J. Appl. Environ. Biol. Sci., 5(5)200-207, 2015
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ISSN: 2090-4274
Journal of Applied Environmental and Biological Sciences
www.textroad.com

Training Cognitive Restructuring Technique and Muscle Relaxation on Anxiety, Depression, and Dysfunctional Attitudes in Obsessive Patients

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Received: January 2, 2015
Accepted: March 14, 2015

ABSTRACT

The present study aims at training cognitive restructuring and muscle relaxation techniques on anxiety, depression and dysfunctional attitudes in obsessive patients. The study's population included all patients referring to Razi Psychiatric Center in Tehran, which were treated after the diagnosis of obsession disorder based on the diagnostic criteria of the disease. The sample consisted of 60 patients who were purposefully selected. The study had an experimental design (pretest-posttest control group). Results showed that restructuring method which is concerned with changing thoughts and beliefs of the depressed individuals could reduce individuals 'anxiety and increase their concentration. Results also showed that muscle relaxation training was more effective on anxiety and dysfunctional attitudes of the patients and cognitive restructuring training was more effective on patients 'anxiety and depression.

KEYWORDS: obsessive patients, dysfunctionality, anxiety, depression, cognitive restructuring, muscle relaxation technique

INTRODUCTION

Anxiety is one of the basic concepts of psychology from which human always suffer. Today, some experts call the present century as the century of anxiety. Low levels of anxiety are essential for survival and is considered as an effective stimulus for creativity, problem solving, and activity. However, its high rate reduces efficiency, and in some cases causes the destruction of thought and decision-making (Hurgenhan, et al., 2003).

Depression is one of the most common emotional disorders. Many efforts have been made to understand the causes of depression due to the overwhelming popularity and its great effects. Treating depression always precedes obsession and fear. Concentrating on depressing thought will cause more depression and concentrating on anxiety creating thoughts will lead to less anxiety (Scott, 2014).

Obsession is one of the other most common disorders in many societies. This disorder which has a wide range and reduces the individual's quality of life severely is a serious disease and requires a continuous treatment (Visser, 2014). However, in some cases, it is observed that people do not consider OCD as a disease but consider it as a personal characteristic. In many cases, the person with obsession is not aware of the disease or does not accept himself as obsessive. Each of these states somehow endangers the mental health of the individual and family. Fifty per cent of the disease has genetic background and about 2 to 3 percent of people worldwide suffer from obsession (Klenfeldt, et al., 2014). The disease starts in the age of 20, and is similarly prevalent in both males and females, but it may also occur in childhood. At least 40 percent of the Iranian population has compulsive personality and at least 14 percent of them are practically obsessed. Thus, due to the abundance of cases, valuable research, experimental and clinical works can be provided (Dsylva, Padmal, Rachman, 2008).

Dysfunctional attitudes are those general beliefs obtained through experiences of people individually and from the surroundings. These beliefs prepare people to interpret certain situations as too negative and dysfunctional (Taylor, et al., 2006). Beck believes that uncompromising or dysfunctional attitudes are those flexible and excellent standards that individuals use to judge about themselves and others. These attitudes as relatively stable cognitive structures used for selecting, differentiating, and encoding environmental stimuli of persons. Thus, they are so resistant to change that are considered as dysfunctional attitudes since they are rigid and extremist stimuli (Blackburn and Davidson, 2002).

Cognitive-behavioral treatment (CBT) was introduced in the late 50s in the West countries for treating psychological problems and psychiatric disorders such as controlling anger, anxiety and mood disorders and also treating schizophrenia (Brown, et al., 2003). The aim of this intervention was to show patients that the level of

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anxiety and stress on one hand and relief on the other hand can be controlled (Sadouk, 2007). Several scientific results obtained during these years have introduced cognitive therapy as an efficient method in the treatment of psychological problems and psychiatric disorders. It is considered as the main treatment in some cases such as phobia disorder and depression (Frey, 2005). Shadloee (1993), Muhammadi (2003), Narimani and Roshan (2002), Solgi (2005) dealt with evaluating the effectiveness of grouped cognitive therapy for reducing depression of male patients with HIV.The findings reported that cognitive therapy positively reduces patients'depression.

Pluess(2009), Sanchez-Meca, et al. (2014) Sud, A. and Sharma (1990), Moning, Hooke and Tannenbom (1994), Oei and Brown (2006) have confirmed that cognitive behavioral therapy reduces symptoms of anxiety. Kearney and Silverman (1990), SHekrey (2007) examined the relationship between cognitive behavioral therapy and obsessive-compulsive disorder. Results demonstrated the effectiveness of the method. Studies of Twohing (2010) demonstrated that there is a significant relationship between efficacy of treatment based on cognitive interventions and reduction in anxiety, depression, and interpersonal relationships.

Muscle relaxation technique indirectly and by reducing anxiety increases concentration with more accurate results beside providing the right solution. Studies show that muscle relaxation training is effective to relieve stress and anxiety in many medical conditions including high blood pressure, cardiac arrhythmia, chronic pain, insomnia, and premenstrual syndrome/tension and tolerating the complication of cancer treatment (Donegan, 2012).

The proven principles of cognitive-behavioral therapy and behavior therapy as well as social skills trainings enable patients to practice and learn to use the skills provided for them in managing stressful situations and negative emotions. Relaxation, as one of the behavioral techniques, is an active exercise in which tension and relaxation is regularly experienced at all the major muscle groups. Relaxation is an effective technique in reducing tension and stress. Training relaxation should be taught to patients since it can reduce stress and anxiety.

The study's findings of Ibrahimi, et al. (2001), Poor Pahlavan (2005) have shown that there is a significant relationship between the uses of muscle relaxation technique and anxiety reduction. Manzoni (2008), using a meta-analysis research (1977-2007) showed the effects of muscle relaxation on anxiety. Class Lahman (2008), Wells, et al. (1999) and Palles, et al. (2002) found that muscle relaxation technique reduces the effects of anxiety. The present study attempts to use cognitive-behavioral therapy such as cognitive restructuring and applied relaxation separately since psychological trainings are applied in the patients 'treatment programs. If effective, an introduction should be prepared to provide a manual training for possible use in the center and other medical centers. In fact, the main goal of this study was to determine the training effectiveness of two methods of cognitive restructuring and relaxation on anxiety, depression, and dysfunctional attitudes of obsessive patients referring to psychiatric hospitals in Tehran. Zamiri, Johari, and Goudarzi (2005) dealt with the effectiveness of grouped CBT in reducing anxiety in patients with generalized anxiety disorder (GAD) and the effects of this treatment method on dysfunctional attitudes as an intervening variable in the development of psychological disorders. Results showed that dysfunctional attitudes and anxiety factors were significantly reduced in the treatment group. Results demonstrated the effectiveness of grouped CBT in reducing anxiety and dysfunctional attitudes in patients with generalized anxiety disorder.

MATERIALS AND METHODS

The population included all patients referring to Razi Psychiatric Center in Tehran, which dealt with treating the disease after the disease diagnosis based on the diagnostic criteria of mental diseases. The sample consisted of 60 subjects purposefully selected and examined using initial assessment (pre-test). The assessment included appropriate communication with the patient, initial biography and completing Beck's Anxiety and Depression Inventory and dysfunctional Attitude Scale of Wiseman and Beck by the patient during a session of one and a half an hour. Patients were then randomly assigned to two groups of experimental and control with 20 patients in each group. Most of the participants were women classified into the groups of good, average, and very good considering their socioeconomic class based on research criteria of the center. The age range of the patients was 21-35 years old. Minimum educational level of the experimental group was diploma and the maximum level was BA. Thirty-five patients had a history of severe depression. In this study, patients were invited for an initial evaluation by referring to the list of OCD patients due to the inclusion criteria (minimum educational level was diploma and age should be below 35). Patients who had the following characteristics were excluded:

- Using alcohol or drugs
- Current use of psychiatric drugs
- Suffering from psychiatric disorders except anxiety, depression, and obsession

At the first phase, the study used Beck's Anxiety and Depression Inventory and dysfunctional Attitude Scale of Wiseman on 120 patients referring to the medical center to determine the prevalence of anxiety, depression, and

dysfunctional attitudes in patients with obsession. After scoring, 85 patients who had a score above the cut-off point were selected, i.e. ($23.87 \pm 18 = 26$ for anxiety), ($24.93 \pm 12 = 23$ for depression) ($130.79 \pm 2.10 = 133$ for dysfunctional). Sixty subjects were randomly selected, and then randomly classified into three groups, each group having 20 patients including one control group and two experimental groups. The control group received no training in the training sessions but the first experimental group received cognitive restructuring training and the second group received muscle relaxation training.

Muscle relaxation training was carried out using Jacobson's method. In this method, the patient is said to be relaxed and not tense his/her muscles for a while. At the first session, training was taught using training package and the benefits were explained to patients. The method was evaluated at the end of the period. The training was conducted in one or two sessions a week for 45 minutes per session for a month and a half which was 12 sessions totally. However, cognitive restructuring training was conducted in one or two sessions a week for a month and a half in 45 minutes for each session and a total of 10 sessions, which two sessions were devoted to the evaluation of the beginning and end of the period.

The instruments used in this study included:

1. Beck Anxiety Inventory (BAI)
2. Beck Depression Inventory (BDI)
3. Dysfunctional Attitude Scale of Wiseman and Beck

Beck Anxiety Inventory (BAI)

Beck Anxiety Inventory consists of 21 items and measures the severity of anxiety in adolescents and adults. The inventory was developed by Beck, et al. (1988) to assess and evaluate the severity of anxiety symptoms. The detection level of the inventory was determined in the study. Each inventory's item describes one of the common symptoms of anxiety (mental, physical and fear symptoms). The inventory is scored based on 0 to 30 where 63 is the maximum score obtained, which is indicative of severe anxiety. If a subject chooses more than one choice.

The score 1-7 reflects normal anxiety; 8-15 reflects mild anxiety, 16-25 shows moderate anxiety, and 26-63 refers to severe anxiety. Beck, et al. (1988) reported that internal consistency have been 92%. They also estimated that the inventory's reliability, one-week test-retest of the Beck Anxiety have been at 75%. Beck, et al. (1993) evaluated content validity and reported that high efficiency of the inventory depends on the severity of anxiety. The inventory's reliability was measured using test-retest in the city of Zahidan (Borhani, 2001), which the correlation between the two times was considerable ($r = \%70$) (Bakhshani, 2002). Besides having good reliability and validity, the inventory can differentiate anxiety from depression (Salavati, 2002).

Beck Depression Inventory (BDI)

This method is most commonly used for self-report of depression. It is composed of 21 items with four choices for each item. Each of them is based on a scoring scale from 0 to 30 measuring the severity of motivational and cognitive, emotional and affective, somatic and vegetative symptoms of depression. The maximum score on this test is 63 indicating severe depression. Cut-off point 13 has been used for separating and 21 for clinical researches (Beck, 1988). Symptoms assessed in the inventory include sadness, feelings of failure, pessimism, dissatisfaction, feelings of guilt, self-blame, lack of interest toward self, expect for punishment, crying, anger, thoughts of suicide, inactivity, insomnia and fatigue Symptoms are generally divided into three groups and each group consists of seven groups.

The reliability of the test was 93% (Beck, 2002). Reliability of Beck's inventory was reported using Richardson 78% and 75% for test-retest method (Yazdan Dost, 1999). The correlation coefficient between Beck Depression Inventory and the Hamilton Rating Scale in Iranian subjects has been reported to be 66%. Also, the questions of BDI was 0.31 to 0.68 and the overall correlation was 0.93. In this study, Yazdan Dost (1999) used the revised form.

Dysfunctional Attitudes Scale (DAS)

This scale was developed by Beck and Wiseman based on Beck's cognitive theory of depression and anxiety in 1978. The inventory's psychometric properties have been reported satisfactory. It is a self-assessment having two parallel forms including A and B. Each form contains 40 items and the respondent specifies the rate of his/her agreement or disagreement with each statement on a 7-point scale. Items scored at both ends of the scale represent the subject's inflexible attitude. According to Blackburn and Davidson (1989), scoring is so that each response represents that i.e. score 1 means strongly disagree and 7 means strongly agree.

In a study conducted by Aymber, et al. (1990) on 250 clinically depressed patients using DAS, two strong factors of the scale (Wiseman, 1979) were obtained. These two factors were named perfectionism. Scale internal consistency of 91% has been reported by the researcher for perfectionism and 82% confirming.

Internal reliability (Cronbach's alpha) of 95% was reported by Oliver and Bamgart for the inventory. The inventory's stability has been reported for more than 6 weeks. Noori (1993) reported the internal consistency coefficient of the inventory to be 0.85 and the reliability coefficient 0.84 using split-half method edited by Spearman-Brown. The correlation between this inventory and the Beck Depression has been reported to be 0.33 in the Iranian population in normal individuals (Yazdan Dost, 1999). Correlation of this inventory with the Beck Depression Inventory is 0.31, with Hamilton Depression Inventory as 0.39 and Anxiety Inventory as 0.36. Bakhshani (1993) in a study with a sample of 15 subjects in Zahidan found that the correlation between the two inventories equaled to 61% and two-weak reliability was 66% for dysfunctional attitudes inventory. The translated and adapted form of dysfunctional attitudes was used in the study (Yazdan Dost, 1999).

SPSS statistical software was used for data analysis and multivariate covariance analysis (Mancova) was used to test the hypotheses.

RESULTS AND DISCUSSION

Two methods of cognitive restructuring and muscle relaxation-training is effective on anxiety, depression, and dysfunctional attitudes of obsessive patients.

Multivariate covariance analysis was used to examine the above hypothesis since the method allows the researcher to investigate the effects of an independent variable on other dependent variables. The hypotheses including the homogeneity of regression, a linear relation, interval data, random and normal distribution of the data and the correlation between the dependent variables were first examined before performing multivariate covariance analysis. Investigating hypothesized homogeneity of variance, covariance, and matrix is reported in Table 1.

Table 1. Box's Inventory for the variance, covariance, and matrix

Box's	df_1	df_2	F	sig
20.56	12	15745.15	1.58	**0.09**

Box's inventory was used to investigate the homogeneity of variance, covariance, and matrix of the hypothesis. According to the results reported in Table 1, since the significant level is more than P>0.05, the calculated F is not statistically significant. Thus, matrix, variance, and covariance of the hypothesis are homogeneous.

Investigating the correlation coefficient between the dependent variables of anxiety, depression, and dysfunctional attitudes are reported in Table 2.

Table 2. Mutual correlation between the variables of anxiety, depression, and dysfunctional attitudes

Dependent variables	R	N	sig
Anxiety and depression	0.391	60	001
Anxiety and dysfunctional	0.567	60	001
Depression and dysfunctional	0.596	60	001

Results of Table 2 show that there is a statistically significant relationship between anxiety and depression and dysfunctionality. Investigating the hypothesized equality of variances 'error has been reported in Table (3).

Table 3. Hypothesized equality of error variances

Variables	F	df_1	df_2	Sig
Anxiety	1.567	2	57	0.087
Depression	2.567	2	57	0.076
Dysfunctional	3.134	2	57	0.065

In investigating the hypothesis for variance error, since the significant levels of the dependent variables of anxiety, depression, and dysfunctional is more than p> 0.05, there is equality of variances' error. Investigating the hypothesized homogeneity of regression slopes are reported in Table 4.

Table 4. The hypothesized homogeneity of regression slopes

Source	Sum of squares	df	Mean squares	f	Sig	Partial Eta Squared	Inventory's ability
anxiety's pre-test	92.87	2	46.4	2.85	0.06	0.11	0.53
depression's pre-test	39.74	2	19.873	2.211	0.12	0.084	0.43
anxiety's pre-test	124.91	2	62.45	1.91	0.16	0.07	0.38

Table 4 shows that since the result of the interaction between the independent variable and the pre-test of anxiety, the interaction between the independent variable and the pre-test of depression, interaction between the independent variable and the pre-test of dysfunctional is larger than P>0.05, so the computed F is not statistically significant. Thus, since the interaction is not significant, hypothesized homogeneity of regression slope is confirmed. After evaluation, since linear equation, hypothesized homogeneity of variance, covariance, and matrix as well as hypothesized equality of variances 'error and homogeneity of regression slope are confirmed, the researcher can use a multivariate covariance analysis.

Examining mean and standard deviation of anxiety, depression, and dysfunctionality of experimental and control groups are reported in Table 5.

Table 5. The standard deviation and mean scores of pre-test and post-test of anxiety, depression, and dysfunctionality separated by cognitive restructuring and relaxation training group and the control group

Variables	cognitive restructuring group		relaxation training group		Control group	
	Mean	Standard deviation	Mean	Standard deviation	Mean	Standard deviation
Anxiety's pre-test	30.90	3.291	738.4	65.35	10.38	354.3
Anxiety's post-test	23.35	2.851	240.5	75.18	50.34	699.5
Depression's pre-test	33.80	3.708	278.3	30.36	35	742.3
Depression's post-test	18.10	4.599	154.3	05.27	34	742.3
Dysfunctional attitudes' pre-test	138.55	3.441	219.2	85.138	70.137	958.2
Dysfunctional attitudes' post-test	11.50	7.273	948.4	80.118	134.60	4.893

Table 6. Adjusted mean scores and standard deviations of anxiety, depression, and dysfunctionality separated by cognitive restructuring and relaxation training group and the control group

Variables	cognitive restructuring group		relaxation training group		Control group	
	Mean	Standard deviation	Mean	Standard deviation	Mean	Standard deviation
Anxiety's post-test	557.25	161.1	356.18	989.0	687.32	065.1
Depression's post-test	346.19	856.0	374.26	728.0	430.33	875.0
Dysfunctional attitudes'post-test	472.114	554.1	450.118	323.1	977.135	425.1

Table 7. Partial Eta Squared (Eta) based on Wilks Lambda test for the combined variable

Test	Value	F	df_1	df_2	Sig	Test's capability	Eta effect
Wilks Lambda test	062.0	55.52	6	104	001.0	1.000	752.0

Eta square is considered as the proportion of variance related to the new combined variable, which in this study includes anxiety, depression, and dysfunctionality and the new combined variable can be called psychological well-being. The value is 0.752 representing Eta is more than 0.14 or (14 %) representing the high effect of cognitive restructuring and relaxation training on anxiety, depression, and dysfunctionality. Stress inoculation training and cognitive restructuring and relaxation training can help anxiety, depression, and dysfunctionality.

Table 8. Analysis of covariance results for the variables of anxiety, depression, and dysfunctionality

Source	Sum of Squares	df	Mean Square	f	Sig	Eta	Test's capability
Anxiety	985.2	2	492.9	090.5	0.001	0.659	**1.00**
Depression	327.2	2	163.5	106.6	0.001	0.690	**1.00**
Dysfunctional	411.	2	1781.7	562.5	0.001	0.677	**1.00**

Based on the results of Table 8, adjusted Ben Froni (0.003) was used for the analysis of the dependent variables including anxiety, depression, and dysfunctionality in both control and experimental groups. After adjusting the mean of anxiety's pre-test to 34.88 as well as the results of Table 8 for the variable of anxiety and calculated F η^2=0.659, p= 0.001 and F= 6.106 (df=2 and 54), because the significance level is less than Froni's alpha IFN (0.003), the calculated F is statistically significant. Therefore, we can say that there exists a significant difference between the scores of depression's post-test in the two groups of cognitive restructuring and relaxation training and the control group.

After adjusting mean of dysfunctionality pre-test to the level of 138.37 as well as according to the results of Table 8 for general health variable, regarding to F calculated η^2 = 2.677, p= 0.001, and F= 56.562 (df=2 and 54) because the significance level is less than Froni's alpha IFN (0.003), so F calculated is statistically significant. Therefore, we can say that there exists a significant difference between the scores of dysfunctional attitudes 'post-test in the two groups of cognitive restructuring and relaxation training and the control group. Considering the significance of the means 'difference, it can be said with confidence level of 0.99 that training the two methods of cognitive restructuring and relaxation is effective on anxiety, depression, and dysfunctionality in obsessive patients.

CONCLUSIONS

The first sub-hypothesis; cognitive restructuring training affects anxiety of obsessive patients. Considering the significance of the means'difference, it can be said, with confidence level of 0.99 that training the cognitive restructuring is effective on anxiety of obsessive patients. These findings are consistent with the findings of the studies of Zamiri, Johari and Goudarzi (2005), Akhondi (2002), Sobhi, Qiramky (2006), Fatehizadeh (2006), Wahhabi (2002), Pluess (2009), Brigitee, et al. (2008), Linden, et al. (2005), and Waag quoting from Spielberg and Waag(1995), Scoz (1995), Abbasi (2000), Jacobi (1999), Costa (2008), Kahn (2002), Gift, et al. (2001). It can be said that, considering the results and studies previously conducted, people's anxiety can be somewhat alleviated, and concentration can be increased using restructuring method dealing with changing people's fundamental beliefs. The second sub-hypothesis; cognitive restructuring training is effective on depression in patients with OCD. Considering the significance of the means'difference, it can be said with confidence level of 0.99 that cognitive restructuring is effective on depression of obsessive patients. These findings are consistent with the findings of the studies of Omidi, Mohamadkhani, Dolati, and Poorshahbaz (2008), Husseini (2005), Solgi (2005), Shadloee (1993), Muhammadi (2003), Narimani and Roshan (2002), Linden, et al. (2005), Oei and Brown (2006), Moning, Hooke & S. Tannenbom (1994), Butler, Kullington, Hibbert, Klimpes and Celder (1987).

It can be said that, considering the results and studies previously conducted, cognitive restructuring training can be effective and suitable for the treatment of depressed patients. The third sub-hypothesis; cognitive restructuring training is effective on dysfunctional attitudes in patients with OCD. Considering the significance of the means'difference, it can be said, with confidence level of 0.99, that training the cognitive restructuring is effective on dysfunctionality attitudes of obsessive patients. These findings are consistent with the findings of the studies of Jome Poor (1382), HonasabZadeh and Yazdan Dost (1999), Abbasi (2000).

It can be said in explaining the issue that the reason for the success of this approach must be sought in the theoretical and belief basics. In view of cognition therapy, the healthy man is someone whose abilities can collect and process information. If someone has not normal function in processing information, he will be faced with cognitive malfunction. As a result, the person will suffer from psychiatric distresses and disorders leading to incorrect behavior.

Cognitive restructuring technique tries to replace healthy ideas with the false beliefs by influencing on the problems'core, improving, and modifying them. In this way, people who benefit from more adaptive strategies such as active coping strategy report lesser mental disturbance. In fact, one can assume that people can change their attitude towards themselves, others, and the environment by realizing their cognitive and conceptual errors.

The fourth sub-hypothesis: Training relaxation treatment is effective on anxiety of OCD patients. Considering the significance of the means' difference, it can be said, with confidence level of 0.99 that training relaxation treatment is effective on anxiety of obsessive patients.

These findings are consistent with the findings of the following studies: Azad (2001), Bastam Poor (2005), Poor Saeed, Poor Dehkordi, et al. (2008). Muscle relaxation technique is specifically used to treat anxiety disorders. In this regard, many studies have been conducted confirming this issue. In this technique, people by learning relaxation techniques act so that they are placed at the opposite side of anxiety and excitement. In fact, it is a technique opposite of the physical state in the body's natural anxiety i.e. increasing against decreasing the heart rate or decreasing against increasing in breathing. People in any state can reduce their stress and anxiety and experience less stress and turmoil by practicing and equipping to these techniques. Thus, they will experience less anxious and

stressful conditions. Reducing anxiety and stress enhances health and improves functions in those individuals. However, using complementary, noninvasive, and inexpensive methods can be important in mental health education programs.

The fifth sub-hypothesis: training relaxation treatment can effect on depression in patients with OCD. Considering the significance of the means 'difference, with confidence level of 0.99, it can be said that training relaxation treatment is effective on depression of obsessive patients. Unfortunately, no research and study has ever been conducted in this regard. Muscle relaxation techniques can improve mood by reducing physical stresses through body's parasympathetic system as well as by reducing mental stress.

Therefore, it can be said that when individuals have a better mood, they will better be able react against environmental events. This parameter about OCD patients often suffer from depression can be very important, because one of the treatment parameters for the patients is to reduce depression and enhance mood. As a result, we can say that muscle relaxation technique with its tremendous impact on physical states and stresses can improve the immune system. Thereby, the depressed person will feel more efficiency, adequacy, and more control over the environment, which leads to fewer cases of depression.

The sixth sub-hypothesis; training relaxation treatment can effect on dysfunctional attitudes in patients with OCD. Considering the significance of the means 'difference, with confidence level of 0.99, it can be said that training relaxation treatment is effective on dysfunctionality attitudes of obsessive patients. Unfortunately, no research and study has ever been conducted in this regard.

Previous studies have shown that certain attitudes towards stress making situations can cause psychosomatic disorders. For example, attitudes and feelings of patients with OCD with feelings of obligation, tendency toward replication, etc. leads to the formation of many mental and physical disorders. Muscle relaxation technique which is considered as a behavioral technique can reduce anxiety level as well as mental stresses by influencing the physical system, which leads people to have a more efficient and positive attitudes in stressful situations. It is recommended, according to the results, that developing educational-treatment content should be so that it can be used in patients with a lower interest rate. Research plan should be adopted in order to investigate treatment effects over time and their relation to the accidents. It is also recommended, if possible, to involve the patients' family in psychosocial interventions and trainings. The personal characteristics of the patients should be studied.

REFERENCES

Abolqasem, SH. (2011). Medical Psychology and Neuropsychology, Tehran, Arjemand Publications.

Akhondi, S. (2002). Effects of cognitive behavioral group therapy on anxiety in female students in secondary schools, MA thesis in clinical psychology, Allameh Tabatabai University.

Atkinson, et al., Retyal, Al., Atkinson, Richard S., Hilgard, Ernest, R. (1986). Psychology background, Volume II, translated by Baraheni, MT, et al. (2001), Tehran, Roshd Publications.

BavilAbbasi, J., MehrYar, H. (2000). comparing the efficacy of cognitive-behavioral therapy and pharmacotherapy in the treatment of anxiety, Quarterly of Thought and Behavior, PP 20 & 81.

Blackburn, O., Davidson, M., Keith, M. (2002). Cognitive therapy of depression and anxiety, translated by Tozandeh, J. H., (1995), Mashhad, Astan Quds Razavi Publications.

Costello. T., Costello, J. (1994). Psychological abnormalities, translated by Poor Afkari, N. A., Tehran, Azadeh Publications.

Dobson, S. Keith, (2001). Translated by Muhammad Khani, P. (2005), Psychometric characteristics of the Beck Depression Inventory in patients with major depressive disorder in partial remission period of rehabilitation, Period VIII, PP 8 (29).

FatehiZadeh, M. (2006). Effect of Beck's cognitive therapy in reducing anxiety in high school students, MA thesis, University of AllamehTabatabai.

Frey, M. (1999). Practical Handbook of group cognitive therapy, Translated by Mohammadi, M. and Farnam, R. (2005), Tehran, Roshd Publications.

Hosseini, S. S. (2005). Effects of group cognitive therapy in reducing depression and improving mental health of patients with MS protected by MS Community, MA thesis, University of Al-Zahra.

HonasebZadeh, M., Yazdan Dost, R. (1999). Investigating the efficacy of cognitive-behavioral therapy on dysfunctional attitudes and depression symptoms in adolescents with major depressive disorder, Journal of Thought and Behavior, PP 19 & 81.

Hurgenhan, B. R. Feed., wallson, M. H. (2003). An Introduction to Theories of Learning, Translated by Seif, A. A. (2008). Tehran, Davaran Publication, p 442.

Ibrahimi, H., Ranjbar, S., Najmeh, Z. (2001). Effects of muscle relaxation on anxiety of patients hospitalized for heart surgery in Tehran ShahidRajaee's Heart Hospital. Journal of medical sciences in Shahrekord, Volume IV, No. 3, PP 63, and 56.

JohariFard, R., Goodarzi, MA.,Zamiri, A. (2005). Effects of group CBT on anxiety and dysfunctional attitudes in patients with generalized anxiety disorder, proceedings of the Third National Congress of the Humanities and Arts, Islamic Azad University, Arak Branch.

Jome Poor, H. (2006). the efficiency and effectiveness of cognitive therapy in reducing dysfunctional attitudes and beliefs related to drug addicts, MSc thesis in clinical psychology, Ferdowsi University of Mashhad.

Kaplan, Harold, Sadok, Benjamin, James and Sadok, Alkert, V. (1998). Synopsis of Psychiatry, Translated by Poor Afkari, N. A. (2011), Tehran, Arjemand publication

Kaplan, Harold, Benjamin, James Sadok (2007). Synopsis of Psychiatry, Translated by Reza'ee, F., 2008, Tehran, Arjemand publication, Volume II.

Muhammadi, J. (2003). Investigating the effects of group cognitive therapy focused on the schema on mental health promotion among Ferdowsi University students of Mashhad, MA thesis in clinical psychology, Ferdowsi University of Mashhad.

Narimani, M., Roshan, R. (2002). Investigating the prevalence of depression and efficacy of cognitive therapy in reducing depression among children, Journal of Psychology, Vol. VI, No. 254 & 243-4.

Omidi, N., Mohammad Khani, P., Dolatshahi, P., Poor SHahbaz, A. (1999). Efficacy of combined treatment using presence of mind based on cognitive therapy and behavioral-cognitive therapy on psychiatric symptoms in patients with major depressive disorder, Feiz Research and scientific Quarterly, Period XII, No. 2.

Padmal, D., Rachman, D. (2008). Facts about Obsessive Compulsive Disorder, Translated by Shaporian, R. (2006), Tehran, Roshd Publications.

Poor Pahlavan, J. (2005). the relationship between irrational beliefs, income level, feeling mental stress and depression in women on the verge of divorce in Rasht, MSc thesis, Islamic Azad University, Tonekabon Branch.

Poor Saeed, S., Poor Dehkordi, etc. (1999). Examining the effects of muscle relaxation on anxiety levels in depressed patients, MA Thesis in General Psychology, Islamic Azad University, Khorasegan Branch.

Shadloee, F. (1993). treatment of depression using cognitive therapy combined with medication compared to relaxation using pharmacotherapy.

Solgi, Z. (2005). Evaluation of grouped cognitive therapy for depression in positive HIV male patients, Council Center for Behavioral diseases in Kermanshah, MA thesis, University of Al-Zahra.

Sobhi, Q, N. (2006). Effects of cognitive therapy and study skills trainings on reducing test anxiety and increasing academic performance due to personality factors, PhD Thesis, Tarbiat Modarres University.

Yrashi, Wahhabi, Y. (2002). Effects of music therapy and body relaxation on anxiety of the patients hospitalized in cardiac intensive care unit. Journal of Thought and Behavior, Vol. VIII, No. 3.