Original Research

Investigating Psychological Disorders In Anxious Individuals And Comparing The Components Of Mindfulness And Patience In Anxious, Depressed People

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Abstract

Background: The aim of this study was to investigate the mental disorders of anxious people and compare the components of mindfulness and patience in anxious individuals.

Method: The study was causal-comparative. The statistical population of this study was all depressed and anxious patients who were referred to a counseling center in Tehran from April to Shahrivar 1400. The sample consisted of 30 patients with generalized anxiety disorder. The available sampling method was used for sampling. The instruments used in this study were the Beck depression inventory, Spielpilberger anxiety questionnaire, the five components of mind awareness questionnaire, and the patient questionnaire. Data were analyzed using multivariate variance analysis and the Touki sequencing test.

Results: The results show that there is a significant difference between depressed, and anxious people in terms of components of mindfulness and patience (at the level of $P < 0.0001$).

Conclusion: In other words, depressed people judge their thoughts, feelings, and beliefs less than anxious people. Depressed people are less likely to react to anxious thoughts and feelings when they have thoughts and feelings and are less patient than anxious people.

Keywords: Mindfulness, Patience, Depressed, Anxious

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Introduction

People with a generalized anxiety disorder also use cognitive avoidance responses to reduce their anxiety. Anxiety, which is the most important symptom of generalized anxiety disorder, is considered a cognitive avoidance response to a threatening subject. When a person is threatened with the occurrence of an event in the future and there is no possibility of an evasive behavioral response, he uses the cognitive avoidance response [1]. From what has been said, it seems that most depressed people are preoccupied with past events, and anxious people are faced with thoughts about a threatening event in the future. Therefore, it seems that depressed and anxious patients do not have the ability to enjoy the present and live in the past or the future. Mindfulness-based therapies can be used to help such patients. Mindfulness is one of the important concepts that has recently attracted a lot of attention and seems to play an important role in these disorders. Mindfulness means paying attention in specific ways: Being present, purposeful, and free from judgment Mindfulness means that one turns one's awareness of the past and the future to the present. Mindfulness means being in the moment with everything that is now, without judging or commenting on what is happening; That is, the experience of pure reality without explanation [2]. Anxiety and depression are the most common emotional phenomena that a person suffers from. What makes it more difficult for human beings to better understand and deal with these phenomena is their coexistence of these phenomena. The coexistence of anxiety in clinical situations has led to controversial doubts. Over the past twenty-five years, various studies have used different methods to determine what the underlying differences between anxiety and depression are. On the other hand, considering the high prevalence of these two disorders in society and their negative impact on mental health and the quality of life of people in society, identifying the factors affecting the formation of these disorders is essential. One of the concepts that have recently attracted a lot of attention and seem to play an important role in the mentioned disorders is mindfulness [3] Mindfulness in simple language means being aware of thoughts, actions, emotions, and emotions and is a special form of attention, in other words, mindfulness means paying attention to a particular way, i.e. attention and concentration that has this characteristic. This kind of attention increases awareness, transparency, clarity, and acceptance of the present reality, which means that one focuses his or her awareness of the past and the future on the present when the person is present, and sees reality with all aspects of his or inner and outer life and understands that the mind, because of judgment and interpretation, sees reality with all aspects of the inside and the outside. And the interpretations he makes are constantly ruminative and inner dialogue [5]. Although mindfulness originated in the ancient Eastern teachings, it has a special place in the West today. Research shows that mindfulness is strongly influential in depressive and anxiety disorders [6]. Therefore, it seems necessary to study the role of mindfulness components in these disorders and to determine the differences between these components in anxious and depressed people. On the other hand, we live in a society where religion plays an important and inalienable role in the lives of its people, and religious concepts have a wide and comprehensive connection with people's lives. One of the concepts that have been proposed and emphasized in religion is the concept of patience. Human beings today live in a world that suffers from various stressful social, environmental, occupational, family, and other events; At the same time, the prosperity resulting from the advancement of technology has led to an increase in the spirit of comfort-seeking and a decrease in its tolerance capacity. In such circumstances, having the characteristic of patience enhances the inner strength of man; because self-control requires the management and control of emotions, and people with self-control will have more emotional stability. This increases their efficiency

in different areas of life. In religion, a patient person is a passing person who remembers God during calamities and problems, is more resistant to tasks, does not lose self-control during illness, and shows more self-control against physiological needs [7].

Research History

Berimani et al. (1999) [7], conducted a study entitled "The effectiveness of positive psychotherapy on optimism and emotional malaise of anxious retired female teachers." The aim of this study was to investigate the effectiveness of positive psychotherapy on optimism and emotional dyslexia of anxious retired female teachers. The results showed that positive psychotherapy is effective on optimism, and emotional malaise, increasing emotion recognition, reducing the difficulty of describing emotions and increasing the objective thinking of anxious retired female teachers. The experimental group has incremental changes in the post-test and follow-up phase. Also, the effects of the interventions remained stable until follow-up in the experimental group. Esmailzadeh Akhoondi and Mohammad Alizadeh Nemini (1398) [8], have conducted a study entitled "Comparison of components of mindfulness and emotional temperament in people with major depression, generalized anxiety, and normal people." The results showed that there was a significant difference between the three groups in the components of mindfulness. In other words, there was a significant difference in the components of observation, description, and action with awareness between anxious and normal people as well as depressed and normal people. There were significant differences between depressed and anxious people and normal and anxious individuals in the component of lack of judgment of mind awareness. Also, there was a significant difference between anxious- depressed, anxious, normal, and depressed-normal groups in the non-reaction component. Also, depressed individuals with emotional temperaments achieved higher scores than normal and anxious people and the difference between these scores was significant on the periodocracy and excitation scale compared to normal people.

Alizadeh Nemini (2016) [9], has conducted a study entitled "Components of mindfulness and emotional temperament in people with major depression, generalized anxiety and normal people." Mindfulness is a new concept that has been considered by psychiatrists and psychologists in recent years in the treatment of many psychological disorders. Explaining the results of this study, it can be concluded that anxious and depressed patients have poorer performance in mindfulness components than normal people and their emotional temperament scores were much higher than normal people. Therefore, mindfulness-based therapies can facilitate the treatment process and improve the symptoms of such patients by emphasizing these components.

Khormaei et al. (2016) [10] have conducted a study titled "Comparing the components of mindfulness in patients with major depression, generalized anxiety, and normal people". The results showed that there was a significant difference between the three groups in the components of mindfulness, in other words, there was a significant difference in observation, description, and action components combined with awareness between anxious and normal people as well as depressed and normal people. Judgment of mindfulness was significant between depressed and anxious people and normal and anxious people. Also, there was a significant difference between the anxious, depressed, anxious, normal, and normal groups ($P<0.05$). In explaining the results of this study, it can be concluded that anxious and depressed patients have weaker performance in mind-consciousness components than normal people, and therefore mindfulness-based therapies can facilitate the treatment process and improve the symptoms of these patients by emphasizing these components.

Mindfulness

Mindfulness is a new concept that has been considered by psychiatrists and psychologists in the treatment of many psychological disorders in recent years. The use of mindfulness techniques requires the use of other information about how mind-consciousness components function in any of the psychological disorders. The purpose of this study was to compare the components of mindfulness in three groups of patients with fundamental depression, generalized anxiety and normal people [10] Langer (1989) used the term mindfulness to describe a scientific research approach in Langer's view that mindfulness is a creative and constructive cognitive process and when a person employs three key characteristics because it is used, it is revealed [11].

Those three features are:

1. Create a new classification
2. Receptivity to new information
3- Awareness of vision and angles of vision deeper and more [12]

According to Byron (2006), useful adaptation strategies of mindfulness to create and maintain awareness are lack of judgment and evaluation, patience, patience, initiating mind, not getting involved, accepting, and letting go. Mindfulness has been around in the West since the 1970s [13].

Depression Disorder

Depression is one of the types of mental disorders in which the patient's activities are greatly reduced and in fact, he or she will not be motivated to do many things. The depressed person has reduced his energy and life skills, and his mindfulness is greatly reduced. Sometimes he is aggressive and sometimes frustrated. The guilt in him is very strong. In addition to the fact that the patient himself remains open to his goals in life and reduces social and productive activities, this also deals a major blow to the economy of society. To define this disorder, it is better to know its symptoms. In fact, this disorder occurs in a set of symptoms (symptoms) that based on the quantity, quality, and duration of these symptoms can be determined that the person has one of the types of depression. Of course, it should be noted that this disorder appears in symptoms and cannot be found with only one symptom [14].

Methods

To conduct the research, the researcher first referred to the counseling center of Tehran and the office of two psychiatrists, and after coordinating with the relevant authorities, interviewed patients who had received a diagnosis of anxiety, and at the end of the interview, the research questionnaires (including tests). Spielberger Anxiety, a five-component mindfulness questionnaire, and a patience component questionnaire were provided to eligible patients who were asked to complete a questionnaire. After collecting the questionnaires, people who had all the required conditions were included in the research sample, and information about them was analyzed. For data analysis, in addition to descriptive statistics (mean and standard deviation), multivariate analysis of variance (MANOVA) and post hoc tests were used to compare the research groups and answer questions 1 and 2. SPSS16 software was used to analyze the data of this study.

Results

In this section, by analyzing the findings of the research, the questions raised in the second chapter are discussed. The results of these analyses are examined separately, separately.

Findings related to the first question of the research

Multivariate variance analysis (MANOVA) was used to investigate the first question (comparing the components of mindfulness in depressed, anxious people). In this analysis, Pillay effect and Wilkes lambda tests were used. The results of this analysis are presented in Table 1.

According to the results reported in the table and according to the amount of F, we can say that the results are at the level of P<0.0001< meaning, in other words, there is a significant difference between the three groups in terms of the components of mindfulness.

From the results of Table 2, it is concluded that there is a significant difference between depressed and anxious people in all five components of

mindfulness. The Tukey post hoc test was used to determine which groups differed and the results for each component are reported below. According to the results reported in the table and according to the amount of F, we can say that the results are at the level of P<0.0001< meaning, in other words, there is a significant difference between the three groups in terms of the components of mindfulness. Table (2) Results of variance analysis test of differences in mindfulness components between groups, anxious and depressed Table (4) shows that there is a significant difference between anxious and depressed people in terms of the description component (P>0.0001; In table (5) the results of the tuky test related to the component of action combined with awareness have been reported. From the results reported in Table 5, it is said that there is a significant difference (P>0.0001 in the component of consciousness, between anxious and depressed individuals. In the table (6) the results of the touky sequin follow-up test related to the component of non-judgment have been reported. As can be seen in Table (6), there is a significant difference (at the level of P <0.0001) between anxious and depressed people. Tukey's test results related to the non-reaction component are reported in Table (7). According to the results reported in Table (7), it can be inferred that in the non-response component, there is a significant difference between anxious and depressed people (at the level of P <0.001).

Results of the second research question

Multivariate analysis of variance was used to examine the second research question (is there a difference in the components of patience in depressed, anxious people?). In this analysis, Pillay and Wilkes lambda effect tests were used. The results of this analysis are shown in Table (8). According to the results reported in Table (8), it can be said that there is a significant difference in the components of research in terms of patience components. Tukey's post hoc test was used to determine which groups had these differences. The results reported in Tables (4-11) show that there is a significant difference between the three groups in all components of patience. The following are the results of the Tukey post hoc test related to the components of the patience variable. According to the results reported in Table (10), it can be stated that the mean difference between anxious and depressed people (at the level of P <0.001) is significant. Table (11) reports the results of the Tukey test related to the satisfaction component. According to the results reported in Table (11), there is a significant difference between anxious and depressed individuals in terms of the satisfaction component (at the level of P <0.0001). Table (12) reports the results of the Tukey test related to the endurance component.

According to the results reported in Table (13), it can be concluded that the difference between the means in the endurance component between anxious and depressed people (at the level of P <0.01) is significant. Table 13 reports the Tukey test results for the delay component. According to the results reported in Table (13), it can be said that there is a significant difference between the depressed and anxious groups (at the level of P <0.005). Table (14) reports the results of the Tukey test related to the transcendence component. According to the results reported in Table 14, it can be said that there is a significant difference between anxious and depressed groups at the level of P>0.01 in the transcendental component.

Discussion

The first question was: "Is there a significant difference in the components of mindfulness in depressed, anxious people?" the findings show that the components of mindfulness are different in depressed, anxious people, but this difference is more between depressed and anxious people and the differences between depressed and anxious people are not significant in most components. This result is consistent with the results of Esmaeilzadeh Akhundi et al. (2019) [8], Ivans et al. (2021) [1], and Papenfas et al. (2021) [4] to further refine the subject, we examine each component separately. Depressed people are sad

and self-absorbed people who are constantly engrossed in their disturbing thoughts and rumination and do not have much contact with their surroundings. These people probably do not pay attention to water falling on their bodies in the bath, wind, sunlight, birdsong, and the like.

Anxious people are people who are very worried about the future and its possible threats. They pay attention to threatening stimuli based on cognitive perspective [7]. Maybe that's why they pay attention to other stimuli that are not necessarily threatening. Probably the reason for this result is the lack of insight of depressed people towards this cognitive problem; that is, they are unaware of the fact that they are constantly judging themselves. In the component of non-reaction (i.e. not reacting to thoughts, feelings, and beliefs), depressed people have higher scores than anxious people, in other words, depressed people, when thoughts and feelings come to them, are less likely to react to them than anxious people. The purpose of not reacting is that they leave that thought or feeling alone and do nothing to increase or decrease it. Depressed people are people who have completely surrendered to their negative thoughts and feelings, have fully accepted them, and do not react to them; anxious people are not like this, but they are constantly trying to change the emotions and thoughts that cause them suffering. Therefore, it is natural that depressed people achieve higher scores in this component. Of course, we should note that this lack of reaction in depressed people is not positive.

The second question of the study was: "Is there any significant difference in the components of patience in depressed, anxious people?"

The findings indicate that the components of patience differ in depressed, anxious people. This result is consistent with the results obtained by Berimani et al. (2020) [7] and Liu et al. (2021) [15], Evans et al (2021) [16] Malick et al. (2021)[6], in this question, as in the first question, each component is examined and analyzed separately.

Depressed people are those who are not satisfied with their living conditions, and are filled with feelings of loss, failure, and despair, and it is obvious that a person with such thoughts and feelings is not very satisfied with the current state of his life. This is probably not because depressed people are resilient to their inner desires; Rather, it is likely that depressed people do not pay much attention to their wants and desires, and therefore, sooner or later, the satisfaction of these wants and desires does not matter much to them. In the component of transcendence (enduring hardships and sufferings to reach nearness to God and spiritual growth), anxious people have obtained higher scores than depressed people.

Conclusion

In the component of non-judgment (not judging current experiences, thoughts, feelings, and beliefs), depressed people have higher scores than anxious people, in other words, depressed people judge their thoughts, feelings, and beliefs less than anxious people. This result is contrary to the expected results. Because one of the distinguishing characteristics of depressed people is that they constantly judge their thoughts, beliefs, and feelings, and this judgment is of course negative and is one of the cases that is targeted for treatment in cognitive therapy. Of course, anxious people judge themselves for avoiding errors, but this characteristic is more evident in depressed people. Anxious people are people who are constantly concerned about threats and possible dangers. The reason these people achieve higher scores than others in the component of transcendence is probably that these people seek support to overcome the fears and dangers they feel and what greater source of support there is for them than God. Therefore, they seek god's consent so that he may also support them in the face of dangers and threats.

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Tables:

Table (1) Results related to the MANOVA test

Tests	Value	F	Df	Error df	Sig
Pillay effect	0.78	10.46	10	164	0.0001
Lambda Wilkes	0.35	10.98	10	162	0.0001

Table (2) Results of variance analysis test of differences in mindfulness components between groups, anxious and depressed

	Dependent variable	Total squares	df	Average of squares	F	Sig
Groups	View	209.98	2	104.99	15.95	0.0001
	Description	866.34	2	433.17	22.23	0.0001
	Practice-awareness	1168.09	2	584.04	23.80	0.0001
	Non-judgment	292.45	2	292.45	18.90	0.0001
	No reaction	135.2	2	135.2	19.20	0.0001

Table (3) Tukey post hoc test results related to the observation component

Groups		Average difference	Standard error	Sig
Anxious	Depressed	0.78	0.67	0.4

Table (4) Tukey post hoc test results related to the description component

Groups		Average difference	Std error	Standard error
Anxious	Depressed	1.5	1.15	0.35

Table (5) Results of Touky Sequin Test related to The Component of Action with Awareness

Groups		Average difference	Std error	Sig
Anxious	Depressed	1.73	1.29	0.3

Table (6) Results of Touky Pursuit Test related to a non-judgmental component

Groups		Average difference	Std error	Sig
Anxious	Depressed	4.37	1.02	0.0001

Table (7) Tukey test results related to a non-reaction component

Groups		Average difference	Std error	Sig
Anxious	Depressed	2.66	0.69	0.001

Table (8) MANOVA test results related to the components of patience

Test	Value	F	Df	Std error	Sig
Pillay effect	0.99	2.74	5	81	0.0001
Lambda Wilkes	0.006	2.74	5	81	0.0001

Table (9) Results of analysis of variance test for differences in patience components between groups, anxious and depressed

	Dependent variable	Total squares	df	Average of squares	F	Sig
Groups	Patience.	30.98	2	15.49	12.48	0.001
	Satisfaction	92.126	2	46.63	10.56	0.0001
	Stamina	50.23	2	75.11	0.63	0.003
	Hesitation	60.23	2	80.11	3.51	0.005
	Transcendence	79.140	2	39.70	4.69	0.005

Table (10) Tukey's test results related to the patience component

Groups		Average difference	Std error	Sig
Anxious	Depressed	-0.85	0.68	0.43

Table (11) Tukey's test results related to the satisfaction component

Groups		Average difference	Std error	Sig
Anxious	Depressed	-0.95	0.52	0.0001

Table (12) Tukey test results related to endurance component

Groups		Average difference	Std error	Sig
Anxious	Depressed	-0.008	0.35	0.9

Table (13) Tukey test results related to the delay component

Groups		Average difference	Std error	Sig
Anxious	Depressed	-0.63	0.37	0.21

Table 14) Tukey test results related to the transcendence component

Groups		Average difference	Std error	Sig
Anxious	Depressed	2.92	0.92	0.006