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Comparison of the Effectiveness of Cognitive-Behavioral Therapy and Existential Therapy on Symptoms of Demoralization and Life Attitudes in Women Heads of Households in Welfare

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A B S T R A C T

Objective: The aim of the study was to compare the effectiveness of cognitive-behavioral therapy (CBT) and existential therapy on symptoms of demoralization and life attitudes in women heads of households in welfare in the city of Rasht.
Methods: The research method was quasi-experimental with a pre-test, post-test, and follow-up design with two experimental groups and one control group. The statistical population included all women heads of households in the welfare organization of Rasht city (2159 individuals) in 2021. The sample size included 60 individuals who were randomly assigned to two experimental groups (20 individuals in the existential therapy group and 20 individuals in the cognitive-behavioral therapy group) and one control group (20 individuals). Then, each of the two experimental groups received 8 sessions of 90-minute group therapy. The cognitive-behavioral therapy was based on the cognitive-behavioral therapy protocol by Antony et al. (2013), and the existential therapy was based on the existential therapy protocol by Irvin Yalom (2016). The data collection tools included the Symptoms of Demoralization Questionnaire by Kissane et al. (2004) and the Life Attitudes Questionnaire by Battista (1973). Data analysis was performed using repeated measures ANOVA.
Findings: Based on the effect size values, the effectiveness of both cognitive-behavioral therapy and existential therapy on the demoralization symptoms variable was 43%, and on the life attitudes variable, it was 62%. This effectiveness was significant and persistent (according to the follow-up test results), and both therapies had a lasting impact on the dependent variables. In the variables of demoralization symptoms (F=29.34, p=0.001) and life attitudes (F=62.36, p=0.001).
Conclusion: The results showed that there was a significant difference between the three stages of pre-test, post-test, and follow-up in the variables of demoralization symptoms and life attitudes of women heads of households in the two experimental groups (cognitive-behavioral therapy and existential therapy), indicating the significant impact of both therapeutic methods on the research's dependent variables.
Keywords: *Women heads of households, cognitive-behavioral therapy, existential therapy, symptoms of demoralization, life attitudes.*

1. Introduction

Women heads of households, due to various problems, are more susceptible to psychological and social harms compared to other women. These women have assumed the responsibility of their households for various reasons, including the death of a spouse, separation, divorce, spouse's disability, or the spouse being missing (Monemiyan et al., 2021). They not only fulfill the role of a mother but also bear the heavy burden of a father's responsibilities. According to the definition provided by the Welfare Organization, women heads of households are those responsible for the material and spiritual sustenance of themselves and their household members. The Iranian Statistics Center defines women heads of households as those who, in the absence of a husband (man) or without the regular presence and supportive role of an adult man, take on the responsibility of household headship and financial management and decision-making for the family (Jahani Dolatabad & Jahani Dolatabad, 2018).

In the country, the number of households headed by women is approximately 3.5 million, and the growth rate of male-headed households between 2006 and 2020 was around 41%, whereas for female-headed households, it reached 63% (Monemiyan et al., 2021; Saeidi & Bajelan, 2022). According to the 2020 census, the proportion of women heading households was 10.12%, which was 8.4% in 2006, indicating a 2% growth over a decade. These statistics show that annually about 77,000 women take on the headship of households. Approximately 26% of these women are aged 25 to 44 years, 38% are between 45 and 64 years old, and 32% are 65 years or older. The main reasons for women assuming headship are the death of a spouse (accounting for about 70% of this group) and, secondly, divorce (5% of women in cities and 2% in rural areas) (Saeidi & Bajelan, 2022).

Unfortunately, in the current society, women's lives after leaving their husbands (due to death, divorce, etc.) often face ambiguities and dangers, which pose significant challenges in social relationships and presence in the community, leading to health deterioration and demoralization (Monemiyan et al., 2021). It seems that because women heads of households continuously face psychological and social problems, this can be the starting point for the process of demoralization symptoms. Thus, it can be considered that the core of demoralization symptoms is cognitions of helplessness and feelings of personal failure resulting from the sense of being trapped in a situation, accompanied by emotional states of hopelessness and "lack of meaning and purpose" (Battaglia et al., 2020). Additionally, demoralization symptoms cause psychological distress in individuals, leading them to often complain of physical illness symptoms (Costanza et al., 2020). Bataglia and colleagues (2020) describe demoralization as a psychiatric diagnosis of existential distress and suffering, and also show that demoralization can change an individual's attitude towards life, possibly creating a negative outlook (Battaglia et al., 2020). This was reported in the study by Tecuta et al. (2015), which stated that life attitude is a combination of beliefs and emotions that predispose a person to look at others, objects, and various groups in a positive or negative way (Tecuta et al., 2015). Gordon Allport (1935) defined life attitude as "a mental and nervous state of readiness organized through experience, exerting a directive or dynamic influence upon the individual's response to all objects and situations related to it (Holliman et al., 2021)." Lin et al. (2022) believe that when life attitude shifts towards negativity, it increases the likelihood of demoralization, thus providing the ground for more psychological problems, at which point psychological interventions become impactful (Lin et al., 2022).

Existential therapy and cognitive-behavioral therapy (CBT) are two therapeutic methods whose effectiveness on various psychological and personality variables has been repeatedly proven in different studies (Soleimani Kebria et al., 2023). Existential therapy, instead of emphasizing the amelioration of disease or the absolute use of problem-solving techniques for the challenging task of living authentically, focuses on understanding freedom, responsibility, and the honest expression of self. This approach is dynamic, emphasizing four basic concerns rooted in human existence: death, freedom, isolation, and meaninglessness. The existential therapeutic approach can aid isolated and withdrawn individuals in decision-making and goal-setting because the existential therapist's role is to make the individual aware that they should not always act as a passive entity whose life is shaped by events and goals determined by others, but can consciously become the creator and author of themselves, achieving high personal and social performance (Alfonsson et al., 2020; Alfonsson et al., 2018).

Furthermore, CBT emerged from the evolution of various theories. This approach is partly the result of the activities of cognitive psychologists and is also influenced by developmental psychologists and social learning theories. CBT is a short-term, present-focused approach that teaches

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

the individual the behavioral and cognitive skills needed for adaptive functioning in their inner and interpersonal world (Alfonsson et al., 2020; Alfonsson et al., 2018). Therefore, when individuals face psychological issues, psychological interventions are essential to guide them towards psychological well-being. As shown in the research of Farmani Shahreza et al. (2019), and Alfonso et al. (2020), the effectiveness of existential and cognitive-behavioral therapies on psychological and personality variables has been confirmed (Alfonsson et al., 2020; Farmani Shahreza et al., 2019).

Considering the necessity of conducting this research and given that women heads of households are among the vulnerable social groups facing numerous individual, family, and social challenges, and their problems negatively impact their spirits and social functioning, thereby threatening their psychological and social well-being, it is crucial to pay close attention to their issues and provide correct and principled solutions to support this group, which is among the responsibilities of social service organizations in every country. With the nature of existential therapy, which addresses life realities including pain and suffering and the individual's responsibility in finding meaning under these conditions, and CBT, which has been noted for its effectiveness in treating various disorders, it is necessary to conduct this research to compare the effectiveness of CBT and existential therapy on symptoms of demoralization and life attitudes in women heads of households in the welfare organization in Rasht city. Given the aforementioned points, women heads of households face psychological and social challenges in achieving psychological well-being, and more research is needed to address their psychological harms. Therefore, the question arises: Can CBT and existential therapy reduce symptoms of demoralization and improve life attitudes in women heads of households in the welfare organization in Rasht city? And is there a significant difference in the effectiveness of these two methods?

2. Methods

2.1. Study Design and Participants

The research method was quasi-experimental with a pre-test, post-test, and follow-up design. The statistical population included all women heads of households under the coverage of the welfare organization in Rasht city, totaling 2159 individuals in 2021. The sample size for each experimental group (CBT) was 20 individuals, the experimental group (existential therapy) was 20 individuals, and the control group was also 20 individuals, selected through convenience sampling.

Inclusion Criteria: The inclusion criteria for the study included having at least a high school diploma, scoring 30 or above on the Demoralization Scale, not having participated in therapeutic sessions in the three months prior to the study to neutralize the effect of previous therapies, not being remarried during the study, and being aged between 25 and 50 years.

Exclusion Criteria: The exclusion criteria included missing more than three therapy sessions and expressing unwillingness to continue participating in therapy sessions.

For the research implementation and given that the women heads of households were under the coverage of the welfare organization and had case files, the researcher obtained permission from the Welfare Organization of Gilan Province. From among the women heads of households under the coverage of Rasht's welfare organization, those meeting the inclusion criteria were selected, totaling 60 individuals, and randomly divided into two experimental groups: 20 individuals in the CBT group and 20 individuals in the existential therapy group, and one control group of 20 individuals. Each of the two experimental groups then received 8 sessions of 90-minute group CBT and existential therapy, respectively, while no intervention was provided for the control group. Subsequently, the two experimental groups were post-tested using the research questionnaires, and after three months, a follow-up test was conducted. Data analysis was performed at the inferential statistics level using the repeated measures analysis of covariance.

2.2. Measures

2.2.1. Demoralization

In this study, the Demoralization Scale developed by Kissane et al. (2004) was used to measure demoralization symptoms. This instrument has 24 four-choice questions on a Likert response scale ranging from 1 to 4 (never, rarely, sometimes, often, and always) and includes 5 subscales: lack of meaning (5 questions), self-blame (5 questions), discouragement (6 questions), helplessness (4 questions), and a sense of failure (4 questions). Its reliability coefficient was 0.94. A score above the cut-off point of 30 indicates suffering from demoralization symptoms. Bahmani et al. (2015) reported a reliability coefficient of 0.87 in the normal population and 0.96 in individuals with human immunodeficiency virus (HIV). Its reliability was also

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

determined by Bahmani et al. (2015) using Cronbach's alpha test, which resulted in 0.86 (Farmani Shahreza et al., 2019).

2.2.2. *Life Attitude*

The 28-item Life Attitude Index, designed by Battista and Almond (1973) based on the concept of positive life attitude, assesses the extent of meaning-seeking in life. This test includes two subscales: framework (subjective) and fulfillment (goal). The framework subscale (FR) measures the individual's belief in having a viewpoint or concept in life and the selection of goals, purposes, or perspectives based on this viewpoint. The fulfillment subscale (FU) measures the extent to which a person sees themselves as actualizing or achieving the framework or ideals of their life. Each subscale consists of 14 statements, with half stated positively and half negatively to control for the honesty of responses. The test-retest reliability for the Life Attitude Questionnaire was reported as 0.94 (Battista & Almond, 1973). Khayat Farahani (2011) standardized the Life Attitude Questionnaire in Iran, reporting a validity coefficient of 85% (Farmani Shahreza et al., 2019; Monemiyan et al., 2021).

2.3. *Interventions*

2.3.1. *Cognitive Behavioral Therapy*

The session instructions and techniques taught in the therapy sessions were based on the CBT protocol by Antony, Eirnson, and Schneiderman (Stress Management in a Cognitive Way, 2013). A brief description of the CBT sessions is provided below (Alfonsson et al., 2020; Alfonsson et al., 2018).

Session 1: Participants were introduced, and basic information about cognitive-behavioral psychotherapy was provided. The reasons for holding these sessions and the goals of the CBT group therapy were explained. Confidentiality principles and the rules and principles of the therapy sessions were also discussed.

Session 2: The connection between thoughts, feelings, and behaviors was explained. The differences between thoughts, feelings, and behaviors were discussed, and common cognitive distortions were introduced along with explanations of dysfunctional thinking styles.

Session 3: The four main steps for cognitive restructuring were introduced: identifying thoughts, evaluating thoughts, changing thoughts, and determining the effects of the revised thoughts. Techniques for each step were practiced.

Session 4: The chain of cause, response, and consequence was examined. Strategies for breaking the destructive chain were discussed, with practical exercises on how to implement these strategies.

Session 5: Assertive behavior was defined, and self-talk techniques to increase assertiveness were introduced. The differences between passive, aggressive, and assertive behaviors were highlighted and discussed.

Session 6: Impulsivity, self-control, and mood enhancement were discussed. Strategies for improving mood and increasing pleasant events were shared and practiced through guided exercises.

Session 7: Stress management and problem-solving were covered. Stress and its management were explained, along with strategies for solving problems. Progressive muscle relaxation was taught as a technique for stress relief.

Session 8: Self-esteem was defined, emphasizing how negative self-assessments lead to low self-esteem. Strategies for improving self-esteem were discussed and practiced, aiming to reinforce positive self-evaluation.

2.3.2. *Existential Therapy*

The session instructions and techniques taught were based on the existential therapy protocol derived from the book "Existential Psychotherapy" by Irvin Yalom (2015). A brief description of the sessions is provided below (Farmani Shahreza et al., 2019; Monemiyan et al., 2021).

Session 1: The group therapy process was introduced, including the rules and norms. Efforts were made to create a foundation for group cohesion and member connections, emphasizing the principle of confidentiality.

Session 2: Group cohesion and member relationships were fostered, with a focus on increasing self-awareness and presence in the here and now. Participation and engagement of group members were encouraged.

Session 3: Self-awareness was deepened, and members were encouraged to express themselves more openly and assertively. Tolerance among group members was increased through facilitated discussions.

Session 4: Psychological concepts of freedom and choice were introduced. Members were made aware of the consequences of their freedom and choices, discussing personal experiences related to these themes.

Session 5: Responsibility was explored, with emphasis on increasing the sense of responsibility towards oneself and others. The relationship between escaping from freedom and choice and the inability to take responsibility was discussed.

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

Session 6: Authenticity in relationships with others was experienced, and the realities of loneliness and death were acknowledged and accepted as unavoidable truths. The importance of the reality of death for enriching life was highlighted.

Session 7: The meaning and purpose of life were examined. Hidden and obvious meanings in members' lives were discovered, and members were encouraged to commit to a specific goal for their future.

Session 8: The content of previous sessions was integrated and synthesized. Group therapy was explained as the beginning of a new and healthy connection with others, concluding the therapy process and encouraging the continuation of positive changes.

2.4. Data analysis

The obtained information was analyzed using SPSS-24 software at both descriptive and inferential levels. At the descriptive level, frequency distribution, mean, and standard deviation were calculated, and at the inferential statistics level, repeated measures analysis of covariance was used.

3. Findings and Results

This section examines the demographic characteristics of the women heads of households in the welfare organization of Rasht city based on variables such as age, education, and the number of children. The frequency distribution results showed that the highest frequency of women heads of households in the experimental groups (CBT, 60%; existential therapy, 65%) and the control group (65%) was in the 35 to 40-year age group. The highest frequency of women heads of households with a high school diploma was in the CBT group (55%), the existential therapy group (60%), and the control group (65%). The results of the mean and total scores of the pre-test, post-test, and follow-up for demoralization symptoms and life attitude in women heads of households are presented separately for the two experimental groups in Table 1.

Table 1

Mean and Standard Deviation of Total Scores for Pre-test, Post-test, and Follow-up for Demoralization Symptoms and Life Attitude in Women Heads of Households by Experimental and Control Groups

Dependent Variable	Group	Pre-test Mean (SD)	Post-test Mean (SD)	Follow-up Mean (SD)
Demoralization Symptoms	Experimental (CBT)	51.65 (21.15)	37.05 (14.38)	33.60 (15.85)
	Experimental (Existential Therapy)	51.80 (20.31)	38.15 (19.18)	35.95 (20.91)
	Control	51.15 (13.82)	51.45 (15.78)	51.05 (16.18)
Life Attitude	Experimental (CBT)	30.75 (4.89)	39.20 (4.45)	40.75 (5.82)
	Experimental (Existential Therapy)	30.70 (6.61)	38.40 (5.09)	39.45 (7.40)
	Control	31.80 (5.32)	32.25 (7.39)	32.45 (7.36)

As shown in Table 1, the mean pre-test scores for demoralization symptoms and life attitude in the experimental groups (CBT and existential therapy) and the control group were approximately equal. However, in the post-test and follow-up, the mean scores for demoralization symptoms in the experimental groups were lower than those in the control group, and the mean post-test and follow-up scores for life attitude in the experimental groups were higher than those in the control group.

Before presenting the results of the repeated measures ANOVA, the assumptions for parametric tests were examined. The results of the Shapiro-Wilk test indicated that the assumption of normal distribution of the sample data for demoralization symptoms and life attitude in the experimental and control groups at the pre-test, post-test, and follow-up stages was met ($P>0.05$). Additionally, the assumption of homogeneity of variance was assessed using Levene's test, and the results were not significant, indicating that the homogeneity of variances was met for the two variables ($P>0.05$). However, the results of Mauchly's test indicated that the sphericity assumption was not met for the data on demoralization symptoms and life attitude ($p<0.05$). Therefore, the Greenhouse-Geisser correction was applied.

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

Table 2

Results of Repeated Measures ANOVA Comparing the Effectiveness of Cognitive-Behavioral Therapy and Existential Therapy on Demoralization Symptoms and Life Attitude in Women Heads of Households

Variable	Source of Variation	Sum of Squares	df	Mean Square	F	p	Effect Size
Demoralization Symptoms	Time	6597.31	1.20	5459.33	29.34	0.001	0.43
	Group × Time	24.35	1.20	20.15	0.10	0.89	0.003
Life Attitude	Time	2063.81	1.40	1465.08	62.36	0.001	0.62
	Group × Time	7.91	1.40	5.62	0.23	0.70	0.006

The results in Table 2 show that for the variables of demoralization symptoms and life attitude, the main effect of time was statistically significant, indicating that there were significant differences between the pre-test, post-test, and follow-up stages for demoralization symptoms and life attitude in the two experimental groups (CBT and existential therapy). This suggests a significant effect of both therapeutic methods on the dependent variables of the study. Based on the effect size values, the impact of CBT and existential therapy on demoralization symptoms was 43%, and on life attitude was 62%, with this impact being significant and persistent (according to the follow-up test results). Both therapies had a lasting effect on the dependent variables. The results in Table 5 show the differences between the three stages of testing regarding the effectiveness of CBT and existential therapy on demoralization symptoms and life attitude. However, the effect of group and time was not significant, meaning there was no significant difference in the effectiveness of CBT and existential therapy on demoralization symptoms and life attitude. Both therapies equally impacted reducing demoralization symptoms and improving the life attitude of women heads of households.

Table 3

Results of LSD Post-hoc Test Comparing the Mean Effectiveness of Three Testing Stages for the Impact of CBT and Existential Therapy on Demoralization Symptoms and Life Attitude

Variable	Groups	Mean Difference	p
Demoralization Symptoms	Pre-test - Post-test	14.12	0.001
	Pre-test - Follow-up	16.95	0.001
Life Attitude	Pre-test - Post-test	-8.07	0.001
	Pre-test - Follow-up	-9.37	0.001

According to the results in Table 3, the LSD post-hoc test showed that the pre-test scores for demoralization symptoms were significantly higher than the post-test and follow-up scores, and for the variable of life attitude, the pre-test scores were significantly lower than the post-test and follow-up scores.

4. Discussion and Conclusion

The aim of this study was to compare the effectiveness of CBT and existential therapy on demoralization symptoms and life attitude in women heads of households in the welfare organization of Rasht city. The findings indicated that both CBT and existential therapy significantly reduced demoralization symptoms and created a positive life attitude. Both therapies had a lasting impact on the dependent variables. The effect of group and time was not significant, indicating no significant difference in the effectiveness of CBT and existential therapy on demoralization symptoms, life attitude, psychological well-being, and hope. Both therapies equally impacted reducing demoralization symptoms and improving the life attitude, psychological well-being, and hope of women heads of households. This finding aligns with several studies confirming the effectiveness of CBT and existential therapy on various psychological and personality variables (Alfonsson et al., 2020; Alfonsson et al., 2018; Farmani Shahreza et al., 2019; Monemiyan et al., 2021).

In explaining the findings, it can be said that by using CBT and existential therapy techniques, the researcher was able to reduce the judgment and criticism that women heads of households in both experimental groups had towards their thoughts and feelings, which led to their demoralization.

AFTJ Applied Family Therapy Journal
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These therapies helped manage and control reactivity, fear, and undue judgments that increased anxiety and stress, thus reducing their psychological well-being. These therapeutic methods acted as a buffer against the negative effects of work and family stress, increasing hope for life and reducing the harshness with which they faced their beliefs and feelings, helping them accept negative life events more easily, and base their self-evaluations and reactions more accurately on real-life performance (Alfonsson et al., 2018; Farmani Shahreza et al., 2019). Therefore, the techniques used in both CBT and existential therapy in this study equally reduced demoralization symptoms and improved life attitude, psychological well-being, and hope for women heads of households, leading to a healthier and more peaceful life (Monemiyan et al., 2021).

From another perspective, the economic need is the most crucial issue in the lives of women heads of households. Usually, due to the lack of skills in a particular field, lack of a stable job, and low education level, their economic situation may deteriorate after the death, abandonment, divorce, or disability of the spouse, placing them at risk of numerous harms, leading to demoralization, psychological well-being disruption, negative life attitude, and loss of hope for a better life. In such times, negative and dysfunctional thoughts take over, which in this study, the researcher strengthened action and experience in the present moment using CBT and existential therapy techniques. The women learned to live in the present moment by accepting their emotions and avoiding experiential avoidance, effectively coping with life's problems and stresses. The cognitive-behavioral therapy technique of awareness and understanding of individual and social behaviors and motivations helped the women take a step back and observe their thoughts, viewing intrusive thoughts as simple thoughts rather than absolute realities, thus significantly reducing demoralization and improving psychological well-being, positive life attitude, and hope for life (Alfonsson et al., 2020; Alfonsson et al., 2018). According to Beck's cognitive theory (1967), the origin of negative and dysfunctional thoughts that lead to demoralization and depression can be traced back to childhood feedback and subsequent life crises, such as divorce and loneliness for the studied women, and cognitive therapy can play an effective role in escaping psychological crises (Farmani Shahreza et al., 2019; Monemiyan et al., 2021).

5. Suggestions and Limitations

The limitations of this study include the following: the results are limited to women heads of households in the welfare organization of Rasht city, and caution should be exercised in generalizing the results to other mothers in different cities. Due to the novelty of the topic, there are no related studies that simultaneously examine the four dependent variables, presenting a limitation for the researcher in measuring two independent variables and four dependent variables simultaneously. Another limitation was coordinating the participation of women heads of households in the therapy sessions. Since it was not possible to control all intervening variables in this study, the generalization of the results should be done cautiously. The large number of questionnaire items posed a challenge for some women in completing them. Due to time constraints, homogenizing the experimental and control groups completely, considering all variables (e.g., income level and place of residence), was not possible.

Based on the study's findings on the "impact of CBT and existential therapy on reducing demoralization symptoms and improving life attitude, psychological well-being, and hope for women heads of households," it is recommended that the welfare organization's crisis intervention centers use these two therapeutic methods to improve the psychological condition of women heads of households. Given the results indicating the "impact of CBT and existential therapy on reducing demoralization symptoms and improving life attitude for women heads of households," it is suggested to hold training workshops on problem-focused coping strategies based on CBT. According to the findings on the "impact of CBT and existential therapy on reducing demoralization symptoms and improving life attitude for women heads of households," it is recommended that the welfare organization managers hold existential therapy classes based on skills for identifying and correcting cognitive errors to increase hope for life. Based on the study's findings on the "impact of CBT and existential therapy on reducing demoralization symptoms and improving life attitude for women heads of households," it is recommended that the welfare organization managers teach mental imagery techniques based on CBT to prevent psychological decline. Based on the study's findings on the "impact of CBT and existential therapy on reducing demoralization symptoms and improving life attitude for women heads of households," it is recommended that the welfare organization managers teach techniques for dealing with challenging freedom-of-choice situations based on existential therapy to improve psychological well-being.

AFTJ Applied Family Therapy Journal
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Finally, based on the study's findings on the "impact of CBT and existential therapy on reducing demoralization symptoms and improving life attitude for women heads of households," it is recommended that the welfare organization managers teach mental imagery techniques from successful or failed situations based on existential therapy to foster a more positive life attitude and greater hope for a better life.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript. This article is derived from the first author's doctoral dissertation.

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. For the implementation of the independent variables and adherence to research ethics, after receiving the ethics code IR.IAU.ARAK.REC.1400.029, all participating women were informed about the research objectives, and it was explained to them that the research results would remain completely confidential and used without mentioning any individual names.

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