



Effectiveness of Metacognitive Therapy on Quality of Life and Mental Strength in Divorced Women in Tehran

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Abstract

The present study was conducted in order to investigate metacognitive therapy on quality of life and mental strength in divorced women in Tehran. The research method was a quasi-experimental research with a pre-test and a post-test with a control node. The sample size included 26 people from the knowledge of divorced women in Tehran in 1401, and this sample group was investigated in two control groups (13 people) and experimental group (13 people). To check the quality of life, the World Health Organization Quality of Life Questionnaire (2002) and the Clough Mental Strength Questionnaire (2002) were used. Metacognitive therapy for 10 60-minute sessions based on Wells' metacognitive therapy was performed on the experimental group during two months. Descriptive statistics and then multivariate analysis of covariance (MANCOVA) were used to analyze the results. The findings showed that metacognitive therapy leads to improvement of the quality of life and mental strength of divorced women in Tehran in the experimental group. Based on this, metacognitive therapy can be used to improve the quality of life and increase the psychological strength of divorced women.

Keyword: Mental strength, Metacognitive therapy, quality of life

Introduction

Divorce and separation is the most important cause of disintegration of the structure of the most fundamental part of society, i.e. the family. Divorce in the word means getting rid of the marriage contract and is a phenomenon that allows a man and a woman to break the marital bond and separate from each other under certain conditions (Malek-Mahmoudi, 1400). To the extent that divorce is increasing in family life, its effects and consequences threaten the life of the society and the health of the people every day. Among these, we can mention the consequences of divorce on divorced women (Ezzati and Kakabraei, 1400). Nowadays, the number of women who have lost their husbands due to divorce and have to take responsibility



for their lives and children alone is increasing (Guderzi, 1401). Divorced women are one of the most vulnerable sections of the society who face psychological, economic, social and cultural issues and problems. These women feel helpless due to social and economic pressures, and despite governmental and non-governmental financial support, they often have limited and painful lives, and the negative characteristics of their lives make them unhappy and depressed (Farzadfar, 2016).

Legal divorce, even for women who wanted a separation, does not necessarily end the tensions caused by marriage, but in the final stages of marriage and even after divorce, new events and processes (mediators) arise. which can affect the emotions, behavior and health of a divorced woman. (Rashid et al., 1400). The difficulties that divorced women have to endure are mainly related to livelihood, emotional concerns, intellectual obsessions and unwanted side effects from the inappropriate treatment of those around them. These pressures naturally affect their social and economic function; These mediating factors provide mechanisms through which divorce affects the performance or happiness of divorced women, their level of living and quality of life, and therefore they face a decline in quality of life and satisfaction with it (introduction) Saman, 2018). Therefore, it seems that these women experience a lower quality of life, because the quality of life is in the form of satisfaction or the achievement of needs (cited by Hernkusit, 2015) and the degree to which people, conditions such as good communication and appropriate with others, have self-respect, and are described and defined as being happy (quoted by Hasteed, 2016). It seems that one of the variables that divorced women may be involved with is mental strength. Mental strength is one of the personality traits that is considered as a factor for improving health, and it is actually a combination of beliefs about oneself and the world that protects a person from internal and external pressures. Mental strength is a factor that leads a person in difficult situations and helps him to overcome threatening situations successfully (Narimani et al., 2018). Clough, Yearly and Civil (2002) stated that things such as challenge, commitment, emotional control, life control, confidence in one's abilities, interpersonal trust, constitute psychological strength. Women are more affected by divorce processes and challenges. This process often has negative effects on the physical and mental health and consequently the quality of life of divorced women. These women experience high levels of financial, emotional and physical pressures compared to other women, and this stress caused by financial, emotional and physical pressures will be related to their low level of mental health and psychological well-being. All in all, these conditions can cause a decrease in the quality of life, a feeling of worthlessness, and a decrease in mental strength in these women. One of the treatment programs that can be used for divorced women, while also having an effective effect on a wide range of mental disorders, is metacognition therapy (Hagno et al., 2017). Metacognition is a multifaceted concept and means knowledge related to thinking beliefs and strategies that people use to regulate and control thinking processes (Wells et al., 2016). Based on this, metacognitive therapy is a framework of understanding and inference that brings the ability to understand things and the ability to know precisely as well as providing targeted solutions to the patient. People will be affected by



mental and psychological abnormalities when their metacognitions lead to a special pattern of responding to internal experiences, which causes the persistence of negative emotions and the strengthening of negative and unpleasant beliefs and beliefs. (Vojdani, Golzari and Barjali, 2016). Many of the obtained researches have indicated the effectiveness of metacognitive interventions. Based on this, Perto and Khayti (1400) found that the improvement of the quality of life and psychological well-being of women was influenced by the training of the metacognitive therapy approach. Poladi, Shamsi and Izadkhasht (2019) showed that metacognitive therapy is effective in improving women's quality of life. Naderi-Lordjani and Cherami (2019) found that the training of metacognitive therapy approach is effective in improving the quality of life and mental strength. Wan, Okono, Breen, Kane, and Reese (2021) found that metacognitive therapy reduced anxiety, depression, and rumination and improved women's quality of life. Based on this, the purpose of the current research is to answer the basic question of whether metacognitive therapy is effective on the quality of life and mental strength of divorced women.

Method

The current research is applied research in terms of its purpose, and in terms of its semi-experimental research method, it is pre-test-post-test type with control group and random assignment (Delavar, 2018). The studied population includes all the divorced women of Tehran city who referred to Tehran welfare organization (family branch) between April 1402 and September 1402.

Research tool

Quality of Life Questionnaire (2002)

The World Health Organization Quality of Life Short Scale (WHOQOL-BRIEF) was introduced by the World Health Organization (WHO, 2002). The number of questions is 26 questions in the form of 4 areas, the first two questions do not belong to any of the areas and evaluate the health status and quality of life in general. The four areas of this questionnaire are: 1. Physical health area; 2. Psychological field; 3. The field of social relations; 3. The area of the living environment. The scoring method of this questionnaire is in the form of a Likert scale. In this way, five options from 1 to 5 are considered for each question. The total score of all the questions shows the score of the quality of life of the person (Hamidzadeh et al., 2017).

Shan (2011) conducted a study on 1167 people of Tehran. Participants were divided into two groups with chronic and non-chronic disease. Test-retest reliability for the subscales was obtained as follows: physical health was 0.77, mental health was 0.77, social relations was 0.75, environmental health was 0.84. To check the construct validity of the quality of life questionnaire, confirmatory factor analysis was conducted based on principal component analysis using Imus software (Rasafiani, Sahaf and Shams, 2019).



Mental Strength Questionnaire (MTQ-48) (2002)

Clough's 48-question mental toughness questionnaire (MTQ-48) was created in 2002 by Clough and his colleagues. This questionnaire has been translated into 35 different languages and used in more than 40 countries (Clough et al., 2002). This scale has 48 questions and 6 subscales. The dimensions of this questionnaire are: challenge (8 questions), control (14 questions), emotional control (7 questions), life control (7 questions), commitment (11 questions), trust (15 questions), trust in one's abilities. (9 questions), interpersonal trust (interpersonal trust 6 questions). Answers to each question are evaluated on a five-point Likert scale. The higher the score, the more psychological strength a person has.

Levy et al. (2012) found that the five subscales of this questionnaire have an acceptable Cronbach's alpha from 0.60 to 0.80, but the emotional control component has a Cronbach's alpha of 0.51 and is unacceptable. External reliability and validity: The validity and reliability of this questionnaire has also been confirmed in Iran. In the study of Afsana-Pork and Vaez-Mousavi (2013), reliability was reported by Cronbach's alpha method as follows: challenge 0.77, commitment 0.80, control 0.84, emotional control 0.78, life control 0.81. They reported confidence of 0.86, confidence in their abilities 0.81, interpersonal confidence 0.81 and total score 0.93.

Summary of training sessions and introducing the intervention program

Metacognitive Therapy Protocol (MCT)

This treatment package belongs to Wells (2009), which the researcher will fully use. The number of treatment sessions will be 10 sessions and the duration of 60 minutes is planned, which will be implemented once a week (Wells, 2009). Below are the contents of each treatment session separately.

Table 1. Content of sessions of metacognitive therapy (MCT) (Wells, 2009)

meeting	Training content
1	Case formulation design, familiarization with metacognitive model, identification and labeling of thinking, practicing attention training technique (ATT), homework: practicing attention training technique (ATT) (three times a day) and recording it daily
2	Homework overview, introduction and practice of dissociative awareness attention, practice of attention training technique (ATT), homework: practice of attention training technique (ATT), attention of dissociative awareness (DM)
3	Reviewing homework, challenging negative metacognitive beliefs related to self-esteem, conducting an experiment during the session to



	challenge beliefs related to negative self-esteem, homework: behavioral experiments to challenge beliefs related to self-esteem Negative ego
4	Reviewing homework, continuing to challenge negative beliefs about oneself, starting to replace the new processing program, homework: asking clients to prepare the initial treatment summary.
5	Reviewing the homework, checking the remaining beliefs, analyzing the advantages and disadvantages of negative thoughts and beliefs about oneself, challenging positive metacognitive beliefs related to self-esteem, homework: asking clients to compile the first treatment summary
6	Reviewing homework, analyzing the advantages and disadvantages of negative thoughts and beliefs about oneself, strengthening new processing programs and explaining them with examples, challenging positive metacognitive beliefs related to self-esteem, homework: advantages and disadvantages of beliefs Negative about yourself
7	Homework review, training to refocus attention and challenge beliefs, coping and attention, homework: returning to the process before the traumatic event, challenging with positive metacognitive beliefs related to self-confidence, homework: advantages and disadvantages of negative beliefs towards yourself
8	Reviewing homework, working on remaining beliefs, starting work on the overall treatment plan, starting work on the overall treatment plan, asking the patient to write a treatment summary sheet.
9	Review homework, work on remaining beliefs, begin working on a treatment plan, develop a new plan to create differentiation.
10	Reviewing homework, developing a new program to deal with disturbing thoughts and symptoms, developing a new program to create differentiation, planning reinforcement sessions.

Research implementation method

The method of collecting information in this research was field and library. First, theoretical foundations and research backgrounds through articles available on various sites, books, etc. ... was collected. Then the researcher prepared a list of the names of divorced women who had referred to the welfare emergency department of Tehran. During the implementation of the



research, he first explained the purpose of the research to them and then provided them with the questionnaires, and first gave explanations about the intervention methods to the experimental group (metacognitive therapy) who participated in the group therapy sessions. The experimental group of metacognitive therapy participated in 60-minute group sessions according to Table No. 1 as one session per week and during 10 consecutive sessions (Wells, 2009). The control group received no treatment. At the end of the interventions, both groups were tested in the post-test stage with the same questionnaires that were implemented in the pre-test stage.

Ethical considerations

The participants consented to participate in the research. Subjects were free to write down their names and details or to refrain from writing them. The interpretation of the results was completely private and the name of the subjects was avoided for some reason.

Findings

In this research, statistical methods are used at two descriptive and inferential levels. According to Table 1, the average scores of quality of life and mental strength, after the interventions, according to the average scores in the experimental and control groups, it is observed that the post-test scores have increased. But this increase in the Goa group is less than the experimental group.

Table 1. Mean and standard deviation of automaticity and self-expression scores

The standard deviation	Average	Number	group	
10/38	66/84	13	the experiment	Quality of life pre-test
7/44	77/23	13	Control	
11/69	92/46	13	the experiment	Quality of life past-test
7/04	81/46	13	Control	
6/56	58/38	13	the experiment	Quality of life pre-test
6/49	57	13	Control	
8/04	69/53	13	the experiment	Quality of life past-test
5/37	50/92	13	Control	

As can be seen in Table 1, there was a significant difference between the average of the experimental group before and after metacognitive therapy in the scale of quality of life and mental strength. In order to investigate the effectiveness of metacognitive therapy on increasing the quality of life and mental strength of divorced women and considering the presence of more than one dependent variable, multivariate analysis of covariance was used. To use this test, the



basic assumptions are normality, homogeneity of variances, and homogeneity of the covariance matrix, which are determined by the M-box test. The significance level of this test was equal to 0.97, which was greater than the significance level of 0.01, so the null hypothesis of the homogeneity of the covariance matrix was confirmed. Therefore, covariance analysis was used to compare the quality of life and mental strength in two experimental and control groups, the results of which are given below.

Table 2. Results of multivariate covariance analysis for main effect on dependent variables

Effect size	Significance level	Error degree of freedom	Degree of freedom effect	F	Amounts	exams	Effect
0/57	<u>0/001</u>	21	2	13/79	1	Wickels lambda	group

As can be seen, the significance level of the multivariate Wickels lambda statistic is less than 0.001 ($P < 0.01$). In this way, the statistical null hypothesis is rejected and it is determined that there is a significant difference between the divorced women in the two experimental and control groups in the scores related to the quality of life and mental strength. Based on this, it can be said that metacognitive therapy has been effective on quality of life and mental strength. In order to investigate the difference between the two experimental and control groups in each of the variables, the between-subjects effects test was used, and the results are presented below.

Table 3. Test of between-subject effects to compare the quality of life and psychological strength of the experimental and control groups after adjusting the pre-test

Variable	Sources Change	sum squares	of Degrees of freedom	mean square	F	p	It a squared
Quality of Life	between groups	620/01	1	620/01	<u>8/64</u>	0/008	0/289
	Intergroup	157/007	22	71/72			
Mental strength	between groups	265/03	1	265/03	<u>15/03</u>	0/001	0/40
	Intergroup	387/82	22	17/62			

Table 3 shows the results of between-subject effects for comparing the quality of life and mental strength in divorced women, in the experimental and control groups. According to the presented results, the f value obtained for the quality of life variable is equal to 8.64 and for



mental strength is 15.03 and it is significant at the 0.01 level. The last column of this table, i.e. the square of eta, shows the coefficient of explanation. It is observed that nearly 29% (0.28) of the variance of the quality of life (0.40) of the variance of mental strength is explained by the independent variable, that is, metacognitive therapy. Finally, according to the higher average scores of the experimental group in the post-test stage, it is concluded that metacognitive therapy is effective and increases the quality of life of divorced women. Therefore, there is enough evidence to accept the hypothesis.

Discuss

The present study was conducted with the aim of the effectiveness of metacognitive therapy on quality of life and mental strength in divorced women in Tehran. As the results show, the intervention improved the quality of life and mental strength scores of divorced women. The results of this research, with the findings of Vahdatpour (1401), Parto and Hayati (1400), Hayati et al. (1399), Naderi Lordjani and Jarami (1399), Azizi et al.) is aligned. In explaining the obtained result, it should be said that cognitive avoidance plays an important role in the quality of life. Avoidance prevents effective responses to emotional stimuli and replaces emotion management strategies, and for this reason, it is not an effective strategy. Based on this, cognitive avoidance can be avoided to a large extent by reversing the strategies of avoiding worry (Yavari and Sadeghi, 1397). In metacognitive therapy, people are taught that the problem of people is not having negative thoughts, but the problem is how to respond to these negative thoughts, which causes these thoughts to continue and intensify. A lot of effort to suppress thoughts creates a paradoxical effect, and the more one tries to suppress thoughts, a vicious cycle is formed that increases the occurrence of worrying thoughts. The result of such conditions is a decrease in the quality of life (Razavizadeh Tabadakan and Shareh, 2018). Also, believing in the usefulness of these disturbing thoughts is a serious obstacle to elimination and modification. Based on this, challenging positive beliefs such as the usefulness of worry, rumination, threat monitoring, as well as negative beliefs such as the uncontrollability of thoughts and beliefs related to risk, increases a person's attitude and ability to effectively deal with stressful events. It leads to an increase in their mental strength (Vahdatpour, 1401).

Another issue in improving the quality of life is mindfulness training, a separation from metacognitive therapy, during which thoughts are viewed as a chain of words, words that do not have the power to perform external action. In fact, dissociative mindfulness is a type of awareness of thoughts in which thoughts are viewed as transitory mental events, separate from reality and self, as a result, their importance is reduced and the person comes to the conclusion that rumination Thoughts and concerns do not mean external reality (Philip et al., 2018). Using the concept of detached mindfulness teaches people how to effectively deal with thoughts so that they can manage them well instead of avoiding them. Mastering thoughts and being aware of how to deal with these thoughts correctly increases the ability of a person in challenging situations and causes that in such a situation the mental energy of a person is not spent on



dealing with ruminations and negative thoughts, but by accepting these thoughts, Take the strategy of managing emotions and overcoming the challenge (Papa Giorgio Wells, 2015).

Another goal in metacognitive therapy is to increase cognitive flexibility. With the increase of cognitive flexibility, characteristics are strengthened in divorced women that helped her in facing traumatic events. In fact, flexible divorced women do not avoid stress in their lives and consider it an opportunity for growth. These people reconstruct their mental framework in a positive way, accept stressful situations and consider them as temporary and limited, which increases their mental strength and quality of life. (Asghari Ebrahimabad and Memizadeh Ujur, 1397).

Another and effective issue in increasing the quality of life of divorced women is the technique of postponing worry. Postponing worry eliminates the belief in the uncontrollability of worry and makes a person feel more in control of his worry and can deal with it appropriately. In the process of postponing worry, a person is asked to postpone any worry and rumination. Postponement of worry can test the degree of true uncontrollability of worry (Wells, 2009). Another technique in the metacognitive treatment of education is the attention technique. It is assumed that worry and rumination are always biased and focus one's attention on negative information. This situation leads to a distorted perception of oneself and the world, which ultimately reduces the quality of life. In the training process, first the person is asked to keep his focus on only one sound and then focus on the other sound. .. so that one can focus on several voices in order. Then they exaggerate the speed of the change of attention so that the person can master the quick change of attention and finally, he should be able to divide the attention of the hood on different sounds (Wells, 1392). This issue allows a person to focus on different aspects of the situation in natural situations and divide his attention between the positive and negative aspects of the event, as a result, the bias in the perception of the environment is reduced and The person's performance improves.

Considering the limited number of studies focusing on adultery Absolutely, it is suggested to investigate the effects of metacognitive therapy in comparison with other psychological treatments. Also, in order to increase the generalizability of this approach, it is suggested to be investigated among other societies such as female heads of families, divorced men, etc. and finally, considering the effectiveness of metacognitive therapy on quality of life and mental strength The concepts of this therapeutic approach should be presented in the form of in-service courses to improve the mental health and quality of life and mental strength of divorced women.

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