

The Effectiveness of Transdiagnostic Treatment on Mental Fatigue, Stress Coping Style and Hypochondriasis in Women

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ABSTRACT

Objective : The objective of this investigation was to examine the efficacy of transdiagnostic therapy in alleviating psychological distress, stress coping strategies, and self-treatment among women.

Methods: This study followed a semi-experimental design, focusing on practical applications, and employed a pre-test, post-test design with a control group for data collection. The sample size was determined to be 384 individuals using Morgan's formula, from which 30 married women were selected and divided into two groups of 15 for both the experimental and control groups. The research employed Chalder's fatigue questionnaire (1993), Andrew Parker's stress coping style questionnaire (1990), and Evans' self-diagnosis questionnaire (1980) as the data collection instruments. The intervention consisted of ten training sessions over two and a half months, with each session lasting 90 minutes and occurring once a week. Analysis of covariance was conducted using SPSS version 18 software to test the hypotheses.

Results: The findings of the data analysis indicated that transdiagnostic therapy has a significant impact on mental fatigue among women. Furthermore, transdiagnostic treatment also influences women's stress coping style and self-diagnosis.

Conclusions: The discoveries may yield practical implications that are beneficial to practitioners and scholars specializing in stress and anxiety within the field of therapy and psychology.

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Introduction

One of the cognitive issues observed in females is mental fatigue. Mental fatigue refers to a state in which an individual experiences a profound sense of powerlessness, stagnation, and apathy, accompanied by a lack of control over life events, sleep disturbances, and profound fatigue upon awakening. It is worth noting that a noticeable symptom of mental fatigue is the absence of motivation. Prolonged stress and anxiety contribute to mental exhaustion and, over time, can lead to significant physical and psychological complications for an individual (Eghbali & Borjali, 2019). Mental fatigue renders an individual inactive and feeble due to the psychological strain, impeding their ability to effectively cope with such strain. Consequently, the individual becomes either indifferent or excessively sensitive, resulting in manifestations of boredom, negative mood, and anger. Prone to making erroneous decisions and losing stability, the individual may exhibit wavering determination and occasionally withdraws from situations, ultimately experiencing reduced productivity and diminished motivation (Carlasi et al., 2021).

The gravity of mental fatigue must be recognized due to its incessant and debilitating nature. Women who suffer from this condition not only experience the loss of inner tranquility and the ability to fulfill their social responsibilities to the fullest extent, but also face the potential development of depression and social isolation. The negative impact of women's fatigue extends beyond the individual, affecting their professional endeavors, family life, and social interactions, which can lead to dysfunction (Sha'bani & Jarareh, 2019). Conversely, stress is an inevitable part of women's everyday lives, experienced to varying degrees. Stress is defined as a resource utilized by the body to confront the challenges of modern life. As a result of their familial roles, women encounter stressful situations and encounter difficulties in managing them (Amidi et al., 2017). Women often lack suitable role models to navigate stress in challenging life circumstances, resulting in feelings of insecurity and a diminished sense of self-efficacy when faced with stress. Their coping mechanisms primarily revolve around excitement (Sarafraz et al., 2021). Coping is a response to mental stress aimed at preserving mental health and emotional well-being. Coping strategies consist of cognitive and behavioral efforts to alleviate and endure the internal and external demands and pressures brought about by stressors. Some individuals actively combat stress, while others adopt a passive approach. Active coping strategies, which aim to modify the nature of stressors, prove highly beneficial during times of stress. Prolonged and intense stress,

such as major life changes, can impair an individual's ability to adapt and lead to depression, while also wreaking havoc on the body and diminishing the enjoyment of life (Atard et al., 2015). Recent research underscores that women often employ ineffective coping patterns, resulting in failure, aggressive behavior, and physical ailments. However, the correct styles of stress management can serve as reasons for optimism and hope, as they influence the outcomes of stress (Castro-Camacho, et al., 2021).

On the other hand, hypochondriasis is another disorder that arises in response to emotional and psychological issues, such as anxiety, among women. Hypochondriasis refers to a mental disorder characterized by an individual's belief in the presence of a physical illness within themselves, causing distress. This mistaken belief persists for at least six months, despite the absence of pathological findings in medical and neurological examinations, and without any apparent issues detected to the degree of concern. The course of hypochondriasis disorder typically exhibits periodicity, with periods of illness lasting from months to years and periods of remission between the time periods. There may be a clear association between the exacerbation of hypochondriasis symptoms and psychosocial stressors (Sarafraz et al., 2021).

Various treatment approaches have been employed to address psychological disorders in women, among which cognitive behavioral therapy is included. In addition to these conventional methods, a novel and efficient treatment known as meta-diagnostic treatment has emerged, displaying effectiveness in ameliorating the psychological, emotional, and communication aspects of diverse individuals. Transdiagnostic treatment, on the other hand, has been introduced as a response to the limitations of cognitive-behavioral therapies. These limitations include the failure to fully heal a significant portion of patients, the existence of numerous treatment guidelines and protocols for each disorder, the requirement for lengthy and multiple internships for each disorder, and the creation of confusion in the selection of appropriate guidelines for patients. Transdiagnostic treatment utilizes the same treatment principles and protocols for various emotional disorders (Ashena et al., 2021). Although this treatment approach is grounded in cognitive-behavioral therapy, it places emphasis on emotions and maladaptive strategies for regulating emotions. The transdiagnostic approach centers on emotional experiences and responses. Ultimately, the primary

objective of transdiagnostic therapy is to equip clients with skills that effectively manage negative emotions (Nargesi et al., 2018).

Regarding the impact of transdiagnostic treatment on psychological symptoms, Attard et al. (2015) demonstrated that this treatment significantly reduced the severity of anxiety and depression symptoms. Castro-Camacho, et al. (2021) revealed that group transdiagnostic therapy resulted in a decrease in anxiety and hypochondriasis among students. Carlassi, et al. (2021) illustrated that transdiagnostic treatment led to a decrease in anxiety, depression, and mental fatigue, while also increasing resilience in individuals with emotional issues. Garcia-Scalera, et al. (2019) suggested that transdiagnostic treatment can diminish symptoms of fatigue, anxiety, and depression in adolescents.

Considering the psychological harm experienced by women and the potential for detrimental effects on their social and familial lives, it is imperative to implement appropriate measures aimed at enhancing the emotional and behavioral components of these individuals, thereby preventing further damage in the future. Recognizing the pivotal role of women in the family and child-rearing, it is evident that their well-being is of paramount importance. Their influence is profound and far-reaching, shaping the entire human society. In order to fulfill this role, women must possess physical, psychological, and social adaptability, necessitating knowledge, skills, abilities, and mental and emotional attentiveness. Consequently, acknowledging the need for intervention and timely treatment, as well as the observed efficacy of transdiagnostic treatment in improving psychological disorders within diverse populations, the researchers embarked on an investigation into the effectiveness of transdiagnostic treatment in alleviating psychological fatigue, coping with stress, and hypochondriasis among women. The primary issue under investigation in this present study revolves around the examination of whether transdiagnostic treatment yields any impact on mental fatigue, coping strategies for stress, and hypochondriasis behaviors among women.

Materials and Methods

In this study, a semi-experimental research method was employed, utilizing a pre-test-post-test design with a control group. The independent variable consisted of transdiagnostic treatment, while the dependent variables encompassed psychological fatigue, stress coping style, and hypochondriasis in women. The statistical population under investigation was comprised of all

married women aged 20-40 residing in Shabestar, Iran. To determine the sample size, a purposive sampling method was utilized. Subsequently, through clinical interviews, female volunteers meeting the necessary criteria for participation in the study were identified. Based on this process, a total of 30 women were selected and randomly assigned to either the experimental or control group, with 15 women assigned to each group. The experimental group received a weekly 90-minute session of transdiagnostic treatment intervention for a duration of two and a half months. In contrast, the control group did not receive any intervention during the course of the study and remained in a waiting list to receive the intervention at a later time. Prior to commencing the study, all participants completed an informed consent form. Following the completion of the sessions for both groups, a post-test assessment was conducted. To collect the data, the research employed Chalder's fatigue questionnaire (1993), Andrew Parker's stress coping style questionnaire (1990), and Evans' hypochondriasis questionnaire (1980) as the data collection instruments. The reliability of these tools for data collection was assessed to be at an appropriate level for the current research. To examine the effectiveness of the transdiagnostic treatment, a multivariate analysis of covariance test was utilized. The collected data were then analyzed using the SPSS-23 statistical software.

Results

In Table 1, the mean and standard deviation of the research variables in the pre-test and post-test and separately for the experimental group and the control group are reported.

Table 1. Descriptive statistics of the scores of the research variables in the experimental and control groups

| Variable | Group | Pretest | | Posttest | |
|---------------------|--------------|---------|---------|----------|---------|
| | | Mean | SD | Mean | SD |
| Fatigue | Experimental | 23.0000 | 2.44949 | 23.4000 | 2.40000 |
| | Control | 23.3367 | 3.82432 | 42.0124 | 3.92792 |
| Stress coping style | Experimental | 45.9333 | 7.94473 | 89.7333 | 3.19146 |
| | Control | 46.4667 | 6.82702 | 45.1257 | 6.81402 |
| Hypochondriasis | Experimental | 82.4000 | 3.78820 | 51.6667 | 2.66667 |
| | Control | 81.9333 | 5.26214 | 81.0413 | 5.20341 |

Multivariate covariance analysis was used to examine the research hypotheses. Before applying covariance analysis, its assumptions were checked. For this purpose, the Kolmogorov-Smirnov test was performed to check the normality of the research variables (Table 2).

Table 2. The results of the Kolmogorov-Smirnov test for normality

| Variable | Phase | Z | p |
|---------------------|----------|-------|-------|
| Fatigue | Pretest | 1.111 | 0.17 |
| | Posttest | 1.025 | 0.244 |
| Stress coping style | Pretest | 0.728 | 0.665 |
| | Posttest | 0.69 | 0.728 |
| Hypochondriasis | Pretest | 0.991 | 0.279 |
| | Posttest | 0.615 | 0.844 |

The results of the Kolmogorov-Smirnov test showed that the data were normal in all variables. The Box-M test was performed to check the equality of covariances of the dependent variable, which according to the value of the significance level of 0.12, which was higher than the standard error level of 0.05, so the results are not significant ($F = 4.418$, $p = 0.12$) and showed that the matrix the covariances of the dependent variable are equal for different levels of the independent variable. Therefore, this assumption has been met and there is no violation in this assumption. Also, according to the results of the analysis, the difference in the regression slope is not significant for all variables, and as a result, the assumption of homogeneity of the regression slope has been met for the implementation of the multivariate covariance analysis test. Also, Levin's test was performed to check the homogeneity of variances and its results showed that the homogeneity of variances was confirmed for all dependent variables of the research. The results of multivariate covariance analysis are presented in Table 3.

Table 3. Summary of multivariate covariance analysis results

| Effect | Test | Value | F | Hypothesis DF | p | Effect size |
|--------|-------------------------|--------|--------|---------------|-------|-------------|
| Group | Pillai's trace | 0.942 | 1.2502 | 3.000 | 0.000 | 0.942 |
| | Wilks' lambda | 0.058 | 1.2502 | 3.000 | 0.000 | 0.942 |
| | Hotelling's trace | 16.306 | 1.2502 | 3.000 | 0.000 | 0.942 |
| | Roy's largest root test | 16.306 | 1.2502 | 3.000 | 0.000 | 0.942 |

Due to the significance of the difference between the experimental and control groups in mental fatigue, stress coping style and hypochondriasis, univariate analysis of covariance embedded in MANCOVA was used in in order to find out the exact difference (Table 4).

Table 4. The results of the covariance analysis related to the hypotheses

| Variable | Effect | SS | DF | MS | F | p | Effect size |
|----------------------------|--------|------------|----|------------|--------|-------|-------------|
| Fatigue | Group | 76808.212 | 1 | 76808.212 | 44.641 | 0.000 | 0.641 |
| Stress coping style | Group | 14698.511 | 1 | 14698.511 | 43.105 | 0.000 | 0.633 |
| Hypochondriasis | Group | 172277.046 | 1 | 172277.046 | 44.045 | 0.000 | 0.902 |

The results of univariate covariance analysis based on the results listed in the table 4, for the mental fatigue, the calculated F value (44.641) considering that the probability value is lower than the 0.05 level, so the null hypothesis is rejected and the hypothesis of the research, which was that transdiagnostic treatment has an effect on women's mental fatigue, is confirmed with a confidence of 0.95. For the stress coping style variable, the calculated F value (43.105) considering that the probability value is lower than the 0.05 level, so the null hypothesis is rejected and the research hypothesis which was that transdiagnostic therapy has an effect on women's stress coping style is confirmed with a confidence of 0.95. For the hypochondriasis variable, the calculated F value (44.045) considering that the probability value is less than 0.05, therefore, the null hypothesis is rejected and the hypothesis of the research, which was that the transdiagnostic has an effect on women's hypochondriasis, it is confirmed with 0.95 confidence.

Discussion

The first hypothesis of the research was that transdiagnostic treatment has an effect on women's mental fatigue. The results obtained from the analysis of covariance showed that transdiagnostic treatment has an effect on reducing mental fatigue of women which means that the hypothesis of the test is accepted and the hypothesis is confirmed, and the conclusion is that transdiagnostic treatment has an effect on fatigue Women's psychology.

The obtained results were in line with Mohseni Ejaei et al. (2016), which showed the effect of transdiagnostic treatment on the feeling of trouble and boredom of mothers with children with autism spectrum disorder. In their research, Carlassi, et al. (2021) showed the effectiveness of transdiagnostic treatment on reducing the mental fatigue of people with emotional problems. Halakoui, et al. (2022) showed that the integrated transdiagnostic treatment program has significantly increased the use of adolescent anxiety management skills and their mothers' parenting practices. Ashena, et al. (2021) showed that integrated transdiagnostic treatment

improves the components of trust in silencing thoughts and feelings, trust in interpreting one's feelings as a sign of preventing an immediate reaction and adjusting the mind to solve the problem, self-confidence in adjusting the hierarchy of flexible and practical goals of mothers had a significant effect. In a research, Eghbali et al. (2019) showed the relationship between transdiagnostic treatment and coping styles with the mediation of mental fatigue and hopelessness in patients. Steele, et al. (2018) confirmed the effect of integrated transdiagnostic treatment on the improvement of emotional and communication disorders.

In the explanation of this hypothesis, it should be said that mental fatigue is a state in which a person strongly feels powerlessness, stockiness, apathy, lack of positive control over the events of his life, insomnia, bad sleep, combined with Excessive tiredness after waking up, along with lack of motivation, is one of the obvious signs of mental fatigue. Long-term stress and anxiety lead to mental fatigue and over time, cause serious physical and mental problems for a person (Eghbali & Borjali, 2019). Mental fatigue causes the person to become inactive and weak due to mental pressure and causes the person to be unable to deal with it for some reason and at this time, the state becomes indifferent or on the contrary, it becomes very sensitive and boredom, bad mood, anger are revealed in him. Usually, he does not make the right decisions and loses his stability, or when he makes a decision, he always changes his decisions and sometimes leaves the situation alone and suffers from low efficiency and lack of motivation (Carlasi, et al., 2021). Mental fatigue is a serious complication that should be considered because this type of fatigue is continuous and erosive, in such a way that women suffering from this condition not only lose their peace and ability to fully fulfill their social obligations and it is not family itself, but the continuation of chronic mental fatigue leads to depression and isolation of women. Women's fatigue has negative effects on work, family life, and social relationships and can be associated with dysfunction (Sha'bani & Jarareh, 2019). In the meantime, the transdiagnostic treatment designed by Barlow focuses on emotion and maladaptive emotion regulation strategies and targets the common causative mechanisms of emotional disorders. Treatment with transdiagnostic protocol clearly emphasizes the adaptive and functional nature of emotions, increasing the patient's awareness of the role of cognitions and emotions, physical sensations and behaviors (Mohsani Ejaie et al., 2016). In this treatment, women are taught to recognize their basic emotions and then record frequent emotions and identify the cycle of emotion's effect on cognition and behavior. They learn to

recognize their unhealthy cognitions and correct them. This awareness leads to a better understanding of the three factors of cognition, behavior and emotion. In fact, this treatment has a great effect in correcting unhealthy spontaneous emotions and mental ruminations and their mental fatigue (Barlow et al., 2011). This process allows women with mental fatigue to reduce their disturbing ruminations and experience fewer irrational beliefs. In addition, transdiagnostic therapy teaches female therapists how to face their unpleasant emotions and respond to them in a more adaptive way. The goal of treatment is to develop adaptive emotional experience and improve the function of those seeking treatment, seeking to correct the reactive habits surrounding emotion regulation. According to the logic of the emergence of this treatment method, improvement and clinically significant changes in the severity of emotional disorder symptoms and reduction of mental fatigue can be due to the targeting of common factors such as emotional regulation, repetitive thoughts and negative emotions, which are on the protocol units.

In the transdiagnostic approach, thoughts, behaviors and feelings have a dynamic interaction and each of them has a role in the emotional experience and affects it. In addition, therapy sessions teach clients that they do not consider emotional experiences to be disgusting and do not see the need to reduce them, but consider them to have adaptive and functional value and focus on reducing emotional reactions to these negative emotions, not reducing the emotions themselves. Therefore, instead of emotionally reacting to the symptoms of fatigue and other psychological injuries, women with mental fatigue accept it and give up the fruitless challenge with its symptoms. Such a process causes them to gain higher inner and mental peace and show less mental fatigue by increasing mental strength and tolerance of distress. By using the principles of metacognitive therapy, women with mental fatigue were able to control their physical feelings as well as their behaviors by being aware and controlling their emotions and reducing mental fatigue through proper regulation of their emotions and feelings.

The second hypothesis of the research was that: transdiagnostic therapy has an effect on women's stress coping style. The results obtained from the covariance analysis showed that transdiagnostic treatment has an effect on increasing women's stress coping style which means that the assumption of the test is accepted and the hypothesis is confirmed, and the conclusion is transdiagnostic treatment affects women's stress coping style.

The obtained results were in line with Halakui et al., (2022) who showed that the integrated transdiagnostic treatment program has significantly increased the use of adolescent anxiety management skills and their mothers' parenting practices. Nargesi, et al., (2018) showed that transdiagnostic treatment is effective in reducing anxiety sensitivity and obsessive-compulsive symptoms and increasing distress tolerance in people with obsessive-compulsive disorder. Omid et al., (2017) in research confirmed the effectiveness of transdiagnostic treatment based on emotional regulation of stress coping styles. Castro-Camacho, et al., (2021) in research showed the effectiveness of integrated group transdiagnostic therapy on reducing students' anxiety and self-diagnosis. Kasilo-Robins et al., (2021) confirmed the effectiveness of integrated transdiagnostic treatment on people's anxiety during the Covid-19 pandemic.

In the explanation of this hypothesis, it should be said that stress among women is a fact of life that they experience in different degrees and every day. Stress is defined as a resource used by the body to cope with the challenges of modern life. Due to their role in the family, women face stressful situations and have problems in dealing with these situations (Amidi et al., 2017). Since women do not have a suitable role model to deal with stress in stressful life situations, they have little sense of security and safety in stressful situations and show less self-efficacy in dealing with stress, and their way of dealing with stress is more the face is focused on excitement (Sarafraz et al., 2021). Coping occurs in response to mental stress in an effort to maintain mental health and emotional well-being, and coping strategies are cognitive and behavioral efforts to reduce and tolerate internal and external demands and pressures caused by the stressor. Some people act actively against stress and some passively. Active coping strategies are those that are designed to change the nature of stressful factors and are very beneficial in times of stress. Severe and long-term stress, such as life changes, can affect a person's ability to adapt and cause depression, and while harming the body, destroys the joy of life (Atard et al., 2015).

Recent research emphasizes that women still use incorrect coping patterns and failure, violent behavior and physical illnesses are the result of inappropriate coping strategies. But what can be a reason for optimism and hope in the meantime is the correct styles of dealing with stress that can affect the consequences of stress (Castro-Camacho et al., 2021). One of the most important pillars in the theories related to mental pressure and adaptation to mental pressure is coping. Coping includes a wide range of behaviors, actions and internal and external reactions of a person in

dealing with a stressful factor. In other words, any type of behavior or perception that is used to face pressure factors and reduce the effects of pressure can be called a type of coping. The task is to cope, tolerate or compromise with unfortunate events and situations and reduce harmful environmental conditions. The coping process depends on how one actually acts in a particular encounter and how such actions change in the encounter (environmental encounters). Coping refers to adaptation strategies, that is, the means by which adaptation is done. Coping is often referred to as the efforts to solve issues and problems in some situations that are very dependent on the skills that people use to deal with unusual events and situations (Khajepour, 1998). Billings and Moss (1981) refers to coping as the cognitive and behavioral efforts that are made to manage external and internal requirements that are perceived as stressful and beyond personal resources, and the purpose of which is to eliminate Minimize or tolerate stress. These efforts are in the form of performing activities or work or in the form of mental and psychological activities. The process of coping is related to the stability of emotional and physical health (Narimani & Mousazadeh, 2014). In the problem-oriented coping style, it includes direct activities based on self and the environment in order to solve the conditions evaluated as a threat, that is, their goal is to change the situation. Examples of this type of coping include problem-solving skills, thinking about stress, planning, abandoning unnecessary and stress-focused activities, and seeking guidance and advice from others (Elizabeth & Altmayer, 2006; quoted by Qasimzadeh, 2011).

Emotion-focused coping involves activities or thoughts that are used to control unpleasant emotions caused by stressful situations that change how a person reacts to the situation. Emotion-oriented confrontations are confrontations whose purpose is to calm themselves down and achieve peace that has disturbed their stress. When a person is stressed, he experiences many negative emotions that prevent him from thinking and making the right decision to solve the problem and solve it, so this type of coping style is of particular importance. Emotion-focused coping includes physical exercises, emotional expression meditation, and seeking social support. Examples of this coping are: self-calming, sharing pain with others, limited expression of emotions such as crying) positive internal dialogue (Elizabeth & Altmeyer, 2006; quoted by Qasimzadeh, 2018). Avoidance style is one of the coping styles of schemas and when the schema is activated, negative emotions such as sadness, shame, anxiety and anger overcome us. By taking refuge in escape, we escape

from the pain caused by these emotions. Because facing problems is hard to disturb people, so you don't like to face bitter and stinging realities at all. Transpersonal therapy is able to provide an active and effective way for people to pay attention to situations that are actually uncontrollable, and by providing a method to divert attention from the emotion associated with the situation, stress coping styles (Campbell-Sales & Barlow, 2007). Among the skills that are taught to women in treatment sessions; "Situational exposure" is intense emotions. In this way, by encouraging women to gradually approach intense and unpleasant emotions and be with them, without doing anything to suppress these emotions or avoid them; They are helped to cope with emotions more effectively. By teaching all these skills to the participants in this research, correcting their incorrect emotion regulation habits led to the improvement of emotion regulation and returning emotions to their functional level. Transdiagnostic treatment had a positive effect on problem-oriented and emotion-oriented coping style of women, but it did not affect the avoidant coping style. As a result, through the use of transdiagnostic treatment, women were relieved from disturbing and stressful emotions, and from repetition and more experiences of stress, which increase the deviation of attention from the negative effects of stress, such as prevention of more active and effective coping efforts and increased stress, and improved their coping with stress.

The third hypothesis of the research was that: Transdiagnostic treatment has an effect on women's hypochondriasis.

The results obtained from the analysis of covariance showed that the intervention of transdiagnostic treatment has an effect on reducing women's hypochondriasis and the hypothesis is confirmed and it is concluded that transdiagnostic treatment has an effect on women's hypochondriasis.

The obtained results were consistent with the results of Sarafaraz et al. (2021) who showed that group therapy based on mindfulness has an effect on hypochondriasis and anxiety in men with chronic pain. Castro-Camacho et al., (2021) in research showed the effectiveness of integrated group meta-diagnostic therapy on reducing students' anxiety and hypochondriasis. Nargesi et al. (2018) showed the effectiveness of integrated transdiagnostic treatment on anxiety sensitivity, distress tolerance and obsessive-compulsive symptoms. Atard et al., (2015) investigated the effect of integrated transdiagnostic treatment on women's anxiety disorders and depression. Abdi et al., (2013) in research confirmed the effectiveness of integrated transdiagnostic treatment in reducing

the severity of transdiagnostic factors and symptoms of emotional disorders. Shore-Zavala et al., (2020) showed the effectiveness of integrative transdiagnostic treatment on reducing depressive disorder.

In explaining this finding, it can be said that hypochondriasis is one of the disorders that arise in response to emotional and psychological problems such as anxiety in women. Hypochondriasis is a type of mental disorder that is characterized by a person's belief in the existence of a physical illness in himself and concern about it. This mistaken belief should last for at least 6 months despite the lack of pathological findings in medical and neurological examinations, while no obvious problem has been detected at least to the extent of concern. The course of hypochondriasis disorder is usually periodic. Illness periods last from months to years and periods of relaxation are seen in between them. There may be a clear connection between the exacerbation of hypochondriasis disorder symptoms and psychosocial stressors (Sarafraz et al., 2021). Transdiagnostic treatment can reassess one's emotions and thoughts by changing the way one thinks about a situation, its meaning, or one's ability to manage oneself (Werner & Gross, 2010). Using reappraisal to make realistic, evidence-based appraisals of a situation that evokes strong emotions is a highly adaptive regulatory strategy (Campsells & Barlow, 2007).

Transdiagnostic therapy teaches women how to face their unpleasant emotions and respond to them in a more adaptive way. This treatment helps them to have a better understanding of the interaction of thoughts, feelings and behaviors in creating internal emotional experiences. In addition, they learn to gain better awareness of their emotional experiences (including stimuli and behavioral consequences), to challenge negative cognitive evaluations of emotional and psychological feelings and emotions, to identify and correct behaviors caused by emotions. to gain awareness and tolerance of physical feelings during endogenous exposure and face their emotional experiences in situational and endogenous contexts. All these skills, by correcting emotional regulation habits, lead to reducing the intensity of incompatible emotional experiences and hypochondriasis of women and returning emotions to a functional level. Fairholme et al. (2010) state that reappraisal is a powerful cognitive construct to the extent that it accurately reflects a person's true value system. Therefore, cognitive reappraisal as a very adaptive regulatory strategy for promoting or improving emotions and includes practicing flexibility in evaluating situations

and experiences, and using transdiagnostic therapy, women were able to address their concerns through evaluating their emotions. regarding their body to reduce and the signs of hypochondriasis in them will be reduced.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Islamic Azad University.

Author contributions

HM and PK contributed to the study conception and design, material preparation, data collection and analysis. The author contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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