EFFECTIVENESS OF COGNITIVE – EXISTENTIAL THERAPY ON REDUCING DEPRESSION AND IMPROVEMENT IN QUALITY OF LIFE IN OPIATE ADDICTS UNDERGOING METHADONE – MAINTENANCE TREATMENT

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ABSTRACT
The aim of current research is to investigate effectiveness of Cognitive – existential therapy on reducing depression and improvement in quality of life in opium addicts undergoing methadone- maintenance treatment. Method: In this study, 32 addicted people undergoing methadone-maintenance treatment from all addicts referring to Baharan hospital of Zahedan were selected via conveniences sampling and they were randomly placed in two groups of experimental and one group of control .The test plan was in the form of pre-test and post –test with the group of control. Group of cognitive-existential therapy was implemented during 8 sessions, one session in a week for trial group. Research information was collected through Beck depression criteria and criteria of quality of life (QOL). Data were analyzed by Covariance –analysis test. Findings: Results showed that post-test scores of trial group had a meaningful reduction in depression factor (p<0.05, F=11.67) and meaningful increase in criteria of life quality (p<0.05, F=7.27). Conclusion: According to findings, it can be said that group of cognitive-existential treatment has been effective in reducing depression and improving quality of life for addicts and it can be used as a method.

Keywords: Cognitive – existential Therapy; Methadone Maintenance; Quality of Life; Depression

INTRODUCTION
Addiction is a complicated sickness characterized with some features like obligatory behaviours, non-resistant temptations, searching behaviours for opium and continuous consumption even if there are negative effects for the person. Continuous consumption of opium during time and long-term poisonous effects of its consumption on brain performance leads to vast domain of behavioural, psychological, social and physiological misbehaviours which prevents normal performance and behaviour of addicts in family, working place and society (Leshner, 1999). Substance abuse has been identified as one of hygienic, mental, and social problems. According to annual report of the United Nation, total number of substance user aged between 15-64 years old is almost 226 million people worldwide and its outbreak is 3.4 -6.6 per cent of total population, Of these consumers, nearly 17 million people are using opiate (United Nations Office on Drugs and Crime[UNODC], 2012). Opiate is the most frequent material being used in Iran (Mokri, 2002). Drug addiction is a chronic sickness accompanied by another psychological illness. Behavioural disorders and the most important one, depression, is of the most common disorders along with addiction, in the first level, according to DSM-IV. Major depression-disorder outbreak among these people is almost 50-60 per cent and minor depression disorder is nearly 10 per cent (Ilgen et al., 2008). Nowadays, in addition to avoiding opium among addicts, effects of various methods of addiction treatment is highly paid attention and affairs such as quality of life, hope and Purposefulness of addicts are highly important (Maremmani et al., 2007; Fridman, 2006; Yalom, 1995). These people mainly lack of meaningfulness and objectiveness in their lives. These two negative aspects of life are matching with the concept of demoralization. The main
characteristics are isolation and hopelessness. Individual’s self-esteem is damaged and they are isolated. Alienism probably leads to lack of meaningfulness in life (De Jong et al., 2008). Blanchard studied 872 patients under treatment of methadone and he investigated existence of disorders in the first and second Axis. He showed that if addict suffering from one type of disorders in the first Axis, he will need drug treatment, psychotherapy Along with methadone maintenance therapy (Blanchard, 2000).

Using cognitive techniques, clients are enabled to identify thoughts leading using opium as well as recognizing poor ideas and try their best to replace them with appropriate ones. Clients are trained by these techniques to look at their relations and conditions with new point of view (Carroll and Rousanville, 2007).

Of the criticism to cognitive treatment is that it underestimates excitement and for some clients may be too structured. High tendency to technique, lack of using therapeutic relationship and working on removing symptoms but not investigating reasons and infrastructural problems are criticism to this approach, to name a few (Corey, 2005).

Techniques of existential and Humanism treatments (including empathy, Expressing feelings, reflective listening, and acceptance of the client’s subjective experiences) are beneficial in all kinds of short-term therapies even if they are psychodynamic, Structural, or cognitive-behavioural therapy. They help create communication and they provide a field for all aspects of treatment process meaningfully. This therapy shows factors which forms disorders of Substance abuse like not having meaningfulness in life, fear from death and failure, being stranger with others, and spiritual emptiness. Existential therapy goes to deep levels of affairs relating to Substance abuse. These treatments increase dimensions of self-esteem, self-motivation, and improvement which facilitate treatment process, existential and Humanism therapies are unique for short-term treatments of substance abuse because individual tends to organize therapy report by increasing self-awareness, paying attention to resources and natural potentials, and growing client as responsible person. Since these approaches work with fundamental factors of substance abuse disorders, they may not always directly confront with these disorders. Since substance abuse is a primary problem and it might be like a background, these therapies are more effective when they are mixed with common treatments for substance-abuse disorders (Lawton, 1999).

According to what was said, it seems that a mixture of cognitive and existential therapies is helpful in removing psychological symptoms of addicts. This combination was used by Kissane et al., (2003) in order to respond to special needs of female suffering from primary breast cancer. They tried to compile and recommend new intervention method which was combination of elements from cognitive therapy and existential therapies. Mentioned method was mixture of techniques of Cognitive Reassessment and promotion of coping skills mixed with elements from existential and supportive approaches. In addition, it was tried to present intervention method in the form of group consultation with the aim of taking advantage of supportive benefits in groups (Bahmani et al., 2010).

Kissane et al., (2003) concluded that cognitive-existential therapy has positive effect on reducing overall symptoms of female psychological distress suffering from primary breast cancer (Kissane et al., 2003). In a research conducted by Bahmani et al., (2010) trying to compare two groups of cognitive-existential therapy and cognitive instructional therapy on patients with breast cancer revealed that depression average in cognitive-existential group is less and their hope average is meaningfully higher than group of cognitive instructional therapy (Bahmani et al., 2010). These researches have been conducted for patients with cancer, but it seems that there are similar psychological symptoms between patients with cancer and addicts. In a research by DeJong et al., (2008) conducted to compare existential stress of patients dependent to opium and cancer patients along with a control group without somatic disorder showed that control group obtained very low scores in all sub-criteria of Demoralization. This research showed that patients dependent to opium had considerably more demoralization in comparison with cancer patients (DeJong et al., 2008). It is noteworthy that substance abuse and dependence bring about severe social, economic, political, cultural and hygienic damages which some can be pointed out such as epidemic physical sicknesses like hepatitis and Aids; social-mental sicknesses like crime increase related to
addiction like theft, murder, self-burning, unemployment, family violence, child abuse, increasing divorce and poor performance of children education with addicted parents (West, 2006).

Based on expenses and severe social, individual, and economic damages of substance abuse worldwide, it is necessary to investigate affordable therapy in order to treat substance abuse and addiction. That is why, this research investigate effectiveness of cognitive-existential therapy in reducing depression and improving quality of life for these people.

MATERIALS AND METHODS

Tools and Methods

This research is an intervention one conducted in the form of pre-test –post-test with control group. Statistical society of this research was all addicts to opiate in Zahedan referring to Zahedan Baharan hospital to receive methadone-maintenance treatment. Samples included 32 people.

Sampling method has been conveniences sampling. First, a list of addicts to opium under methadone – maintenance therapy was prepared. Then they were called using telephone number recorded in registration note book and they were talked about forming group-therapy sessions. Thirty two were selected from the ones who announced their availability and they were placed in two groups of trial and control (each group contained 16 people). After obtaining written letter, patients in trial group were invited to attend group-therapy sessions.

Criteria to enter this research were being male, being minimum 18 years old and maximum 60 years old, having elementary education, passing at least two months of treatment with methadone. Criteria for leaving the research were developing psychological disorders like psychosis disorder, delirium, impulse control and organic disorders.

Group therapy was done for 8 consequent sessions, once a week for 90 minutes for each session.

- **First Session:** Introducing members, expressing main rules of cognitive-existential group therapy, taking pre-tests, self-uncovering, investigating addiction experiences, and conquering loneliness situations.

- **Second session:** Creating motivation for change, awareness of accepting responsibility and its role in achieving success.

- **Third Session:** More Assertiveness and Overcoming anxiety resulted from stress of relapse and having life without direction, meaning and understanding methadone-maintenance therapy.

- **Fourth session:** Searching for more adapting and training for Problem Solving as well as anger management.

- **Fifth Session:** Cognitive restructuring for investigation and work on negative thoughts.

- **Sixth Session:** Instillation hope and promoting level of self-esteem, philanthropy, mutual support, helping participants for avoiding neurosis Attachments and replacing healthy relationships.

- **Seventh Session:** Searching for meaning and creating new meanings.

- **Eighth Session:** Following uncompleted tasks, investigating how each of members has changed and what accomplishments he has obtained. People reassesses their goals and finds commitment to future, taking post-test.

In the control group, pre-test and post-test were taken simultaneously with trial group keeping the same time distance. Control group participants, during this time, did not receive any individual or group psychological therapy except consuming methadone.

The following criteria were used in this research. Criteria of life quality from World Health Organization: This questionnaire includes 26 articles investigating fields related to hygiene, mental health, social relationships, and environment. Differential validity, connotation validity, and validity of this questionnaire have well been confirmed. This questionnaire was translated in to Persian by 5 experts of health -psychology field. Furthermore, the questionnaire has been applied for 504 teachers in order to investigate factors in that four agents for this criterion were determined after analysis: life essentials, physical health, addict’s interrelationships and life meaningfulness. Alfa Kronbakh coefficient for this research has been as following: life essentials (0.75), life meaningfulness (0.70), physical health (0.80), and addict’s interrelationships (0.82) (Beygi et al., 2011).

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Beck reconsidered depression questionnaire: It is a 21-article tool and self-reporting system about depression symptoms in order to assess depression among people older than 13 years old. This questionnaire measures existence and severity of depression in a four-choice criterion from zero to three. Scores less than 14 indicates existence of minimum symptoms, scores between 14 to 19 express severity of symptom average, and scores between 20 to 28 indicates high levels of depression. Dabson and Mohammad (2007) have reported that the total validity of this test for 0.91 and integrity–coefficient domain of each article in comparison with whole questionnaire (ability to diagnose question) was between 0.454 and 0.681. Convergence validity of this questionnaire has also been pleasant through calculating integrity with abbreviation of morbid symptom questionnaire (Bahmani et al., 2010).

Findings
Population information and descriptive findings of trial and control group have been shown in tables 1 and 2. According to table 1, it is seen that two groups are similar in terms of demographic characteristics.

<table>
<thead>
<tr>
<th>Table 1: Demographic characteristics of trial and control group</th>
<th>Trial group</th>
<th>Control group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Age 18-30</td>
<td>5</td>
<td>31.2</td>
</tr>
<tr>
<td>30-50</td>
<td>9</td>
<td>56.2</td>
</tr>
<tr>
<td>50&lt;</td>
<td>2</td>
<td>12.5</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>7</td>
<td>43.8</td>
</tr>
<tr>
<td>Single</td>
<td>9</td>
<td>56.2</td>
</tr>
<tr>
<td>Education Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle School</td>
<td>9</td>
<td>56.2</td>
</tr>
<tr>
<td>High School</td>
<td>6</td>
<td>37.5</td>
</tr>
<tr>
<td>Diploma</td>
<td>1</td>
<td>6.2</td>
</tr>
<tr>
<td>Bachelor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 2: Descriptive statistics according to group and test-stage segregation</th>
<th>Pre-test Mean</th>
<th>Std. Deviation</th>
<th>Post-test Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>control 24.00</td>
<td>8.04</td>
<td>trial 24.68</td>
<td>9.26</td>
</tr>
<tr>
<td>Quality of life</td>
<td>control 64.81</td>
<td>1.80</td>
<td>trial 69.18</td>
<td>1.66</td>
</tr>
</tbody>
</table>

Covariance analysis test was used to see whether or not there is a difference between average of dependent variables (depression and quality of life) in two groups before intervention in which results are in table 3.

<table>
<thead>
<tr>
<th>Table 3: Results of covariance analysis for investigating effectiveness of group therapy on depression and quality of life</th>
<th>df</th>
<th>F</th>
<th>Mean Square</th>
<th>Sig.</th>
<th>Partial Eta Squared</th>
<th>Observed Power</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>1</td>
<td>11.67</td>
<td>1001.281</td>
<td>0.002</td>
<td>0.28</td>
<td>0.91</td>
</tr>
<tr>
<td>Quality of life</td>
<td>1</td>
<td>7.27</td>
<td>1610.281</td>
<td>0.011</td>
<td>0.19</td>
<td>0.74</td>
</tr>
</tbody>
</table>

As it is seen from the table, group therapy has been effective on reducing depression (p<0.05, F=11.67) and improving quality of life (p<0.05, 7.27) in trial group.

RESULTS AND DISCUSSION
The aim of this research is investigating effectiveness of cognitive-existential group therapy on reducing depression as well as improving life quality of addicts to opiate under treatment of methadone. Results
obtained from research finding show that above intervention along with methadone-maintenance therapy has been more effective than methadone alone on reducing depression and improving quality of life. Results revealed that group consultation with cognitive-existential approach has been effective on reducing addicts’ depression under methadone-maintenance therapy. These findings are similar to those of Bahmani et al., (2010) and Kissane et al., (2003).

Depression symptoms are resulted from cognitive distortion. Feedback circle in depression is in a way in which symptoms are started with ideas and opinions and the patient is nourished with these ideas and he supports them. Individuals can be helped through presenting cognitive model in order to shorten this feedback organization. These people are not able to express their Emotions due to their attitudes (Beck et al., 1979).

Existential psychology tries to absorb emotion and spirit of life rather than placing life under intellectual system and organized categories. Moreover, existential psychology likes to include fundamental philosophical thoughts for understanding our psychology and it helps clients understand they can manage despite of various difficulties (Jacobson, 2007). This attitude probably helps clients not consider himself as victim of condition, try his best to change the situation, find his strengths and be hopeful to the future.

This research also showed that cognitive-existential group therapy has been effective on improvement of life of addicts under methadone-maintenance therapy. Research findings have been similar to those of Bahmani (2010). Nordonfels (2003) defined life quality as life satisfaction and satisfaction measurement is done through individuals’ experiences from reaching their goals and wishes. One of the most important issues in investigating quality of life is substance abuse. Substance abuse is accompanied by a considerable number of effects in which affects on physical, mental health severely; social relationships; and daily life. In addition, having unpleasant life style is one of factors directing the person to substance abuse (Bizari et al., 2005).

Quality of life has a vast domain which has been affected by a collection of factors including individual’s physical health, Psychological states, independence level of social relationships, and their communication within life environment. Thus, generally, quality of life has various dimensions of physical, mental, and social ones covering a vast portion of individual’s life. It is clear that this model must be multidimensional and it should consider physical and psychological dimensions as well as environmental and social relationships (Miller and Miller, 2009).

Sugerman et al., (2010) have revealed that cognitive and behavioural interventions lead to improvement of Mood and anxiety symptoms, and in addition to affecting the tolerance increase; it causes to improve quality of life of patients.

A person with cognitive errors cannot assess himself and current situation correctly and this assessment can be seen in all aspects. Therefore, it can be said that psychological interventions and specially cognitive therapy which mainly focuses in changing beliefs and thoughts can be effective on individual’s quality of life.

Psychological dimension of life quality includes life enjoyment, having meaningful sense in life, Concentration, self-satisfaction, and experiencing emotions such as sadness, hopelessness, anxiety, and depression. One of goals of existential –analysis therapy process is challenging clients to discover various situations of life and select among them (Kaye, 1986). Existential therapist gives awareness to the individual that he should not act like ashamed human in that life directs and determine goals. But he can intentionally be creator of life (Bartz, 2009). Existential therapy is exploring Phenomenology which condemns deterministic view and help clients find value, meaningfulness and having goals in life (Seligman, 2006; Fernando, 2007). Person who has gaol and meaning in his life can certainly enjoy more, be satisfied more and experience less depression leading to improving quality of life.

Generalized result and using findings of this research is because of relatively low number of samples and lack of following measurement in study plan. Comparing effectiveness of cognitive-existential group therapy on depression and quality of life with other common methods like cognitive-behavioural therapy can help clarify some concepts and amount of therapy effectiveness.
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