A QUASI-EXPERIMENTAL CLINICAL TRIAL OF THE DETACHED MINDFULNESS GROUP THERAPY FOR MARRIED WOMEN WITH MAJOR DEPRESSIVE DISORDER

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ABSTRACT

Background: In an effort to make psychotherapy more widely available, group therapy sessions have recently emerged as a type of treatment. Although there is a lack of evidence about the effectiveness of psychotherapy groups in treating Major Depressive Disorder (MDD) in adults, literature shows that married women with a diagnosis of MDD could benefit from these treatments.

Objective: This research aims to shed light on a quasi-experimental trial of the Detached Mindfulness Group Therapy (DMGT) for married women with a diagnosis of MDD.

Methods: This study examined the effect of a twelve-week intervention in a quasi-experimental trial by using a pre- and post-intervention design.

Results. Based on the results, the DMGT treatment is an effective strategy for treating major depressive disorder. It was found to have a large significant pre-post effect sizes on self-reported depressive symptoms, level of depression, and knowledge development. The level of satisfaction with the intervention was quite high.

Conclusions: The strong evidence on treatment protocol acceptability, effect magnitude, outcome variance, and group members variables strongly support a future study to test the effectiveness of the DMGT among married women. Quasi-experimental trials should be used in future studies to determine the effectiveness of this DMGT treatment.

Keywords: DMGT Treatment, Major Depressive Disorder, Married Women, Quasi-Experimental Trial, Pakistan.
A Quasi-Experimental Clinical Trial of the Detached Mindfulness Group Therapy for Married Women with Major Depressive Disorder

Antecedentes: En un esfuerzo por hacer que la psicoterapia esté más disponible, las sesiones de terapia grupal han surgido recientemente como un tipo de tratamiento. Aunque no hay evidencia sobre la efectividad de los grupos de psicoterapia en el tratamiento del trastorno depresivo mayor (TDM) en adultos, la literatura muestra que las mujeres casadas con un diagnóstico de TDM podrían beneficiarse de estos tratamientos.

Objetivo: Esta investigación pretende arrojar luz sobre un ensayo cuasi experimental de la Terapia de Grupo de Mindfulness Desprendido (DMGT) para mujeres casadas con diagnóstico de TDM.

Métodos: En este estudio se examinó el efecto de una intervención de 12 semanas en un ensayo cuasiexperimental utilizando un diseño previo y posterior a la intervención.

Resultados: Con base en los resultados, el tratamiento con DMGT es una estrategia eficaz para tratar el trastorno depresivo mayor. Se encontró que tiene un gran tamaño de efectos pre-post significativos en los síntomas depresivos auto-reportados, el nivel de depresión y el desarrollo de conocimiento. El nivel de satisfacción con la intervención fue bastante alto.

Conclusiones: La fuerte evidencia sobre la aceptabilidad del protocolo de tratamiento, la magnitud del efecto, la varianza del resultado y las variables de los miembros del grupo apoyan fuertemente un estudio futuro para probar la efectividad del DMGT entre las mujeres casadas. Se deben utilizar ensayos cuasiexperimentales en futuros estudios para determinar la eficacia de este tratamiento con DMGT.

Palabras clave: Tratamiento con DMGT, Trastorno depresivo mayor, Mujeres casadas, Ensayo cuasi experimental, Pakistán.
the risk of death and might encourage the person to strive for and eventually commit suicide (Islam et al. 2022). The World Health Organisation’s (WHO) Mental Health Gap Action Programme (MhGAP) also identified this problem as serious and significant (WHO, 2022). According to the literature (Rasheed et al. 2022; Garcia-Escalera et al. 2016), the regions with the highest frequency of MDD were Latin America (21.0%), North America (26.0%), the Middle East (28.0%), Europe (38.0%), and Asia (43.1%). A comprehensive study (Garcia-Escalera et al. 2016) found that 33.62% of individuals in the Pakistani population had MDD. A considerably higher prevalence of MDD was seen in the research population; however, women showed higher vulnerability to the condition.

Despite the availability of evidence-based treatments for women with depression, the effectiveness of these treatments is frequently ignored. The concept of detached mindfulness and its effectiveness in reducing distress in adult populations were initially put forth and highlighted in prior research (Rasheed et al. 2022; Wells & Matthews, 1994). Cognitively, detached mindfulness means keeping one's emotional and psychological distance from one's thoughts so as to analyse them objectively. The following are some of the expected benefits of this kind of cognitive processing: (a) learning to view ideas as adaptable thoughts rather than fixed facts; (b) avoiding harmful fear-based approaches; (c) responding to risks in creative ways; and (d) developing methods for cognitive control. The detached mindfulness-based cognitive model of worry suggests that practicing detached mindfulness can help people cope with distress by allowing them to identify and understand the source of their worries (Wells, 2002).

In addition, detached mindfulness practices help patients deal with their feelings of sadness and despair. Studies have shown that individuals with anxiety and cognitive impairment benefit from detached mindfulness intervention when it comes to working memory, information processing, and attention (Zeidan et al. 2019). Detached mindfulness has the ability to modify mental states, such as by establishing a balance between mental rest and fatigue. According to previous studies, one of the most essential factors in enhancing cognitive performance is the ability to self-regulate emotions (Moore et al. 2020). Accordingly, some quasi-experimental trials have been used to test the implementation of psychotherapy treatment in the past, but these have their limits and gaps.

As in a previous study, individualised-based treatment approaches were developed to reduce the level of Major Depressive Disorder (MDD) among adolescents (Frederick et al. 2022). The results of this study showed that certain individualised treatment-based psychotherapy approaches do have observable benefits for adolescents; however, further
research is needed to establish a body of evidence of specific group therapy-based treatment that can guide appropriate intervention for MDD in the adult population. Another study (Zaiden et al. 2022) was conducted to identify the needs and effects of Cognitive Behavioural Therapy (CBT) on women with MDD and cognitive distortion. Findings revealed that, in terms of scope, the cognitive model and ideas are very limited. Although CBT is categorised as a directive therapy with the goal of changing thoughts and beliefs, this is not always achieved with forceful treatment approach (Zaiden et al. 2022).

In addition, a study has implemented Mindfulness-Based Cognitive Therapy (MBCT) combined with mindfulness-based stress reduction and cognitive behaviour therapy elements for depression among employees (Cladder-Micus et al. 2018). According to research findings, eight weeks of MBCT treatment during a relapse of depression reduces the risk of relapse. However, the findings indicated some practical gaps: MBCT treatment has not had the same level of effectiveness in preventing relapses for all types of depression, despite the fact that MBCT is affordable and has a high success rate (Hick & Furlotte, 2009). It has long been acknowledged that the different dynamics of group therapy are challenging for the therapist and, at the same time, helpful in driving the therapeutic process. Group therapy involves the simultaneous treatment of many patients by one or more healthcare experts. Literature shows that group psychotherapy is a highly effective approach for addressing many mental health conditions (Naediwati & Rekawati, 2019).

A well-integrated, coherent, and helpful environment is the responsibility of the group therapist. A prior study was conducted to find out how much the impact of Cognitive-Behavioural Group Therapy (CBGT) has on the optimism and self-esteem of people with Major Depressive Disorder (MDD). This study used an experimental design and included 64 participants with an MDD diagnosis. A convenience sample was used to choose the participants. After that, the patients were put into one of two groups: one that received a control group and another that received CBGT. The CBGT group showed a significant rise in optimism and self-esteem during the course of the MDD intervention. However, results also showed a progressive drop in the value of the intervention due to the higher drop rate of participants in CBGT sessions (Moloud et al. 2022). Yet, literature emphasises the significance of group-based psychotherapy treatments in the field of mental health intervention in more effective ways (Elsaesser et al. 2022; Ahmadpanah et al. 2017).

Group therapy-based psychotherapy treatments and implementations are considered more effective treatment approaches based on the needs of group members. This presents a valuable opportunity to enhance the existing unsatisfactory results of psychotherapy. The
rationale of the current study shows that detached mindfulness fosters a sense of group cohesion by encouraging individuals to observe their own thoughts, emotions, and behaviours without judgment. This shared experience of mindfulness can create a sense of commonality among group members, leading to increased trust and establishing relationships in group therapy. Observing the experiences of others during detached mindfulness exercises can provide valuable insights and perspectives. Group members can learn from each other's challenges, coping strategies, and successes, enhancing their own mindfulness practice and personal growth. Group members can share how they apply detached mindfulness techniques in their daily lives, offering practical examples and inspiration to others. This sharing of experiences facilitates the transfer of mindfulness skills from the therapy setting to real-world situations.

Moreover, group therapy often consists of individuals with diverse backgrounds, experiences, and perspectives. Detached mindfulness allows group members to appreciate and learn from this diversity, broadening their understanding of themselves and others. Aslo, the detached mindfulness concept is very important; it will fill the empirical gaps in the literature that needed to be filled. As per the author's knowledge, there are currently limited studies on major depressive disorder specifically focused on married women in Pakistan. Based on recent interpretations of metacognition and detached mindfulness (Ahmadpanah et al. 2017; Moore et al. 2020), the main objective of this study is to examine the implementation of the Detached Mindfulness Group Therapy (DMGT) treatment among married women who have received a diagnosis of major depressive disorder.

2 MATERIALS AND METHOD

2.1 RESEARCH DESIGN

Quasi-experimental two group research design was used in this trial study. Group members were recruited for the study between June and September 2023, using the Outpatient Door (OPD) of a public hospital in Pakistan. The study's inclusion criteria were as follows: (i) age range between 25 and 45 years; (ii) both nuclear and join family systems; (iii) primary diagnosis of major depressive disorder based on DSM-5 criteria; and (iv) living in Lahore. Bipolar disorder, substance abuse, suicidal ideation or behaviour, and the use of any other treatment modality (such as medication or psychotherapy) at the same time are all considered exclusion factors. A total of 25 participants showed their willingness to participate in the study.
However, only ten married women, aged between 25 and 45 years old ($M_{age} = 38.70, SD = 6.32, 90.0\%$ middle-class families), were eligible to take part.

### 2.2 PROCEDURE

The Ethics Committee of a public hospital in Lahore, Pakistan, gave its approval to the study (Diary Code: 3815). Eligible group members were recruited at the outpatient door of a public hospital. The interviews were conducted with group members and provided information regarding the Detached Mindfulness Group Therapy (DMGT) treatment, obtained consent, and used screening forms (see Fig. 1).

**Figure 1**

*CONSORT diagram of present study design*

![ Consort Diagram ]

Figure 1 explained that after group members signed the consent form indicating their understanding of the study, they were asked to complete the Beck Depression Inventory-II (BDI-II). After the baseline tests were completed, individuals who were eligible were assigned to the Detached Mindfulness Group Therapy (DMGT) sessions. The group members engaged in the DMGT treatment with the two group leaders for a period of twelve weeks. Prior to and after the intervention, all group members filled out the BDI-II, a feedback form, and a series of
checklists to rate their symptoms. The implementation of the DMGT treatment, their level of satisfaction with the intervention, and major depressive disorder symptoms were assessed with these instruments.

2.3 ASSESSMENT MEASURES

Both qualitative and quantitative assessment measures were used in this study. Quantitative measures included the demographic questionnaire, Beck depression inventory-II, and DMGT treatment satisfaction feedback form. However, analytical approach method and feedback form sheet was used as a qualitative assessment.

**Demographic Information**

A demographic questionnaire was used to collect basic information about the group members, including their age, number of children, family structure, family history of depression, socioeconomic level, and educational status.

**Clinical Diagnosis of Primary Major Depressive Disorder**

Two clinical psychologists administered the Major Depressive Disorder (MDD) checklist from the Diagnostic and Statistical Manual of Mental Disorders-5th edition (22). In order to determine if MDD meets the DSM-5 criteria, a clinical interview was established, particularly for this research. In addition, therapists used screening checklists with all of the group members.

**Levels of Major Depressive Disorder**

For the purpose of assessing the severity levels of major depressive disorder, the Beck Depression Inventory-II (BDI-II) was used (23). This measure consists of twenty-one items, and each item can be rated on a four-point Likert scale from 3 (always) to 0 (never). This scale had an alpha Cronbach's value of 0.73 before the intervention and 0.89 after it.

**DMGT Satisfaction Feedback Form**

The Detached Mindfulness Group Therapy (DMGT) session’s feedback form was used to measure and collect the satisfaction feedback of all group members toward the DMGT intervention. Researchers used multiple-choice questions to measure DMGT treatment satisfaction feedback. The first question starts by asking how satisfied the group members are overall with the DMGT module? A score of 10 indicates "very satisfied," and a score of 1 indicates "not satisfied at all." This Likert scale is used to evaluate the responses. Question two asked, "Would you recommend this DMGT treatment to a friend? The responses were evaluated using a 10-point Likert scale, where 1 signifies strongly disagree and 10 means strongly agree.
Another question included was, did you get enjoyment from this DMGT treatment? In addition, did it help you resolve any of your worries? The responses were evaluated using a 10-point Likert scale, where 1 indicates "not at all" and 10 indicates "partially." In this study, the scale's Cronbach's alpha coefficient was 0.91.

**Qualitative Feedback**

Qualitative feedback involves the use of descriptive language and opinions to express information or viewpoints (Watts et al. 2013). Authorities can benefit from its comprehensive knowledge of the emotions, perspectives, and experiences of individuals. One of the two open-ended questions were used, "What part of this Detached Mindfulness Group Therapy (DMGT) treatment did you like the most?" In addition, "What did you dislike about this DMGT treatment?" was asked in order to collect qualitative feedback from married women.

**Analytical Approach Method**

Qualitative data collection of the Detached Mindfulness Group Therapy (DMGT) treatment is an important part of this study. The analytical procedure for data collection method was purposefully designed to be simple and direct (see Fig. 2). Qualitative data was collected through the researcher’s observation, group leader’s feedback, and group members' feedback about the implementation of the DMGT treatment.

**Figure 2**

*Analytical Approach Method*
2.4 THE DETACHED MINDFULNESS GROUP THERAPY (DMGT) INTERVENTION

The Detached Mindfulness Group Therapy (DMGT) treatment consisted of twelve group therapy sessions, which were conducted over a period of twelve weeks. The twelve-session program was developed using the Metacognitive Theoretical Framework (MCT) (Wells, 2005) and prior studies with married women (Khan et al. 2021; Qamar et al. 2021). A self-reflection worksheet, homework assignments, a brief overview of the skills and information obtained, session goals and activities were all provided. Each session has textual, audio, or video content. The session was directed by two licensed therapists who received training of the DMGT intervention and had been instructed in the treatment procedure by the first author. They helped out the group members, answered their questions, and provided feedback on the session's homework and worksheets.

Co-therapists took on the role of group leaders, providing feedback on assignments and exercises within the DMGT treatment in an effort to encourage the married women to use the intervention. There was no telephone contact between group leaders and group members. However, group members are obligated to make weekly travel arrangements to the hospital in order to attend a new session. Married women suffering from major depressive disorders were the only ones allowed to participate in the intervention. The specific information on the treatment was not revealed to the spouses and families. Group members were given seven days to prepare for the second session and were allowed to finish the DMGT treatment in their own free time.

3 RESULTS

As mentioned earlier, this study used both qualitative and quantitively assessment measures. Therefore, the quantitative data of this study was analysed by using SPSS-25 Statical software. The normality of the distribution was first determined using the Shapiro-Wilk test. Results showed that all statistically significant variables had data that followed a normal distribution with acceptable levels of skewness and kurtosis. After that descriptive statistical analysis and paired sample t-test analysis was used. However, qualitative data analysis was analysed by using content analysis.
3.1 FINDINGS OF QUANTITATIVE ANALYSIS

Table 1

Demographic Characteristic of the Sample

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>38.70</td>
<td>6.32</td>
</tr>
<tr>
<td>Number of Children</td>
<td>16.20</td>
<td>7.03</td>
</tr>
<tr>
<td>Duration of Marriage</td>
<td>3.20</td>
<td>1.39</td>
</tr>
<tr>
<td>Socioeconomic Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower Class</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>Middle Class</td>
<td>9</td>
<td>90%</td>
</tr>
<tr>
<td>Upper Class</td>
<td>0</td>
<td>00%</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Formal Education</td>
<td>3</td>
<td>30%</td>
</tr>
<tr>
<td>Primary School</td>
<td>3</td>
<td>30%</td>
</tr>
<tr>
<td>Secondary School</td>
<td>4</td>
<td>40%</td>
</tr>
<tr>
<td>Family System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuclear</td>
<td>6</td>
<td>60%</td>
</tr>
<tr>
<td>Joint</td>
<td>4</td>
<td>40%</td>
</tr>
<tr>
<td>Depression in Family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>6</td>
<td>60%</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>20%</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>2</td>
<td>20%</td>
</tr>
</tbody>
</table>

Note: M= Mean, SD= Standard Deviation, %= Percentage.

Table 2

Clinical Outcomes (n=10)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pre-Assessment M (SD)</th>
<th>Post-Assessment M (SD)</th>
<th>t</th>
<th>df</th>
<th>p</th>
<th>Cohen’s d effect size with 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDD</td>
<td>31.60 (5.41)</td>
<td>21.20 (6.05)</td>
<td>11.21</td>
<td>9</td>
<td>.00</td>
<td>1.85 [7.82, 12.97]</td>
</tr>
</tbody>
</table>

Note: MDD= Major Depressive Disorder, t= Statistical, df= Degree of Freedom, p= Significance Value, CI= Confidence Interval.

Results in table 2 revealed a statistically reliable and significant difference in paired sample t-test analysis. Findings indicated significant mean effect size and changes from pre-intervention to post-intervention as a clinical outcome of major depressive disorder, \( t(9) = 11.21, p < .001 \).

3.2 FINDINGS OF QUALITATIVE ANALYSIS

The Detached Mindfulness Group Therapy (DMGT) treatment covers four main concepts: detachment, decentring, low conceptual processing, and metacognition. In order to help people change their negative automatic thought patterns and harmful behaviours, these
concepts have been developed. As stated by the group leader, one of the DMGT interventions is:

“The overall, it was a very pleasant experience to conduct group therapy sessions for the DMGT treatment. As a group leader, I experienced some challenges during these sessions, but the process of overcoming those challenges very interesting. From introducing a new style of intervention to observing thoughts and seeing how group members gradually started believing in the DMGT intervention and developed understanding, this was a very rewarding experience.”

The Detached Mindfulness Group Therapy (DMGT) treatment incorporates strategies that have been shown to be effective in treating major depressive disorder in married women. These strategies include psychoeducation, child analogy metaphors, the cloud metaphor, prescriptive mind-wandering, etc. Strategies like these have analogies in other therapeutic approaches (Ahmadpanah et al. 2017; Watts et al. 2013). According to the second group leader,

“The rationale of the DMGT techniques was very clear and strong; therefore, many techniques of the DMGT treatment were very easy and helpful for all group members to maintain their level of attention and focus to practice different types of activities and strategies during the intervention.”

The DMGT intervention provides insight to all group members that dysfunctional emotions develop when a person's mind is preoccupied with unpleasant automatic thoughts about a triggering event, but functional emotions develop when a person's mind remains emotionally detached from the same triggering event. The DMGT treatment helps married women learn to stop thinking negatively and start thinking more positively by guiding them through metacognition-based detached mindfulness techniques. As reported by a group member,

“Before the DMGT intervention, I have been taking medicines and counselling sessions from the last four years, but I was stuck in my past trauma. I always experienced a relapse after a few weeks. I’m very happy to become a member of this group therapy because I expressed all of my thoughts and emotions clearly. I learned to overcome my own negative thought patterns by practicing observing thoughts, used decentring and detachment.”

In addition, another group member stated that:

“I feel very relaxed and satisfied with all the sessions of the DMGT treatment. Group leaders are very kind and helpful, and they understand my concerns and worries clearly. I felt a big change in myself after session number seven, and now I’m very active in my
daily life activities. I also help and guide other people around me in my family and in my neighbourhood who are struggling with depression.”

4 DISCUSSION

The main objective of this quasi-experimental trial was to examine the implementation of the Detached Mindfulness Group Therapy (DMGT) treatment among married women diagnosed with Major Depressive Disorder (MDD) in Pakistan. In order to address the findings of this study, it is recommended to draw upon the findings of the literature study that highlighted the importance of addressing MDD. It was discovered that treatment approaches for mental health services were significantly lower than those for any other type of health care. In order to meet the treatment needs of individuals with MDD, it is important to use broader categories of services for mental health treatments. The results of this study showed that the DMGT treatment is an effective therapeutic approach for treating major depressive disorder. It was found to have a significant pre-post effect size on self-reported depressive symptoms, level of depression, and knowledge development. Findings of this study also revealed majority of the group members from middle socioeconomic status were suffered from MDD.

The level of satisfaction with the intervention was quite high. Previous literature also supported the findings of the present study. The metacognitive conceptual framework focuses on the cognitive processes of decentering and detachment. This cognitive process is linked to both adaptive and non-adaptive behaviours, as well as successful and unsuccessful thought processes. Therefore, detached mindfulness practices are most effective for managing mental health conditions under the meta-cognitive therapy model (Mahali et al. 2020). A meta-analysis of empirical data (Mahali et al. 2020) revealed a strong and positive link between automatic negative thoughts and overall psychological distress. Findings of a prior study showed that the probabilities and chances of receiving therapy increase with age (Hofer & Hargittai, 2024; Husain et al. 2023). In general, women were more likely to receive therapy as compared to men. Findings of another study (Mahali et al. 2020) showed that women are more inclined to proactively seek treatment for mental health disorders when they experience symptoms.

Furthermore, the results of a previous study revealed that the rates of treatment were considerably lower in low- and middle-income countries in comparison to high-income countries. Even though up to 75% of people with Major Depressive Disorder (MDD) live in low- or medium-income countries, many of those people may not have access to healthcare interventions (Hofer & Hargittai, 2024). Additionally, the World Health Organization (WHO)
found that many of the middle-income countries still have not provided enough funds, established adequate regulatory frameworks, or developed comprehensive mental health policies to properly manage their programs and services in this area (WHO, 2023). In addition, MDD patients' rates of seeking out mental health care from specialists were significantly low. Previous literature has established that even though high-income countries have higher treatment rates overall, the majority of patients diagnosed with MDD do not receive therapy that adheres to practice recommendations (Aggestrup et al. 2023). Thus, it is imperative to consider issues beyond the general availability of services, such as behavioural or contextual factors that influence treatment adherence and engagement.

Recently, a study (Vigo et al. 2021) found that there is a 90% variation in the success of treatment. Another study (Pathare et al. 2018) stressed the importance of taking into account the gaps in psychosocial and medical therapy for MDD. Inadequate quality or adherence to treatment procedures, as well as inadequate utilization of therapeutic interventions, are the primary contributors to this discrepancy and gap in Pakistan. Previous research has shown that psychosocial therapies are effective in alleviating the symptoms of MDD and other mental diseases (Liu et al. 2017). Despite the availability of statistics, it is still difficult and unclear how far patients will go in terms of care after they start treatment. This is mostly due to the high rates of untreated somatic comorbidity and premature death associated with MDD and other mental disorders. It is important to make sure people have access to standard health care services. However, there was a limit to the study's scope due to the unavailability of reliable information on the use of services (Nestor et al. 2022). Mostly researches emphasized mental health services in economically developed countries (Ebrahim et al. 2020; Nestor et al. 2022).

However, only 22% of the studies on Major Depressive Disorder (MDD) in this particular data set were conducted in low- and middle-income countries (Liu et al. 2020). The aforementioned findings provide support for the concept that mental health should be considered a high priority on national health agendas. The findings of the current study also have some limitations and recommendations, such as the fact that the results of this study couldn't be generalized to other contexts and populations. These results are limited to only one city, Lahore; future studies can apply data in different cities to increase the generalizability of the intervention. The results of this study may be helpful in predicting how MDD may affect future studies under a variety of treatment coverage scenarios. Findings of this study highlighted that Pakistani governments have neglected mental health, although research, policy, legal frameworks, and services have made progress. The needs of vulnerable groups, such as married women, must be given first priority. However, mental health professionals, researchers,
policymakers, and the global community need to work harder to ensure that many psychological patients can receive effective treatment.

5 CONCLUSION

The effectiveness of the Detached Mindfulness Group Therapy (DMGT) treatment was the primary focus of this research. This trial is significant because it represents the first randomized clinical trial designed specifically for married women who have been diagnosed with major depressive disorder. There were significant differences in the symptoms and severity levels of major depressive disorder between the pre- and post-intervention periods. In order to build the most effective intervention with evidence-based support and an intuitive interface, it is essential to use adaptation and iterative testing while developing a new DMGT treatment. For future studies, using this open trial study's findings and the feedback from married women, a further quasi-experimental study should be conducted to test the effectiveness of the DMGT treatment.

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