



The Effectiveness of Consciousness Raising Training on Reducing Anxiety and Depression: A Case Study of Ilam High schools

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Abstract

The current study aims to investigate the effectiveness of consciousness training on reducing anxiety and depression of first and second female graders in high school. It used a quasi-experimental research method. Moreover, it utilized cluster randomized sampling; hence, the high schools were randomly selected from the city of Ilam. Beck and Zung anxiety questionnaires were administered among 148 first and second female graders in high school. The students who obtained the scores from 4 to 7 with reference to Beck Depression Inventory were divided into both an experimental (i.e., Depression) group and a control group. Furthermore, the students obtaining the scores of 45 and above on Anxiety Zung Inventory were randomly assigned to both an experimental (i.e., Anxiety) group and a control group. Totally, 43 students were chosen for the two groups. Also, consciousness raising training was applied to 23 students in both experimental groups of Anxiety and Depression. The results of the study show that consciousness raising training can significantly reduce anxiety and depression in high school students. The results, also, entail important implications in promoting students' mental health treatment. Besides, the treatment of consciousness raising is considered as one of the new therapeutic approaches to modify and control the cognitive processes of students.

Key words: Consciousness raising training, Ilam, High schools,

Introduction

Depression and anxiety disorders grow dramatically during adolescence (Dadsetan, 2008) Nevy (1982) (cited in Ghamari, 2008) believed that anxiety and depression are considered as two types of diseases and that both may not be included in a normal form. As Stein (1999) held, this issue is inconsistent with a sign of consciousness for conflict or avoidance of the more developed defenses. He, also, believed that the role of experience in helping to deepen and to develop emotion is regarded as asymmetrical with clinical observation based on a sign of anxiety. Another factor that threatens the health of students is known as stress. A small amount of stress can have a positive effect on increasing motivation and can be a stimulus to deal problematic situations. Giga (2010) believed that high stress not only causes feelings of anger, fear and frustration, but also endangers students' physical and mental health. Adolescence is considered as a period of growth which is accompanied by dramatic changes including a continuum from infancy to adults. During adolescence, the students' ages are variable from 11 to 20 and physiological, cognitive, and social changes appear within such period. The personality and cognitive growth of adolescents occur

in terms of changes in their way of thinking, abstract conceptualization, as well as future planning. Moreover, many adolescents in this period show considerable creativity. Gradually, many teenagers map various values into their belief system from different sources, and such a belief system must be flexible and amiable to evolution in order to adapt to the realities of their life. Whenever a teenager has a sense of independence and his or her family both encourage and support the emerging development of their youngster, factors such as life events, circumstances and conditions, physical illness, personality, alcohol, gender, and genes play significant roles in causing depression. Cognitive development of adolescents is formed independently for each teen according to their level of self-esteem, communication needs, way of parental separation, as well as cognitive strength. As a result, many damages during adulthood arise from the continuation of problems in childhood and adolescence (Cardaciotto, 2005). Depression may lead to suicide, drug abuse, low self-esteem, and low academic performance. In overall, it might lead to dysfunction in occupational, social, and familial performances that may impose enormous costs for the society whether directly and indirectly (Rumel, 2009). The prevalence of depression in women is more than men. Furthermore, the level of depression in bachelors, widows, and divorcees is higher than married couples. More than 80 percent of depressed patients express themselves as worthless human beings, especially in areas such as intelligence, achievement, appetite, attractiveness, health, and ability which all and all have the highest values for them (Kahraz-hy, 2003). Iranian high school students are over two million people; hence, they are of particular importance to the society. Also, the investigation of their problems and trying to solve or ameliorate such problems will reflect a positive atmosphere on the society function (Noorbala, 2007). Research shows that approximately 20 percent of Iranian students suffer from depression. The examination of students is of particular interest to many psychologists, counselors and education specialists, mental health professionals, and other individuals who are dealing with students. Attempts to achieve results in such a direction may provide important strategies for educational, research, and health care centers. Beck (1967) held that issues pertaining to individuals suffering from high levels of depression correlate with their failures and defeats in the past. Such conceptualizations lead to formations of negative beliefs in an individual (Beck, 1967). Through exploring the relationship between negative thinking and mood, one may be able to treat depression and to prevent it from reappearing. In 1992, Teasdale and Williams of Wales Vesgal University of Toronto put forward a new approach for the treatment and the prevention of depression reappearance through which cognition, emotion and mental communication interrelate. Therefore, they introduced a cognitive therapy approach based on consciousness raising (Teasdale, 2000). Anxiety is a state of emotion or excitement which occur in terms of fear, disturbance, and worrisome. Psychologists divide anxiety and other emotional states into two types of facilitative and debilitating or normal and pathological. Also, the experts in the field believe that a facilitative case of excitement related to human beings is not necessarily malicious. However, the main task of professionals is to train the recipients how to deal with emotional reaction. Accordingly, what appears to be a problematic situation for students is the debilitating type of test anxiety; nevertheless, the facilitative type of test anxiety is of necessity for human beings and their well-beings. If anxiety is debilitating and continues over a long period of time, it typically creates a special case of anxiety which negatively impacts natural activities of everyday life. As a result, anxious individuals commit more errors than others. Anxiety affects both the body and the mind of individuals. In fact, whether anxiety relates to children or adults, male or female, and employed or unemployed, its symptoms appear to be the same for all anxious individuals. However, every person has his/her unique way of expressing his/her personal characteristics which brings about the notion of individual differences. In other words, an inexperienced child can reveal his/her anxiety a lot simpler than an experienced adult. Therefore, the classroom teacher may immediately understand his/her student's level of anxiety but he might not easily understand his/her colleague's anxiety level (Tykinson, 1998). It is vital to draw attention toward the increasing growth of mental disorders such as anxiety, depression, and stress among students. Such mental disorders should be dealt with in order to lower their impact, specifically on high school students. Among clinical methods and techniques utilized for reducing mental disorders, Teasdale's consciousness raising training based on cognitive approaches has proved itself to be an efficient method. The current research, also, used Teasdale's method since it is valid and efficient in terms of consciousness raising training. Consciousness training means drawing attention to the specific goal-oriented manner objectively and without judgment

at the present time (Kabat-Zinn, 2011). Clinical definitions in terms of consciousness raising training, in most cases, are similar to the Buddhist's interpretation since such definitions are consistent with the Buddhist's conceptualization (Bishop, 2007). Consciousness training in Buddhism is defined as a pure attention or a non-argument record of events without reaction or subjective evaluation. It underscores the ongoing process of attention rather than the content (Cardaciotto, 2005). Kabat-Zinn promoted his definition of consciousness training in terms of qualitative conceptualization and showed that how an individual can protect his/her health within the framework of consciousness training. Shapiro et al. (1998) added five types of qualities to Kabat-Zinn's quality. Hence, he expanded the qualities to 12 in number. The qualities are: non-judgment, acceptance, patience, trust, openness, emancipation, relaxation, generosity, compassion, gratitude, kindness, and leniency. The focus of consciousness training is drawing attention to nuances and every single moment that a person wants to interpret and to classify his/her reactions to the events (Astin, 1997). Kabat-Zin (1990) defines consciousness training as judgmental moment-to-moment awareness. In 1994, he considers consciousness raising as current objectives in unique ways which are interpreted as non-judgmental. Also, in 2003, his definition became much more accurate; hence, he regarded consciousness raising as an awareness which appears through drawing attention to real goals and being in the present timeline, with no judgment on moment-to-moment vivid experiences (2000, Kabat). Although the main goal of consciousness raising is not relaxation, the non-judgmental observation of negative internal events or physiological arousal causes such behavior (Borkovec, 2012). Consciousness raising meditation activates a part of the brain which induces positive and useful emotion in immunizing the body (Davidson, 2010). Furthermore, a plethora of scholars have found similar results for the impact of consciousness raising on other disorders. As an instance, Greeson et al.'s (2011) study showed that there exist some ways to reduce the stress imposed on an individual's consciousness raising. Also, they found significant ways in treating physical and mental health symptoms of individuals who suffer from chronic pains. Moreover, Carlson et al. (2003) discovered significant improvements in quality of life, symptoms of stress and quality of sleeping in patients suffering from breast and prostate cancer after receiving consciousness raising training for reducing stress. What makes individuals psychologically vulnerable to depression is the accessibility to their thoughts, memories, and the negative attitudes when they are in low spirits. Their intellectual ruminations, also, on the thoughts, memories and physical senses are negative. Consciousness raising is a kind of skill which allows individuals to process the distressing events less disturbingly in the amount of stress imposed on such events.

Hypotheses

First hypothesis: Intervention (carrying out consciousness raising training sessions) on the two experimental groups influences students' depression level.

Second hypothesis: intervention (carrying out consciousness raising training sessions) on the two experimental groups influence students' anxiety level.

Method

Design

A quasi-experimental pre-test post-test control group research method has been utilized in this study.

Participants

The participants of the study were chosen through cluster randomized sampling from the high schools of the city of Ilam. Beck and Zong anxiety questionnaires were administered among 148 first and second female graders in high school. The students who obtained the scores from 4 to 7 with reference to Beck Depression Inventory were divided into both an experimental (i.e., Depression) group and a control group. Furthermore, the students obtaining the scores of 45 and above on Anxiety Zung Inventory were randomly assigned to both an experimental (i.e., Anxiety) group and a control group. Totally, 43 students

were chosen for the two groups. Also, consciousness raising training was applied to 23 students in both experimental groups of Anxiety and Depression.

Instruments

Beck Depression Inventory

Beck Depression Inventory (BDI), as one of the most well-known questionnaires, has been developed by the famous psychiatrist Beck in 1961. It consists of 21 items graded from zero to three. Each individual item signifies a unique symptom of depression. The overall score for each person on BDI is obtained based on adding up all the scores of the items within the questionnaire. The validity and reliability of the questionnaire have been repeatedly investigated and have been reported to be high. Beck and et al. (1988) reported the reliability coefficient for internal consistency of the questionnaire to be .73 to .86. Also, they investigated the correlation coefficient of Beck's depression within the scale of MMPI to be .74 (Kaviani, 2002).

Zung Anxiety Scale

Zung Anxiety Scale was developed in 1970 based on emotional and physical symptoms of anxiety. The reliability coefficient (i.e., Cronbach alpha) of this scale for the current study is reported to be .78.

Procedure

After defining the research objectives and defining the population of the current study, 46 subjects were selected through using interventional method of consciousness raising and were randomized to the control group and the experimental group. Then, both groups took BDI as their pretest. In the next phase, 11 sessions of consciousness raising training were carried out for the experimental (i.e., Depression) group through workshops. Every session was 60 minutes and included two types of activities: training and homework. Cognitive therapy training is based upon consciousness raising. Through consciousness raising training, patients suffering from depression learn how to interact differently with their negative thoughts and feelings and how to focus on changing their beliefs and thoughts. Besides, they learn how to change the direction of automatic thoughts, habits, intellectual ruminations, negative thoughts and feelings toward an awareness of their feelings and thoughts in a broader perspective. The training sessions included: First session: Automatic Guided Consciousness Raising training which begins when it is identified and an obligation for it to be recognized and identified in all moments is formed. Such an obligation requires the students to practice in a goal-oriented way and focus on different parts of their bodies. Second session: Coping with obstacles and problems pertaining to focusing on their bodies reveal rumination of thoughts clearly. Also, how rumination of thoughts tends to control all daily interactions is discovered. Third session: Consciousness raising on how to breathe effectively in times when students' are obsessed with different phenomena in both their environment and their interactions. Breathing efficiently may help the students to use tact in different situations. Fourth session: When the mind engages with specific phenomena at the present time and avoids other circumstances, students are more flexible in being obsessed with relevant situations. Consciousness raising helps the students to achieve a broad and diverse perspective. Fifth session: Creating a different relationship involves accepting experience as it exists without being judged and evaluated or trying to change it. Also, such experience is the main part of one's personal care and understanding. Sixth session: Thoughts are not real. Negative thoughts and behavior decreases one's ability to communicate with diverse experience. Hence, it is clear that one's thoughts are not realistic. Seventh session: how best students may care for themselves. There are specific practices which might be exercised during depression such as breathing exercises in the first place; then, making decisions about what to do. Eighth session: Use the content taught in the previous sessions to control their future behavior and to maintain their balance in life through regular practice of consciousness raising become more evident. Appropriate decisions can be supported according to such goals with correct arguments in order to care for themselves. During this period, the control group did not receive any treatment. At the end of the last session of the workshop, the questionnaires were distributed

among the experimental group and the control group to measure the depression level of the students and to compare them with the pretests.

Findings

Table 1 shows that the level of anxiety and depression for the experimental groups of anxiety and depression are decreased after the intervention has been carried out. Also, it indicates that there exist differences between the experimental and the control groups in comparison with the pre-test and the post-test. However, such a difference is not significant in terms of the students' different grades in high school. The scores of the control groups during the pre-test and the post-test is not significantly different.

Table 1: Frequency, mean, and standard deviation of depression and anxiety scores for the experimental and the control groups in the pre-test and the post-test

Number	Standard Deviation	Mean	Grade	Time	Group	Variable		
13	4/73	21/08	1st grade	Pretest	Experimental Group of Depression			
	5/26	21/16	2nd grade					
	4/75	8/75	1st grade	Posttest				
	4/66	9/83	2nd grade					
10	9/16	25/33	1st grade	Pretest			Control Group	
	5/6	24/16	2nd grade					
	9/43	26/5	1st grade	Posttest				
	4/72	25/5	2nd grade					
10	8/60	59/66	1st grade	Pretest	Experimental Group of Anxiety			
	6/54	55/50	2nd grade					
	7/39	28/75	1st grade	Posttest				
	6/58	29	2nd grade					
10	8/16	72/33	1st grade	Pretest			Control Group	
	7/39	75/77	2nd grade					
	6/76	68	1st grade	Posttest				
	5/81	75/05	2nd grade					

Analysis of findings

First hypothesis: Intervention (carrying out consciousness raising training sessions) on the two experimental groups influences students' depression level.

Table 2: Analysis of covariance for pretest of depression for the control group and the experimental group

The level of effectiveness	Significance level	Degree of freedom	F	Square root of means	Source of changes
0/781	0/001	1	142/66	1189/178	pretest of depression

Table 2 of the covariance analysis shows that the scores of the pretest of depression through controlling the level of effectiveness at 78 percent is based on the significance level of .001.

Also, it indicates that there is a significant difference between the computed mean score of pretest of depression for both the experimental group and the control group.

Table 3: Analysis of covariance for computing the effectiveness of consciousness raising training for the experimental group of depression in posttest

The level of effectiveness	Significance level	Degree of freedom	F	Square root of means	Variable
0/839	0/001	1	161/88	1349/432	Intervention (consciousness raising training)
0/100	0/60	1	0/268	2/238	Grade
0/700	0/64	1	0/220	0/832	Intervention and grade

Given the significant level of .100, there is a significant difference between the mean scores for the experimental group and the control group of depression. The level of differences indicates that 83 percent of post-test covariance is due to consciousness raising training. Therefore, the intervention variable has significant effects on the depression level of the students. It is concluded that the method of consciousness raising training has a positive effect on depression variable; however, the grade variable has no significant effects on depression of the students.

Second hypothesis: intervention (carrying out consciousness raising training sessions) on the two experimental groups influence students' anxiety level.

Table 4: Analysis of covariance for anxiety pretest of the experimental group and the control group

The level of effectiveness	Significance level	Degree of freedom	F	Square root of means	Variable
0/62	0/001	1	51/892	5638/678	Depression

Covariance analysis showed that 62% of pre-test scores with respect to the effects of depression is computed based on F coefficient and the significance level of .001. Also, it shows that there is a significant difference between the mean scores of the anxiety groups of experimental and control.

Table 5: Analysis of covariance for computing the effectiveness of consciousness raising training for the experimental group of anxiety in posttest

The level of effectiveness	Significance level	Degree of freedom	F	Square root of means	Variable
0/64	0/001	1	56/080	6093/707	Intervention (consciousness raising training)
0/006	0/682	1	0/172	2/238	Grade
0/057	0/182	1	1/861	0/832	Intervention and grade

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Table 5 shows that the 64 percent of covariance of the posttest scores is due to consciousness raising training. Hence, the intervention variable of consciousness raising training influences on the students' anxiety level significantly. Nevertheless, the results indicate that based of the computed F, the difference (.006) between the mean scores of first and second graders of high school with respect to anxiety is not reported to be significant. Moreover, the interaction of grade and intervention on anxiety scores is not significant. In other words, the anxiety scores of first and second graders in one of the groups is not significant comparing with the anxiety scores of first and second graders in other groups. The anxiety mean scores based on grade and intervention are shown in table 1. Therefore, consciousness raising training has a positive effect on anxiety; however, the grade variable has no significant role on the depression level of students.

Discussion and Conclusion

The results of the current study showed that consciousness raising training was effective on reducing depression and anxiety of the students. The findings related to the effectiveness of cognitive therapy based on consciousness raising in depressed individuals is in line with Schulman's (2004) study. Using consciousness raising method, Schulman found ways to cure the patients suffering from depression. Consequently, he achieved in significantly reducing the patients' depression levels. Moreover, the findings of the current study are consistent with Teasdale et al.'s (2000) study. They found that our mind interpret the realities that occur in the environment; hence, such events lead to strong associations and feelings. The individuals suffering from high levels of anxiety are inclined to direct their mind toward negative thoughts that may cause depression to remain continuously. The findings of this study, also, is in consistency with Robin's (2002) study in that the therapy obligation is effective in finding a cure for patients with excitement and emotional disorders. Furthermore, the posttest scores on anxiety for the second hypothesis of the current research is confirmed to add to the effectiveness of consciousness raising therapy in reducing students' anxiety. Additionally, this study is in line with Patricia and Budrick's (2005) study. They carried out their research on 177 students whose levels of anxiety were reduced up to 70 percent. In this respect, Teasdale and colleagues hold that cognitive therapy causes the reduction of inefficient attitude through change in the content of depressing thoughts. Through utilizing such therapy-oriented approach, an individual experiences thoughts at the present time and focuses on breathing effectively in times when they are obsessed with different phenomena. This method trains the patients to hinder their anxiety engulfing their thought processes and to detach from negative thoughts. The flexible training of drawing students' attention, broadening their thinking perspectives, hindrance of anxiety, reforming the positive and negative beliefs pertaining to excitements and emotions, and challenging the negative beliefs related to excitements, all and all, cause the significant reduction of both depression and anxiety. Besides, group-session participation of consciousness raising training is much more beneficial and cost-effective in terms of time and money than the individual training sessions. Last but not least, in comparison to the limitations of other mental therapy techniques, the method utilized in the current research can be considered as one of the most efficient approaches to find solutions for depression as well as anxiety.

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