

Effectiveness of Mindfulness Therapy to Reduce Depression Levels in Female Prisoners

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Abstract

This research is a quantitative research using a one group pretest-posttest design experimental method with the aim of the research to determine the effectiveness of mindfulness therapy in reducing levels of depression in female prisoners. Subject selection was carried out by purposive sampling. The subjects involved were five female prisoners who had the BDI-II category of moderate depression with a minimum sentence of less than one year in prison. The level of depression was measured using the BDI-II (Beck Depression Inventory) scale by Beck (1976). The BDI-II scale was given before and after being given mindfulness therapy and the data collected was analyzed using a paired sample t-test and effectiveness test. The results of the study showed that there was a significant difference in the level of depression, where the average level of depression decreased after receiving the intervention, the level of depression in subjects who previously had an average score of 25.4 decreased to 17.6. This shows that the intervention provided in the form of mindfulness therapy can reduce the level of depression in the subject. To test whether the results of the intervention were significant or not, the researcher also carried out a significance test using paired sample t-test analysis, but first the researcher carried out a normality test on the research data. Based on the results of the Difference Test analysis, a significance value of 0.022 ($p < 0.05$) was obtained, meaning that there was a significant difference between the pretest and posttest scores, so it could be concluded that there was a decrease in the level of depression in research subjects after being given intervention in the form of mindfulness therapy.

Keywords mindfulness therapy, depression, female prisoners.

INTRODUCTION

Indonesia is a country of law, as written in article 3 of the 1945 Constitution which states that everything has been regulated and must be obeyed by every citizen. This includes regulating people who violate norms and cause disruption to public order and tranquility, this is called crime. In the large Indonesian dictionary, crime is defined as an attempt or action that is detrimental, either to oneself or to others (Sugono, 2008).

The large number of criminal behaviors that have emerged is one of the complex problems being faced by the government and society in Indonesia, where crime is increasing from year to year. According to data from the World Prison Brief, it is stated that since 2000 the number of female prisoners and convicts in correctional institutions (Lapas) has increased, this includes Indonesia (Walmsley, 2017).

The Correctional Database System (2016) shows that the number of female prisoners is recorded at 5,000 and this number has fulfilled the capacity of prisons in Indonesia. This situation results in detainees and convicts living their lives crowded together due to limited residential space. The existence of these differences allows prisoners to experience difficulties, resulting in uncomfortable conditions and vulnerability to psychological problems.



Wimbarti (2013) stated that there are various psychological problems in prisons throughout Indonesia. The same thing was also mentioned by Harto, former head of the Sleman class II prison (2013) who explained that many prisoners had feelings of fear, anxiety, shame, guilt, disappointment, resentment and loss of self-confidence while in prison.

According to Lawrence & Andrew (2004), the emergence of psychological problems among prisoners is caused by several internal factors in prisons, including overcrowding, forms of violence, lack of privacy, lack of meaningful activities, isolation from social networks, insecurity, about the future and also about inadequate mental health services in prisons.

Prisoners actually have the right to have good health during their training period, but this lacks attention. This condition is caused by the increasing number of prisoners which also affects the readiness of prisons to carry out maximum training. Apart from that, limited facilities and the absence of resources related to mental health services are also vulnerable to making prisoners experience psychological problems in the form of anxiety, stress and even depression (Cooper & Berwick, 2001). Moreover, many prisoners before entering prison also have psychological problems so that these conditions develop further while they are serving a period of detention (The Offender Health Research Network, 2010; WHO & ICRC, 2014).

This condition is supported by research conducted by Hadjam (2014) regarding psychological problems among prisoners in Yogyakarta correctional facilities. The results show that there are psychological problems experienced by prisoners from various aspects, including cognitive, emotional, physical, social and behavioral aspects. Cognitive problems that often arise include negative thoughts about a bad life during and after leaving prison. In the emotional aspect, the problems found were feelings of guilt and regret. Meanwhile, many physical and behavioral aspects are found to be related to weight loss, loss of appetite, frequent feeling tired and difficulty sleeping. Meanwhile, in the social aspect, problems arise in the form of difficulties in adapting, social jealousy and violence.

Nurrahma (2015) also explained that during detention, a prisoner not only experiences physical punishment, but also psychological punishment. Where they will lose the freedom to meet and communicate so that feelings of meaninglessness will emerge with symptoms of feelings of emptiness, boredom and full of hopelessness. Then, prisoners also have psychological pressures that can be felt while living in prison, these conditions include feelings of low self-esteem, loss of self-confidence, the emergence of lack of self-confidence in facing problems and the presence of feelings of guilt (Snyder & Lopez, 2007; Williams & Lynn, 2010).

Psychological problems that arise in prisoners' lives, if not handled properly, can lead to depression. This condition is in line with research conducted by Gussak (2009) from 2003 to 2009 in Florida. The results showed that 25% of prisoners were identified as experiencing severe depression, 30% experienced moderate to mild depression.

Neale, Davidson, & Haaga (1996) define depression as a mood disorder with the main characteristics being feelings of depression, sadness, emptiness, loss of interest or enjoyable

activities, changes in appetite, insomnia or hypersomnia, motor disturbances or loss of motor agitation, fatigue and loss of energy, feelings of worthlessness or excessive guilt, reduced ability to think rationally, lack of concentration and thoughts of death or suicide.

The WHO survey (2008) showed that 22,790 prisoners from 12 countries experienced a prevalence of depression every 6 months. The same thing was also found in research conducted by Nursanti (2014). The results show that there is a prevalence of depression of 84.9% among prisoners in class II B Sleman prison. The same thing was also shown by research from Mukhlis in 2011, where the results showed that 30 inmates at the Rembang Class II B Detention Center were experiencing depression. The results of this research also reveal that there are three factors that cause the condition to arise. The first is internal factors in the form of negative thought patterns, low self-esteem and lack of self-confidence. Second, external factors which also include a lack of social support and a non-conducive environment. Third, maladaptive coping strategy factors in dealing with problems that arise.

Apart from these conditions, depression in prisoners is also influenced by the period of detention they receive, the longer the prison period they serve, the higher the stress condition (Siswati & Abdurrohman, 2009). This is also the same as the results of research conducted by Wibowo, in 2013, which stated that prison sentences were a risk factor for depression in prisoners.

Based on the field data, researchers conducted a preliminary study at the class II A detention center in Surabaya to find out the real problems in the field. Researchers conducted focused group discussions (FGD) with female prisoners to find out existing problems, then researchers also distributed the BDI-II scale to see the level of depression they had.

The results found several problematic themes that lead to depression. Among them is a feeling of guilt for the crime committed. Feelings of helplessness, lack of hope, fear of the future, feelings of disappointment and anger at the outcome of the trial decision which were not what they wanted, difficulty sleeping due to inadequate room capacity and loss of appetite. Then, researchers also found data on 20% (five people) of 25 female prisoners who had a new prison term (less than one year) who had BDI-II scores in the moderate depression category.

Based on the results of preliminary studies that have been carried out, it is proven that depression is the relatively most common psychological problem found. Most of the prisoners complained that they had feelings of guilt, hopelessness, feelings of depression and worthlessness. This was also seen from the results of the BDI-II scale where there was a percentage of 20% (five people) of prisoners experiencing moderate depression.

Theory and various research results so far also agree that symptoms of depressive disorders can include symptoms of thinking style, affective and physical symptoms, whether psychomotor or psychosomatic (Beck & Emery, 1985; Wilkinson, 1992; De Clerq, 1994; American Psychiatric Association [APA], 2003; Garnefski, Kraaij, & Spinhoven, 2002;

According to Rosenhan & Seligman (1989) one aspect that shows symptoms of depression is cognitive. Where individuals who experience depression will tend to focus too selectively on the bad possibilities and aspects in their life and environment, thus



encouraging individuals to develop negative cognitive distortions, such as excessive feelings of guilt, feelings of worthlessness and patterns of punitive behavior.

A person who has strong irrational beliefs will never be able to see the positive side of himself and will always think that he is worthless compared to the people around him (Chamberlain & Haaga, 2001; Snyder & Lopez, 2007). People with depressive disorders have negative thoughts that arise automatically and indirectly influence their feelings and behavior so they need to carry out cognitive restructuring to change negative thoughts and look for other more appropriate alternative thoughts (Westbrook, Kennerley & Kirk, 2007).

One therapeutic technique that has been proven effective for treating depression sufferers is cognitive behavioral therapy. Where, this therapy can help reduce the emergence of negative thoughts about individual conditions and the environment. In this research, researchers not only focus on cognitive reconstruction related to irrational beliefs, but also help individuals to focus more on awareness of what is happening so that individuals are not tied to the past or future. This will also direct individuals to be non-reactive and non-judgmental towards the overall experience, whether positive or negative in order to reduce the level of suffering or pain and improve the well-being of life (Germer, Siegel, & Fulton, 2005).

The technique chosen in this research is mindfulness. Kabat-Zinn (2004) explains that mindfulness is a process that conveys the quality of attention to the recipient of the experience here, now without the need to assess and accept thoughts, feelings or sensations that arise from the current conscious state. Wood (2013) also defines mindfulness as a condition where a person is truly present in a particular situation so that he or she is full of awareness and helps the individual not to let the mind wander to yesterday's events or tomorrow's plans so that the individual only focuses on the activities carried out that day. This.

Based on the definition above, Baer et al. (in Duncan, Coatsworth, & Greenberg, 2009), describes five components of mindfulness, namely acting with awareness, the ability to observe, the ability to describe, a non-reactive attitude towards experiences and an attitude without judgment towards experience.

Crane (2009) stated that mindfulness therapy can be taught to various groups and individuals who have physical and psychological problems, including prisoners in prison. Various studies have been conducted to prove the effectiveness of mindfulness in reducing various psychological problems, including depression.

Germer et al (2005) explained that mindfulness is a relatively simple approach and is able to reach human abilities in general. Mindfulness teaches individuals to observe their own thoughts so as to increase awareness of experiences in everyday life (Evans et al., 2008).

This research aims to determine the effectiveness of mindfulness therapy in reducing levels of depression in female prisoners. Based on the research objectives and the problem formulation that has been explained, the hypothesis proposed in this research is that mindfulness can reduce the level of depression in female prisoners at the Class II A Detention Center in Surabaya.

METHOD

This research is quantitative research with experimental methods. The type of experiment carried out was pre-experiment with a one group pretest-posttest design. The variables studied were depression as the dependent variable and mindfulness therapy as the independent variable.

The subjects of this research were five female prisoners at the class II A women's detention center in Surabaya. The research subjects were selected using a purposive sampling technique, namely based on the results of interviews with the head of the class II women's detention center in Surabaya regarding the conditions of female prisoners who had served less than 1 year in prison. Researchers also carried out initial examinations by holding focused group discussions (FGD) with female prisoners to find out existing problems. Apart from that, it also provides the BDI-II (Beck Depression Inventory) scale, which is a measuring tool that is able to describe a person's depression (Beck, Steer & Brown, 1996). The criteria for research subjects are: (1) are prisoners in the Surabaya class IIA women's state detention center, (2) have served a minimum of one year in detention, (3) have a tendency to psychological disorders, in this case what is meant is depressive disorders, (4) willing to attend the intervention session until completion.

The research instrument used to measure the level of depression was the BDI-II Scale created by Beck (1976), then revised to be more consistent with DSM-IV criteria in 1996. In the original version, the BDI-II received a Cronbach's alpha reliability value of 0.92 which is higher than the BDI which is 0.86.

The treatment given is mindfulness therapy, which is a process that conveys the quality of attention to the recipient of the experience here, now without the need to assess and accept thoughts, feelings or sensations that arise from the current conscious state (Kabat-Zinn, 2004). Wood (2013) also defines mindfulness as a condition where a person is truly present in a particular situation so that he or she is full of awareness and helps the individual not to let the mind wander to yesterday's events or tomorrow's plans so that the individual only focuses on the activities carried out that day. This.

Mindfulness therapy, which is given as a psychological intervention, individuals are taught to raise awareness of body sensations, thoughts and emotions and help individuals to respond more easily to the emergence of depressive symptoms (Crane, 2009). The mindfulness therapy that will be given refers to five basic aspects, namely: acting with awareness, the ability to observe, the ability to describe, a non-reactive attitude and an attitude without judgment so that you are able to think non-reactively and not judge the experience as a whole.

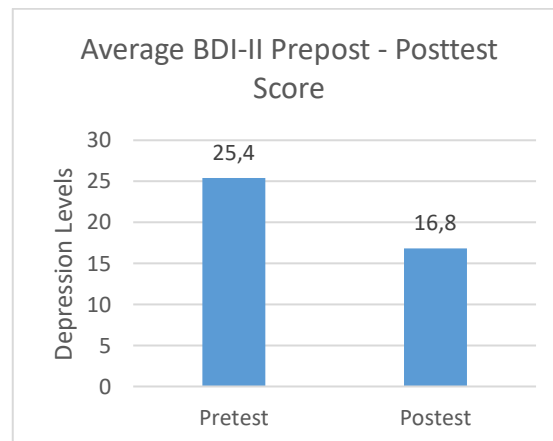
RESULTS AND DISCUSSION

The level of depression experienced by the subjects in this study was measured using the BDI-II (Beck Depression Inventory) scale created by Beck (1976), then revised to be more consistent with DSM-IV criteria in 1996. The scores obtained from the BDI-II will then be compared to see differences in scores before and after intervention. Apart from that,



researchers will also test the effectiveness of the mindfulness intervention given to research subjects.

Researchers conducted a different test to see the significance of the difference in scores obtained before and after the intervention. The results showed that the subjects experienced a decrease in depression levels, as seen in the graph below:



Graph Average BDI-II Prepost-Posttest scale score

In the graph above, it can be seen that the average level of depression of the subjects decreased after being given the intervention. The subject's depression level, which previously had an average score of 25.4, decreased to 17.6. This shows that the intervention provided in the form of mindfulness therapy can reduce the level of depression in the subject.

To test whether the results of the intervention were significant or not, the researcher also carried out a significance test using paired sample t-test analysis, but first the researcher carried out a normality test on the research data. The results of the normality test can be seen as follows:

Table 1. Normality Test Results

Data	Skewness Statistics	Kurtosis Statistics	Information
<i>Pretest</i>	-1.46	1.01	Normal
<i>Posttest</i>	1.29	-0.00	Normal

The normality test can be seen from the skewness and kurtosis values. The condition for data to be classified as normal is if it has a skewness value in the range -1 to 1 and a kurtosis value in the range -2 to 2. If you look at the pretest and posttest data in table 2, it can be concluded that the skewness and kurtosis values in the data have a normal distribution.

After obtaining normally distributed data, statistical analysis of the paired sample t-test was then carried out. The results of the paired sample t-test can be seen as follows:

Table 2. Results of different paired sample t-tests

Data	Mean	Std. Dev	Q	Sig. (2-tailed)
<i>Pretest-posttest</i>	8.6	5.32	3.61	0.022

Based on the results of the Difference Test analysis in table 3, a significance value of 0.022 ($p < 0.05$) was obtained, meaning that there was a significant difference between the pretest and posttest scores, so it can be concluded that there was a decrease in the level of depression in research subjects after being given intervention in the form of mindfulness therapy.

This is in line with research conducted by Meygobi and Ahadi in 2019 regarding the mindfulness program for prisoners to reduce depression in prisoners, where the results showed that the mindfulness program could significantly reduce depression in prisoners.

This condition is also in line with research conducted by Lau & Hue in 2011, the results of which show that mindfulness can be recommended to help reduce depression and also improve an individual's well-being. Furthermore, the same thing was also explained by Shomaker, et al (2017) about individuals who received mindfulness therapy had a greater reduction in depressive symptoms than individuals who did not receive it.

Then, researchers also calculated the effectiveness of mindfulness therapy to reduce the level of depression in female prisoners using effect size calculations. The results can be seen as follows:

Table 3. Effect size results

Data	Mean	Std. Dev	Effect Size	Category
<i>Pretest-posttest</i>	8.6	5.32	1.62	Low

Based on the results of the effect size calculation carried out, a value of $1.62 < 0.2$ was obtained, which means that the intervention given in the form of mindfulness therapy had low effectiveness in reducing the level of depression in female prisoners.

However, the effectiveness of the mindfulness therapy intervention provided has succeeded in encouraging individuals to have better conditions. This is in line with the opinion of Siswanto (2007) who states that mindfulness therapy is able to encourage individuals to be brought to a calmer state and achieve self-awareness so that individuals are able to reduce behavioral symptoms of depression. This condition cannot be separated from the individual sessions between the subject and the researcher, where the stages given are in the form of:

Firstly, providing psychoeducation is related to the problems and interventions that will be provided. In the process, the subjects were able to understand the psychoeducation session provided well. They begin to realize the unfavorable psychological condition they feel.

Second, self-recognition and self-reflection techniques are provided. This aims to help the subject recognize personal potential that are not yet visible and train the subject to



recognize their negative thoughts and feelings. In its implementation, the subjects were invited to observe themselves objectively and describe the behavior that emerged, especially behavior that endangered themselves. In this session, subjects were also directed to observe themselves through a short relaxation guided by the researcher. Then they are invited to release the negative emotions they are holding back. The subjects revealed what weighed on their minds during their first year as female prisoners. The things that arise most often are feelings of guilt, sadness and regret for their mistakes that landed them in detention.

Third, recognizing body sensations and body detection to foster the subject's acceptance and appreciation for oneself and others as a way to fulfill emotional regulation. In this session, subjects are invited to accept aspects of their lives without distorting, judging and evaluating rashly so that they are able to learn and follow the strategies that have been created to achieve the goals of the intervention session. During this session, researchers invited the subjects to respect themselves and make goals for what they would do after leaving the detention cell. In the process, some of them said they wanted to reunite with family, relatives and friends. try to be better by looking for a decent job again. Apart from that, some of them also stated that while in the detention cell they wanted to get closer to God and increase their worship. The emergence of this hope can be a problem solving for them to reduce the appearance of depressive symptoms.

The achievement of individual mindfulness abilities is also better with the informal application of mindfulness carried out by the subject outside the intervention session. This aims to train individual consistency in applying the mindfulness training that has been obtained. In the process, the subjects admitted that they had difficulty concentrating when doing mindfulness exercises outside of the sessions given by the researchers. This condition occurs because of limited space for training so that the subjects have difficulty concentrating. The cramped, hot and noisy detention cell is an inhibiting factor.

This finding causes the calculation results from the effectiveness test of this research to be in the low category due to conditions that are less supportive of increasing the effectiveness of the results of the intervention provided. Shadish, Cook and Campbell (2002) explain that there are several threats to validity in research that are tied to variables that cannot be controlled by the researcher. In this regard, researchers identified that limited space during the intervention process was a threat that researchers could not control.

CONCLUSION

1. *Mindfulness therapy* which has been implemented has resulted in changes in the level of depression in prisoners, although the effectiveness of the mindfulness therapy provided has not provided many significant changes in reducing depression experienced by prisoners.
2. The lack of effectiveness of the mindfulness therapy provided was influenced by limited space during the intervention process.

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