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THE EFFECTIVENESS OF COGNITIVE THERAPY ON PERCEIVED STRESS, RESILIENCY AND LIFE EXPECTANCY IN AUTOIMMUNE PATIENTS AT RASUL AKRAM HOSPITAL OF TEHRAN

Farideh Dokaneheei Fard and *Zahra Mousavi Khorrami

Department of Counseling, Roudehen Branch, Islamic Azad University, Roudehen, Iran

**Author for Correspondence*

ABSTRACT

The purpose of this study was to evaluate the efficacy of cognitive therapy on perceived stress, resiliency and hope to live in the autoimmune disease in TeharanRasulAkram Hospital. The study population included all women with autoimmune disease in RasulAkram hospital of Tehran, since this study is quasi-experimental with pretest-posttest control group and random assignment, in this study, the sample size for the study of cognitive therapy in women with autoimmune disease, was considered 30. Data used to measure the variables under study, Schneider Life expectancy questionnaire (1991), Perceived Stress Scale (Cohen), Resiliency Scale Connor and Davidson (2003) and Training and cognitive therapy (uncontrollability beliefs, level of activity, the avoidance coping, mindfulness task faulted, rumination, Notice) During the 8 sessions and surveys were conducted on a sample. To analyze the data, descriptive statistics (frequency, percentage, mean, standard deviation, variance, diagrams, etc.) And inferential statistics to test the hypothesis test (analysis of covariance) was SPSS software environment. The results showed that the method of cognitive training on perceived stress, resiliency and hope to live in the autoimmune disease has impressed in RasulAkram hospital of Tehran.

Keywords: *Cognitive Therapy, Perceived Stress, Resiliency, Life Expectancy, Autoimmune Patients*

INTRODUCTION

Everyone in their personal and social life are faced with numerous problems In fact, life is nothing but a continuous process of dealing with the problems and try to resolve them, So there is a problem in life is natural, and individuals and families with multiple problems inevitably encounter in their lives. So to act passively and wish that I did not have any problems in our lives before, it is best to learn how to solve their problems. If life's important issues remain unresolved, stress, fear and concern that ultimately leads to physical stress. Autoimmune disease occurs when the immune system mistakenly attacks the body's own start. Among the more well-known we can note autoimmune diseases such as lupus, rheumatoid arthritis and multiple sclerosis (MS). Most of these diseases are chronic, but depending on the condition can be controlled. Autoimmune diseases, affects women more than men and are more common in some families, and it has inherited fields (Foroughi, 2010).

Many chronic diseases, including autoimmune disease, and stress associated with high risk of depression and hopelessness. The cause of depression is an autoimmune disease in three ways. If autoimmune disease attacks in some areas of the brain that is involved in emotional expression and emotional control, types of behavioral change can be followed. In addition, depression may be due to changes in endocrine or autoimmune disease, the immune system that results occur. Third increase the risk of depression in patients with autoimmune disease, side effects of some drugs. It is obvious that in any cause of depression which caused loss of life expectancy, the consequences will be inevitable (Bijari and Partners, 2009). Perceived stress is more common than other psychological reactions. Despite persistent feelings of sadness, feelings of hopelessness about the future, recurrent notions about disability and mental disability and employment consistent with negative thoughts Resiliency and reduce the symptoms of depression in patients suffering adverse consequences, even knowing they can cause extreme behaviors (Nejat, 2011). Meta cognitive therapy (MCT) recent advances in understanding the causes of mental health problems and their treatment. This approach is based on the theory of elementary functions of the executive order (Wellz, 2000). Most patients report that they feel that they will have no control over the thoughts and

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behavior. One other important feature is that the thought patterns and psychological disorders, attention focused on her and threatening issues. Autoimmune disease affects women more than men and are more common in some families (so has inherited fields) (Izadian and Partners, 2010). Therefore, given the importance of this meta-cognitive efficacy of perceived stress, resiliency and hope to live in the autoimmune disease researcher is considered in RasoulAkram Hospital of Tehran.

MATERIALS AND METHODS

The study population included all women with autoimmune disease in RasulAkram hospital of Tehran, since this study is quasi-experimental with pretest-posttest control group and random assignment, in this study, the sample size for the study of cognitive therapy in women with autoimmune disease, was considered 30. Data used to measure the variables under study, Schneider Life expectancy questionnaire (1991), Perceived Stress Scale (Cohen), Resiliency Scale Connor and Davidson (2003) and Training and cognitive therapy (uncontrollability beliefs, level of activity, the avoidance coping, mindfulness task faulted, rumination, Notice) During the 8 sessions and surveys were conducted on a sample. To analyze the data, descriptive statistics (frequency, percentage, mean, standard deviation, variance, diagrams, etc.) And inferential statistics to test the hypothesis test (analysis of covariance) was SPSS software environment.

RESULTS AND DISCUSSION

Results

General Hypothesis

Cognitive therapy on perceived stress tolerance and autoimmune diseases affect on life expectancy.

Table 1: Compares the two groups in the pre-test and post-test

Statistical Indicators	Groups	Count	Average	Standard deviation
Perceived Stress	Control	15	3/28	/470
	Test	15	2/98	/332
Resiliency	control	15	1/51	/389
	Test	15	1/42	/274
Life expectancy	control	15	1/93	/349
	Test	15	2/54	/276
Cognitive therapy	control	15	3/24	/395
	Test	15	3/09	/311

Table 2: Analysis of variance to assess cognitive therapy on perceived stress in autoimmune disease

Test name	Amount	DF Hypothesis	DF mistake	F amount	Significance level
Pilaye test	/988	2	27	11/26	0/000
Wilks Lambda test	/012	2	27	11/26	0/000
Helting test	83/40	2	27	11/26	0/000
Largest root test	83/40	2	27	11/26	0/000

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Table 3: Analysis of variance to assess the resiliency of metacognitive therapy in autoimmune patients

Test name	Amount	DF Hypothesis	DF mistake	F amount	Significance level
Pilaye test	/989	2	25	11/33	0/000
Wilks Lambda test	/011	2	25	11/33	0/000
Helting test	90/61	2	25	11/33	0/000
Largest root test	90/61	2	25	11/33	0/000

Table 4: Analysis of variance to assess cognitive therapy on life expectancy in autoimmune patients

Test name	Amount	DF Hypothesis	DF mistake	F amount	Significance level
Pilaye test	/989	2	25	11/33	0/000
Wilks Lambda test	/011	2	25	11/33	0/000
Helting test	85/32	2	25	11/33	0/000
Largest root test	85/32	2	25	11/33	0/000

As it can be seen in the table above findings from the multivariate analysis of variance showed that the value of F at $P < 0/001$ is statistically significant. So we can say that the cognitive therapy on perceived stress, resiliency and life expectancy, there were no significant differences in autoimmune patients. To understand this difference, the more of univariate analysis of covariance (Ancova) was used.

Partial Hypotheses

Hypothesis 1: Perceived stress, cognitive therapy impact on autoimmune patients.

Table 5: The mean and standard deviation of both groups perceived stress

Groups	Count	Average	Standard deviation
Control	15	16/66	2/74
Test	15	9/5	5/48

According to the table, the mean perceived stress is more than the experimental group.

In order To determine whether this difference is significant to the results obtained in Table 4. 15 based on variance analysis, the results indicate that:

Table 6: Effect of meta-analyzes of variance of perceived stress in autoimmune patients

The source	Sum of squares	DF	Mean square	F level	Significance level	Eta Square
Intergroup	320/89	1	320/89	19/39	0/000	0/48
Pretest	66/29	1	66/29	4/008	/058	0/16
Error	347/3	26	16/54	-	-	-

Since the design of the study, pretest and posttest with control group, the effect of the pre-test analysis of covariance was used. As can be seen in the table above shows the univariate analysis of variance F-value for difference between group sand control at the significance level of $P < 0/000$ significant, This means

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that a significant difference (and control of pre-test) between the experimental and control groups are perceived stress scores, Then reject the null hypothesis and the hypothesis (Hypothesis I) is confirmed, it means cognitive therapy in reducing the perceived stress in autoimmune disease that affects the table "size effect" has been tested. Other factor that must be considered as Eta squared is specified. Eta squared represents the percentage of the variance in perceived stress scores that has arisen in the implementation of the experimental procedure, Eta-squared values is equal to 48/0 to if it turns out to be 48/0 percent, That 48/0 scores of perceived stress changes resulting from the implementation of meta-cognitive therapy. The cognitive therapy group led to a 48% change in autoimmune patients has been perceived stress marks.

Hypothesis 2: cognitive therapy in autoimmune patients affects the resiliency

Table 7: Shows the mean and standard deviation of resiliency groups

Groups	Count	Average	Standard deviation
control	15	3/8	3/07
test	15	80/08	80/08

According to the table in the experimental group than the control group mean Resiliency. To determine whether this difference is significant to the results obtained in Table 4. 17 based on variance analysis results indicate that:

Table 8: Effect of meta-analyzes of variance on the resiliency of autoimmune patients

The source	Sum of squares	DF	Mean square	F level	Significance level	Eta Square
Intergroup	721/72	1	721/72	11/62	0/003	0/36
Pretest	0/354	1	0/354	0/0006	0/94	0/0
Error	1303/48	26	62/07	-	-	-

Since the design of the study is pretest and posttest control group, the effect of the pre-test analysis of covariance was used. As can be seen in the table above shows the univariate analysis of variance F-value for difference between groups control and the significance level $P \geq 0 / 003$ is significant. This means that a significant difference (and control of pre-test) between the experimental and control groups there resiliency. Then reject the null hypothesis and the hypothesis (second hypothesis) is confirmed, it means that cognitive therapy to increase the resiliency of an autoimmune disease that affects the table "size effect" has been tested. Other factors that must be considered as Eta specified. Eta squared reflects the percentage of variance resiliency that has arisen in the implementation of the experimental procedure. Eta-squared values is equal to 36/0 if we turn it into a percentage is 36%, meaning that 36% of score changes resiliency is due to the implementation of meta cognitive therapy. The cognitive therapy group led to a 36% change in autoimmune patients is drowning of resiliency.

Hypothesis 3: cognitive therapy in autoimmune disease impact on life expectancy.

Table 9: Mean and standard deviation of hope in the two groups

Groups	Count	Average	Standard deviation
control	15	21/50	2/27
test	15	22/20	1/93

According to the table, the average life expectancy in the experimental group is more than the control group. To determine whether this difference is significant to the results obtained in Table 4. 19 based on variance analysis results show that:

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Table 10: Effect of treatment meta-analysis of variance on life expectancy in autoimmune patients

The source	Sum of squares	DF	Mean square	F level	Significance level	Eta Square
Intergroup	80/9	1	80/9	50/2	0/001	0/27
Pretest	43/06	1	43/06	27/1	0/001	0/0
Error	27/4	26	1/6	-	-	-

Since the design of the study, pretest and posttest control group, The effect of the pre-test was used for analysis of covariance, As seen in the table are the results of the univariate analysis of variance showed that the F-value for difference between groups (control and experimental) significance level $P \geq 0.001$ is significant, Meaning that a significant difference (and control of pre-test) between the experimental and control groups hope to live there. Then reject the null hypothesis and the hypothesis (Hypothesis III) is confirmed. It means cognitive therapy to increase the life expectancy of an autoimmune disease that affects the table "size effect" has been tested. Other factors that must be considered as Eta specified. Eta squared reflects the percentage of the variance in life expectancy that has arisen in the implementation of the experimental procedure. Eta-squared values is equal to 27/100 if we turn it into a percentage is 27%, This means that 27% of the variation between the life expectancy of performing meta-cognitive therapy approach The cognitive therapy group led to a 27% change in life expectancy in autoimmune patients.

Discussion

The main hypothesis of this study it can be concluded that the meta-cognitive therapy on perceived stress, Resiliency and life expectancy, there were no significant differences in autoimmune patients. Preceded by good results, and colleagues (2011) conducted a meta-cognitive therapy outcome research on the effect of perceived stress, Resiliency and life expectancy is consistent with autoimmune patients.

The specific research hypotheses can be concluded:

- 1- There is a significant difference between the effects of cognitive training on perceived stress in autoimmune patients.
- 2- There is a significant difference between the effects of cognitive therapy on Resiliency in autoimmune patients.
- 3- There is an autoimmune disease between the effect of cognitive therapy on life expectancy.

The results of research by Bakht (2007), had done the level of perceived stress in patients with asthma. The research Mir (2014) had done on the efficacy of treatment solution based on resilience and sense of coherence MS. And research by Bahadory (2011). The relationship of hope and resiliency is well consistent with psychological.

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