






The Effectiveness of Mindfulness-Based Cognitive Therapy on Resilience and Self-Efficacy in Female Heads of Households

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ABSTRACT

Objective: The present study aimed to determine the effectiveness of mindfulness-based cognitive therapy (MBCT) on resilience and self-efficacy in female heads of households.

Methods: This research employed a quasi-experimental method with a pre-test and post-test control group design. The statistical population included female heads of households who sought counseling services at centers in Tehran in 2023. From this population, 30 individuals were selected using convenience sampling and were randomly assigned to two groups: an experimental group (15 participants) and a control group (15 participants). The instruments used in this study were the Resilience Questionnaire and the Self-Efficacy Questionnaire. The experimental group received eight two-hour sessions of mindfulness-based cognitive therapy, while the control group did not receive any specific intervention.

Findings: The findings indicated that the mean scores of resilience and self-efficacy in the post-test were significantly higher than those in the pre-test for the experimental group.

Conclusion: Consequently, it can be concluded that mindfulness-based cognitive therapy has an effect on enhancing resilience and self-efficacy in female heads of households.

Keywords: Mindfulness-Based Cognitive Therapy, Resilience, Self-Efficacy, Female Heads of Households.

1. Introduction

Female heads of households are considered a vulnerable segment of society due to the challenges inherent in managing family responsibilities (Shadkam, 2024; Sistani

Pour et al., 2024). These women demonstrate higher levels of vulnerability and, compared to married women, face numerous psychological difficulties in managing their lives (Mohamad Fazli et al., 2021). Employment among these women often leads to work-family conflict, which can be a

primary source of stress and result in adverse outcomes such as heightened health risks for employed women, inefficiencies in parenting responsibilities, and diminished psychological well-being (Haji Karam et al., 2019).

Self-efficacy refers to an individual's belief in their capacity to execute tasks and responsibilities, which in turn enhances their ability to regulate thoughts, emotions, and behaviors (Behrouzfar & Rabiei, 2019). Individuals with high self-efficacy experience less fear and are more likely to achieve success in their endeavors. Self-efficacy encompasses a person's belief in their ability to plan and carry out actions to achieve their goals (Taghavi et al., 2020). Conversely, low self-efficacy results in reduced effort, lack of persistence, and inflexibility, as such individuals tend to surrender in the face of challenges and rarely envision success (Behrouzfar & Rabiei, 2019).

Everyone encounters adversity and hardship in life, but responses to these difficulties vary widely. One factor contributing to these differences is resilience. As a key construct in positive psychology, resilience refers to positive adaptation in response to adverse experiences. It includes the ability to endure hardships or threatening situations and actively engage with the surrounding environment (Cheng et al., 2023). Resilience stands in opposition to vulnerability and is partially influenced by environmental factors. Self-efficacy can be enhanced through training, thereby promoting individual growth and preparing individuals to confront difficult realities. Resilience does not imply a lack of risk in life; rather, it reflects the presence of supportive psychological mechanisms that yield favorable life outcomes. As such, resilience plays a vital role in the lives of women and significantly influences their quality of life (Zinouri & Khorrami, 2022).

Mindfulness-based cognitive therapy (MBCT), as one of the third-wave cognitive-behavioral therapy (CBT) approaches, has been shown to be effective for a wide range of psychological issues and disorders (Mohammadkhani & Khanipour, 2012). Initially developed by Williams and colleagues to prevent depression relapse, MBCT integrates elements of cognitive therapy with mindfulness meditation techniques, aiming to help patients manage their attention so that they can detect subtle mood changes and prevent symptom recurrence. MBCT promotes cognitive flexibility and reduces cognitive vulnerabilities such as rumination, overgeneralized autobiographical memory, and self-critical evaluations, while enhancing beneficial cognitive processes such as non-judgmental observation of mental content. Clients are encouraged to process their experiences as they

arise, without judgment, and to alter their relationships with challenging thoughts and emotions through acceptance. Through mindfulness-based practices and exercises, individuals develop awareness of their daily activities, recognize the automatic functioning of the mind dwelling in the past or future, and gain moment-to-moment awareness of their thoughts, emotions, and bodily sensations, leading to greater control (Segal et al., 2013; Williams & Penman, 2012).

Therefore, the present study seeks to answer the question: Does mindfulness-based cognitive therapy have an effect on resilience and self-efficacy in female heads of households?

2. Methods and Materials

2.1. Study Design and Participants

This study employed a quasi-experimental method with a pre-test and post-test control group design. The statistical population consisted of female heads of households who visited counseling centers in Tehran in 2023. From this population, 30 participants were selected using convenience sampling and were randomly assigned into two groups: an experimental group (15 individuals) and a control group (15 individuals). The instruments used in this study included the Resilience Questionnaire and the General Self-Efficacy Questionnaire. The experimental group received eight two-hour sessions of mindfulness-based cognitive therapy, while the control group did not receive any specific intervention.

2.2. Measures

2.2.1. Resilience

This questionnaire was developed by Connor and Davidson (2003) to assess an individual's capacity to cope with difficult and challenging situations. It consists of 25 items rated on a 5-point Likert scale. The response options range from "Not true at all" = 0, "Rarely true" = 1, "Sometimes true" = 2, "Often true" = 3, to "Almost always true" = 4. The total score ranges from 0 to 100, with higher scores indicating greater resilience. A cut-off score of 50 is used; scores above 50 indicate a resilient individual, and the higher the score above this threshold, the stronger the individual's resilience. Connor and Davidson reported a Cronbach's alpha of 0.89 for the resilience scale. The test-retest reliability over a four-week interval was reported as 0.87. The scale was standardized for use in Iran by Mohammadi (2005), who also reported a Cronbach's alpha reliability coefficient of 0.89.

2.2.2. Self-Efficacy

This scale was developed by Sherer et al. (1986) to measure individuals' levels of general self-efficacy. It includes 17 items rated on a 5-point Likert scale, ranging from "Strongly disagree" (score 1) to "Strongly agree" (score 5). The total possible score ranges from 17 to 85. The questionnaire was translated and validated in Iran by Barati (1996). The internal consistency reliability coefficient using the Guttman split-half method was reported as 0.76, and the Cronbach's alpha coefficient was reported as 0.79.

2.3. Intervention

The intervention protocol consisted of eight structured sessions of mindfulness-based cognitive therapy (MBCT), each lasting approximately two hours and conducted weekly. The sessions were designed based on the standardized MBCT framework developed by Segal, Williams, and Teasdale, focusing on cultivating present-moment awareness and reducing cognitive and emotional reactivity. In the initial sessions, participants were introduced to the basic principles of mindfulness and trained in breath awareness and body scan exercises to develop attentional control and body awareness. Subsequent sessions focused on recognizing automatic thought patterns, practicing non-judgmental observation of inner experiences, and identifying negative cognitive distortions related to self-perception and personal capability. Techniques such as mindful walking, sitting meditation, and the use of mindfulness in daily activities were incorporated to promote consistent practice and integration into everyday life. Participants were also guided to explore the relationship between thoughts, emotions, and behaviors, and were encouraged to reframe self-critical thoughts using cognitive restructuring techniques. Homework assignments were provided after each session, including formal mindfulness practices (e.g., guided meditations) and informal practices (e.g., mindful

eating or observing thoughts during daily routines), with reflective journaling to reinforce learning. Group discussions during the sessions facilitated the sharing of experiences, normalization of emotional responses, and peer support. The final sessions emphasized relapse prevention, developing a personal action plan for maintaining mindfulness practices, and applying learned strategies in real-life situations to enhance psychological resilience and self-efficacy. Throughout the intervention, the therapist maintained a supportive, accepting, and non-directive stance, fostering a safe environment for experiential learning and self-exploration.

2.4. Data Analysis

To analyze the data, descriptive and inferential statistical methods were employed. Initially, descriptive statistics such as mean and standard deviation were calculated to summarize the pre-test and post-test scores of resilience and self-efficacy in both the experimental and control groups. To evaluate the effectiveness of the intervention, repeated measures analysis of variance (ANOVA) was conducted. This method allowed for the examination of within-group changes over time and between-group differences in the dependent variables. Significance levels were set at $p < .05$ for resilience and $p < .001$ for self-efficacy. All statistical analyses were performed using SPSS software (version 26), ensuring rigorous evaluation of the treatment effects.

3. Findings and Results

As observed in Table 1, the mean pre-test scores of resilience and self-efficacy in the experimental and control groups were approximately equal. However, in the post-test, the mean scores of the experimental group in both resilience and self-efficacy differed substantially from those of the control group.

Table 1

Mean and Standard Deviation of Pre-Test and Post-Test Scores for Resilience and Self-Efficacy in the Experimental and Control Groups

Dependent Variable	Group	Pre-Test Mean	Pre-Test SD	Post-Test Mean	Post-Test SD
Resilience	Experimental	40.67	5.53	59.24	7.14
	Control	41.47	5.78	42.34	5.87
Self-Efficacy	Experimental	34.53	4.68	48.67	6.56
	Control	32.12	4.97	31.35	4.35

As shown in Table 2, the effect of measurement time on resilience scores was statistically significant. Therefore, it

can be stated that regardless of the group, there is a significant difference between the mean resilience scores in

the pre-test and post-test. Thus, mindfulness-based cognitive therapy has an effect on the resilience of female heads of households.

Table 2

Results of Repeated Measures Analysis for the Resilience Variable

Scale	Factor	Source	Sum of Squares	df	Mean Square	F	p-value
Resilience	Within-Group	Time	121.374	1	121.374	5.865	< .05
		Time*Group	1324.486	2	662.243	29.352	< .001
		Error	1175.237	30	39.174		
	Between-Group	Group	2783.578	2	1391.789	25.786	< .001
		Error	3018.377	30	100.612		

As shown in Table 3, the effect of measurement time on self-efficacy scores was statistically significant. Therefore, it can be concluded that regardless of the group, there is a significant difference between the mean self-efficacy scores

in the pre-test and post-test. Thus, mindfulness-based cognitive therapy has an effect on the self-efficacy of female heads of households.

Table 3

Results of Repeated Measures Analysis for the Self-Efficacy Variable

Scale	Factor	Source	Sum of Squares	df	Mean Square	F	p-value
Self-Efficacy	Within-Group	Time	4924.786	1	4924.786	132.573	< .001
		Time*Group	854.538	2	427.269	19.786	< .001
		Error	1247.375	30	41.579		
	Between-Group	Group	2457.835	2	1228.917	15.548	< .001
		Error	3586.453	30	119.548		

4. Discussion and Conclusion

The findings indicated that the mean resilience scores in the post-test were significantly higher than those in the pre-test for the experimental group. Therefore, mindfulness-based cognitive therapy has a significant effect on the resilience of female heads of households.

Mindfulness exercises, with the dual goals of focused attention and conscious monitoring, are a powerful method for enhancing both psychological and physical health. In these practices, individuals select a focal point—such as the breath, the body, or an object—and strive to maintain their attention on it continuously. Whenever the mind wanders, one is instructed to intentionally return attention to the original focus. This process improves attention regulation and non-judgmental monitoring skills. Such an approach enables individuals to relate to problems objectively and without judgment. By cultivating mindful awareness, emotional and cognitive responses can be managed more effectively, leading to a clearer understanding of one's experiences. This not only fosters greater cognitive

flexibility but also promotes adaptive and healthy behaviors when facing challenges (Sadeghi & Cheraghi, 2018).

Furthermore, the findings revealed that the mean self-efficacy scores in the post-test were significantly higher than those in the pre-test for the experimental group. Hence, mindfulness-based cognitive therapy has a significant effect on the self-efficacy of female heads of households.

Mindfulness practice is a powerful method for improving psychological and physical health. This approach helps individuals achieve calmness and balance by observing and accepting their thoughts and emotions without judgment. In this therapeutic method, participants learn to focus on external events and objects beyond their control through breathing techniques and mindful awareness. These practices, which include muscle relaxation and mindfulness meditation, contribute to stress reduction and the enhancement of mental well-being. This approach, through present-moment focus and awareness of thoughts and emotions, supports clients in gaining a clearer understanding of the mind's role in shaping internal experiences, thereby empowering them to overcome psychological and physical challenges. Mindfulness facilitates a vivid and transparent

perception of experiences and teaches clients to live more consciously by anchoring their awareness in the present moment (Sofri et al., 2023).

5. Suggestions and Limitations

One of the main limitations of this study is the small sample size, which limits the generalizability of the findings to broader populations of female heads of households. The use of convenience sampling may also introduce selection bias, as the participants who volunteered to attend counseling centers might already have a certain level of motivation or awareness regarding psychological interventions. Furthermore, the study relied solely on self-report questionnaires, which are subject to social desirability bias and may not accurately capture the depth of participants' psychological states. The lack of follow-up data also makes it difficult to assess the long-term sustainability of the effects of mindfulness-based cognitive therapy on resilience and self-efficacy.

Future studies should aim to recruit larger and more diverse samples to enhance the external validity of the results and allow for broader generalizations. Employing randomized controlled trials with long-term follow-up assessments would help evaluate the durability of therapeutic outcomes and better understand how mindfulness-based cognitive therapy influences psychological well-being over time. Researchers are also encouraged to use mixed-methods approaches, incorporating qualitative interviews or observational assessments alongside standardized questionnaires to provide richer and more nuanced insights into participants' experiences. In addition, future studies could explore the moderating role of demographic variables such as age, educational background, and employment status to identify subgroups that may benefit more from this type of intervention. From a practical perspective, it is recommended that mental health professionals working with vulnerable female populations consider incorporating structured mindfulness-based cognitive therapy programs into community support services. Tailoring these interventions to the specific cultural and socioeconomic contexts of female heads of households could enhance engagement and effectiveness. Moreover, providing accessible online or group-based formats may increase reach and reduce barriers to participation, particularly for women who face time or transportation constraints.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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