

self-care based on the mindfulness: an approach to treat depression

Maryam Rostamvand

Msc in Psychiatric Nursing, Faculty of Nursing and Midwifery,
Mazandaran university of Medical sciences, Sari, Iran

Fateme Sadat Ghanipoor

Msc in Psychiatric Nursing, Faculty of Nursing and Midwifery,
Mazandaran university of Medical Sciences, Sari, Iran

Ghader Shahabi Niaragh

BSN, Faculty of Nursing and Midwifery, Ardabil University
of Medical Sciences, Ardabil, Iran

Abstract

Depression is one of the most common spiritual and mental disorders in a way based on the national study of diseases and traumas in Iran, is known as the third country with health problem. Researches in this area reveals that reduction of depression after using self-care based on the mindfulness not only has a negative effect on some disease including fibroma, chronic pain, rheumatoid arthritis, diabetes, chronic fatigue syndrome, cancer, hypertension, AIDS, skin diseases, multiple chemical allergies, cardiovascular diseases, and the new Covid 19 disease but also, has a long term positive effect in treatment and reduction of depression in different kinds of chronic disease. Therefore, according to everyday increase of prevalence of depression in patients who suffer from different spiritual-mental disorders, syndromes and cancers and even normal people of the society and also therapeutic potential of self-care based on mindfulness, this paper is written with the purpose of concepts of depression, treatment of depression with self-care based on mindfulness and experiences of different researchers in this area.
Key word: depression, spiritual-mental disorders, self-care, mindfulness

Introduction

One of the most common mental disorder in the world is depression which means the feeling of disability in controlling events of the person’s life (Dubovsky et al., 2021). Based on a report of MONTAZERI et al (2013), prevalence of depression is changeable between different Iranian populations between 5.69 to 73%. Also, it is reported that depression in women and girls is more than in men and boys in a way it is estimated in women about 1.7 times is more than men (Montazeri et al., 2013). Then according to the researchers’ focus on psychology and psychiatry areas in order to find a treatment for this disorder mindfulness can be mentioned as one of these treatments (Van Niel and Payne, 2020). During past years, interest of using from mindfulness has increased in treatment of a wide range of physiological and mental disorders (Hearn and Cross, 2020) in a way reviewing the history of this area of researches shows that until 2021 more than 300 scientific essay is published about this subject. Several researches have shown effectiveness of interventions based on the mindfulness and self-care based on the mindfulness to help people who suffer from chronic diseases (Marciniak et al., 2020). Studies in this area show that reduction of depression has no negative

effect after using from self-care based on mindfulness for some diseases including fibroma, chronic pain, rheumatoid arthritis, diabetes, chronic fatigue syndrome, cancer, hypertension, AIDS, skin diseases, multiple chemical allergies, cardiovascular diseases and also has positive effect in treatment and reduction of depression in long term (Thimm and Johnsen, 2020).

According to everyday increasing of depression prevalence in patients who suffer from spritual-mental disorders, syndromes and cancers and also therapeutic potential of self-care based on mindfulness, this paper is written with the purpose of concepts of depression, treatment of depression with self-care based on mindfulness and experiences of different researchers in this area

Depression

Depression can be known as the fourth main factor of disorders and diseases which has the largest share of non-lethal diseases (Montazeri et al., 2013).In this area Clark (1990) defines depression like this: a disability feeling in controlling events of the life (Clark et al., 1990). Generally, depression can be known

an emotional reaction than disappointment condition and depressive deprivation which has unpleasant feelings than including fear, anxiety, incompetence and other physical disorders (Segal et al., 2020).

Based on criteria of 5-DSM (Edition,2013) are divided to 8 subsidiary group: sadness disorder before menstruation; destructive mood disorder, depression disorder due to drug/medicine; basic depression disorder; persistent depression; depression disorder due to other physical diseases; other known depression disorder; unknown depression disorder (Kirwin and Harmin, 2005).

Until now, reasons of depression are studied from different perspectives. Now the most common perspective is that there are different groups of depression which their reasons are different from the others (Edition, 2013). Researchers claim unipolar depressions which happen without any Mani attack and alone, at least include two subsidiary groups: people in the first group are those who are incompatible with difficult situation in life. The second group of depression may have physical reasons; means a problem in neurotransmission due to insufficiency and lack of chemical transmitters of catecholamine. These kinds of insufficiencies may have a genetic source. In bipolar depression, which include depressive manners and Manic, is based on the genetic factors (Karimi, 2017, Persian).

Self-care

Include a collection of proceedings based on the awareness which people do it for providing, remaining and upgrading their health and family. The World Health Organization, self-care is defined as doing people’s activity, family and societies with the purpose of upgrading health, prevention or limitation of disease and restoration of health (Taylor et al., 2011). The most important self-care manners which are reported until now, include: feeling of responsibility against health condition, having suitable activities of self-care and healthy eating behaviors. These behaviors are known as the most useful solutions for prevention from different disease especially non communicable diseases (Guevara et al., 2003).

Three significant and effective components in getting or lack of self-care behaviors are proposed which include personal, behavioral and social factors (Taylor et al., 2011). In fact, personal factors are the values which the person respects for him/herself and because of this value takes care of him/herself or is improving his/her life condition. Belief of the person in control is important if the person believes the destiny of his life relates to some external factors such as chance and fortune or if believes that s/he has a basic role in determining his health condition. Behavioral factors include skills whish the person achieves in health area and finally social factors include environmental factors and social support network (Halm, 2017). Several researches in all around the shows that self-care is one of the most important primary care in developing countries and also developed countries and many efforts are being done in order to encourage self-care through different ways including designing software related to health, making electrical supportive groups and etc. (Khankolabi et al., 2014). Statics show that 75% of medical visits are unnecessary. Such statics reveals the importance of self-care that means self-care can reduce medical expenses (Goldberg et al., 2018).

Mindfulness

mindfulness can be known as a ritual lesson especially Buddhism, and the religions that emerged in east Asia, which insist on strengthen mental power to understand the moments, mental clearing and making inner calmness to understand accurate understanding of the life flow. Mindfulness is known as cognitive-behavioral treatments and also one of the most important components of the third pick of psychological treatment models (Schuman-Olivier et al., 2020). According to the reports, there are 5 different aspects of mindfulness: ability of observing internal and external environment, ability of describing internal and external experience, ability of acting on the basis of consciousness, non-judgmental to internal experience and responsiveness to internal experience (Kabat-Zinn, 2003). Accordings to the important role of the body in new

interdisciplinary domains, mental-physical body it is proved that, all of the existed practices in mindfulness are designed in a way increase consideration on the body (McCarney et al., 2012). In a simple language, mindfulness means being aware of thoughts, behavior, excitements and feelings and also a special form of consideration which two of its basic elements 1- attendance in present 2-to not judge in events, actions and interactions have a significant role (Taheri, 2018). Mindfulness, can be defined as (consideration in a special way, with a purpose, in present without judgement). Also, mindfulness is defined as (continuous consideration, also a kind of curiosity, opening and aware acceptance (Moore and Malinowski, 2009).

Mindfulness is an important infrastructure factor in order to achieve release; because is an effective and powerful method for silence and stopping the world's pressure and mental pressure of the person. Accurate presence of the mind means that the person considers his/her awareness in the past and future (Baer, 2019). When the person presents, sees all of the internal and external aspects and reveals that because of judgement and interpretation and explanation is constantly changing and have inner conversations. When the person realizes the mind is constantly interpreting and explaining, can be able to consider on his thoughts with more attention and without any aversion or judgment and find the reason of its existence. Mental exercise gives the person this ability; Thoughts are just thoughts, and when s/he realizes his/her thoughts may not be true, she can more easily let it go (Segal et al., 2002). In this area, Langer (1989) used the word mindfulness to describe a scientific research approach. Langer believes mindfulness is a creative and compatible cognitive process and happens when the person uses three key features. These three features include: creating a new classification; being acceptable in new information; Awareness of vision and angles of vision become deeper and more (Langer, 1989); even researchers define mindfulness as remembering doing an activity, looking at an object and also looking at real nature of phenomena (Bulzacka et al., 2017). Other researchers, define mindfulness as obvious attention which include every moments of awareness of changing goals and perceptions. In other words, mindfulness includes a condition of attention and awareness than something happens in other person or for another person (Sala et al., 2019).

In addition to the above definitions, Ryan and Brown (2003) define awareness and attention under the consciousness (Brown and Ryan, 2003). Awareness is introduction of consciousness and shows the review on internal and external environment. In fact, awareness and attention are intertwined to each other, it means the attention the attention in this area and the context of awareness is considered (Germer et al., 2013). Hanh (2016) believes mindfulness is remaining consciousness than available facts (Hanh, 2016). Also, Kabat-Zinn claims that awareness means special consideration on purposes, happens in present and attention without judgement. In other words, mindfulness is defined as a mental condition on experiences of present time without judgement and arbitration (Kabat-Zinn, 2009).

There are different definitions for mindfulness, which shows three basic features of mindfulness include: 1. Attention and awareness which focused on the present time; intention and purposefulness which adds motivational component to attention and behavior of the person; 3. Attitude shows the type of consideration of the person, or the condition which the person has at the moment such as interest, curiosity, lack of judgement, acceptance and being responder (Hayes and Wilson, 2003). Mindfulness is one of the required r in four authentic facts in Buddhist culture. Three steps of four authentic facts in four Buddha include: 1) behavioral preparations means right life, right activity and right effort and right speech; 2) having right approach and right purpose; 3) mental discipline means right effort, right concentration and awareness with right mindfulness; 4) thinking about mental discipline (BabaPour et al., 2013).

Mindfulness has four foundations which are determined by Budha with teaching Sota. the word Sota was used for purification of creatures by a Buddhism hermit and its efficiency was overcoming on sadness, eliminating pain and discomfort, benefit from the religion of truth and peace of Nibana (Walshe, 1995). There is another word in Sota which is used in Budha's culture practically and this word is Mahasans Panhana. Panhana

means effort and a person who mediates with it, and makes mindfulness and attention in itself. Four main methods of teaching Mahasans Panhana Sota, thinking of body, feelings, mind and thinking about mental concepts. Practices to create physical reflection or thinking about the body are described in 6 parts include: 1) breathing 2) condition 3) body condition 4) physical defensiveness 5) physical elements 6) body calmness. The third area means thinking about mental concepts or Dihama, teaches, principles such as enlightenment which is somehow related to mindfulness.

Exercises of Sota are finished with this vow which each person practices these four main fundamental of mindfulness, and achieves to the highest level of knowledge and attention (McKay et al., 2019). Mindfulness section in teaching Sota, is thinking about mental concept. This section is very wide and through some techniques there are seven enlightenment factors which include: mindfulness, looking for the fact, searching energy, spiritual ecstasy, peace of mind and balance of mind. These seven techniques are positive features which cause achieving to freedom through the attitude. The main concept of this case is mindfulness (Dryden and Crane, 2017). It seems mindfulness is an intermediary between three other passive factors (concentration, calmness and mental balance). The prominent role of mindfulness is to maintain a balance between active and passive factors, which are important both negatively and positively, and include feelings and mental states; Therefore, it can be said that the root of mindfulness lies in the school of Buddhism and this school has played an important role in promoting this healing technique (Robins, 2002).

Mindfulness is known as a psychological concept, and insists on attention and concentration consciousness based on the mindfulness in Buddhism meditation mentions to the western concept which has become famous by John Kabat-Zinn (Kabat-Zinn, 2003). Mindfulness is considered by west from 1970s. after that time more than 240 mindfulness program based was done in north America and Europe (Grossman et al., 2004). In 1979 John Kabat-Zinn learned that programs of stress reduction based on mindfulness is done in Massachusetts university for treating Coronary patients; This was a spark for the development and usage of mindfulness ideas in the medical world (Kabat-Zinn, 2003, 2009). Mindfulness is used on different people whether they are sick or healthy. Clinical and psychiatric psychologists have developed therapeutic applications based on mindfulness, to help people who suffer from different psychological conditions (Baer et al., 2006). Also, past researches have shown that treatments based on mindfulness are effective on reducing anxiety, depression and stress (Baer et, 2003)

According to the reports of electroencephalography and illustration, consideration on neurotic activity during practices of mindfulness revealed that old beliefs about the beneficial effects of meditation resulting from specific changes in specific cortical areas were supported. Evidence from studies using electroencephalography and recent functional magnetic resonance imaging has shown that mindfulness training has potentially profound and surprising effects on neural function, including the activity (and even size) of certain areas of the brain (Marks, 2008). Researchers realized that there are some differences in electroencephalogram related to body calmness, concentration and mindfulness. They showed that in teaching mindfulness, Delta waves in parietal and forehead posterior lobes, Teta in left side of the forehead and the posterior head become active (Khoshkhatti et al., 2020). Also, Lazar et al. (2005) showed that conscious attention as a mindfulness technique makes a difference in the areas of the right insula (auditory cortex) and the forehead cortex (areas 9 and 10 of Broadman) (Lazar et al., 2005). According to what has been mentioned about the benefits and consequences of mindfulness training, researchers in recent years have drawn attention to the use of mindfulness strategies in the treatment of various diseases (Smith et al., 2005).

Therapies based on the mindfulness

Mindfulness with a long history has been welcomed by the psychological community as a way to reduce physical and mental suffering, to expand several interventions. These

interventions include Mindfulness Based Relapse Prevention (MBRP) (Witkiewitz et al., 2005); Dialectical Behavior Therapy (DBT) (Linehan, 2018). Mindfulness Based Cognitive Therapy (MBCT) (Segal et al., 2002); Acceptance and Commitment Therapy (ACT) (Hayes et al., 2009) and stress and depression reduction are based on the mindfulness (Validi Pak et al., 2020). Prevention of recurrence based on the mindfulness by Witkiewitz et al (2005) is for representing practices of mindfulness awareness is designed for those who suffer from addictive traps of the mind (Witkiewitz et al., 2005). Prevention from recurrence based on mindfulness include an integrated application of behavioral cognitive skills is preventing from recurrence and meditation practice of mindfulness and represents the last combinational experiences in therapy of the the area of dependence disorder of the material (Bowen et al., 2011). Dialectical behavior therapy was proposed by Linehan to treat people with borderline personality disorder (Linehan, 2018). Majorly this therapy is psychological-educational and insists on exploring behavioral skills. This therapy is stable on the dialectical perspective of the world and insists on three bases; 1- The principle of integrity of the fact and having relationship with internal common relations 2- opposite or polarity principle 3- continual and eternal principle. Cognitive therapy based on the mindfulness of Segal et al (2002) with combining existing techniques in reduction of stress therapy based on mindfulness with cognitive, in order to help to people who expressed suffer from depression periods (Segal et al., 2002). Therapy based on the acceptance and obligation, is an approach in psychotherapy which combines processes of acceptance and mindfulness and is used in a wide domain of issues and disorders. Experimental, the main concept of this therapy include lack of the person's desire to experience negative internal phenomena including emotional, feelings, cognitive and desires and taking an action to prevent, escape, or eliminate these experiences, even when doing so is harmful (Baer et al., 2006).

Reduction of stress based on mindfulness, cognitive therapy based on mindfulness and preventing from reoccurrence of based on mindfulness include formal and informal practices, however, dialectical behavior therapy and therapy based on acceptance and obligation majorly insist on smaller activities and less formal practices. In addition to this variety, several general instructions in formal and informal practices are uncommon (Yang et al., 2018). As the first step in teaching mindfulness the participants are proposed to be aware of their breath and then when achieved to awareness to thoughts, emotions, and physical feelings back to concentration and awareness on breathing again. Repletion of awareness on breathing helps the participants to be aware of the nature of the mental activities and to be able to differentiate mental activities and responses to these activities.

In addition to awareness change of mental content on breathing, the person can intervene in mental rumination process and reduce the potential power of mental events to be effective; therefore, impulsive responses, reflections or automatic in these events will be reduced (Toneato et al., 2007). In other words, people are proposed focus on the events simply then concentrate on their breathing. Finally, by doing meditation practices, people learn to observe on their physical feelings, emotions, thoughts and also the thoughts that come along with them and simply find out the truth which thoughts, emotions, concepts and other mental occurrences should be considered as thoughts (Michalack et al., 2012).

Self-care based on the mindfulness

Aware self-care is a continuous process which include two parts: A) Thoughtful awareness and assessment of internal and external needs of the person and B) Acting and applying self-care methods to meet needs and requirements in a way that is conducive to personal well-being and effectiveness (Jahangirpour et al., 2013).

Mindful self-care instead of a set of recommended behaviors, such as improving health according to various medical indicators, is a set of practices that support positive

visualization. When a person's self-image is not positive, they may experience disconnection, aging, conflict, or self-harm, with consequences such as distance, disturbance or dissatisfaction with the body, substance use problems, and irregular eating habits. By forming a positive image in person, the mind-conscious self-care of the person, goes beyond its traditional form by integrating the conscious mind with intelligent mental exercises, and becomes mind-conscious self-care (Validi Pak et al., 2020). Compatible with visual models of positive imagination (for example, representation model of the person from him/herself or ARMS), mind-conscious self-care include internal experiences of the person and challenges and external requirements. Especially, representing model of the person from him/herself sees him/herself

as a system who links internal experiences such as physiological, emotional and cognitive external experiences such as family, society and culture. This method argues that in order to gain a healthy and positive experience from oneself, one must do two things: (a) maintain cohesion and control one's inner behavior, and (b) participate effectively in one's relationships with each member of the family and community (Smith et al., 2005).

According to the researchers', the more the positive mind the person has in his body the more positive feelings the body will have. And it can also happen vice versa; means when the person is not imagined positively, may experience some disorders such as misunderstanding of the body and other shapes of disorders such as overweight may happen (Khanpour et al., 2020). According to most of the researchers', mind-conscious self-care can be considered as the required base for physical and emotional wellbeing (Gockel et al., 2013).

According to most researchers, mindful self-care as the foundation needed for physical well-being as well as mindful self-care reduce the symptoms associated with mental illness, prevent work / school-related failures, and increase productivity in persons. In addition, mindful self-care techniques are believed to increase the body's physiological stability and emotional regulation (Rosenzweig et al., 2010).

Self-care based on the mindfulness: a solution for therapy of depression

Until now, several studies are done on consideration of the effect based on the mindfulness on mental and psychological aspects of patients and their families which involve different kinds of physiological illnesses and mental disorders (Table 1 and Figure 1) (Evans, 2010). For example, whitebird and et al (2012) in a study considered on the comparision of mindfulness on depression and stress and phsychological health of patients such as Perceived Stress Scale (PSS), Center for Epidemiologic Studies Depression Scale (CES-D), Montgomery Borgatta Caregiver Burden Scale (MBCBS), according to their results, the skill of mindfulness cause reduction of stress and depression and increasing psychological health (Whitebird et al., 2013). In addition, Fish et al., 2014) in a study considered on the effect of mindfulness on psychological complications of cancer by using from Questionnaires of Hospital Anxiety and Depression Scale (HADS, Functional Assessment of Cancer Therapy (FACT), and Freiburg Mindfulness Inventory (FMI).

The results showed that mental awareness leads to a reduction in anxiety and depression (Fish et al., 2014). In a new study, Eghbali et al. (2021) evaluated the effectiveness of mindfulness-based stress reduction training on depression, anxiety, and stress in people at risk for Covid-19 using the Depression, Anxiety, and Stress Questionnaire (DASS-). 21) studied. They concluded reduction of the stress based on mindfulness, can have an effective intervention in the psychological services of individuals to control depression at risk of Covid-19 disease (Eghbali et al., 2021). According to the results of these studies and their comparison with the concepts of self-care and mindfulness, it can be concluded that the use of various mindfulness-based self-care programs can not only improve patients and their families from mental disorders. Like depression, it can help reduce the cost of treatment. In addition to personal and family benefits, self-care based on the mindfulness has a benefit which not only reduces work load and personnel therapist but also a society becomes happier (Gholamrezaei et al., 2020).

In fact, mindfulness helps the person to adjust automatic thoughts and patterns of negative behavior, as well as to regulate positive health-related behaviors, and by combining clearly seeing experiences and life, allows for positive changes in well-being and Happiness is formed and by preventing rumination, it will lead to the spread of new thoughts (Sobhani et al., 2019). In addition, mindfulness is able to promote well-being directly by promoting self-control and purposeful behavior, increasing understanding of current experiences, and encouraging human relationships (Brown et al., 2007). Researchers also believe that the effectiveness of mindfulness self-care is due to the involvement of caregivers' religious or spiritual beliefs in the treatment process. This group of researchers, in general, considers that class of psychotherapy approaches that are associated with religious methods, prayer and teaching spiritual or religious concepts to be effective and useful. Thus, mindfulness-based self-care improves mental health, sleep quality and enjoyment of life (Narimani et al., 2010), adaptability and emotional functioning (Ahmadvand et al., 2012), and psychological well-being (Brown et al., 2007), related to the elimination of dysfunctional attitudes and

spontaneous thoughts (Azargoon and Kajbaf, 2008) and the reduction of depression (Hofmann et al., 2010). As it was mentioned, what makes a person psychologically vulnerable to depression is their mental involvement with possible future events and past memories. As a result, mindfulness-based self-awareness is the skill and ability that allows a person to stay focused in the present. Thus, when a person is aware of the present, his attention is no longer involved with the past or the future (Mirzaee and Shairi, 2018). As a result, it can be argued that mindfulness-based self-care therapy is one of the new therapies that helps control and process thoughts (Jajarmi et al., 2019). With such a therapeutic approach, thoughts are experienced as mental events and the focus on breathing is used (as an expression for living in the present). Also with this approach, depressed people are trained to stop their thinking cycle and distance themselves from them (Vala et al., 2016). Flexible training to focus, enrich the mind, stop rumination, correct negative and positive misconceptions, as well as challenge emotions-related beliefs lead to a reduction in depression (Taghavi et al., 2017).

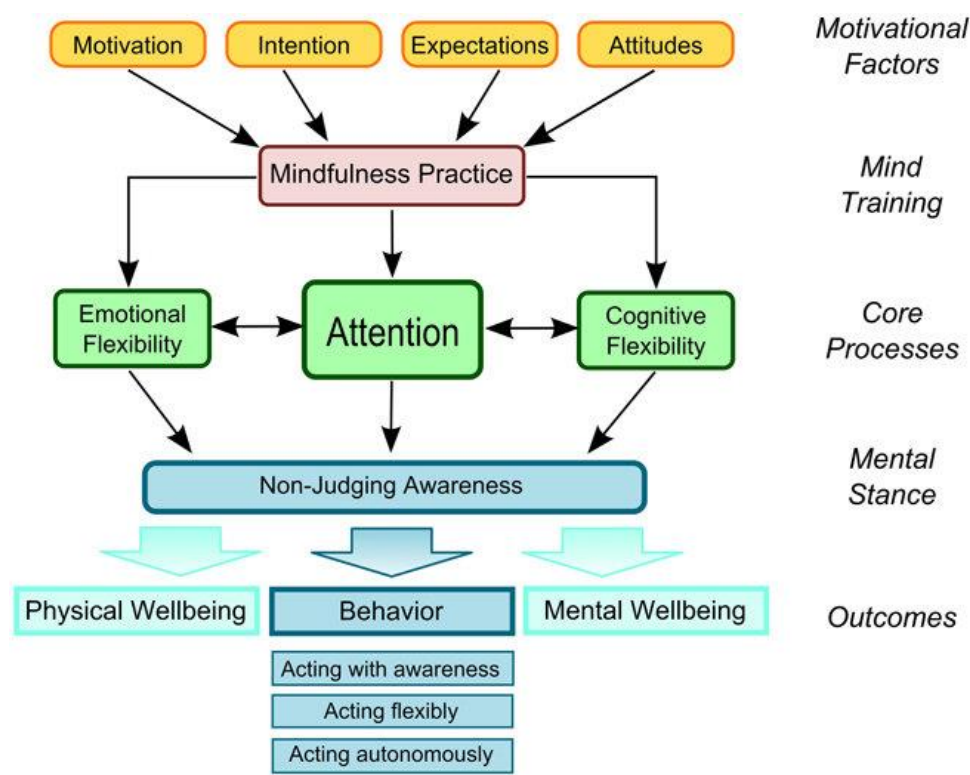


Figure 1: steps of self-care and mindfulness for therapy of depression (Sala et al., 2019)

Table 1: done researches in the area of the effect of self-care and mindfulness on depression

referances	Results/ consequences	Questionnaires/tools	Studied disease
Osaty and) Salehi, 2020)	Reduction of depression symptoms, anxiety and stress	Comparison of depression, anxiety, stress DASS-42	Sexual sadness disorder
Birnie et al.,) 2010)	Reduction of muscle pressure, neurestic and breathing and finally reduction of depression and stress	Behavioral status or POMS . Calgary stress symptoms questionnaire and scale of C-SOSI or MAAS mindfulness or	cancer
Whitebird et) al., 2013)	Reduction of stress and increase of psychological health	Perceived stress scale or PSS, Depression scale of epidemiologic studies of depression center Montgomery Burgata Care Responsibility Scale or MBCBS	Dementia
Fish et al.,) 2014)	Reduction of anxiety and depression	Hospital Anxiety and Depression Scale or HADS, FACT Cancer Treatment Performance Evaluation and Free Berg Mindfulness Questionnaire or FMI	cancer

Khormaei et) al., 2015)	Depressed patients have poor performance in the components of mindfulness and therefore mindfulness-based therapy with emphasis on these components facilitates the treatment process and improves depressive symptoms.	Beck Depression questionnaire, Spielberger Anxiety questionnaire and Five Components of Mindfulness Questionnaire	Basic depression and anxiety
Sattarpour et) al., 2015)	Teaching mindfulness is effective on reduction of the symptoms of depression	Beck Depression questionnaire	depression
Mohamadi et) al., 2015)	Reduction of anxiety and depression of the patiants	Anxiety and depression quasstionnaire of DASS	Irritable bowel syndrome
Ahga Usefi et) al., 2013)	Reduction of anxiety , stress and depression	Depression, anxiety and stress quasstionnaire of DASS	addicts
Dadashali) and Rahmati, 2015)	Reduction of anxiety and depression and stress of women	Depression, anxiety and stress scale of DASS	Anxiety and depression
Namvar et) al., 2020)	Reduction of anxiety and depression of MS patiants	Beck Depression and anxiety questionnaire	MS
Ghorbani and) Jabbari, 2020)	Reduction of students and anxiety and other possibilities in cognitive problems of students	Depression and anxiety questionnaire of Ebsiotani	Disability in learning
Kaviani et) al., 2009)	Impressive reduction of depression and increase of life quality	World Health Organization quality of life questionnaire and Beck depression questionnaire	depression
Mirzaee and) Shairi, 2018)	Reduction of depressive symptoms and negative affect of non-clinical population	Beck Depression (II) questionnaire and other scales of positive and negative emotions of Panas	Depression symptoms
Taghavi et) al., 2017)	Causes anxiety reduction and physical symtoms	Beck Depression questionnaire, questionnaire Beck anxiety and Respiratory function subscale from Asthma quality of life questionnaire (AQLQ)	Asthma
Sobhani et) al., 2019)	Reduction of depression, anxiety, reduction of stress and chronic low back pain after childbirth	Depression, Anxiety and Stress Scale and Ososteric Low Back Pain Disability Questionnaire	Chronic low back pain after childbirth
Jajarmi et al.,) 2019)	Reduction of depression and mental ruminative of diabetes	Tools of Beck depression (BDI-II) and the style of ruminative replying (RRS)	Diabetes type 2
Vala et al.,) 2016)	Depression, anxiety, stress and self-esteem are associated with Hb A1C levels, and mindfulness-based stress reduction therapy can be effective in reducing some of the psychological symptoms of patients with type 2 diabetes and raising patients' self-confidence and glycemic control.	Depression, anxiety and stress questionnaire of and self- DASS-21 confidence questionnaire of Rosenberg	Young women suffering from diabetes type 2
Khanpour et) al., 2020)	Reduction of stress in depression of pregnant women	Beck Depression questionnaire	Depression of pregnant women
Jahangirpour) et al., 2013)	It had a significant effect on reducing depression, hostility and anxiety in men with coronary heart disease.	Beck Depression questionnaire, Mood Anxiety - Spielberger Trait and Hostility in R-SCL-	Coronary heart disease

Gholamrezaei) et al., 2020)	Reduction of depression in patients who suffer from digestive system cancer	Beck Depression questionnaire	cancer
Khoshkhatti) et al., 2020)	Reduction of depression and and anxiety symptoms in Kidney patients undergoing hemodialysis	The scale of depression, anxiety and stress (DASS- 21)	Kidney patients undergoing hemodialysis
Eghbali et al.,) 2021)	Reduction of anxiety and depression and stress	Depression, anxiety and stress questionnaire (DASS- 21)	Covid 19

Conclusion

According to what was discussed in this paper, by learning self-care based on mindfulness and by guidance of the consultants, people left thoughts and beliefs which cause depression and it causes reduction of depression and increase of family and social functions of them.

For the next researches based on this research it is proposed the effect of teaching self-care based on mindfulness on people with different disease (such as MS and other cancers) and also self-confidence, emotional intelligence and mental wellbeing on patients who suffer from cancer will be considered.

References

fulness in Decreasing Stress. Anxiety and Depression among the Substance Abusers Journal of Thought & Behavior in Clinical Psychology, 7, 17-26.

AHMADVAND, Z., HEYDARINASAB, L. & SHAIRI, M. 2012. Prediction of psychological well-being based on the comonents of mindfulness.

AZARGOON, H. & KAJBAF, M. 2008. Effectiveness of mindfulness training on reducing Inefficient attitudes and automatic thoughts of depressed university students of Isfahan. Journal of Psychology, 14, 79-94.

BABAPOUR, K. A. J., POURSHARIFI, H., HASHEMI, T. & AHMADI, E. 2013. The relationship of meta-cognition and mindfulness components with obsessive beliefs in students.

BAER, R. 2019. Assessment of mindfulness by self-report. Current opinion in psychology, 28, 42-48.

BAER, R. A. 2003. Mindfulness training as a clinical intervention: a conceptual and empirical review. Clinical psychology: Science and practice, 10, 125.

BAER, R. A., SMITH, G. T., HOPKINS, J., KRIETEMEYER, J. & TONEY, L. 2006. Using self-report assessment methods to explore facets of mindfulness. Assessment, 13, 27-45.

BIRNIE, K., GARLAND, S. N. & CARLSON, L. E. 2010. Psychological benefits for cancer patients and their partners participating in mindfulness-based stress reduction (MBSR). Psycho-oncology, 19, 1004-1009.

BOWEN, S., CHAWLA, N. & MARLATT, G. A. 2011. Mindfulness-based relapse prevention for addictive behaviors: A clinician's guide, Guilford Press.

BROWN, K. W. & RYAN, R. M. 2003. The benefits of being present: mindfulness and its role in psychological well-being. J Pers Soc Psychol, 84, 822-48.

BROWN, K. W., RYAN, R. M. & CRESWELL, J. D. 2007. Mindfulness: Theoretical foundations and evidence for its salutary effects. Psychological inquiry, 18, 211-237.

BULZACKA, E., LAVAUULT, S., PELISSOLO, A. & ISNARD BAGNIS, C. 2017. Mindful neuropsychology :

repenser la réhabilitation neuropsychologique à travers la pleine conscience [Mindful neuropsychology: mindfulness-based cognitive remediation]. L Encéphale, 44.

CLARK, G. T., SELIGMAN, D. A., SOLBERG, W. K. & PULLINGER, A. G. 1990. Guidelines for the treatment of temporomandibular disorders. Journal of Craniomandibular Disorders, 4.

DADASHALI, S. & RAHMATI, S. 2015. Effectiveness of Sahaja-Yoga Mindfulness Exercises on the Reduction of Depression, Anxiety and Stress in Women. Journal of Research in Psychological Health, 9, 55-.

DRYDEN, W. & CRANE, R. 2017. Mindfulness-based cognitive therapy: Distinctive features, Routledge.

DUBOVSKY, S. L., GHOSH, B. M., SEROTTE, J. C. & CRANWELL, V. 2021. Psychotic depression: diagnosis, differential diagnosis, and treatment. Psychotherapy and Psychosomatics, 90, 160-177.

EDITION, F. 2013. Diagnostic and statistical manual of mental disorders. Am Psychiatric Assoc, 21.

EGHBALI, A., VAHEDI, H., REZAEI, R. & FATHI, A. 2021. The Effectiveness of Mindfulness-based Stress Reduction Training on Depression, Anxiety and Stress in People at Risk for COVID-19. Journal of Health and Care, 22, 306-317.

EVANS, S. 2010. Mindfulness-Based therapies effective for anxiety and depression. Evidence-based mental health, 13, 116.

FISH, J. A., ETTRIDGE, K., SHARPLIN, G., HANCOCK, B. & KNOTT, V. 2014. M indfulness-based C ancer S tress M anagement: impact of a mindfulness-based programme on psychological distress and quality of life. European journal of cancer care, 23, 413-421.

GERMER, C. K., SIEGEL, R. D. & FULTON, P. R. 2013. Mindfulness and psychotherapy, The Guilford Press.

GHOLAMREZAEI, H., HOSSEINZADEH MOGHADAM, N. & BOOSTAN, S. 2020. The effectiveness of mindfulness-based cognitive therapy in reducing depression in cancer patients. Journal of Psychology New Ideas, 4, 1-8.

GHORBANI, N. & JABBARI, S. 2020. The effect of mindfulness training on the depression and anxiety in students with learning disabilities. Quarterly Journal of Child Mental Health, 7, 195-205.

GOCKEL, A., BURTON, D., JAMES, S. & BRYER, E. 2013. Introducing mindfulness as a self-care and clinical training strategy for beginning social work students. Mindfulness, 4, 343-353.

GOLDBERG, S. B., TUCKER, R. P., GREENE, P. A., DAVIDSON, R. J., WAMPOLD, B. E., KEARNEY, D. J. & SIMPSON, T. L. 2018. Mindfulness-based interventions for psychiatric disorders: A systematic review and meta-analysis. Clin Psychol Rev, 59, 52-60.

GROSSMAN, P., NIEMANN, L., SCHMIDT, S. & WALACH, H. 2004. Mindfulness-based stress reduction and

health benefits: A meta-analysis. *Journal of psychosomatic research*, 57, 35-43.

GUEVARA, J. P., WOLF, F. M., GRUM, C. M. & CLARK, N. M. 2003. Effects of educational interventions for self management of asthma in children and adolescents: systematic review and meta-analysis. *Bmj*, 326, 1308-1309.

HALM, M. 2017. The role of mindfulness in enhancing self-care for nurses. *American Journal of Critical Care*, 26, 344-348.

HANH, T. N. 2016. *The miracle of mindfulness: An introduction to the practice of meditation*, Beacon Press.

HAYES, S. C., STROSAHL, K. D. & WILSON, K. G. 2009. *Acceptance and commitment therapy*, American Psychological Association.

HAYES, S. C. & WILSON, K. G. 2003. Mindfulness: method and process. *Clinical Psychology: Science and Practice*, 10, 161.

HEARN, J. H. & CROSS, A. 2020. Mindfulness for pain, depression, anxiety, and quality of life in people with spinal cord injury: a systematic review. *BMC neurology*, 20, 1-11.

HOFMANN, S. G., SAWYER, A. T., WITT, A. A. & OH, D. 2010. The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. *Journal of consulting and clinical psychology*, 78, 169.

JAHANGIRPOUR, M., MUSAVI, S. V., KHOSROJAVID, M., SALARI, A. & REZAEI, S. 2013. The effectiveness of group mindfulness training on depression, hostility and anxiety in individuals with coronary heart disease. *Studies in Medical Sciences*, 24, 730-739.

JAJARI, M., RAZAVIZADEH TABADKAN, B. B. Z. & VAKILI, Y. 2019. The Effectiveness of Mindfulness-based Cognitive Therapy (MBCT) on Depression and the Style of Ruminative Response in Women with Type 2 Diabetes Abstract. *Women and Family Studies*, 12, 85-104.

KABAT-ZINN, J. 2003. *Mindfulness-based interventions in context: past, present, and future*.

KABAT-ZINN, J. 2009. *Wherever you go, there you are: Mindfulness meditation in everyday life*, Hachette Books.

KARIMI, A. 2017. *Persian. The Effectiveness of Behavioral Activation Training on Depression and Quality of Life in Patients Referred to Consultation Centers in Noorabad Mamsani. M.A, Islamic Azad University*.

KAVIANI, H., HATAMI, N. & SHAFIEABADI, A. E. 2009. The Impact of Mindfulness-Based Cognitive Therapy on The Quality of Life in Non-Clinically Depressed People. *Advances in Cognitive Sciences*, 10, 39-48.

KHANKOLABI, M., RAHIMI, F., SOLEIMANINEJAD, M. & SHIRVANDEHI, S. 2014. What is the role of internet on self care in women staffs of Tehran University of Medical Science? *Journal of North Khorasan University of Medical Sciences*, 6, 277-287.

KHANPOUR, F., KARIMI, A., SHAHOIE, R., SHARIFISH, S. & SOUFIZADEH, N. 2020. Investigating the effect of mindfulness training on depression in pregnant women. *Zanko Journal of Medical Sciences*, 21, 35-46.

KHORMAEI, F., KALANTARI, S. & FARMANI, A. 2015. The comparison of the Facets of Mindfulness among Patients with Major Depression, Generalized anxiety Disorder and Normal Individuals. *ISMJ*, 18, 773-785.

KHOSHKHATTI, N., MAJD, M. A., BAZZAZIAN, S. & YAZDINEZHAD, A. 2020. The Effectiveness of Mindfulness-Based Cognitive Therapy on Symptoms of Anxiety, Depression and Stress in Renal Patients Under Hemodialysis. *Iranian Journal of Nursing Research*, 14, 9-17.

KIRWIN, K. M. & HAMRIN, V. 2005. Decreasing the risk of complicated bereavement and future psychiatric disorders in children. *Journal of Child and Adolescent Psychiatric Nursing*, 18, 62-78.

LANGER, E. J. 1989. *Minding Matters: The Consequences of Mindlessness–Mindfulness*. In: BERKOWITZ, L. (ed.) *Advances in Experimental Social Psychology*. Academic Press.

LAZAR, S. W., KERR, C. E., WASSERMAN, R. H., GRAY, J. R., GREVE, D. N., TREADWAY, M. T., MCGARVEY, M., QUINN, B. T., DUSEK, J. A. & BENSON, H. 2005. Meditation experience is associated with increased cortical thickness. *Neuroreport*, 16, 1893.

LINEHAN, M. M. 2018. *Cognitive-behavioral treatment of borderline personality disorder*, Guilford Publications.

MARCINIAK, R., ŠUMEC, R., VYHNÁLEK, M., BENDÍČKOVÁ, K., LÁZNIČKOVÁ, P., FORTE, G., JELENÍK, A., ŘÍMALOVÁ, V., FRÍČ, J. & HORT, J. 2020. The effect of mindfulness-based stress reduction (MBSR) on depression, cognition, and immunity in mild cognitive impairment: A pilot feasibility study. *Clinical Interventions in Aging*, 15, 1365.

MARKS, D. R. 2008. The Buddha's extra scoop: Neural correlates of mindfulness and clinical sport psychology. *Journal of Clinical Sport Psychology*, 2, 216-241.

MCCARNEY, R. W., SCHULZ, J. & GREY, A. R. 2012. Effectiveness of mindfulness-based therapies in reducing symptoms of depression: A meta-analysis. *European Journal of Psychotherapy & Counselling*, 14, 279-299.

MCKAY, M., WOOD, J. C. & BRANTLEY, J. 2019. *The dialectical behavior therapy skills workbook: Practical DBT exercises for learning mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance*, New Harbinger Publications.

MICHALAK, J., BURG, J. & HEIDENREICH, T. 2012. Don't forget your body: Mindfulness, embodiment, and the treatment of depression. *Mindfulness*, 3, 190-199.

MIRZAEI, E. & SHAIRI, M. R. 2018. Evaluation of effectiveness of mindfulness-based stress reduction model on Positive and Negative Affects and Depression syndrome. *medical journal of mashhad university of medical sciences*, 61, 864-876.

MOHAMADI, J., MIR DRIKVAND, F. & AZIZI, A. 2015. Efficacy of mindfulness on anxiety and depression in patients with irritable bowel syndrome. *Journal of Mazandaran University of Medical Sciences*, 25, 52-61.

MONTAZERI, A., MOUSAVI, S. J., OMIDVARI, S., TAVOUSHI, M., HASHEMI, A. & ROSTAMI, T. 2013. Depression in Iran: a systematic review of the literature (2000-2010).

MOORE, A. & MALINOWSKI, P. 2009. Meditation, mindfulness and cognitive flexibility. *Consciousness and cognition*, 18, 176-186.

NAMVAR, M., KHORRAMI, M., NOOROLLAHI, A. & POURNEMAT, M. 2020. Effectiveness of Mindfulness-Based Stress Reduction (MBSR) Therapy on Anxiety and Depression Symptoms in Patients with Multiple Sclerosis (MS), Bojnurd, Iran. *Psychology of Exceptional Individuals*, 10, 179-200.

NARIMANI, M., ARIAPOURAN, S., ABOLGHASEMI, A. & AHADI, B. 2010. The comparison of the effectiveness of mindfulness and emotion regulation training on mental health in chemical weapon victims. *Journal of Clinical Psychology*, 2, 61-71.

OSATY, K. & SALEHI, M. 2020. the effectiveness of mindfulness-based therapy on depression, anxiety and stress syndrome in patients with GDD. *Journal of Clinical Psychology*, 12, 63-70.

ROBINS, C. J. 2002. Zen principles and mindfulness practice in dialectical behavior therapy. *Cognitive and behavioral practice*, 9, 50-57.

ROSENZWEIG, S., GREESON, J. M., REIBEL, D. K., GREEN, J. S., JASSER, S. A. & BEASLEY, D. 2010. Mindfulness-based stress reduction for chronic pain conditions: variation in treatment outcomes and role of home meditation practice. *Journal of psychosomatic research*, 68, 29-36.

SALA, M., ROCHEFORT, C., LUI, P. P. & BALDWIN, A. 2019. Trait Mindfulness and Health Behaviors: A Meta-Analysis. *Health Psychology Review*, 14, 1-114.

SATTARPOUR, F., AHMADI, E. & SADEGZADEH, S. 2015. Effect of mindfulness training on reduction of depressive symptoms among students. *Journal of Gorgan University of Medical Sciences*, 17, 81-88.

SCHUMAN-OLIVIER, Z., TROMBKA, M., LOVAS, D. A., BREWER, J. A., VAGO, D. R., GAWANDE, R., DUNNE, J. P., LAZAR, S. W., LOUCKS, E. B. & FULWILER, C. 2020. Mindfulness and behavior change. *Harvard Review of Psychiatry*.

SEGAL, Z. V., DIMIDJIAN, S., BECK, A., BOGGS, J. M., VANDERKRUIK, R., METCALF, C. A., GALLOP, R., FELDER, J. N. & LEVY, J. 2020. Outcomes of online mindfulness-based cognitive therapy for patients with residual depressive symptoms: a randomized clinical trial. *JAMA psychiatry*, 77, 563-573.

SEGAL, Z. V., TEASDALE, J. D., WILLIAMS, J. M. & GEMAR, M. C. 2002. The mindfulness-based cognitive therapy adherence scale: Inter-rater reliability, adherence to protocol and treatment distinctiveness. *Clinical Psychology & Psychotherapy*, 9, 131-138.

SMITH, J. E., RICHARDSON, J., HOFFMAN, C. & PILKINGTON, K. 2005. Mindfulness-Based Stress Reduction as supportive therapy in cancer care: systematic review. *Journal of advanced nursing*, 52, 315-327.

SOBHANI, E., BABAKHANI, N. & ALEBOUYEH, M. R. 2019. The effectiveness of mindfulness-based stress reduction on the depression, anxiety, stress, and pain perception in females with obstructed labour-induced chronic low back pain. *Iranian Journal of Psychiatry and Clinical Psychology*, 25, 266-277.

TAGHAVI, M., GHASEMI, R. & GOODARZI, M. 2017. The effectiveness of mindfulness-based cognitive therapy (MBCT) on Depression, Anxiety and Somatic Symptoms in Asthma patients. *Razi Journal of Medical Sciences*, 24, 27-36.

TAHERI, E. 2018. The effectiveness of cognitive therapy based on mindfulness on anxiety sensitivity and emotion regulation. *Research in Clinical Psychology and Counseling*, 7, 105-122.

TAYLOR, S. G., KATHERINE RENPENNING, M. & RENPENNING, K. M. 2011. *Self-care science, nursing theory and evidence-based practice*, Springer Publishing Company.

THIMM, J. C. & JOHNSEN, T. J. 2020. Time trends in the effects of mindfulness-based cognitive therapy for depression: A meta-analysis. *Scandinavian journal of psychology*, 61, 582-591.

TONEATTO, T., VETTESE, L. & NGUYEN, L. 2007. The role of mindfulness in the cognitive-behavioural treatment of problem gambling. *Journal of Gambling Issues*, 91-100.

VALA, M., RAZMANDEH, R., RAMBOL, K., NASLI ESFAHANI, E. & GHODSI GHASEMABADI, R. 2016. Mindfulness-based stress reduction group training on depression, anxiety, stress, self-confidence and hemoglobin A1C in young women with type 2 diabetes. *Iranian Journal of Endocrinology and Metabolism*, 17, 382-390.

VALIDI PAK, A., KHODAI, A. & SHEYKHALEH, S. 2020. Effectiveness of Cognitive-Based Mindfulness Training of Depression Reduction on Patient Suffering from Cancer. *Clinical Psychology and Personality*, 14, 49-57.

VAN NIEL, M. S. & PAYNE, J. L. 2020. Perinatal depression: A review. *Cleve Clin J Med*, 87, 273-277.

WALSHE, M. 1995. *The long discourses of the Buddha (dīgha nikāya)*. Massachusetts: Wisdom Publications, Reprint.

WHITEBIRD, R. R., KREITZER, M., CRAIN, A. L., LEWIS, B. A., HANSON, L. R. & ENSTAD, C. J. 2013. Mindfulness-based stress reduction for family caregivers: a randomized controlled trial. *The gerontologist*, 53, 676-686.

WITKIEWITZ, K., MARLATT, G. A. & WALKER, D. 2005. Mindfulness-based relapse prevention for alcohol and substance use disorders. *Journal of cognitive psychotherapy*, 19, 211.

YANG, J., TANG, S. & ZHOU, W. 2018. Effect of mindfulness-based stress reduction therapy on work stress and mental health of psychiatric nurses. *Psychiatria Danubina*, 30, 189-196.