

Effectiveness of Positive-Focused Mindfulness Therapy on Mental Well-being, Quality of Life, and Stress Coping Strategies in Women with Bipolar Disorder

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ABSTRACT

The primary objective of the current research was to determine the effectiveness of positive-focused mindfulness therapy on mental well-being, quality of life, and stress coping strategies in women diagnosed with bipolar disorder in Kashan city. This study was conducted as a quasi-experimental research with pre-test, post-test alongside a control group, and the research population included all women diagnosed with bipolar disorder attending psychiatric centers in Kashan. Initially, registration was carried out by contacting individuals who had records in these centers or were referred by specialists, and 30 of them, who met the study criteria, were selected. The sample was randomly divided into experimental and control groups, and the study was conducted on them. The positive-focused mindfulness therapy consisted of 12 sessions of 90 minutes of mindfulness training derived from the protocol by Tabatabai Nejad et al. (2018). Meanwhile, the control group did not receive any form of training. This research was concluded in March 2023. The instruments used in this study included the 26-item Quality of Life questionnaire (1996), the 45-item Mental Well-being questionnaire by Keyes and Magyar-Moe (2003), and the 18-item Life Stress questionnaire (1993). Variance analysis was employed to test the hypotheses in this study. The results showed that there is a significant difference between the pre-test and post-test scores of the experimental group in comparison to the control group in terms of quality of life, mental well-being, and stress coping strategies ($P < 0.01$). The findings from this research indicate the impact of positive-focused mindfulness therapy in improving the quality of life, mental well-being, and stress in women with bipolar disorder. Therefore, positive-focused mindfulness therapy, alongside other therapeutic methods, can be effective in improving the psychological symptoms of women with bipolar disorder.

Keywords: Positive-focused mindfulness, mental well-being, quality of life, stress coping strategies, bipolar disorder

1. Introduction

Bipolar disorder is a type of chronic and recurring mood disorder that leads to severe disruptions in an individual's social and occupational functioning. This disorder imposes significant costs on the patient, their family, and society, and if left untreated, can lead to more frequent, severe, and rapid-cycling episodes, making treatment more difficult and prognosis worse, and increasing the incidence of suicide and suicide attempts (Kovács et al., 2020). Bipolar disorder has a prevalence rate of 1% and is primarily characterized by the presence of a manic episode lasting at least one week, during which the individual's mood is abnormally and persistently elevated, expansive, or irritable, and their energy or activity levels are significantly increased, requiring at least three symptoms such as grandiosity, decreased need for sleep, pressured speech, flight of ideas, distractibility, etc. (American Psychiatric Association, 2022).

Quality of life is a multidimensional concept meaning the mental assessment of life status and an individual's perception of their physical, mental, emotional, and social well-being, encompassing health and family functioning, social, economic, psychological, emotional, and spiritual aspects (Udaykar et al., 2023). Quality of life encompasses a range of every human's objective needs, derived from their personal perception of well-being. Quality of life does not mean the absence of illness but rather a sense of well-being in various psychological, social, functional, and spiritual domains (Herzog et al., 2023; Moustakis et al., 2023).

Mental well-being is a state in which an individual compares their current and actual situation with an ideal and desirable one, resulting in a positive cognitive assessment and perception of themselves (Manindjo et al., 2023). In general, mental well-being includes a positive attitude towards life, enjoying life, absence of depressed mood, and overall satisfaction with life (Lucas-Mangas et al., 2022). Individuals with low mental well-being tend to evaluate life events negatively and experience more negative emotions such as sadness, anxiety, anger, and depression, whereas those with high mental well-being typically have a positive evaluation of life events and experience more positive emotions such as happiness (Salehian & Moradi, 2022).

In today's world, stress is a significant issue. Stress, as a psychological phenomenon, is a crucial factor in the onset and persistence of many mental disorders (Wang et al., 2023). Individuals' reactions to various disturbances and stressful conditions largely depend on their perception of the

situation, the degree of threat, and danger of that event. In other words, the factor that causes various responses to stressors is the different coping styles of each individual (Van Den Heuvel et al., 2020). Coping is defined as a set of cognitive and emotional actions in response to psychological pressures. Coping strategies are behaviors that protect an individual from psychological harm associated with challenging social experiences or impacts that communities have on their members (Fteiha & Awwad, 2020). In other words, coping or managing refers to responses individuals make to avoid harms caused by life's pressures. It is with these behaviors or coping strategies that individuals manage daily life experiences, which can be challenging, stressful, or potentially harmful (Bahrami Rad & Rafezi, 2019). The effectiveness of coping strategies for each individual depends on how much they use them. Specific actions, behaviors, and thoughts in response to stressors indicate an individual's coping strategy (Rostami et al., 2017).

Attention to effective treatment has been a mental preoccupation of psychiatrists and psychologists for years. Undoubtedly, the primary treatment for bipolar disorder is through medications. Lithium is considered the most effective drug treatment for bipolar disorder, reducing mood symptoms, impulsivity, and aggressive behaviors in patients with bipolar disorder (Sadock, 2015); however, studies show that patients with bipolar disorder still experience relapse episodes despite medication use (Kovács et al., 2020); therefore, there is a need for effective psychosocial interventions to increase the effectiveness of medications for patients with bipolar disorder. There is significant evidence for the effectiveness of psychological interventions on bipolar disorder (Benazzi, 2006; Cludius et al., 2020; Dickstein et al., 2007; Kovács et al., 2020). Research findings indicate that psychoeducation, cognitive-behavioral therapy, interpersonal and social rhythm therapy, dialectical behavior therapy, mindfulness-based cognitive therapy, and family-focused therapy are effective in reducing depression symptoms in patients with bipolar disorder (Kovács et al., 2020). One of the treatments newly employed alongside drug therapy for patients with bipolar disorder is mindfulness therapy. Mindfulness refers to an experience where the individual consciously, intentionally, in the present moment, and non-judgmentally becomes aware of their inner and outer selves. Essentially, mindfulness means being in the moment with whatever is happening now, without judgment about what is occurring, experiencing pure reality, necessarily involving understanding personal feelings, and implicitly includes creating and modifying a

way to get closer to personal experiences through systematic personal observation (Torfiamidpoor et al., 2022). Positive-oriented therapies, with targeted and intelligent focus on human strengths and virtues such as wisdom, courage, justice, moderation, flourishing, and humanity in both specific and broad senses, emphasize overcoming all existing threats to humans at real and cognitive levels (Parsakia & Darbani, 2022). Alongside positive-oriented therapies, mindfulness-based cognitive therapy is a therapeutic strategy for freeing individuals from automatic thoughts and unhealthy behavioral patterns, thus playing a significant role in behavioral regulation. Mindfulness-based cognitive therapy also, with a non-judgmental focus on all emotional and cognitive events, can impact reducing impulsivity and maladaptive behaviors, enhancing the ability to focus attention on the present rather than the past or future, and increasing the skill to complete important tasks by diverting attention from worries, memories, or negative mood and depression symptoms (Riquelme-Marín et al., 2022).

A look at therapeutic emphases in the realms of mindfulness and positivity clearly reveals that cognitive and mental foundations are of special importance both in mindfulness and in positivity. Past research evidence has shown that treatments based on mindfulness alongside positive-oriented treatments are effective on depression and social adjustment and, according to some thinkers, mindfulness is considered the main mechanism and link of effectiveness in positive-oriented treatments. Therefore, theoretically, it is possible to discuss a positive-oriented mindfulness therapeutic approach (Abedini & Joibari, 2023; da Silva et al., 2023; Gazder & Stanton, 2023; Kazemi Rezaei et al., 2023; Vena, 2023). Therefore, the current study aimed to investigate treatment for women with bipolar disorder using positive-focused mindfulness therapy as a treatment to increase mental well-being, quality of life, and stress coping strategies.

2. Methods and Materials

2.1. Study Design and Participants

The research type was quasi-experimental, conducted as a pre-test – post-test with experimental and control groups. The experimental and control groups were selected from volunteer women attending psychiatric clinics in the city of Kashan and were randomly assigned to the experimental and control groups. The research population for this study included women diagnosed with bipolar disorder attending

clinics and psychiatric departments in the city of Kashan in 2022. The sampling method was convenience-based, and from among the women with bipolar disorder who volunteered to participate in the course, 30 individuals meeting the study criteria were selected. After obtaining consent from each member to participate in the research project, from among the 30 individuals in the sample group, 15 were randomly assigned to the experimental group and 15 to the control group. Since both groups were tested before the therapeutic interventions were presented, and the experimental group underwent treatment. After presenting the therapeutic interventions in the experimental group, both groups were tested again. Then, the data were analyzed. Entry criteria included being Iranian, women diagnosed with bipolar disorder, no substance abuse, no acute mental problems, education level higher than middle school, and full consent to participate in therapy groups. Exit conditions from the study included acute mental problems such as psychotic disorders, severe depression, and neurocognitive disorders; use of psychoactive drugs; absence from more than two educational-therapeutic sessions; and unwillingness to participate in educational-therapeutic sessions at any stage of the work. The information of the participating patients in this study remained completely anonymous and will remain confidential after the study. Also, all participants in this study filled out a consent form to participate in this study, and all study objectives were fully explained to participants. To respect privacy, participants' names and surnames were not recorded, and codes were used instead.

2.2. Measures

2.2.1. Quality of Life

Developed by the World Health Organization in 1991, this 26-item questionnaire extracted from a longer 100-item form evaluates individuals' perceptions across four domains: physical health, psychological health, social relationships, and environment, using a 5-point Likert scale. Higher scores indicate better quality of life. Its reliability and validity have been approved in many countries and populations (Rahmani & Omid, 2019; Reddy et al., 2020).

2.2.2. Mental Well-Being

Mental Well-being Scale: Designed by Keyes and Magyar-Moe in 2003, this 45-item questionnaire assesses emotional, psychological, and social well-being on a 5-point

Likert scale. It has been validated and found reliable in measuring mental well-being and its components (Banisi, 2019; Peng et al., 2023).

2.2.3. Stress

Created by Edwin G. Thomas, Marianne Yoshioka, and Richard H. Ager in 1993, this instrument consists of 18 items across five subscales measuring various life stresses. It uses a 7-point Likert scale, where higher scores reflect greater stress and disturbance. Researchers confirmed the reliability

and validity of this scale in Iran and other countries (Dillon et al., 2013; Zarei & Bazzazian, 2015).

2.3. Intervention

2.4. Positive-Focused Mindfulness Therapy

Participants were divided into control and intervention groups, with the latter undergoing 12 sessions of mindfulness training (Allen et al., 2021; Kabat-Zinn, 2003; Seligman, 2001), each lasting 90 minutes, while the control group received no intervention.

Table 1

Positive-Focused Mindfulness Therapy Sessions

Session	Session Goals
1	Introduction within the group, familiarization with therapy and group rules, understanding depression and its signs, introduction to positive-focused mindfulness therapy and its role in overcoming destructive and negative emotions.
2	Teaching meditation techniques, especially raisin meditation, and focusing on enhancing self-worth and satisfaction within a context of hope and optimism.
3	Teaching identification of positive and negative emotions, emotional restraint to overcome emotional impulsivity, and practicing mindful breathing focusing on the virtue of wisdom and its dimensions.
4	Teaching mindfulness techniques of non-judgmental acceptance, presence of mind from thoughts, emotions, and feelings, emotional management skills through loving-kindness meditation, enhancing positive emotion through pleasure tasting exercises, focusing on the here and now, and pursuing positive goals in the present without dwelling on the past or future.
5	Mindfulness training in self-awareness through recognizing strengths and weaknesses, characteristics, abilities, beliefs, thoughts, and values along with positive affirmation on capabilities, enhancing positive aspects of life.
6	Teaching body scan meditation and sitting meditation techniques, focusing on cognitive and thought-oriented goal setting on strengths, interests, and feelings, incorporating common values (courage, kindness, hope, respecting others) into one's strengths, feelings, and interests, listing goals.
7	Teaching positive thinking and changing life perspectives through identifying thought patterns, consciously attending to thoughts, self-questioning, substituting positive thoughts for negative ones, consciously engaging in enjoyable activities, consciously using positive words in daily life, boosting self-confidence and self-esteem, using "how" instead of "why".
8	Introducing internal values including the virtue of humanity (love, kindness, and social intelligence) and the role of positive emotions and thoughts in success, health, happiness, and depression prevention, practicing strengths awareness based on humanity such as friendship, love, and kindness.
9	Teaching mindful walking, non-judgmental acceptance, attentive awareness, living mindfully, continuing goal setting and its importance, focusing on one's capabilities according to their strengths to address behavioral and cognitive issues and emotional passivity.
10	Teaching how to establish positive relationships with others, conscious assertiveness training, effective communication skills, and their role in reducing behavioral and social issues, consciously expressing feelings, introducing positive alternatives for dealing with negative communication habits, establishing positive relationships, problem-solving methods, introducing humor and its techniques, and their impact on interpersonal relationships and physical and mental health, and resilience against daily anxieties.
11	Continuing sitting meditation and body scan meditation, continuing positive thinking skills training, balancing mental musts and must-nots, constructive self-talk in ambiguous situations.
12	Performing stretching exercises from Hatha Yoga and their role in increasing tolerance threshold and reducing reactivity, connecting mind and body to address physical issues.

2.5. Data analysis

Descriptive and inferential statistics (repeated measures analysis of variance) were used for data analysis ($p < 0.01$)

3. Findings and Results

Table 2 presents the descriptive statistics.

Table 2

Descriptive Indices of Variables on Mental Well-being, Quality of Life, and Stress Coping Strategies by Group

Variable	Group	Pre-test Mean	Post-test Mean	Pre-test Standard Deviation	Post-test Standard Deviation
Mental Well-being	Experimental	76.53	81.6	12.07	16.18
	Control	43.93	51.27	9.37	11.91
Psychological Well-being	Experimental	13.93	16.33	3.21	1.14

Emotional Well-being	Control	11.28	11.93	3.93	3.23
	Experimental	11.1	13.21	3.92	3.41
Social Well-being	Control	10.53	9.8	2.19	2.1
	Experimental	11.54	12.76	0.876	12.3
Quality of Life	Control	10.14	10.23	1.29	2.13
	Experimental	43.93	54.53	11.71	11.24
Stress Coping Strategies	Control	34.18	33.73	8.93	7.83
	Experimental	43.8	50.8	12.94	11.21
	Control	41.53	42.8	11.99	11.27

Table 2 shows the mean and standard deviation of the components under study in the variable of mental well-being and its components (psychological, emotional, and social well-being), quality of life, and stress coping strategies in the experimental group.

The results of the Kolmogorov-Smirnov test showed that, given the significant levels of the Kolmogorov-Smirnov and Shapiro-Wilk tests ($P < 0.05$), the assumption of normality is established. Therefore, given the high probability of normal distribution (more than 5 percent), parametric tests can be used. Based on the results of examining the homogeneity of regression slopes from within-subject effects, the interaction effect (pre-test of well-being and its components

(psychological, emotional, and social well-being), quality of life, and coping strategies * time) is not significant ($P > 0.05$). Thus, the regression slopes are homogeneous, and we have not violated this assumption. These results confirm the previous conclusion obtained from the scatter plot review for both the experimental and control groups. The Levene's test examines the assumption of equality of variances between the experimental and control groups in the population. Based on the results of this test, the Levene's statistic is not significant ($P > 0.05$), so the assumption of equality of variances is established. There is an 85.2 percent chance that the variances of the experimental and control groups in the population are equal.

Table 3

Results of the Analysis of Covariance (ANCOVA)

Variable	Source of Variation	Sum of Squares	df	Mean Square	F	Significance	Eta Squared	Test Power
Mental Well-being	Adjusted Model	284.968	2	142.484	27.007	<0.0005	0.667	1.000
	Pre-test	250.936	1	250.936	52.227	<0.0005	0.659	1.000
	Group	150.539	1	150.539	8.398	0.007	0.237	0.798
	Error	484.016	27	17.927				
Psychological Well-being	Adjusted Model	249.145	2	124.572	21.138	<0.0005	0.528	0.867
	Pre-test	514.320	1	514.320	24.315	<0.0005	0.474	0.567
	Group	321.275	1	321.275	9.176	0.004	0.271	0.765
	Error	290.125	27	35.124				
Emotional Well-being	Adjusted Model	1761.561	2	880.780	7.118	<0.0005	0.847	1.000
	Pre-test	187.165	1	187.165	8.290	<0.0005	0.312	1.000
	Group	246.974	1	246.974	10.068	<0.0005	0.154	1.000
	Error	187.21	27	8.120				
Social Well-being	Adjusted Model	156.176	2	78.088	8.132	<0.0005	0.431	1.000
	Pre-test	431.176	1	431.176	8.710	<0.0005	0.422	1.000
	Group	671.124	1	671.124	10.068	<0.0005	0.254	1.000
	Error	430.54	27	166.240				
Quality of Life	Adjusted Model	348.195	2	174.097	15.938	<0.0005	0.541	0.999
	Pre-test	718.562	1	718.562	24.315	<0.0005	0.474	0.997
	Group	305.075	1	305.075	10.044	0.004	0.271	0.863
	Error	820.105	27	30.374				
Stress Coping Strategies	Adjusted Model	1260.296	2	630.148	74.928	<0.0005	0.847	1.000
	Pre-test	1186.663	1	1186.663	141.101	<0.0005	0.839	1.000
	Group	336.974	1	336.974	40.068	<0.0005	0.597	1.000
	Error	227.071	27	8.410				

The information in Table 3 shows the results of the univariate analysis of covariance (ANCOVA). Based on the

table's information, the educational program is effective in increasing mental well-being, quality of life, and stress

coping strategies, as the significance level is less than 0.05 ($P < 0.0005$). In other words, the difference between the control and experimental groups, considering the effect of the educational program, is significant. It can also be said that the difference in scores between the control and experimental groups indicates that the variables under study are significantly different before and after the educational program. Considering the eta squared, it can be said that 65.9 percent of these changes or improvements are due to the effect of the educational program. It is noteworthy that, since the statistical power is 1.000, it can be said that the sample size is also sufficient.

4. Discussion and Conclusion

The present study aimed to determine the effectiveness of positive-focused mindfulness therapy on mental well-being, quality of life, and stress coping strategies in women with bipolar disorder in Kashan city. The research results showed that there is a significant improvement in quality of life at different measurement stages. The quality of life in the pre-test is less than in the post-test and follow-up, meaning that mindfulness therapy improves the quality of life in women with bipolar disorder. This finding is consistent with the results of previous research (Ajele et al., 2021; Azizi et al., 2023; Dehghani et al., 2022; Goudarzi et al., 2021; Hertenstein et al., 2012; Leeuwerik et al., 2020; Liu et al., 2021; Moloud et al., 2022; Nejat et al., 2020; Riquelme-Marín et al., 2022; Roemer et al., 2014; Trudel-Fitzgerald et al., 2019). This disorder severely reduces individual functioning and decreases the quality of life of the patient and their family. In explaining the effectiveness of positive-focused mindfulness therapy on improving the quality of life of women with bipolar disorder, it can be stated that through meditation and prolonged sitting without movement, patients focus on body sensations. This focus and observation can reduce emotional responses. Thus, practicing mindfulness skills increases patients' ability to tolerate negative emotions, enables them to effectively cope, and such a state can improve the quality of life (Bai et al., 2022). The goal of mindfulness interventions is to help individuals accept, connect with internal experiences, and increase conscious behavior (Han & Kim, 2022), and mindfulness meditation enhances individual attention, which increases awareness and emotional capacity (Rahmani, 2020). Considering that quality of life has various dimensions, including physical, psychological, social, and spiritual aspects, mindfulness exercises are designed to

impact all these dimensions. Mindfulness exercises, by increasing individuals' awareness of the present moment through techniques such as attention to breathing and the body and focusing awareness here and now, affect the cognitive and information processing system. Thus, this method should improve quality of life and has been shown to be beneficial as an intervention method for a wide range of chronic mental disorders (Weng et al., 2022). Mindfulness, through adaptive changes in attention and reducing the repetition of self-critical thoughts and learning necessary skills in not focusing on health-related thoughts and fears, improves physical quality of life (Marinovic & Hunter, 2022).

The study also showed that positive-focused mindfulness therapy significantly improves mental well-being in women with bipolar disorder in Kashan city. The psychological well-being scale in the post-test and follow-up stages is higher than in the pre-test. Therefore, mindfulness therapy enhances and improves the mental well-being of women with bipolar disorder. This finding is consistent with the results of previous studies (Abas, 2019; Allen et al., 2021; Banisi, 2019; Niroomandi et al., 2020; Okun, 2020; Taziki et al., 2021). Mental well-being itself directly impacts individuals' personal and social lives and encompasses all aspects of a person's life. Given that psychological training improves self-confidence, individuals accept themselves more than before, have a better understanding of their actions, motivations, and emotions, and respect themselves more. This leads to flourishing in the individual. These teachings also teach patients to have positive and beneficial relationships with others, filling a significant gap in the life of families of patients with this disorder and enabling individuals to learn how to love properly. Creating strong feelings of empathy and emotion allows the patient to connect with more people and spend less time alone, transforming from a reclusive and solitary individual to one with high connectivity and many friends. Therefore, these teachings lead to self-actualization, enhancing individual performance and the ability to solve many of their problems. In solving issues, the patient sees themselves as the most critical factor, not someone else. Thus, the individual considers themselves less dependent on others, and a sense of self-sufficiency becomes their personal maturity (Allen et al., 2021). Personal growth and recognizing abilities give the patient the courage to aim for a better life and goals that a normal person would pursue. Setting goals gives meaning to the individual's life and provides a clear path, improving and enhancing their mental well-being. Psychological well-

being refers to the individual's perception of the harmony between themselves and the outcomes of their actions. In positive-focused mindfulness therapy, the patient engages in repeated exercises with purposeful attention direction to a neutral object to observe thoughts, feelings, or bodily sensations. Mindful individuals perceive internal and external realities freely and without distortion and have a great capacity to face a wide range of thoughts, emotions, and experiences (pleasant and unpleasant) (Banisi, 2019). This judgment-free observation can increase mental well-being in the long term. In mindfulness, attention to the body and breathing is practiced, making individuals aware of various sensations in the body and even during breathing, thereby increasing body awareness and setting the stage for subsequent control. Mindfulness therapy, by modifying negative behaviors and thoughts, leads to positive health-related behavior.

Another finding of the study indicated that positive-focused mindfulness therapy significantly improves stress in women with bipolar disorder in Kashan city. All aspects of mental health, including physical symptoms, social functioning, symptoms of anxiety and insomnia, and depression, showed significant differences at various stages, with mental health in the family being higher in the post-test and follow-up stages than in the pre-test. This result is consistent with the existing literature (Assumpcao et al., 2019; Azunny et al., 2020; Bao, 2022; da Silva et al., 2023; Hosein Esfand Zad et al., 2017; Kumar et al., 2022; Liu et al., 2021; Nejat et al., 2020; Rahmani, 2020; Sabouri & Mansouri, 2022; Sun et al., 2021; Torfiamidpoor et al., 2022; Vidic & Cherup, 2019; Vigil, 2022). The flexibility brought about by mindfulness therapy in patients with bipolar disorder enables the patient to establish friendly and emotional relationships with other family members and even with people outside the family environment. Therefore, the social functioning of the family of patients with bipolar disorder and consequently the social functioning of the patient improves. This process will start a new life for the individual. Higher connection with the family and better social functioning, the sense of friendship and social life, and the creation of social interactions will keep depression away from the individual. Also, during these sessions, the individual is expected to encounter less depression, and mindfulness therapy leads to higher morale and less depression (Allen et al., 2021). Healthy living and good and effective mental health communication reduce individuals' stress, possibly due to improved focus and individuals' abilities. In mindfulness, attention to internal states (such as

emotion and cognition) is in a non-judgmental and accepting state. Creating mindfulness during training enables individuals to reduce natural and spontaneous responses to stressful experiences. Eventually, the individual's perspective and vision expand, accepting life's immutable events, thereby reducing active and stressful responses. Therefore, mindfulness exercises increase awareness and bodily and cognitive self-awareness, breaking previous incorrect patterns of thoughts and feelings, and the individual lives more in the present; also, decision-making and planning are facilitated, and the individual experiences positive psychological states, thus creating physical and psychological peace (Flugel Colle et al., 2010; Keng et al., 2011).

The results of this study showed that mindfulness therapy affects the improvement of quality of life, psychological well-being, and stress in women with bipolar disorder in Kashan city. These sessions lead to the improvement of quality of life, psychological well-being, and stress. Therefore, these teachings can be used to improve these individuals and their families. This article faced limitations, which are mentioned below. This research used self-report questionnaires, so caution should be exercised in generalizing the results; since this research was conducted on a selected sample of women in Kashan city, caution should be exercised in generalizing the results; cultural-social and economic differences of the sample were not considered in this study. Therefore, considering the impact of positive-focused mindfulness therapy on improving the quality of life, psychological well-being, and stress in women with bipolar disorder, it is recommended that psychologists, psychiatrists, and relevant specialists use this method as a preferred complementary treatment and that these teachings be regularly implemented on patients with bipolar disorder in centers in addition to families. Also, to prevent mood-behavioral problems, existing teachings in mindfulness therapy can be used in treatment centers.

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Declaration of Interest

The authors of the study declare no conflict of interest related to the research.

Ethics Considerations

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

Authors' Contributions

All authors contributed equally in this article.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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