

Evaluation of the Effectiveness of Schema Therapy on Improving Postpartum Depression Symptoms

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ABSTRACT

Objective: The current study aimed to evaluate the effectiveness of schema therapy on improving postpartum depression symptoms/

Method and Materials: The current study is quasi-experimental research conducted on 14 women with postpartum depression aged 21 to 29 years' old who had been referred to the health centers. A convenience sampling was used in this study. These women were randomly assigned into two groups of schema therapy or case group and control group. Only the case group received 8 sessions of schema therapy.

Findings: The findings indicated that the schema therapy method is significantly effective on the decrease in depressions scores.

Conclusion: The comparison between the means showed that the schema therapy method is effective in the reduction of the symptoms of postpartum depression in women with such illness.

Keywords: Depression, postpartum depression, schema therapy.

Introduction

Depression is a mood disorder involving boredom and inactivity or apathy and reluctance and can affect a person's thoughts, behavior, feelings and happiness, and health [1].

About 450 BC, Hippocrates has referred to depression as 'melancholia', however, he has stated that this disorder is due to the existence of black bile. The term 'melancholia' has been also used by other physicians such as Aristotle from 120 to 180 AD, Galen from 129 to 191 AD, and Alexander of Tralles in the 6th century (Caplan, translated by Poorafkari, 2011, 112).

During the pregnancy, women usually go through a mental, psychological, emotional, and physiological crisis that leads to postpartum depression [2]. Postpartum depression is one most important and prevalent postpartum mental disorders that start within two to six weeks after delivery, at most [3]. The women often experience depression and irrational beliefs after delivery [4]. Generally, postpartum depression is indicative of conditions created for the mother after childbirth, and it includes depression, anxiety, lack of

interest in the baby, and a feeling of incompetence and inadequacy as a mother. It happens to 10 to 155 of the mothers one to five weeks after childbirth [5]. Despite the high prevalence of postpartum depression and its long-term effects on the health of the mother and the child, it has been generally ignored by patients and caregivers, and only a limited number of these cases are identified by the health and care employees [6]. According to studies conducted in Iran, about 7 million people suffer from a kind of mental disorder. About 15 to 25% of the country's population experience mild to severe depression. In families with intense emotional stress in which the people are struggling, we may observe mental and psychological disorders such as depression and anxiety in every single member of the family (Khodaei, 2006).

Therefore, in this regard, there is the possibility that methods such as schema therapy can be effective in reducing or obviating this basic problem. In terms of cognitive growth, the schema is considered as the abstract cognitive map that is the guide for interpretation of the information and problem-solving. However, in psychology, the schemas are considered as the organizing principle necessary for understanding the individual's life experiences. The schemas can be positive or negative, or consistent or inconsistent. Also, it can be formed early in life or later [7]. Now, if the schemas for the people with postpartum depression are investigated, it can be concluded that sometimes, the depressed mood leads people's emotions to the lethargy and impatience schemas and causes an activity decrease, which has been proven in numerous studies and there has been a positive and significant correlation between early maladaptive schemas and depression [8].

The early maladaptive schemas are self-destructive emotional and cognitive patterns that are formed at the beginning of the growth and evolution of the mind and are repeated in the path of life. Since Yung believes that maladaptive responses are formed in response to the schemas, these behaviors are derived from the schemas, although, they are not a part of them [9]. Schema therapy is a treatment approach in psychology which is developed by Jeffry Young for the treatment of personality and chronic disorders, two diagnostic and statistical guidelines for mental disorders are used, such as patients who have not responded to other treatments, such as classical cognitive-behavioral therapy, or who have a recurrence of symptoms. Schema therapy is an integrative approach [10] created by the combination of theories and techniques that already exist, such as cognitive-behavioral treatment, psychoanalytic object relations, attachment theory, and gestalt therapy [11]. The objective of schema therapy is the treatment of schemas through reduction of the intensity of emotional memories creating the schema as well as decreasing the physical sensitivity intensity and changing the cognitive patterns relevant to the schema, and replacing the maladaptive coping styles with adaptive behavior patterns [12].

Therefore, the current study aimed to evaluate the effectiveness of schema therapy in the reduction of postpartum depression symptoms.

Method and Instrument

The current study was conducted with the general objective of evaluation of the schema therapy effectiveness on the reduction of postpartum depression in women who have been referred to the health centers. It is a quasi-experimental research with pre-and post-test design and control group.

Statistical Population

The statistical population of the current study included the women who have been referred to the health centers with postpartum depression symptoms.

Samples and Sampling Method

The main sample included 18 patients, which was reduced to 14 during the study. The sampling method was random sampling from women with postpartum depression. The participants were randomly divided into two 7-member groups with control and case (schema therapy) groups. The depression was evaluated by the use of the Beck Depression Inventory.

Measurement Instruments

The instrument used in the current study was the Beck Depression Inventory (1998) which includes 21 items measuring the physical and cognitive symptoms of the depression. Each item includes 4 choices scored from 0 to 3 that determine different degrees of depression from mild to severe. The maximum score in this test is 63 and the minimum is zero. A score of 0-9 is indicative of normality, 10-15 is indicative of mild depression, 16-23 is indicative of moderate depression, and a score of above 23 is indicative of severe

depression. The internal consistency for this test ranges from 73% to 93% with a mean of 86%. The test-retest-reliability coefficient per the interval between the two executions and the type of population ranged from 48% to 86% (Beck et al., 1998; cited by Groth-Marnat, 2003).

This questionnaire has been studied by numerous scholars over the years and has been known as the best questionnaire for the determination of depression (Beck et al., 1961-1987; Metcalf & Goldman, 1965 cited by Wahhabzadeh, 1999).

The short form of this questionnaire has been standardized in Iran by Dadsetan and Mansour (1990).

Data Analysis Method

After randomly assigning the samples to the two groups, they were asked to fill in the questionnaires, accurately and explicitly. The subjects were assured that their personal information is confidential and there is no need to mention their name and surname.

After completion of the questionnaires, and administering the intended treatment for the case group (schema therapy), a post-test was executed. The data collected from the case and control groups were generally analyzed and interpreted in the SPSS. The data included the responses in 30 questionnaires from 2 groups (7 in the control groups and 7 in the case group). The results were analyzed by the use of variance analysis.

Intervention Method

The intervention method in the current study was in a way that first, the groups were divided into case and control. For the case group (schema therapy), the basic training about the method was provided, and then, the schema therapy was taught. In the next stage, the treatment was administered individually and with the cooperation of the group members. The contents of the sessions in the current study were administered in 8 sessions with an emphasis on the existing theoretical frameworks and treatment techniques in schema therapy.

Findings

The current study evaluated the effectiveness of schema therapy on the reduction of postpartum depression in women who had been referred to health centers. The results were generally analyzed. The data needed for the study were collected from the questionnaires completed by the control and case (schema therapy) groups.

Table 1 shows the mean, standard deviation, minimum, and maximum scores based on Beck Depression Inventory for each group, separately. As seen in Table 1, the mean Beck depression scores in the case group have reduced in the post-test compared to the pre-test, however, this reduction was not observed in the control group.

Table 2 shows the results of variance analysis of the group membership on postpartum depression. As seen in Table 2, schema therapy is effective in the reduction of postpartum depression (with a significance level of 19%) with an effect size of 0.38.

Table 1: Mean, standard deviation, minimum, and maximum scores of Beck depression per sample groups

Independent variable	Stages	Groups	Mean	Standard deviation	Minimum	Maximum
Beck depression score	Pretest	Control group	29.71	8.13	20	44
		Case group	34.14	7.60	24	45
	Posttest	Control group	28.42	3.73	24	35
		Case group	16	1.13	4	36

Table 2: The variance analysis of group membership effect on the postpartum depression

Dependent variable	Stages	Research variables	Degree of freedom	Mean squared	F	Significance	Effect size	Statistical power
Postpartum depression	Posttest	Group membership	1	540.64	7.40	0.019	0.38	0.70

Discussion and Conclusion

The importance of childhood trauma in the patients suffering from postpartum depression (13, 14) and emphasis of the schema therapy on the inefficient beliefs created in childhood to adulthood (15) made the authors of the current study evaluated the effectiveness of schema therapy in the reduction of the postpartum depression symptoms. The results obtained from the current study indicate that schema therapy is effective on postpartum depression with an effect size of 0.38. Although the statistical power obtained from the current study is not within the minimum acceptable range (0.70), it seems that the reason behind it is the smallness of the sample size and not the ineffectiveness of the schema therapy. As the explanation of the effectiveness of the schema therapy, it can be said that the elements of this approach consist of cognitive-behavioral, Gestalt, attachment, object relations, constructivism, and psychoanalysis approaches in the form of a treatment model (16). Whereas, previous studies are indicative of more weakness of the parent-child relations in patients with Dysthymia and periodic mood disorder in childhood than patients with major depression (17, 18). Also, the unsafe attachment is higher in people with Dysthymia than in those with major depression (19). As a result, it seems logical that schema therapy combined with different approaches (attachment, object relations, etc.) is effective as a treatment model in the treatment of patients with chronic depression. Among the other parts of schema therapy is the patients' inefficient coping styles which are formed from childhood and continued until adulthood. Based on the previous studies, changing the coping style in people suffering from Dysthymia disorder has led to the decrease in depression symptoms (20, 21), and schema therapy tries to change these styles in the patients with the use of the techniques relevant to changing the maladaptive coping styles. Therefore, it can be concluded from the current study that the schema therapy approach can be used in health centers as an effective approach for the treatment of postpartum depression. The current study lacks a follow-up stage and also, the smallness of the sample size is another limitation of it. It is suggested that future studies investigate the effectiveness of this treatment approach in the follow-up stage, and use a larger sample size.

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