

## Study the Effectiveness of Brief Group Interpersonal Psychotherapy in Reducing Depressive Symptoms of Addict's Spouses

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**Abstract:** *Introduction:* Drug addiction is a complex problem that contemporary human beings are struggling with. Addiction causes hardships for addicts and their families. Addict's families are faced more psychological problems comparing to other families. *Objective:* The present research aimed to studying the brief Group Interpersonal Psychotherapy in reducing depression of addict's spouses. *Methods:* The research method was pre-test –post-test with control group. The statistical sample was consist of 30 addict's spouses referred to addiction treatment center in Rasht who were chosen by criteria including scores above 29 in Beck Depression Inventory-Second Edition and divided to experimental and control group randomly. The measurement tool in this study was Beck Depression Inventory-Second Edition (BDI-II). Experimental group was exposed to 8 sessions of brief group interpersonal psychotherapy (each session for 2 hours) but control group didn't receive any training. *Results:* Statistical analysis (ANCOVA) showed that group interpersonal psychotherapy was effective on depression of addicts' spouses with  $F(1,26) = 18.17$  and  $p > 0.001$ . *Conclusion:* brief group interpersonal psychotherapy demonstrated effectiveness in decreasing depressive symptoms of addict's spouses.

**Key words:** Brief Group Interpersonal Psychotherapy • Depression • Addicted

### INTRODUCTION

The problem of drug addiction is a global problem and a problem in health care in different communities. Domain of addiction effects is important because its consequences did only encompasses addict but drug abuse will influence all life and leads to widespread sick behaviors and deteriorate individual natural function in family, workplace and society.

On the other hand, there is a special bond between family members, they are concerned about themselves and defend and support each other, so function of other family members will deteriorate [1].

Spouses of addicts, in addition to losing their emotional base, are forced to accept more responsibilities in life and in fact a role-shift takes place. This double responsibility is stressful for them and their mental well-being will be disturbed [2].

Psychosocial problems in the families were confirmed in different studies [3-5]. Solati Dehkordi *et.al* (2001) in a research about mental disorders of the family of the addicts showed that some families whose members have substance abuse or dependence are more vulnerable against depression than any other disorders [4]. Soleimani and colleagues (2008) study has also confirmed the depression in spouses of addicts [5].

Depression is a mental disorder that its major characteristic is depressed mode associated with reduction in energy and interest, guilty feeling, problem in concentration, lack of and death and suicide thoughts and it is accompanied with change in activity level, cognitive abilities, speech, sleep, appetite and other biological rhythms [6]. Depressive disorders include major depression, depressed mode and depression which is not specified otherwise.

Several factors in the etiology of depression have mentioned including biological, hereditary, mental and social factors. Proportional to the etiology of this disorder, various therapies have been proposed [7].

Today there are many treatments for depression, but few of them have proved their effectiveness in clinical trials including: behavior therapy, interpersonal psychotherapy and cognitive therapy. Although all three of these treatments are effective, but there are differences among them regarding the effectiveness and cost-effectiveness.

Studies have shown that interpersonal psychotherapy and behavioral activation therapy are effective than cognitive therapy in treating depression, such that they could be the best treatment for depression [8-10].

Interpersonal psychotherapy is a short term therapy for major depression disorder which was introduced in 1970 with the work of Klerman and Weismann. Interpersonal psychotherapy was designed to treat non-bipolar depression and non-psychotic major depression. In interpersonal psychotherapy, it is assumed that emergence and continuation is in social and interpersonal context and therapy effectiveness and its results influenced by interpersonal relations of individual with important persons in his life. The overall goal interpersonal psychotherapy is reducing or eliminating the symptoms of the disorder by improving the quality of interpersonal relationships and social functions in interaction with social institutions [11].

Since the efficacy of this treatment in reducing symptoms of depression has been approved [12-14] and on the other hand, previous researches have shown mental disorders such as depression in spouses of addicts [3,4,5]; therefore, this research seeks to answer the question whether short-term group interpersonal psychotherapy is effective in decreasing depression in spouses of addicts?

## **MATERIAL AND METHODS**

**Subjects:** The sample consisted of 30 wives of addicts referring to rehabilitation centers in Rasht, which were selected based on the inclusion criteria score above 29 on the Beck Depression Inventory, Second Edition. They were randomly divided into two groups of 15 people. Test group had 8 (2 hours) group interpersonal psychotherapy intervention sessions, but there was no intervention in the control group.

## **Research Instruments:**

**Beck Depression Inventory (Second Edition):** Beck Depression Inventory has 21 questions which is based on 21 aspects or symptoms such as mood, pessimism, sense of failure, dissatisfaction, guilt, expectation of punishment, self-dislike, self-accusation, suicidal thoughts, crying, irritability, social isolation, indecision, perceived physical change, hard work, fatigue, insomnia, changes in appetite, weight loss, decreased sexual interest and mental preoccupation. The answer to each question consists of four options ranging from 0 to 3 and is also summarized.

There is Normal 15-0, minor depression (31-15), moderate depression (47-31), deep depression (63-47). Thus, total scores can range from zero to 63. Beck, Steer and Brown (2000) reported internal consistency of the instrument as 0.73 to 0.92 with mean of 0.86 and the Cronbach alpha for the patient and non-patients were reported 0.86 and 0.81. Cronbach's alpha was 0.78 in Iran and the two-week test-retest reliability was 0.73 [15].

**Intervention:** The plan used for this research project was conducted in average of over 8 sessions (2 hours) (for spouses of addicts). This program consists of three stages which include:

**Initial Phase:** The first session is included. Objective of this phase is familiarizing the members, specifying the basic framework of group and definition, diagnosing interpersonal problems and arguments.

**Intermediate Stage:** This stage includes the session's second to seventh. The objectives of this stage are training techniques and strategies that are used for improving interpersonal relationships. At this stage, the researcher instructs the interpersonal therapy techniques such as modeling, role playing, active listening skills and consideration, understanding body language and being able to interpret it, the logical expression, problem solving, identifying conflicts and how to correct conflicts, behavior management and positive thoughts. In every session, members have the assignments which will review at the start of the next session and then, session begins.

**Final Stage:** This stage involves the eighth session. The basic objective of it is applying the techniques learned in real life and relationship therapy is discontinued. In this stage researcher will encourage the members to use the skills learned in sessions in order to control stressful occasions in life and replace new interpersonal relationship with socially deleterious ones.

Table 1: Dependent variable statistical indexes (pretest- posttest)

Dependent Variable	Goup	Petest	Psttest		
		Man	Standard deviation	Man	Standard deviation
Depression	Tst	32.09	2.68	24.41	4.59
	control	32.58	2.34	32.27	3.49

Table 2: Levene test

Variable	df1	F	Significance level	df2
Depression	1	1.09	0.34	27

Table 3: Results of psychopathy test effects on reducing depression among addicted spouses

Change sources	SS	dF	MS	F	sig	eta
Depression	477.7	1	477.7	18.17	0.001	0.43
Error	683.4	26	26.28			

## RESULTS

According to the research plan, pretest-posttest (control group), the best way to analyze data is single- covariance (ANCOVA). The results of the analysis are presented in the following tables.

As can be seen in Table 1, after adjusting scores, experimental group and the control group are different in posttest depression. To check that whether the difference is statistically significant or is due to interpersonal psychotherapy, ANCOVA analysis was performed.

Levene test is performed to check the assumption of equal variances. As the table shows results  $F(1,26)=1.09$  is not significant ( $p>0.05$ ), so the difference is not statistically significant and the assumption of equal variances is approved.

According to the results of the above table, interpersonal psychotherapy was effective on reduction of depression in spouses of addicts with  $F(1,26)=18.17$  and  $P<0.01$ . Eta is 0.43 which indicates the intensity of the effect is very high.

## DISCUSSION AND CONCLUSIONS

The results of the analysis showed that interpersonal psychotherapy is effective in reducing depression in spouses of addicts and the influence and the intensity of the effect was 0.43. The effectiveness of this treatment on the results of the previous research on other populations confirmed the results of the present study [12-14].

Family is a unit composing of a man and a women and children and stability and mental relief will make an important contribution into the mental health of family members [3]. In this regard, Mohammadkhani (2009) results

showed that antisocial and borderline features of the syndrome, symptoms of depression and stress, feelings of hostility and attitude toward violence, abuse and neglect experience and being an addicted spouse is more significant in women [16]. In addition to communication problems, there are differences in the poor anger management, self- control, commitment in relationship (especially the wife) and negative attribution in wife of addicts. Salehi and colleagues (2012) also showed that among the nine psychiatric measured disorders, anxiety disorders, aggression and depression and paranoia are higher in three pathological types sick, borderline and both (borderline and pathological) in families of addicts[3].

One of the causes which lead to lot of tension and conflict in families of addicts is disturbed relationship between family members. When father is addict, he forgets many responsibilities and his wife is forced to assume his duties and this will cause her stress and anxiety and discourages her from life [2].

When family members are exposed to stressful life events such as drug abuse, death of a loved one, family conflicts and job loss, they experience symptoms of reactive depression. What exacerbates the depressive symptoms is lack of interpersonal and communication skills, or inappropriate and maladaptive social skills to communicate with others. In such circumstances, there is a vicious cycle [17]

Lack or poor interpersonal skills directly intensifies symptoms of depression and indirectly lead to a stressful event. Increasing depressive symptoms may lead to the disruption of interpersonal relationships. If this vicious cycle continues along with various events for a relatively long time, it causes psychological disturbances [18].

Generally, partners of addicts see financial, emotional and social capitals in danger because of addiction and these things cause stress and concern; in these circumstances, if inefficient confronting mechanisms were used, it neither reduces mental pressures but increases tension which in long term leads to psychological problems like depression. Therefore, wife with behavior management skills and efficient communication skills can act better in these conditions.

Interpersonal psychotherapy is an intervention that can empower individuals to develop these skills. As the results of previous research and this study have shown interpersonal group psychotherapy can be effective in reducing depression [12-14], treatment with interpersonal skills such as positive modeling, role playing, confidence, rational expression, active listening, tolerance, rejection, problem solving skills, positive thinking, stop negative thinking and behavior management summary, when exposed to traumatic events can reduce depression.

Skills training aimed at increasing performance and general capacity of individuals in various life situations. In this treatment, people learn to have more positive interpersonal relationships and by earning the skill of managing and controlling negative thoughts which is a major cause of depression can overcome it. Therefore, regarding the results of this study, it is suggested that intervention programs can be used in order to reduce addiction destructive effects on family and help them to maintain their mental health and empower them to deal with stressful situations.

## REFERENCES

1. Sayyar Soraya and Aqlyma Mustafa, 2013. Comparison of Family Functioning Addicts and married men. *Journal of Allied Health and Rehabilitation Sciences*, Mashhad, 2(2): 35-42.
2. Amiralssadat, F., 2012. Short-term efficacy of group interpersonal therapy on quality of life and life expectancy spouses of addicts. Unpublished master's thesis. General Psychology Branch, Islamic Azad University of Tonekabon.
3. Salehi Bahman, Solhi Hassan, Fotovvat, Amir Reza, Motamedi Derakhshande, Moradi Shirin and S. Ebrahimi, 2012. Comparison of psychiatric disorders in families of addicted to opium addiction clinic and patients to blood transfusion. *Arak University of Medical Sciences*, 15.3., 62. 32-38.
4. Solati Dehkordi, Syed Kamal, Abedin-Zadeh, MR. Nikfarjam and M. Daris Fateme, 2001. The relationship between drug abuse and dependence with psychiatric disorders and family members. *University of Medical Sciences*, 6(2): 1-8.
5. Soleimani, M., Mohammad Khani Parvane and B. Dolatshahi, 2008. Effects of short-term group psychotherapy in reducing depressive symptoms, interpersonal and Its Effect on attribution style and dysfunctional attitudes. *Psychological Research*, 11(1-2): 42-65.
6. Sudouk Virginia and Sudouk Benjamin, 2007. Synopsis of Psychiatry : Behavioral Sciences Clinical Psychiatry. Rezaii the translation, 1387 Tehran: Arjmand.
7. Pakdaman, M. and Zahra Shokhmgar, 2012. The effects of group cognitive-behavioral therapy on depression in women prisoners Qaen City, 1(14): 90-93.
8. Dimidjian, S., S.D. Hollon, K.S. Dobson, K.B. Schmaling, R.J. Kohlenberg, M.E. Addis, R. Allop, J.B. McGlinchey, D.K. Markley, J.K. Gollan, D.C. Atkins, D.L. Dunner and N.S. Jacobson, 2006. Randomized trial of behavioral activation, cognitive therapy and antidepressant medication in the acute treatment of adults with major depression. *Journal of Consulting and Clinical Psychology*, 74: 658-670.
9. Elkin, I., M.T. Shea, J.T. Watkins, S.D. Imber, S.M. Sotsky, J.F. Collins, D.R. Glass, P.A. Pilkonis, W.R. Leber, J.P. Docherty, S.J. Fiester and M.B. Parloff, 1989. National institute of mental health treatment of depression collaborative research program: General effectiveness of treatments. *Arch Gen Psychiatry*, 46: 971-982.
10. De Mello, M.F., J. De Jesus Mari, J. Bacaltchuk, H. Verdelli and R. Neugebauer, 2005. A systematic review of research findings on the efficacy of interpersonal therapy for depressive disorders. *Eur Arch Psychiatry Clin Neurosci*, 255: 75-82.
11. Markowitz, J.C., 2003. Interpersonal psychotherapy for chronic depression. *JCLP/In Session*, 59: 847-858.
12. Miller, M.D., 2008. Using interpersonal therapy (IPT) with older adult today and tomorrow. A review of the literature and new developments. *Current psychology Reports*, 10(1): 16-22.
13. Zemestani, Yamchi, M., *et al.* 2011. IPT group supportive psychotherapy interventions affect the way in reducing depressive symptoms in patients suffering from addiction in men. *Quarterly cultural counseling and Psychotherapy*, 2(8): 17-28.
14. Johnson Jennifer and Zlotnick Caron, 2009. Group Interpersonal Psychotherapy for Women Prisoners With Comorbid Substance Use and Depression. Brown University, United States.
15. Fathi Ashtiani Ali, 2013. Psychological tests (personality assessment and mental health ). Tehran: Beast.

16. Mohammad Khani Parvane, 2009. Dimensions of personal problems-connecting women with dependent spouse landscape of the spouses of patients with drug rehabilitation program. *Addiction Research*. Three, 9: 29-47.
17. Tarkhan, M., 2011. Short-term efficacy of group interpersonal therapy on psychological well-being and quality of life of spouses of addicts. *Journal of Educational Psychology Branch, Islamic Azad University of Tonekabon*, 2(1): 23-36.
18. Weissman, M., J.C. Markowitz and G.L. Klerman, 2007. *Clinician's quick guide to interpersonal psychology*. New York, Oxford University press.