

Application of the Homework Technique for Women's Depression in a Divorce Process

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Abstract. This study aims to identify depressive symptoms, the level of depression, and the effect of homework techniques in reducing depressive symptoms among women undergoing divorce. This study also discusses the theory of depression, and Cognitive Behaviour Therapy. Also, the literature of previous researches on the effect of the homework technique on depression and the negative effects of depression were reviewed and discussed. A subject was chosen through the purposive sampling technique. The subject is a woman in the midst of a divorce in the Pulau Pinang Shariah Court. The research covers six counselling sessions. Quantitative and qualitative data collected throughout the counselling sessions using the Beck Depression Inventory-II (BDI-II) and were transcribed. The data were then analysed using a descriptive analysis and content analysis. The results show that depression has various emotional, physiological, cognitive, and behavioural impacts on individuals, and the homework technique is effective in reducing the depressive symptoms. As a conclusion, it is shown that the homework technique is effective in reducing depressive symptoms in women in the midst of a divorce.

Keywords: Homework technique, depression, women, divorce

INTRODUCTION

Marriage is an act or a contract which is recognised by Islamic Law, would legalise sexual intercourse between a husband and wife (Mustofa Al-Khin, 2014). However, Section 53 contained in the Enactment of Islamic Family Law (States of Penang) (2004) allows for the procedure of divorce for *fasakh* between Muslims spouses. They have to go through an application at the Syariah Court to allow spouses to dissolve their marriage if there is no resolution within the marriage.

Siti Shamsiah and Abdul Walid (2014) state that the conflict that exists in marriage is the main cause of stress. Constant stress can affect mental wellness and lead to depression and mental problems. Women who suffer from depression tend to experience a deterioration of power, a lack of confidence, poor movement, silence and isolation from meeting people.

According to Amato and Sobolewski (2001), women who have gone through a divorce are despondent and have no satisfaction getting through the adjustment phase of life without a spouse after a divorce. Even children become victims of their parent's divorce, and suffer adjustment problems without a conventional family life. This condition has psychological effects over a long period to the mother and the children, who tend to rebel and experience depression.

In fact, conflicts in marriage have a profound impact on the psychological wellness of couples. According to Ramachandran and Psychogiou (2009), depression is one of the psychiatric illnesses that affect the wife, children, family members and the surrounding community.

This situation shows that the problem of depression among women going through a divorce is serious and must be dealt with using intervention methods that can reduce the symptoms of depression based on cognitive, emotional, psychological and behavioural aspects. Ideally, these women should be able live normal lives and bear their responsibility as a mother to their children. Paulo Knapp and Aaron Beck (2008) state that the results of cognitive behavioural theory can provide spontaneous awareness simply known as 'automatic thought' to fix the patterns of thought that affect the behaviour and emotions of a client.

Helbig and Fehm (2004) suggest that the homework technique is one of the techniques in behaviour theory can be

applied to clients as an intervention. Most therapists support the need and importance of giving homework to clients as a remedial technique. This technique requires the client's commitment to complete the homework provided perfectly.

In fact, according to See Ching Mey and Lee Siew Siew (2005), depression is considered a clinical disease that requires attention and appropriate intervention. Therefore, this shows that depression is a serious issue that cannot be taken lightly.

Objective

The objectives of this study are:

1. To measure the level of depression experienced by women in the process of divorce.
2. To identify the symptoms of depression experienced by women in the process of divorce.
3. To review the homework technique to reduce the effects of depression faced by women in the process of divorce.

METHODOLOGY

This was a mixed method study which is a combination of a quantitative and qualitative research approach. Quantitative research was carried out using the Beck Depression Inventory (BDI-II) scale through the Pre-Test and Post-Test to see the reduction of the client's depression level to answer the research questions. Qualitative research was carried out using the transcription of counselling sessions that were collected and analysed as non-numerical data.

This study uses a sampling method known as purposive sampling as this is a single case study that involves only one person going through six continuous counselling sessions. The researcher has the required research criteria, namely the level of depression, which is critical with a score between 29 and 63 on the Beck Depression Inventory II (BDI-II) scale used to test the effects of the technique used on the client in this study.

The Beck Depression Inventory (BDI-II) scale is a tool founded by Aaron Beck in 1961, used to see the level of depression faced by an individual. The BDI-II is an inventory that contains 21 questions that have the value of 0, 1, 2 and 3 for each question used to measure the level of depression. This inventory contains items that are associated with

symptoms of depression, such as loss of hope and sensitivity as well as physical symptoms such as fatigue, weight loss and loss of interest in sex.

This inventory was revised in 1996 by the Diagnostic and Statistical Manual of Mental Disorder IV (DSM-IV) for depression. There are three versions of the inventory, where the first version was published in 1961 and subsequently revised in 1978. The latest version was published in 1996, known as the BDI-II. A client is given within 5 to 10 minutes to respond to the inventory of depression.

Table 1.1 Beck Depression Inventory (BDI-II) Scale

0	I do not feel sad
1	I feel sad most of the time
2	I feel sad all the time
3	I feel sad and unhappy that I could not stand any longer

Table 1.2 Item for Beck Depression Inventory (BDI-II) Scale

Item 1-13	Natural Psychological Symptom
Item 14-21	Physical Symptom

Table 1.3: Beck Depression Inventory (BDI-II) Evaluation Score

Score	Depression Level
0 – 13	Minimum Depression
14 – 19	Mild Depression
20 – 28	Moderate Depression
29 – 63	Critical Depression

According to Wang and Gorenstein (2013), the Beck Depression Inventory (BDI) was used for 35 years to identify and evaluate depression symptoms and has been reported to have high reliability. It has a high alpha coefficient (0.80) which shows the construct validity that has been developed and can distinguish between patients who are depressed and not depressed. BDI-II has a coefficient alpha of 0.92. It has a positive correlation where $r=0.71$ for test-retest reliability of the test for a week, with the internal consistency $\alpha=0.91$.

Counselling sessions were conducted six times in this study with each session lasting 30 minutes. The Beck Depression Inventory II scale (BDI-II) was applied four times, which were during the pre-session, and at the end of the second, fourth, and sixth session. The client was chosen based on the criteria required, which was to have a critical level of depression with a score of 45 and above. Treatment procedures began after the client gave an information consent, meaning that the researchers were allowed to record her counselling sessions. The client was given homework in the third and fourth sessions and the task was discussed in the next session.

RESULT

Pregnancy stress was measured on three occasions, i.e., before the training, after the training, and one week after the training (follow-up). The results showed that most aspects of pregnancy stress decreased after the training and follow-up. The average score of TPDS decreased 5.6 points after training and 2.53 points at follow-up. The mean of NA subscale declined 4.6 points after training and 2.53 points at follow-up. The mean of PI subscale decreased 1.6 points after training and 0.93 points at follow-up. These results suggested that

pregnancy stress decreased more after the training than during follow-up. The score description presented in table 2 as follows.

The researchers used a paired sample t-test technique to analyze whether the Mean differences between posttest and follow-up were significant. The results showed that the Mean decrease of each scale was not significant between post-test (t TPDS = 2.07, NA = 2.25, PI = 1.24, $p > 0.05$) and follow-up (t TPDS = 0.94, NA = 1.73, PI = 0.55, $p > 0.05$). Thus, mindfulness training in pregnant women was not effective against the stress of pregnant women in this study.

FINDINGS AND DISCUSSION

1. Analysis of Depression Level

Results of quantitative data analysis describe the scores for the Beck Depression Inventory II (BDI-II) scale that were given to clients during pre-session, after the second session, after the fourth session and after the sixth session. The score analysis is as shown in Table 1.4.

Table 1.4: BDI-II Score Analysis

Test	Score Value	Score Difference	Percentage Difference (%)	Depression Level
Pre-Test	45	-	-	Critical Depression
Post 1	38	7	11.11	Critical Depression
Post 2	27	11	17.46	Moderate Depression
Post 3	15	12	19.04	Mild Depression

Table 1.1 shows the score, difference in score, the percentage of difference and level of depression experienced by the client before and after the counselling session. The client's BDI-II score before undertaking the treatment is 45, which is at the critical level. The BDI-II score for test 'post 1' shows a reduction to 38, indicating her depression is still at a critical stage. The test 'post 2' shows that the BDI-II score is reduced to 27. The score obtained by the client is classified as moderate. The decline in BDI-II score in the test 'post 3' shows a reduction in the score to 15, indicating that the client's depression is at a mild level.

2. Symptomatic Analysis

The emotional symptoms experienced by the client shows the anger and sadness of the client due to the actions of client's husband who has been humiliating and degrading to the client's dignity as a wife. The emotional symptoms experienced by the client led to critical depression.

The physiological symptoms experienced by the client indicates the client cannot sleep until early in the morning. This situation causes the client to experience frequent headaches because of too much crying. The client also loses an appetite leading to a weight loss of as much as 25 kilograms.

The cognitive symptoms experienced by the client was that the client has a negative mind because the client could not accept the fact that her husband had married another woman. The client's husband's actions affect the client's self-confidence. The client has a lack of confidence because the client does not have a high education and does not work like her husband's second wife.

The behavioural symptoms experienced by the client are aggressive behaviours like harming herself with a knife or committing suicide by taking a chair to hang herself on the rope suspended on the swing at her house.

3. Homework Intervention Technique Impact

The result of homework intervention technique can be seen through a triangulation analysis using the Beck Depression Inventory II (BDI-II) transcription and observation score. The BDI-II score shows a decrease in the level of depression of as much as 47.62% as can be seen in Figure 1.1.

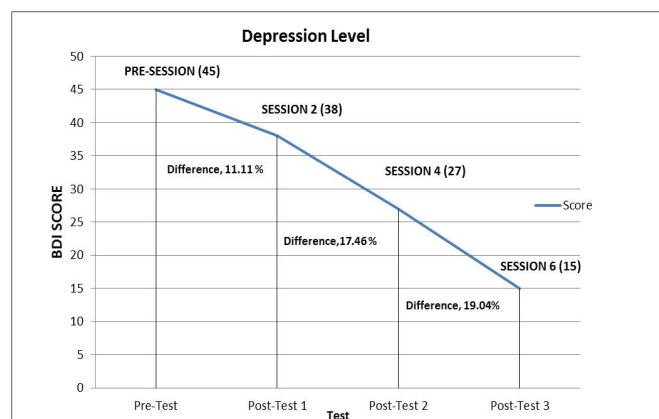


Figure 1.1: BDI-II Score Analysis

Figure 1.1 shows the percentage of depression levels that is faced by the client before and after the counselling session. At the pre-session, the percentage of the client's BDI-II score was 71.42% which is at a critical depression level. After the second session, it can be seen that the client's percentage of BDI-II is 60.32%, which is still critical. After the fourth session, the percentage of BDI-II of the client is 42.86% which indicates moderate levels of depression. After the sixth session, the client's percentage of BDI-II was 23.81% which is at mild depression. Overall, the depression of the client shows a decrease of 47.61%.

The effects of intervention that have been carried out contributed to the changes of Beck Depression Inventory-II score that have been administered four times which are the pre-test (45), post-test 1 (38), post-test 2 (27), and post-test 3 (15). Therefore, the level of depression of the client has undergone a change from critical levels of depression (45& 38) to a moderate level of depression (27) and finally to a mild level of depression (15).

In addition, the homework technique also shows its effect on depression symptoms from three aspects of emotional, physiological, cognitive and behavioural. The client was calmer and had self-reflection when reading the bibliography of *Saidatina Khadijah*. This calmed emotion encourages the client to be happier, more self-confident and to look for opportunities to generate income to support the lives of her and her children. The client showed positive physical change by the fifth session as the client started eating once a day, resulting in a 5-kilogram weight increase. The client's sleep time returned to normal, as early as 12.30 pm.

The client got an insight. She was able to accept her circumstances, gained the strength to be patient and became pleased with what happened in her life. In the fifth session, the client's self-confidence has increased compared to the previous session where the client felt inferior. Her behaviour showed a positive change when the client begins to engage in small scale business to avoid negative thoughts about the problems that she encounters. In fact, the client acknowledged that the counselling sessions helped her to be optimistic, positive, passionate and strong.

Also, changes in behaviour, appearance, speech, emotion, mindset, memory and knowledge of the client are recorded

through the observation conducted by the researcher using the mental status examination (MSE) form that can be seen in Table 3.2.

Table 3.2: MSE Observation Analysis

Aspect	Voice Tone	Speech	Face Expression	Emotion	Behaviour
SESSION 1	Slow	Slowly Response	Gloomy	Angry Sad	Frequently Cry
SESSION 2	Not to clear	Simple Response	Gloomy	Angry Sad	Frequently Cry
SESSION 3	Clear	Actively Response	Unpretentious	Calm	Rarely Cry
SESSION 4	Clear	Actively Response	Cheerful	Calm	Positive
SESSION 5	Clear	Actively Response	Cheerful	Happy	Positive
SESSION 6	Clear	Actively Response	Cheerful	Excited	Positive

The result shows that there was a reduction in the level of critical depression to a mild depression level of 47.61%. It can be seen that the intervention treatment session was successfully implemented. The researcher saw that the treatment sessions are conducted on time because even though the client was undergoing critical levels of depression, she was still under control and did not reach the level of mental stress that requires treatment from a psychiatrist.

The reduction in the level of depression was also influenced by the commitment and cooperation provided by the client throughout six sessions that have been conducted. Even the researcher, acting as a counsellor to the client also influenced the client's depression by applying basic skills in counselling such as listening, treating and trying to help the client gain a sense of intelligence from the issues experienced by the client. Corey (2009) states that the value of a counsellor affects the client's will to cooperate and focus on the treatment of implemented interventions.

Furthermore, the changes in the depression symptoms of this client were influenced by the counselling session conducted with the full commitment of the client. This situation led to the presence of the client's trust towards the researcher. This belief exists because the researcher emphasized the ethics of secrecy whenever the counselling session was conducted and obtained the approval from the client to record the audio of the sessions for this study.

Therefore, the reduction in the level and symptoms of depression experienced by the client had proven that the homework technique is appropriate for women who suffer from depression. This is because in this technique, the client is provided with reading materials that are suitable for the client's education and intellectual level. In fact, this technique is best suited to this client because the client showed good commitment to complete the homework provided in the intervention session. Commitment from the client is needed to ensure that the homework technique can help in reducing her depression. This is supported by Addis and Jacobson (2000) in their study that found that a client who undertakes homework shows changes to depression symptoms compared to a client who does not commit to the homework given.

Successful execution of the homework technique features homework which is easily readable, is suitable with the level of education of the client and also not too burdensome for the client to complete at home. This is because clients who are adults that have commitments and the responsibility of managing their children tend not to have time to complete the given homework.

The homework technique takes a short time, allowing the client to maintain interest in undergoing intervention sessions. The client is given this homework two times, at the third and

fourth session so that the homework can be discussed in the fourth and fifth sessions. The reading materials were provided in the form of brief articles on strong female role models that face challenges and obstacles in life such as Saidatina Khadijah's story. These short articles took 30 minutes to discuss in the fourth session and 30 minutes in the fifth session.

The implementation of homework technique in a short time can be seen as a suitable method in the client's situation and can be implemented extensively in the field of professional counselling. Despite the short period, the homework technique was successfully implemented to provide the client with a sense of intelligence. This situation can directly reduce the client's automatic negative thoughts. In fact, the effectiveness of this homework technique also depends on the counsellor's selection of appropriate reading materials.

CONCLUSION

This study has answered the research questions and achieved the objectives of the study which is to measure the level of depression, to identify the symptoms that are experienced by the client and to study the impact of homework techniques in reducing the depression experienced by women in divorce. This study has also proven that the homework technique has an impact in reducing the depression women face in and after divorce. In fact, this technique is appropriately applied by counsellors in counselling sessions to reduce the level of depression of women in the process of divorce.

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