


The Effect of Ambiguity Tolerance Treatment on Indecisiveness, Worry and Vitality of Mothers Suffering from Generalized Anxiety Disorder with Mentally Disabled Children

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Abstract

The purpose of this study was to determine the effect of ambiguity tolerance therapy on uncertainty, anxiety, and vitality of mothers suffering from generalized anxiety disorder with mentally disabled children in Isfahan. The method was semi-experimental, in the form of pretest/posttest with the control group. By the purposive sampling method, 30 people who had the inclusion criteria for the research were selected. The instruments were, Generalized Anxiety Disorder Questionnaire, the scale of Intolerableness of uncertainty, Pennsylvania Worry Questionnaire, and Mental Vitality Questionnaire. After the pretest, the experimental group underwent ambiguity tolerance therapy, in 12 sessions of 60 minutes. The results showed, ambiguity tolerance therapy was effective on intolerance of uncertainty, anxiety and also increasing the vitality of mothers with generalized anxiety disorder, who had children with disabilities. This treatment method can be used to reduce intolerance uncertainty, anxiety and increase vitality.

Keywords: Ambiguity tolerance, ambiguity intolerance treatment, generalized anxiety disorder

Introduction

Mothers are familiar with the possible dangers that their mentally retarded child threatens, and they are always worried about their child's future, the severity of the worry is so great that it leads to symptoms of generalized anxiety. Among the cognitive components of generalized anxiety, intolerance of uncertainty has had a significant contribution to the experience of worry (Hill, et al., 2017). People with intolerance of uncertainty find ambiguity stressful, frustrating and anxiety-provoking and avoid uncertain situations. They overestimate the unpredictability of negative events, make threatening interpretations of ambiguous information, and are prone to ineffective reactions and negative moods that lead to deficiency in performance disorder. Clinical observations show that intolerance of uncertainty plays a fundamental role in anxiety (Van Dis, et al., 2020). Worry is an ineffective cognitive effort to solve the problem and eliminate the perceived risk (Herbert, et al., 2019). Worry leads to a decrease in happiness and vitality in people with anxiety (Tintzman, et al., 2022). Cognitive behavioral therapy focused on intolerance of ambiguity is one of the treatment models of generalized anxiety disorder that emphasizes the specific feature of intolerance of ambiguity and is based on increasing tolerance and acceptance of ambiguity and uncertainty. The study of Hui and Zhihui (2017) has shown the effectiveness of treatment based on ambiguity tolerance in reducing anxiety. According to the findings, this research was conducted with the aim of determining the

effectiveness of ambiguity tolerance treatment on indecision and worry and vitality of mothers suffering from generalized anxiety disorder who have mentally/physically disabled children. The research hypotheses were:

the ambiguity tolerance treatment is effective on indecisiveness, worry, and vitality of mothers suffering from generalized anxiety disorder with mentally disabled children.

Method

The research method was a semi-experimental type of pre-test and post-test with a control group. The statistical population consisted of mothers with generalized anxiety disorder who had a mentally/physically disabled child whose child was under the support of Isfahan Welfare Department in the first half of this years (2022). 30 people were selected with the purposeful sampling method and replaced in two experimental and control groups. The inclusion criteria were having a mentally/physically disabled child, obtaining a score of 10 and above in the anxiety questionnaire, age range of 30-50 years, not participating in other therapeutic interventions at the same time, informed consent, ability to participate in treatment sessions and not taking psychiatric drugs. Exclusion criteria were absence of more than one session and unwillingness to continue treatment. Ambiguity tolerance treatment was held in 12 sessions of 60 minutes based on the model of Dugas and Robichuad (2007) once a week for the experimental group.

Tools

Generalized Anxiety Disorder Questionnaire (GAD-7): This questionnaire was created by Spitzer, et al. (2006). Convergent validity with Spielberger's anxiety questionnaire was reported in the state of anxiety component of 0.71. The reliability coefficient was reported as 0.92 using Cronbach's alpha method.

Uncertainty Intolerance Scale: This scale was designed by Freeston, et al. (1994). The Cronbach's alpha coefficient of this scale was 0.94 and its validity with the anxiety questionnaire was reported as 0.60.

Pennsylvania Worry Questionnaire (PSWQ): This questionnaire was designed by Meyer, et al. (1990). Test-retest reliability was 0.93 has been reported. Convergent validity has been reported as 0.82 with anxiety streak questionnaire and 0.25 with state of anxiety.

Subjective Vitality Scale: This scale was created by Ryan, et al. (1997). The reliability of the scale with Cronbach's alpha was 0.89, and its validity with the self-actualization questionnaire was 0.42.

Results

Table 1: Mean and standard deviation of research variables

Group Membership	Variable	Pre-test		Post-test	
		M	SD	M	SD
Experimental group	Anxiety	18.76	2.34	9.04	2.71
	Intolerance of uncertainty	89.93	6.13	82.34	5.83

Control group	Worry	58.67	7.48	52.84	7.23
	Vitality	11.93	2.46	17.23	2.72
	Anxiety	18.08	2.17	18.79	2.48
	Intolerance of uncertainty	92.07	6.63	92.39	6.33
	Worry	60.13	7.21	59.81	7.34
	Vitality	12.73	2.19	12.60	2.13

The results of Levene's test for the equality of the variance of the groups, the same distribution of scores in the pre-test, the Kolmogorov Smirnov test for normality of the distribution of scores in the post-test stage, and, the assumption of homogeneity of the regression slope, also, the assumption of equality of co-variances or relationships between variables has been confirmed ($P < 0.05$) and there is no obstacle to using covariance analysis. And the use of the parametric test of covariance analysis for data analysis is unimpeded. Based on the results of the Table 2, there is a difference between the two groups in uncertainty intolerance, vitality and worry ($P < 0.01$). The effectiveness of the treatment was 59% for uncertainty intolerance, 51.6% for worry, and 49.4% for vitality.

Table 2: The results of covariance analysis of the effectiveness of cognitive-behavioral therapy on ambiguity intolerance on research variables

Variables	Sum of squares	Degree of freedom	Average of squares	F	Significance level	Eta square	Statistical power
Intolerance of uncertainty	193.58	1	193.58	38.83	0.001	0.59	0.99
Worry	118.02	1	118.02	28.82	0.001	0.51	0.99
Vitality	65.73	1	65.73	26.31	0.001	0.49	0.99

Discussion and Conclusion

In the treatment of ambiguity tolerance, a person learns that ambiguity is part of the nature of the world and accepts it as a reality, and understands that she cannot avoid it. She –learns- not to consider uncertain situations as catastrophic. Also, in facing the challenges of her child and changing her thinking that uncertainties about the child do not always lead to negative results. It causes the acceptance of ambiguity and subsequently for the creative learning of problem-solving, that is created in a person, helps vitality. The limitations are the impossibility of implementing the follow-up phase and not investigating the moderating role of demographic factors. It is suggested that in future studies, a follow-up phase should be implemented to evaluate the stability of the intervention, and other treatments should be used to compare with the current treatment. It is suggested that counselors use this treatment to reduce stress, uncertainty, and worry.

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Conflicts of interest

The authors did not declare a conflict of interest.



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