



The Effectiveness of Cognitive-Behavioral Therapy on Bereaved University Students' Hope

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ABSTRACT

The present research aims to study the effectiveness of cognitive-behavioral therapy (CBT) on bereaved students' hope. This is an applied research of quasi-experimental type and pretest and posttest design with control group. We selected 30 bereaved university students using stratified sampling method. We used Schneider Hope Questionnaire as the pretest-posttest in the research and analyzed using the statistical method of covariance analysis. The data analysis results indicate that cognitive-behavioral therapy increases bereaved students' hope and there is a significant difference between the two groups. The results of this study show that cognitive-behavioral group therapy influences hope and increases bereaved students' hope by helping them in their emotional discharge and acceptance of death.

Keywords: cognitive-behavioral therapy, hope, university students

INTRODUCTION

Death is the fate of any person, group or society and occurs in different forms. It may come about suddenly, gradually, heinously or vaguely. Meanwhile, what is important is the type of reaction to death and its forms, especially to loved relatives' death, which can occur in a continuum from normal to non-normal. Among the abnormal reactions to a loved person's death is grief. Grief is intense inner heartache, discomfort and sadness in response to losing a person and has intense effects on the bereaved person [3]. The signs of grief have been categorized into five groups as follow: 1) physical signs; such as sleep and food disorders, weight loss, contraction of the muscles of the breast, feeling of pressure in the throat, headache, migraines and so on, 2) cognitive symptoms; such as confusion, obsessive mental preoccupation toward the dead person, memory problems and lack of concentration, excessive emphasis on past memories with the dead person, 3) emotional symptoms; such as shock and disbelief, deep sadness, anger, helplessness (frustration), grief, anxiety, depression, loneliness, fatigue, numbness, and confusion, 4) spiritual symptoms, including doubt in beliefs, and efforts for meaning making, and 5) behavioral symptoms, like seclusion, crying, sighing, restlessness, problem in decision-making, increased need for love, dreaming of the dead person, self-destructive behaviors [4].

According to the dual process model of coping with loss, it is particularly important to pay attention to emotional and spiritual symptoms due to their healing effects. Based on this model, coping with grief involves that individual's pay attention to both emotional consequences of loss and to the changes of their own lives. In accordance with this model, the concept of hope has been selected to represent the emotional- cognitive symptoms and emotional consequences. Hope is the precondition for movement. The effective role of hope in life both before and after the emergence of a problem has repeatedly been emphasized [5]. Schneider, as one who developed the theory of hope, believes that hope includes a set of cognitive processes based on the feeling of success arising from the selection of different sources, purposeful decisions, and selected paths to achieve the goals [6]. In Schneider's theory, goals are the main source of emotions and positive emotions result from access to the goal or the thought of getting close to it, while negative emotions arise from the failure to achieve the goal or the thought of getting away from it [7]. According to Schneider's theory, bereavement and loss (which are contrary to one's planning and goals) creates a sense of failure in him or her and makes him or her disappointed or frustrated. Based on this theory, frustration is a shocking state manifested with a sense of impossibility, inability and lack of interest in life, so that the person suffering from despair becomes intensely inactive and cannot check out his or her different conditions and circumstances in order to make decisions [8]. The medical interventions based on changing individuals' views and replacing sad and disappointing thoughts with logical and reasonable thoughts can be effective in improving individuals' health. For example, by opening new horizons and helping define new goals in the bereaved person's life, one can help decrease his or her grief and direct him or her toward everyday responsibilities through emotional energy [3]. Some interventions have shown that group hope therapy leads to individuals' increased hope and mental health, which confirm the above-mentioned points [7].

The presence of the symptoms of grief [4], together with its extreme pain and sadness, has made different societies think of new ways to help people cope with grief and adapt themselves with the life after a loved person's death. Occasions such as the getting together of family members and friends, wearing black clothes, attending the funeral ceremony and mourning with special ceremonies are very common among societies and nations. However, these are all aimed at helping individuals cope with their grief and the life in the world without the dead person [3]. In fact, what is common in different cultures is to help individuals return to a satisfactory life by adopting the reality of loss, ending the sadness of grief, and coping with the world without the loved dead one and establishing an inner relation with the dead person and continuing with life. The supports and protections arising cultural contexts and social networks are very effective in reducing the depressions and stresses that arise from grief, and help the bereaved people to cope with the post-loss changes and to return to life. On this basis, it is essential to use other therapy methods in order to balance the mournful person's life and to make him or her adapt with the new conditions. Among these therapies is cognitive-behavioral therapy (CBT).

CBT approach is one of the best-known therapies that has been dealt with by a large number of studies. Individuals are helped in this approach to change their behaviors, communicate with others, solve problems, discover distorted thoughts, challenge the illogical beliefs and attitudes and reconstruct themselves cognitively [9].

The first action in CBT is to help individuals to interpret a situation the most reasonably and adaptively and to behave in accordance with that insight. The nature of CBT is that its cognitive products are mediated among the emotional, behavioral and physiological situations and responses and thus this approach is an important extension of the stimulus-response pattern of human behavior [10]. Consistent with the above-mentioned points, a research showed that cognitive therapy based on mindfulness is effective in increasing the patients' hope and well-being [11]. Another research was conducted in order to evaluate the effectiveness of cognitive-behavioral group therapy on depression, stress and hope of the women suffering from breast cancer, showing the effectiveness of cognitive-behavioral group therapy in increasing the patients' life expectancy [12].

On the whole, it can be said that grief has plentiful destructive effects on individuals, reduce their general performance, and has serious consequences for their physical and mental health if not alleviated. Studies have proved that injecting hope and promoting individuals' health can stimulate one to move and prepare him or her to meet the adverse conditions of life [5, 13]. Since the bereaved people are put into trouble in terms of hope, and this problem adds to their emaciation in the process of grief, the present research is thus an attempt to investigate the effectiveness of CBT on bereaved students' hope.

MATERIALS AND METHODS

The present research is a quasi-experimental research with the pretest-posttest design and control group. The research population includes all students were studying at Mohaghegh Ardabili University in 2015-2016 academic year. Among the students, 30 students had the experience of grief, and were selected using stratified sampling method and diagnostic and statistical manual of mental disorders (DSM-IV) and Grief Experience Questionnaire (GEQ) and were placed in two experimental (15 students) and control (15 students) groups. In the first measurement, Schneider's Hope Questionnaire was administered for the two groups, then the experimental group were exposed in eight sessions to the independent variable, i.e. cognitive-behavioral group therapy (Table 1). In the second and final measurement, the posttest was given to the two groups and the two groups completed the questionnaire. The following tools were utilized in the present research:

Schneider's Hope Questionnaire (Schneider, 1991): a type of self-report scale with 12 items, 6 items related to agency component and the other 6 items related to the pathway component. The internal consistency of the whole test was between 0.74 and 0.84 and its validity was reported to be 0.80 [14]. The reliability of this scale was also measured by Shirinzadeh and Ja'fari (2006) and alpha coefficient was measured 0.71 and 0.67 for agency and pathway components respectively.

Procedure

First session: interviewing the mournful elderly, making a safe and supportive relationship, sympathizing, explaining the goals, investigating the condition and situation qualitatively and expressing the emotions.

Second session: psychological restating for one hour including normalization of responses, modifying and catharsis of the emotions in a supported environment and expressing emotions and reactions in exposure time.

Third session: getting familiar with the concept of "emotion" and "depression", their symptoms and effects on intensifying the symptoms of bereavement, giving homework

Fourth session: instructing and doing relaxation to reduce the symptoms of emotional arousal.

Fifth session: using imagination including replacing the intrusive memories of lost one with the pleasant thoughts and memories and also using the strategy of minimizing and removing the image of memories to repel and suspend the intrusive thoughts.

Sixth session: applying techniques of avoiding of annoying events and memories including gradual desensitization

Seventh session: exchanging the roles of the deceased person and the bereaved, expressing the emotions and feelings of the bereaved individual

Eighth session: teaching the skills and restoring the routine daily activities and art therapy (imagination and symbolization of the lost person in the works...) that cause the bereaved to replace emotionally him/herself with the deceased one.

RESULTS

Table1. Hope in pretest and posttest in experimental and control groups Group

Variable		Group	Number	Mean	Standard Deviation
Hope	pretest	Experimental	15	17/50	3/30
		Control	15	18/10	3/20
	Post test	Experimental	15	30/10	3/65
		Control	15	21	3/55

Levin test was used to test the equality of variations gained from ANCOVA assumptions.

Table2. Results of Levin test

Df1	Df2	A	F
1	28	0.07	5.94

According to Levin test results (table2) since $\alpha > 0.05$, there is no significant difference between the variation of experimental and control groups and the observed difference is the result of random sampling, therefore the presumption for ANCOVA are available.

Table3. ANCOVA analysis

Source of differences	$\sum(X-\bar{X})^2$	Df	$\frac{\sum(X-\bar{X})^2}{N}$	F	α	IF
Pretest	12/59	1	12/59	1/37	0/25	0/049
intervention	658075	1	658075	72/008	0/00	0/72

According to the findings (table3), $F=1.37$ and ($p < 0.01$), applying group COGNITIVE-BEHAVIORAL THERAPY was effective on Hope and declined the means in posttest of experimental group.

DISCUSSION

The present research was conducted in order to determine the effectiveness of cognitive-behavioral group therapy on bereaved students' hope. The results revealed that cognitive-behavioral therapy increases bereaved students' hope. These results are in line with the findings of Alaodini et al. (2008), Aghabagheri et al. (1391), Patrizia & Nadav (2008), Mehrinejad & Rajabi Moghadam (2012) [7,11,15]. A research was carried out with the aim of investigating the effectiveness of cognitive-behavioral group therapy on MS patients' life expectancy, showing that the use of cognitive-behavioral group therapy in the therapy of patients suffering from MS can lead to their mental health and increased life expectancy [16]. The experience of losing a loved person who has had an important role in one's life may give the person a sudden shock, disturb his or her mental balance, make him or her experience a period of depression, which is a stage of grief, and give him or her a sense of despair and frustration. CBT changes individuals' cognition and behavior, and thus makes them cognitively prepared to accept the loss and increases their hope. Cognitive techniques focus on the beliefs related to automatic thoughts that result in struggles, whereas behavioral techniques focus on actions that interact with the cognitive process [17]. With regard to the nature of CBT in changing and reforming individuals' behavior in the face of losses and grief, and due to their success as a result of these activities, it can be said that CBT can lead to increased hope in bereaved students.

On the whole, it seems necessary to use cognitive-behavioral group therapy in order to improve the symptoms of individuals with the experience of loss and grief and to increase their hope in order to enable them to cope with the loss and tolerate its effects. Moreover, no research has been conducted in Iran on the investigation of the effectiveness of cognitive-behavioral group therapy on bereaved students' hope, with which to compare the results of this research. Filling the existing theoretical gap in the field, the results of this research can also be helpful for clinical centers, mental hospitals, therapists and researchers. Finally, it is suggested that similar studies be done with other populations in Iran, in which to investigate the role of CBT in the therapy of other symptoms of grief and loss.

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