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The Effectiveness of Mindfulness Training on Resilience and Quality of Life in Spouses of Veterans with Depressive Disorder

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Abstract

Background: The spouses of war veterans diagnosed with depressive disorder often experience substantial stress and diminished well-being due to the demands of caregiving and the impact of the veteran's condition.

Objectives: The present study investigates whether mindfulness training can effectively improve resilience and perceived quality of life in spouses of veterans with depressive disorder.

Methods: This study employed a quasi-experimental pretest-posttest design with both an experimental and a control group. The target population comprised spouses of veterans diagnosed with depressive disorder, who were receiving counseling services at the Shahed Counseling Centers in Ahvaz in 2023. Thirty participants were randomly selected from this population and allocated to either the experimental group (n = 15) or the control group (n = 15). The experimental group received a 10-session mindfulness training intervention, with each session lasting 90 minutes, while the control group received no intervention. Outcome measures included the Connor-Davidson Resilience Scale (CD-RISC) and the SF-36 Questionnaire (SF-36). Data were analyzed using analysis of covariance (ANCOVA) via SPSS version 26.

Results: A statistically significant difference was observed between the post-test means of resilience and quality of life in the experimental and control groups ($P < 0.001$). The results indicated that mindfulness training led to a significant improvement in resilience and quality of life among the participants ($P < 0.001$).

Conclusions: Mindfulness training significantly improved resilience and quality of life in spouses of veterans with depressive disorder compared to a control group. This study supports the efficacy of mindfulness-based interventions for enhancing psychological well-being in this population.

Keywords: Mindfulness, Resilience, Quality of Life, Veterans, Depressive Disorder

1. Background

The multifaceted, enduring, and profound sequelae of war precipitate both physical and psychological challenges in affected individuals. Even years post-discharge, military veterans frequently encounter obstacles in reintegrating and adapting to civilian life (1). As a potent psychological stressor, war exerts deep-seated, persistent, and intricate effects that extend beyond the manifestation of post-traumatic stress disorder in veterans, permeating the familial sphere and significantly impacting caregivers (2). Reported stress levels among these individuals are a salient contributor to instances of spousal violence and hostility (3). Given the spouse's position as the primary source of immediate and extensive emotional, cognitive, verbal, and non-verbal interaction with the veteran, it is logical that prolonged cohabitation with a veteran experiencing severe and chronic mental health disorders disproportionately affects the spouse (4).

Resilience, a multifaceted construct, serves as a pivotal determinant in establishing biological, psychological, and spiritual homeostasis when individuals confront adversity (5). It can be understood as a consistent coping mechanism during periods of psychological duress, characterized by positive affective

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and cognitive outcomes, robust self-esteem, effective social functioning, and the capacity to withstand detrimental life events (6). Broadly, resilience encompasses the ability to navigate challenging situations and develop competence amidst adversity (7). Scholars offer diverse perspectives, with some viewing it as a structural outcome — the absence of psychopathology post-trauma — and others emphasizing its procedural nature, focusing on rapid adaptation to stressors. This capacity empowers individuals to overcome and manage life's challenges (8).

Quality of life has become a central concern for healthcare professionals, serving as a key metric for assessing health status (9). This multifaceted construct quantifies life satisfaction and overall well-being, functioning as an instrument to evaluate both health status and functional capacity (10). Health-related quality of life specifically addresses aspects of life predominantly influenced by illness or health, contingent upon the degree to which an individual's physical, psychological, and social well-being is impacted by disease and its associated treatments (11). A comprehensive assessment of quality of life necessitates evaluating an individual's subjective perception of their functional performance across diverse life domains, alongside identifying factors perceived to exert the greatest influence on their well-being (12). Consequently, health-related quality of life represents the subjective value an individual ascribes to their life, despite the constraints imposed by illness, injury, or treatment on their functional abilities and social participation (13).

Affective instability, notably depressive symptomatology, constitutes a salient mental health concern among spouses of war veterans (14). Depression, a pervasive global disorder affecting millions, is characterized by persistent low mood, anhedonia, and a constellation of associated psychological and physiological symptoms, including sleep disruption, altered appetite, and feelings of despair (15). Mindfulness-based interventions have demonstrated significant potential in mitigating psychological distress, particularly affective instability and depressive symptoms, which are prevalent among spouses of war veterans. Defined as the intentional, non-judgmental focus on the present moment (16), mindfulness fosters a present-centered approach to living, enabling individuals to experience reality directly and without elaboration (17). This practice facilitates psychological detachment from anxieties and stressors, enhancing resilience to fluctuating environmental conditions (18). Consequently, individuals who cultivate mindfulness are better equipped to address adverse situations with creativity and resourcefulness. Empirical evidence supports the efficacy of mindfulness in reducing life stressors and psychological disorders, including depression, anxiety, and stress (19, 20). Moreover, mindfulness has been shown to correlate positively with heightened self-esteem, reduced procrastination, and improved overall mental well-being (21, 22). Therefore, mindfulness-based interventions offer a valuable therapeutic strategy for addressing the specific psychological challenges faced by spouses of war veterans.

The psychological ramifications of war transcend the veteran, profoundly affecting the well-being of their familial networks, especially spouses who frequently serve as primary caregivers. Spouses of veterans diagnosed with depressive disorder often exhibit heightened stress levels, reduced quality of life, and diminished resilience, attributable to the ongoing demands of caregiving and the pervasive influence of the veteran's condition. This demographic is particularly susceptible, as the chronic nature of depressive disorders can engender a cycle of distress that adversely impacts both the veteran and their spouse. Considering the established efficacy of mindfulness-based interventions in bolstering resilience and psychological well-being across diverse populations, there is a cogent imperative to explore their potential benefits within this specific cohort.

2. Objectives

The present study was designed to investigate the effectiveness of mindfulness training in enhancing resilience and perceived quality of life among spouses of veterans diagnosed with depressive disorder.

3. Methods

This study employed a quasi-experimental pretest-posttest design, utilizing both experimental and control groups. The target population comprised spouses of veterans attending Shahed Counseling Centers in Ahvaz during 2023. Participants were selected via convenience sampling and subsequently randomly assigned to either the experimental group (n = 15) or the control group (n = 15). Inclusion criteria mandated a diagnosis of depressive disorder, the absence of severe psychiatric comorbidities, provision of informed consent, and an age range of 18 to 50 years. Exclusion criteria included participant withdrawal from the study or attendance absence exceeding two training sessions. Rigorous ethical considerations were adhered to throughout the

research, including respect for participant autonomy, acquisition of informed consent, avoidance of participant harm, and maintenance of participant confidentiality.

3.1. Measure

The Connor-Davidson Resilience Scale (CD-RISC), developed by Connor and Davidson (23), is an instrument designed to assess resilience. According to its developers, the CD-RISC effectively distinguishes between individuals with high resilience and those with lower resilience across both clinical and non-clinical samples, making it valuable for research and clinical purposes. The scale consists of 25 items, each scored on a 5-point Likert scale ranging from 0 (never true) to 4 (always true), producing a total score ranging from 0 to 100, with higher scores reflecting greater resilience. The CD-RISC demonstrates acceptable internal consistency, as indicated by a Cronbach's alpha coefficient of 0.77 (24), supporting its reliability for use in empirical studies and practical applications.

The SF-36 Questionnaire (SF-36) is a widely recognized 36-item instrument developed to evaluate health status across both physical and mental dimensions. It assesses individual well-being across eight distinct domains: General health status, physical functioning, role limitations stemming from physical health issues, role limitations due to emotional difficulties, bodily pain, social functioning, vitality or fatigue, and mental health (25). Fallahzadeh et al. (26) documented a Cronbach's alpha of 0.86, indicating strong internal consistency. In the present study, the questionnaire demonstrated a slightly higher Cronbach's alpha coefficient of 0.89, further affirming its reliability for measuring health-related quality of life in research settings.

3.2. Intervention

The experimental group participated in a mindfulness training program consisting of ten weekly sessions, each lasting 90 minutes, following the treatment protocol established by Segal and Walsh (17). An overview of the session content is provided in Table 1.

3.3. Data Analysis

Statistical analysis was performed using analysis of covariance (ANCOVA) with SPSS software, version 26. The significance threshold was set at $\alpha = 0.05$.

4. Results

This study comprised 30 spouses of veterans diagnosed with depressive disorder, with a mean age of 52.46 ± 7.19 years. Descriptive statistics, specifically means and standard deviations, for resilience and quality of life scores at pre- and post-intervention assessments for both the experimental and control groups are presented in Table 2.

Prior to evaluating the study hypotheses, the assumptions underlying the ANCOVA were examined. The normality of the variable distributions was confirmed through the Kolmogorov-Smirnov test, while the homogeneity of variances was substantiated using Levene's test. Table 3 presents the results of the ANCOVA conducted on the post-test scores of resilience and quality of life among spouses of veterans diagnosed with depressive disorder. The findings indicate a statistically significant effect of the mindfulness training intervention on both variables.

Specifically, for resilience, the F-value of 81.28 ($P = 0.001$) suggests a significant difference between the experimental and control groups, with an eta-squared (η^2) of 0.75, indicating that approximately 75% of the variance in resilience scores can be attributed to the intervention. Similarly, for quality of life, the F-value of 16.60 ($P = 0.001$) demonstrates a significant improvement, with an eta-squared (η^2) of 0.56, implying that 56% of the variance in quality of life scores is explained by the intervention. These results underscore the effectiveness of mindfulness training in enhancing resilience and quality of life in this population, highlighting its potential as a valuable therapeutic approach for supporting spouses of veterans with depressive disorder.

5. Discussion

This study was conducted to examine the efficacy of mindfulness training in improving resilience and perceived quality of life among spouses of veterans identified with depressive disorder. The findings demonstrate that participation in mindfulness training resulted in statistically significant enhancements in both resilience and perceived quality of life among the participants. These results align with the findings of Bhattacharya and Hofmann (20), and Marais et al. (21).

To elucidate the impact of mindfulness on resilience, it is essential to acknowledge that mindfulness cultivates a present-moment orientation, mitigating rumination on past events and future anxieties, which are often implicated in psychological distress (16). Mindfulness enhances individual well-being, with individuals proficient in mindfulness techniques exhibiting heightened flexibility and adaptability when confronted with challenges. As mindfulness increases,

Table 1. A Summary of the Mindfulness Training Sessions

Sessions	Contents
1	Introduction of participants to each other and setting the general course of sessions, administration of the pretest and initial practice of raisin eating, mindful breathing, and body scan, and homework of mindful breathing and body scan with the aid of a video file
2	Practice of body scan, seated meditation practice, attention to mental interpretation as the beginning of personal responsibility for thoughts and feelings, and homework of awareness of pleasant events and routine daily activities
3	Practice of mindful seeing and hearing, discussion about being in the present moment and observing and paying attention to thoughts only as thoughts and not as facts or events, and homework of body scan, mindful sitting with focus on breathing, awareness of unpleasant events, and awareness of different routine activities
4 and 5	Seated meditation with emphasis on body sensation perception (as interpretation of opposing feelings and thoughts), introduction of mindful walking, and homework of body scan, mindful and prolonged sitting, mindful walking, bringing awareness to reactions against stress and anxiety, emotional discharge training
6	Discussion about the midpoint of the training course and expressing experiences, effects of commitment to doing homework, mindful sitting and expanding awareness of thoughts, discussion about the role of mindfulness in responding to stress in daily life, and homework of body scan, walking, sitting and mindful breathing, as well as practice on awareness of the distinction between daily reaction (without conscious choice) and response (conscious choice) in relation to others
7	Prolonged seated meditation, awareness of breathing, sounds, and then thoughts, review of homework, discussion about preparing for the end of the course, and homework of identifying and being aware of feelings and naming them throughout the week
8 and 9	Seated meditation, awareness of breathing, body, sounds, and then thoughts, and review of exercises and homework, practice of observing the relationship between activity and mood, and homework based on previous exercises, emotional discharge training
10	Review of body scan, seated meditation, short discussion and review of obstacles in using methods, identifying causes and removing them for continuous practice, review of past materials, and finally, summary and administration of posttest

Table 2. Descriptive Statistics of Resilience and Quality of Life in the Participants [a]

Variables and Stages	Mindfulness Training Group	Control Group
Resilience		
Pre-test	47.00 ± 1.41	47.60 ± 1.05
Post-test	63.20 ± 5.63	48.07 ± 3.10
Quality of life		
Pre-test	48.20 ± 2.88	46.93 ± 1.73
Post-test	64.00 ± 4.78	45.73 ± 1.97

[a] Values are expressed as mean ± SD.

so do calmness, adaptive functioning, emotional competence, and skills related to the comprehension, management, and regulation of emotions — both intrapersonal and interpersonal — along with overall life satisfaction (18). Elevated mindfulness is associated with improved positive psychological functioning and a reduction in pain and stress symptoms among psychologically vulnerable individuals. Mindfulness fosters a deeper connection with life, imbuing it with meaning and promoting well-being (19).

Functioning as a stabilizing cognitive framework, mindfulness curtails emotional amplification and distress, allowing individuals to disengage from negative affective states and emotional lability, effectively preventing mental rumination and various stressors (16). This process encourages a return to the inner self, a journey that progressively deepens, culminating in an enhanced perception of psychological flexibility. Mindfulness facilitates a shift from the challenges posed by intrusive thoughts and stressors towards a state of calmness, enhanced flexibility, and increased resilience. Specifically, individuals trained in mindfulness techniques demonstrate a propensity for adaptive emotional release rather than suppression, achieving a greater sense of tranquility and bolstering their resilience in confronting adversity (22).

When faced with adverse circumstances, mindful individuals prioritize conscious awareness of themselves, their environment, and the prevailing conditions, opting for judicious action over reactive impulsivity, thus exhibiting heightened resilience in navigating life's difficulties. Mindfulness training protocols, particularly those designed for individuals with depressive disorders, emphasize cultivating patience and proactive, discerning responses instead of emotionally driven or impulsive reactions (20). Furthermore, the non-judgmental stance inherent in mindfulness training mitigates the escalation of emotional distress, fostering heightened awareness,

Table 3. Results of Analysis of Covariance on the Post-Test Score of the Variables

Variables	SS	df	MS	F	P	η^2
Resilience	1696.06	1	1696.06	81.28	0.001	0.75
Quality of life	2351.17	1	2351.17	16.60	0.001	0.56

self-awareness, and self-regulation, which ultimately contribute to increased tolerance and flexibility in managing daily challenges.

Given the multidimensional nature of human experience, encompassing physical, psychological, social, and spiritual domains, mindfulness exercises are structured to exert influence across these diverse aspects, thereby fostering an enhancement in overall quality of life (21). Consistent with this premise, the experimental group, which underwent mindfulness training, exhibited statistically significant positive changes in quality of life component variables relative to the control group. Collectively, the study findings demonstrate a significant positive impact of mindfulness training on the quality of life of spouses of veterans with depressive disorder attending counseling centers. The emphasis on non-judgmental self-acceptance and present-moment awareness, central to mindfulness practice, appears to be a key factor in improving quality of life within this population.

Furthermore, mindfulness training, particularly through loving-kindness meditation, cultivates a compassionate and non-judgmental stance towards others, extending beyond immediate social circles to encompass all beings. The cultivation of love, kindness, and acceptance within loving-kindness meditation not only fosters positive interpersonal relationships but also promotes self-compassion, thereby significantly contributing to the augmentation of quality of life.

This study, like any empirical investigation, is subject to certain limitations. Notably, the generalizability of the findings is constrained by the study's focus on spouses of veterans attending Shahed Counseling Centers in Ahvaz, thus limiting extrapolation to spouses of veterans residing in other geographical locations. Furthermore, the study did not control for potentially confounding variables, such as familial support networks and environmental living conditions, which may exert a significant influence on the resilience and quality of life of veterans' spouses. The absence of such controls represents a limitation that warrants consideration when interpreting the present results.

5.1. Conclusions

The findings of this study revealed a statistically significant difference between the post-test mean scores of resilience and quality of life in the experimental and control groups. Specifically, the implementation of mindfulness training resulted in a substantial and significant enhancement in both resilience and quality of life among the participants in the experimental group compared to their counterparts in the control group. These results suggest that mindfulness training can serve as an effective intervention for improving psychological resilience and overall well-being among spouses of veterans with depressive disorder. The observed improvements underscore the potential of mindfulness-based approaches as a valuable therapeutic strategy in supporting this population, contributing to the growing body of evidence on the efficacy of mindfulness interventions in clinical and counseling settings.

Footnotes

Authors' Contribution: Z. B.: Study concept and design, acquisition of data, analysis and interpretation of data, and statistical analysis; F. K.: Administrative, technical, and material support, and study supervision; Z. B. and F. K.: Critical revision of the manuscript for important intellectual content.

Conflict of Interests Statement: The authors declare no conflict of interests.

Data Availability: The dataset used in the present study will be provided by the corresponding author upon reasonable request.

Ethical Approval: The present study was approved by the Ethics Committee of Islamic Azad University (IR.IAU.D.REC.1403.023).

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