





The 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

Objective: The primary aim of the present study was 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 Tehran.

Methods and Materials: This research was conducted as a quasi-experimental study with pre-test, post-test, and a control group. The study population included all women with bipolar disorder who visited Razi Hospital. Initially, individuals who had a record at these centers or were referred by specialists were contacted for registration, and 30 participants who met the study criteria were selected. The sample was randomly divided into two groups: experimental and control, and the study was conducted on them. The positive-focused mindfulness therapy consisted of 12 sessions of 90 minutes each, based on the mindfulness training protocol. Meanwhile, the control group received no training. 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). Analysis of Variance (ANOVA) was used to test the hypotheses.

Findings: The results showed significant differences in the scores of quality of life, mental well-being, and stress between pre-tests and post-tests of the experimental group compared to the control group ($P < 0.01$).

Conclusion: The findings indicate that positive-focused mindfulness therapy improves the quality of life, mental well-being, and stress in women with bipolar disorder. Therefore, alongside other therapeutic methods, positive-focused mindfulness therapy can be effective in improving psychological symptoms in women with bipolar disorder.

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

1 Introduction

Health-related quality of life considers aspects of life that are predominantly influenced by illness or health. In a general definition, health-related quality of life depends on how much a person's physical, mental, and social health is affected by a disease or its treatment. This definition emphasizes the individual's mindset and the multidimensionality of quality of life (Keramati, 2021; Qi et al., 2020).

Mental well-being, also known as reported well-being, refers to how individuals experience and evaluate various aspects of their lives. It is often used to measure mental health and happiness and can be a significant predictor of health, well-being, and individual longevity. This issue has become a useful criterion for assessing the health of a community. According to Diener, these three factors demonstrate how people experience the quality of their lives. It also includes individuals' emotional reactions and cognitive judgments about their life experiences. Since its initial development in the mid-1980s, mental well-being has increasingly become a common measure of overall life satisfaction, happiness, and well-being. It is often used as a criterion in psychological research and as an indicator of individual health. Data related to the mental well-being of groups can also be used to measure the effectiveness of various public health plans (Diener, 1984, 2013; Diener et al., 2018).

Hans Selye called stress the nonspecific response of the body to any demand. A group of experts has named stress the common disease of the century. Stress can deplete forces and affect activities and efforts. When a stressor impacts human life, our emotional state and physiological thinking deviate from their normal and balanced levels, making cognitive activity vulnerable and leading to behavioral problems manifested as feelings of anxiety and depression (Bernhard et al., 2006; Beygi et al., 2011). Psychologists have defined stress as the expectation of adaptation, coping, and adjustment by the organism. Severe and long-term stress, such as life changes (Abdillah & Nurhayani, 2023), can affect an individual's adaptability, lead to depression, and, while harming the body, take away the pleasure of life (Agorastos & Chrousos, 2022). Today, the term stress is commonly used to express any worry or anxiety of everyday life and is part of modern human life. Roberts says: Stress is very difficult to define because, in addition to being the result of itself, it is also its own cause. Selye called the experience of stressful events stressors and understood this

process as having three physical and psychological stages known as general adaptation. Although individual responses to stress are temporary, each response causes adverse biochemical effects (Fontenelle et al., 2021; Forouzanfar 2017). Stress is not a new phenomenon; it has always existed throughout human history and has afflicted humans in various forms, including natural disasters, wars, massacres, the oppression of tyrannical rulers, etc. With the industrial revolution and due to profound social, economic, cultural, and political changes resulting from it in all societies, the necessity of continuously adapting to new and changing conditions, stress has gained a broader scope, intensity, and extent. Stress has become almost ubiquitous in today's world, and both the educated and uneducated grapple with it (Atadokht et al., 2018). As technology advances, stressors increase. Stress is not specific to any social class or group of people; individuals face various stressors depending on the nature and conditions of their lives, so much so that it cannot be removed or separated from life. Today's industrial and post-industrial world has brought about many problems and complications. People's concerns about work, the rapid advancement of science and technology, and the fear of becoming outdated in knowledge and information, etc., are among the causes of tensions, emotions, and everyday worries that create states of nervous and psychological pressure known as stress. This pressure was long considered an emotional psychological disorder, but it has recently been proven that when it occurs, three systems—the nervous, hormonal, and defensive—interact actively. It has recently been proven that when stress occurs, the body's defense system is weakened, and a number of white blood cells that include the body's defenses die (Farhadi Navarudi et al., 2020; Farrell et al., 2023).

Today, attention to effective treatment has been a mental preoccupation for psychiatrists and psychologists for years. It seems that the primary therapeutic goal in bipolar disorder is to treat the acute phase of the illness and prevent its recurrence. Although drug treatment is considered the fundamental treatment for bipolar disorders, studies in recent years have shown that adding psychosocial interventions to the treatment plan increases its effectiveness. Mediating beliefs and dysfunctional thoughts encompass a wide range of patients' experiences, causing chronic problems and creating pervasive cognitive structures about oneself and the illness. Psychological treatments are effective in recognizing these beliefs and thoughts and can reduce their emotional burden (Dierendonck & Lam, 2022; Domar et al., 2000).

One of the treatments newly employed alongside drug treatment for patients with bipolar disorder is mindfulness therapy. Mindfulness refers to an experience in which an individual, in a specific, purposeful way, is aware of the present moment and non-judgmentally aware of their inner and outer selves. In essence, mindfulness means being in the moment with whatever is present now, without judging what is happening, which means experiencing pure reality, requiring an understanding of personal feelings and certainly implicitly involving creating and modifying a way to get closer to individual experiences through systematic personal observation. Positive-oriented therapies, with a focused and intelligent emphasis on human strengths and virtues in the form of wisdom, courage, justice, temperance, flourishing, and humanity in both the detailed and simple senses, are increasingly emphasized to overcome all existing threats to humans on the real and cognitive levels (Taimory et al., 2015; Tao et al., 2022; Tarun Kumar et al., 2022).

Alongside positive-oriented therapies, mindfulness-based cognitive therapy is a therapeutic strategy for freeing individuals from automatic thoughts and unhealthy behavior patterns and thus plays an important role in behavioral regulation. Mindfulness-based cognitive therapy also, by focusing non-judgmentally on all emotional and cognitive events, can reduce impulsivity and maladaptive behaviors, enhance the ability to focus on the present rather than the past or future, and also increase the skill of completing important tasks by diverting attention from worries and memories or negative moods and signs of depression (Holm-Hadulla, 2020; HosseiniTavan et al., 2023). A look at therapeutic emphases in the fields of mindfulness and positive thinking clearly reveals that cognitive and mental foundations are of special importance in both mindfulness and positive thinking. Past research evidence has shown that treatments based on mindfulness, alongside positive-oriented treatments, are effective in depression and social adjustment, and according to some thinkers, mindfulness is considered the main mechanism and link in the effectiveness of positive-oriented treatments (Nasiri Karbasdehi et al., 2024; Tang et al., 2019). Therefore, from a theoretical standpoint, it is possible to speak of a therapeutic approach based on positive-oriented mindfulness.

Therefore, the present study aimed to investigate the treatment of 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 Participant

The type of research is quasi-experimental, utilizing a pretest-posttest design with experimental and control groups. The study population consists of women diagnosed with bipolar disorder visiting clinics and psychiatric departments in Tehran in the year 2022. For the purpose of conducting this study, among the female attendees at psychiatric centers in Tehran who were willing and met the criteria, 30 individuals were conveniently selected, and an informational session was held to collect demographic data and explain the study. After obtaining consent from each member to participate in the research, the 30 individuals were randomly assigned, with 15 in the experimental group and 15 in the control group. The sample was selected based on the following criteria. Inclusion criteria: 1. Volunteer being Iranian; 2. Women diagnosed with bipolar disorder; 3. No substance abuse; 4. No acute psychiatric issues; 5. Educational level above elementary; 6. Full consent to participate in therapeutic groups. Exclusion criteria included: 1. Acute psychiatric problems such as psychotic disorders, depression, and severe neurocognitive disorders; 2. Use of psychoactive drugs; 3. Absence from more than two training-therapy sessions; 4. Unwillingness to participate in training-therapy sessions at any stage. Initially, both groups were tested before the therapeutic interventions were administered. After delivering the therapeutic interventions in the experimental group, both groups were tested again.

2.2 Measures

2.2.1 Quality of Life

To assess quality of life, the Iranian Short Form Quality of Life Scale, which is a condensed version of the World Health Organization's 100-item Quality of Life Questionnaire (WHOQOL-100), was used. This scale (questionnaire) consists of 26 questions, where the first question addresses overall quality of life and the second question addresses general health status. The subsequent 24 questions assess the quality of life across the four mentioned domains. The World Health Organization's Quality of Life Scale is widely accepted and has been translated into 40 languages, including Persian, and has been standardized in many countries. This questionnaire has been used in numerous research activities. The results reported by the

developers of the WHO quality of life scale, conducted at 15 international centers of the organization, showed Cronbach's alpha coefficients ranging from 0.73 to 0.89 for the four subscales and the overall scale. In Iran, Nasiri (2006) used three methods to assess the reliability of the scale: test-retest with a three-week interval, descriptive, and Cronbach's alpha, which were 0.67, 0.84, and 0.87 respectively. Rahimi (2007) also measured the reliability of the quality of life scale and reported Cronbach's alpha for the overall scale as 0.88, for physical health as 0.70, for mental health as 0.77, for social relationships as 0.65, and for environmental quality as 0.77. The range of correlation coefficients obtained was from 0.45 to 0.83, and all coefficients were significant at the 0.01 level. Each item also showed the highest correlation with its respective dimension (Benzo et al., 2015).

2.2.2 Well-Being

The Mental Well-being Scale by Keyes and Magyar-Moe (2003) is used to assess emotional, psychological, and social well-being and consists of 45 questions. The first 12 questions are related to emotional well-being, the next 18 to psychological well-being, and the final 15 to social well-being. Mental well-being refers to individuals' personal assessment and understanding of their quality of life, including the quality of their social, psychological, and emotional actions. The validity and reliability of this questionnaire have been confirmed in numerous studies (Banisi, 2019).

2.2.3 Stress

The Life Distress Inventory (LDI) by Edwin G. Thomas, Marian Yoshioka, and Richard D. Ager (1993) consists of 18 items and five subscales including marital concerns, job concerns, activities outside of home, self and family, and satisfaction with life and optimism, used to measure the level of life's stresses. When a set of questions is used to measure a sample of behavior, the meaning and concept of that set is not merely determined by its name but becomes clear only through the study of its validity. Lovibond and Lovibond (1995) reported the validity of the questionnaire as 0.77. Various researchers have confirmed the reliability and validity of this questionnaire in different populations (Bayat et al., 2022).

2.3 Intervention

2.3.1 Positive Mindfulness Training

For the implementation of the research, among women with bipolar disorder visiting psychiatric centers in Tehran, initially, those who had records at these centers or were referred by specialists were contacted for registration, and 30 individuals meeting the study criteria were selected. The sample was randomly divided into two groups: experimental and control, and the study was conducted on them. The treatment included 12 sessions of 90-minute mindfulness training (Golparvar & Tabatabaie Nejad, 2021).

Session 1: Introduction to Mindfulness and Establishing a Foundation

The first session introduces participants to the principles of mindfulness, focusing on its history, purpose, and potential benefits for mental health, particularly in managing bipolar disorder. The therapist will guide participants through basic mindfulness exercises such as mindful breathing and body scans, emphasizing the importance of awareness of the present moment without judgment. This session sets the groundwork for subsequent meetings by establishing a comfortable and trusting environment, and participants are encouraged to discuss their expectations and personal goals for the therapy.

Session 2: Understanding and Practicing Mindfulness Meditation

This session delves deeper into mindfulness meditation. Participants are guided through various forms of meditation, including sitting and walking meditations, to enhance their skills in sustaining attention and noticing distractions without engaging with them. The focus is on cultivating patience and non-reactivity, teaching participants how to acknowledge their thoughts and feelings and return to their meditative focus without self-criticism.

Session 3: Developing Mindful Awareness in Daily Activities

In session three, the therapist introduces mindful awareness during daily activities. The goal is to teach participants how to integrate mindfulness into routine tasks and interactions, such as eating, walking, or communicating. Techniques like the R.A.I.N (Recognize, Allow, Investigate, Non-Identification) method are introduced to help participants deal with challenging situations or emotional spikes by applying mindfulness to understand and manage their reactions.

Session 4: Identifying and Managing Triggers

This session focuses on identifying triggers that might lead to mood swings or stress, which are common in bipolar disorder. Participants learn to use mindfulness to recognize early signs of emotional distress and apply coping strategies to prevent escalation. The session includes role-playing and scenario analysis to practice these skills in a safe and controlled setting.

Session 5: Mindfulness and Emotional Regulation

Participants explore the relationship between mindfulness and emotional regulation. Through guided meditations and discussion, they practice observing their emotions without attachment, understanding the impermanence of emotional states, and learning how to stay centered amidst emotional turmoil. This session helps deepen the understanding of how mindfulness can directly influence their emotional resilience.

Session 6: Improving Interpersonal Relationships through Mindfulness

This session addresses how mindfulness can improve communication and relationships, which are often strained in individuals with bipolar disorder. Participants engage in exercises designed to enhance active listening, empathy, and compassionate speaking. By practicing mindfulness during interactions with others, participants aim to reduce conflicts and build more supportive relationships.

Session 7: Advanced Mindfulness Techniques

Building on earlier sessions, this meeting introduces more advanced mindfulness practices such as loving-kindness

meditation (metta) and gratitude exercises. These practices aim to foster positive emotions and attitudes, counteracting the negativity bias often experienced by individuals with mood disorders. Participants are encouraged to reflect on their progress and share how these techniques have impacted their well-being.

Session 8: Consolidation and Future Planning

The final session is a time for reflection and forward planning. The therapist reviews the key mindfulness skills learned throughout the program and discusses how to maintain these practices independently. Participants create a personal action plan that includes daily mindfulness exercises and strategies for applying mindfulness in response to stress or mood changes. The session ends with a group mindfulness practice and a discussion on the importance of ongoing practice and self-compassion in maintaining mental health.

2.4 Data Analysis

Analysis of Variance (ANOVA) was employed to test the hypotheses using SPSS-25.

3 Findings and Results

Table 1 shows the mean and standard deviation of components under investigation in the variable of mental well-being and its aspects (psychological, emotional, and social well-being, quality of life, and stress coping strategies) in the experimental group.

Table 1

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

Variable	Group	Pretest Mean	Posttest Mean	Pretest SD	Posttest SD
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
	Control	11.28	11.93	3.93	3.23
Emotional Well-being	Experimental	11.1	13.21	3.92	3.41
	Control	10.53	9.8	2.19	2.1
Social Well-being	Experimental	11.54	12.76	0.876	1.23
	Control	10.14	10.23	1.29	2.13
Quality of Life	Experimental	43.93	54.53	11.71	11.24
	Control	34.18	33.73	8.93	7.83
Stress Coping Strategies	Experimental	43.8	50.8	12.94	11.21
	Control	41.53	42.8	11.99	11.27

Considering the significance levels of the Kolmogorov-Smirnov and Shapiro-Wilk tests ($P < 0.05$), the assumption of normality is established; therefore, it is plausible to use

parametric tests given the high likelihood of a normal distribution (greater than 5%).

Table 2

Summary of Homogeneity Test Results for Regression Slopes of Within-Subject Effects

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F	Significance Level
Pretest Mental Well-being * Group	18.861	1	18.861	2.355	0.137
Pretest Psychological Well-being * Group	23.321	1	23.321	2.113	0.127
Pretest Emotional Well-being * Group	15.213	1	15.213	3.321	0.145
Pretest Social Well-being * Group	12.132	1	12.132	2.420	0.129
Pretest Quality of Life * Group	13.211	1	13.211	4.563	0.217
Pretest Stress Coping Strategies * Group	17.561	1	17.561	5.761	0.243

Based on the results of Table 2, the interaction effect (Pretest mental well-being and its components (psychological, emotional, and social well-being), quality of life, and stress coping strategies) 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 derived from examining the scatter plots for both the experimental and control groups.

Table 3

Results of Levene's Test for the Assumption of Equality of Variances

Dependent Variable	F	df1	df2	Significance
Mental Well-being	0.336	1	28	0.852
Psychological Well-being	0.541	1	28	0.390
Emotional Well-being	0.321	1	28	0.231
Social Well-being	0.290	1	28	0.432
Quality of Life	0.132	1	28	0.071
Stress Coping Strategies	0.154	1	28	0.138

Levene's Test assesses the assumption of equality of variances between the experimental and control groups. According to the results of Table 3, Levene's Test is not significant ($P > 0.05$), hence the assumption of equality of

variances holds. There is an 85.2% likelihood that the variances of the experimental and control groups in the population are equal.

Table 4

Results of the Analysis of Covariance for the Impact of the Educational Program on Mental Well-being and its Components, Quality of Life, and Stress Coping Strategies

Source of Variation	Sum of Squares	df	Mean Square	F	Significance	Eta Squared	Test Power
Mental Well-being							
Adjusted Model	968.284	2	484.142	27.007	<0.0005	0.667	1.000
Pretest	936.250	1	936.250	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	421.218	21.138	<0.0005	0.528	0.867
Pretest	514.320	1	230.114	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	431.209	7.118	<0.0005	0.847	1.000
Pretest	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	187.156	8.132	<0.0005	0.431	1.000
Pretest	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	324.098	15.938	<0.0005	0.541	0.999
Pretest	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
Pretest	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				

Table 4 presents the results of the univariate analysis of covariance (ANCOVA). According to the table data, the educational program significantly enhances mental well-being, quality of life, and stress coping strategies, as the significance level is less than 0.05 ($P < 0.05$). This indicates that the differences between the control and experimental groups due to the educational program are significant. Additionally, the differences in scores between the two groups before and after the educational program are significantly different. Considering the eta squared, it can be stated that 65.9% of these changes are attributable to the improvements brought about by the educational program, which is noteworthy. Given that the statistical power is 1.000, it can be inferred that the sample size is adequate.

4 Discussion and Conclusion

The research results indicate that there are significant improvements in quality of life at various measurement stages. In the experimental group, the quality of life scores are lower in the pre-test than in the post-test and follow-up. This means that positive-focused mindfulness therapy leads to improvements in the quality of life for women with bipolar disorder. These results are consistent with prior studies (Bai et al., 2022; Golparvar & Tabatabaie Nejad, 2021; Marinovic & Hunter, 2022; Puthusserry & Delariarte, 2023; Shahsavari Goghari et al., 2022; Tarun Kumar et al., 2022; Weng et al., 2022). The presence of women with bipolar disorder in families creates different circumstances. Additionally, this disorder severely reduces individual functioning and decreases the quality of life for both the individual and their family. Psychological training sessions can have a positive impact on individuals' morale.

Positive-focused mindfulness therapy has a significant effect on improving the mental well-being of women with bipolar disorder in Tehran. The research findings show that

the mental well-being scale scores are higher in the post-test and follow-up than in the pre-test. Therefore, positive-focused mindfulness therapy leads to the enhancement and improvement of mental well-being in women with bipolar disorder. These results align with prior studies (Bowlin & Baer, 2012; Dubey et al., 2020; Golparvar & Tabatabaie Nejad, 2021). Mental well-being itself directly affects individuals' personal and social lives and encompasses all aspects of an individual's life. As psychological training improves self-confidence, individuals accept themselves more, gain a better understanding of their actions, motivations, and emotions, and show greater self-respect. This process promotes flourishing in individuals. Also, these trainings teach beneficial and positive relationships with others, filling a significant void in the lives of individuals with this disorder and teaching them how to love effectively. Creating strong feelings of empathy and affection enables individuals to connect with more people, spend fewer moments alone, and thus transforms a solitary person into one with high social connectivity and many friends. Therefore, these trainings lead to self-actualization, increasing an individual's performance and ability to solve many of their own problems. In dealing with issues, the individual sees their own ability as the most crucial factor, thus feeling less dependent on others, which fosters personal growth. Recognizing their capabilities gives individuals the courage to aspire to a better life and goals typical of a purposeful person. Having goals gives meaning to their life and provides a clear path, thereby improving and elevating their mental well-being. Taylor and Brown (1988) stated that self-esteem is a natural part of human functioning that promotes well-being, and longitudinal studies have shown that self-esteem subsequently promotes mental well-being. High self-esteem is one of the strongest predictors of mental well-being. Many studies have found a relationship between

self-esteem and mental well-being (Leavitt et al., 2019; Mahdian et al., 2021; May & Johnston, 2022).

Positive-focused mindfulness therapy has a significant effect on reducing stress in women with bipolar disorder in Tehran. The results of this hypothesis showed that all dimensions of mental health, including physical symptoms, social functioning, symptoms of anxiety, insomnia, and depression, differ significantly at different stages, with mental health of women with bipolar disorder being higher in the post-test and follow-up stages than in the pre-test. These results are consistent with prior studies (Farhadi Navarudi et al., 2020; Jalalvand et al., 2020; Karbasi et al., 2024; Maarefvand & Shafiabady, 2024; Rahmani, 2020; Sofyan et al., 2023; Wexler & Schellinger, 2023). The flexibility that positive-focused mindfulness therapy creates in women with bipolar disorder enables these individuals to form friendly and emotional relationships with other family members and even people outside the family environment, thus enhancing their social functioning. This new lifestyle will start for the individual. Higher family connections and better social functioning distance depression from the individual. Also, during these periods, the individual encounters less depression, and positive-focused mindfulness therapy leads to higher morale and less depression. Healthy living and good, effective relationships improve mental health, reducing individuals' stress, which could be due to enhanced focus and ability. Reducing stress and anxiety decreases sleep disorders in individuals. Timely and healthy sleep hygiene is one of the most critical factors directly affecting all individual and psychological dimensions and performance. Lack of sleep due to anxiety and depression can affect both the physical and mental well-being of individuals. Therefore, these therapeutic courses, due to regulating timely, adequate, and healthy sleep and because of healthy relationships and motivational creation in treatment, have a positive impact on individuals' physical health. Thus, this hypothesis was confirmed, and positive-focused mindfulness therapy improved stress in women with bipolar disorder.

Disorders have always existed with humans and have significantly impacted individuals' personal and social lives. While humans have always tried to reduce the impact of these disorders, the results of this research showed that positive-focused mindfulness therapy affects the improvement of quality of life, mental well-being, and stress in women with bipolar disorder in Tehran. These courses lead to improvements in quality of life, mental well-being,

and stress. Therefore, these trainings can be used to improve these individuals.

5 Limitations and Suggestions

This study faced limitations that are mentioned below.

1- This research used self-report questionnaires, therefore caution should be exercised in generalizing the results.

2- Since this research was conducted on a selected sample of women in Tehran, caution should be exercised in generalizing the results.

3- This research did not consider the cultural-social, and economic differences of the sample.

In line with the research results, the following suggestions are made:

1- Given the impact of positive-focused mindfulness therapy on improving quality of life, mental well-being, and stress in women with bipolar disorder, it is recommended that all psychologists, psychiatrists, and related specialists consider using this method as a preferred complementary treatment.

2- It is suggested that these trainings be regularly implemented not only for women but also for other groups of patients with bipolar disorder in centers.

3- To prevent mood-behavioral problems, the existing trainings in the method of positive-focused mindfulness therapy can be used in treatment centers.

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Declaration of Interest

The authors of this article declared no conflict of interest.

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.

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.

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