51.


23. Carl F. Weems; Natalie M. Costa; Christopher Dehon; Steven L. Berman, Paul Tillich's theory of existential anxiety: A preliminary conceptual and empirical examination.


