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The Efficacy of Hope Therapy on the Elderly Depression in Mehriz Day Care Centers

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ABSTRACT

Aging is a period in which people, while basically unattended by others, are more exposed to stressors and various pressures of life. This study was, therefore, targeted to reveal the effects of hope therapy on depression and the life quality of the aged people in day care centers of Mehriz, a town in Yazd province, in 2013. The statistical population of this research embraced all the elderly in day care centers in Mehriz. The sample size included 24 elderly women who were assigned to two experimental (12) and control (12) groups. The present study enjoyed apretest-posttest quasi-experimental design. The instrument used in the study was a questionnaire on the elderly depression (G.D.S).The results of the covariance test revealed that there was a significant difference between the experimental and control groups. The hope therapy played a significant role in alleviating the elderly depression level. The results generally indicate that such a therapy can be regarded as an efficient remedy in decreasing the elderly depression.

Key words: Hope therapy, Depression, Life quality, Elderly.

INTRODUCTION

Aging is a process that all living organisms, including human beings, will eventually come to. Aging is not a disease; rather, it is a biological phenomenon through which the body undergoes physiological and psychological changes[5]. Aging is a process through which an adult is deteriorated into a person whose physiological systems get weaker and more vulnerable to various diseases and eventually death [19]. Breakthroughs in medicine, improved sanitary measures and living standards, lower mortality and birth rates have all contributed to increasing average life expectancy. Nowadays, the average life expectancy in certain developed countries has reached beyond 85 years. In Iran, the average life expectancy has reached 65 years. The latest released statistics in 2007 show that there are roughly 5 million people over the age of 60 and it is estimated that this figure will rise to 25 million in the next 12 years[22]. The elderly suffer more stressors along with a variety of pressures simply because they have lived longer[18] Most of the problems that the elderly face are physiological illnesses, impaired motor functioning, and psychological problems [7].Among the different diseases in this period, the psychological disorders especially depression and dementia are of particular significance [14, 3].Meanwhile, due to the specific manifestations of depression in the elderly, the fear of being stereotyped as a psycho, and their perception of depression as a natural and inevitable part of aging may prevent them from consulting physicians who in turn experience problems in diagnosing the disorder timely. Untreated depression in the elderly may lead to a decrease the quality of life for themselves and their dependants. The complexity of biological, psychological and social factors in creating and sustaining depression necessitates a closer attention to such a disorder[20].

Depressive disorder is one of the most common psychiatric disorders of the 20th century with a prevalence ranging from 43 to 86 percent in day care centers. Depression increases along with age and gets more common from the age

of 40. Statistics indicate that as people age, they are more likely to experience depression and commit suicide, and that is the reason they are sent to sanatoriums and day care centers[21].

Depression in the elderly, often unnoticed, has a grave effect on the quality of their lives, recovery of clinical illnesses, general functioning, the use of medical services, their mortality and disability. Most of the elderly suffering from depression often initially refer to a health care center complaining about their physiological problems. Furthermore, depression entails the consumption of more drugs accompanied by spending more on both prescriptive and over-the-counter medicines. This in turn leads to a higher risk of drug use, a more prolonged stay in the hospital and its associated high costs[12]. Various therapeutic measures are used to treat depression in the elderly. Among the most effective remedies are cognitive therapy and interpersonal psychotherapy. In Snyder's view, hopetherapy is a feature which includes goal, pathway and agent to achieve the goals while considering and overcoming the obstacles. In his view, goal, the first constituent of hope, is what one does or wants to achieve, no matter how large it is[13].According to Davidson, an empirical psychologist, there are circuits in the frontallobe which are linked to positive emotions, and are located on the way to amygdale. This explains why some people are able to overcome their fear by mobilizing the spirit of courage, or defeat disappointment through love. This ability is likely to be a reflection of our genes and experiences forming the brain's hereditary circuit. In other words, negative emotions penetrate the positive ones. This type of interaction occurs when a goal is set up and the method to achieve it is pursued. It seems that such behavior engages the reward circuits, which are full of Dopamine, available in prefrontal cortex, and move toward the lower and deeper parts of the brain including amygdale and hippocampus. This goal-finding attempt along with the reward circuits is what generates hopes in individuals. Therefore, reviving hope includes setting up a positive goal, predicting a reward for its attainment, and dreaming its fulfillment [9]. In a study carried out on the efficacy of hope therapy on the amount of hope and depression of the patients suffering from cancer, it was revealed that those receiving hope therapy significantly enjoyed more hope while gaining less depression compared to the control group[17].Exposing patients to hope therapy can be a remedy for handling depression and boosting hope in individuals [1].Furthermore, the empowerment program for the elderly, as a kind of hope therapy, lowered the depression rate in them compared to the pre-treatment period [8].

The elderly have already been through numerous experiences and impediments, yet new obstacles might result in negative emotional responses in them. This study is deemed significant as it addresses an issue important to all: the elderly's state of health. Therefore, to achieve this end, different studies can be conducted to study and find approaches to boost the elderly health. Given the fact that the elderly make up a large portion of our population due to a longer life expectancy, their health state and life quality as well as its effect on family and society's health gains importance. Also, considering the prevalence of psychological disorders, particularly depression, the study of different psychotherapies including hope therapy gains momentum. The research question addressed in the current study is whether hope therapy is efficient in decreasing depression and promoting life quality among the elderly.

MATERIALS AND METHODS

The present research used an experimental pretest-posttest design containing a control group. The design scheme is as follows:

Pretest-posttest design containing a control group

(E) Experimental Group R 01 * 02

(C) Control Group R 03 - 04

The statistical population of the current research covered all the elderly looked after in day care centers in Mehriz. The sample size included24 women who were assigned in two groups following their random selection. The first group, known as experimental, underwent a hope therapy course. The participants of the second group, i.e. the control group, did not receive any treatment at all. An evaluation of the participants' depression as well as their life quality was made at two stages both before the treatment as a baseline and after the intervention. The treatment lasted for eight individual sessions for the experimental group. The treatment method consisted of instructional sessions based on hope therapy (a mixed treatment including Snyder's Hope Theory, cognitive-behavioral treatment, solution-centered treatment, and fiction therapy). The contents of the therapy package or the techniques used by the consultant are shown in Table 1 below.

Table 1. Contents of therapy sessions

The process of hope therapy consists of two main stages, each of which covers two steps: The first stage is hope creation or induction which is obtained via hope finding and hope strengthening. Hope augmentation is the second stage carried out by the facilitation of both increasing and sustaining hope.

1. Hope-finding: recognizing hope via self-narration.
The following measures are taken by the therapist:
1. Persuading the client to talk about his problems.
2. Training body relaxation and controlled meditation. The therapist starts each narrative session with a brief body relaxation exercise and controlled meditation in order to help the client to better match with his mental images and emotions.
3.Focusing on the problematic domain. The therapist starts his job with the memories of the domain, and tries to explore it from different angles in the client's life.
4. Offering the client the logic involved in the therapeutic measures.
5. Aiding the client to change the events of narration from hopeperspective. The therapist is eager to show him the direction when necessary.
6. Drawing a conclusion by re-orienting the client to the present. He also makes a connection between the previous stories to each other and to the present problem of the client.
7. Remaining stead fast in making good use of stories. When a new domain is discovered, he goes on with the rest of the story in the following sessions.
8. Encouraging hopeful pieces of writing between the treatment intervals. He sifts through the writings to find something promising and inquires the client's reaction to it. He asks the subject, for instance, to write about the aims of the domain and how he has tackled them across different stages of life.

2. Strengthening hope:
Solidarity between the therapist and the client is the main factor to solidify hope in the client. Their cooperation is actually based on an agreement about the objectives and requirements of counseling as well as astrong feeling of affinity. Success in hope therapy typically depends on mutual love, trust, respect, commitment and understanding of the counseling task.

3. Hope augmentation:
The strategies of hope augmentation typically include a series of tasks for the client targeted at (a)achieving more specific conceptualization of reasonable aims, (b) creating numerous methods to accomplish the goals, (c) storing energy for pursuing the aims, and (d) reinterpreting the insurmountable obstacles as the issues to cope with.

In line with the principles of hope therapy, these techniques have been designed to assist therapists in identifying the client's weaknesses and increasing their qualifications in the domains requiring improvement.

Optimization techniques for objective-spreading:
1. Creating a framework to clarify objectives
2. Creating clear and feasible objectives
3. Creating an inner film
4. Looking for hope-inducing stories
5. Profiling hope
6. Finding the silver cover

4. Sustaining hope:
Hope sustainment acts as the feedback stage of hope therapy process, the purposeful search, and the recollection of the previous hopeful efforts. This strategy helps the therapy-seeker boost his own hope through the recognition of hopeful thoughts, identification of obstacles, proper goal-setting and impediment consideration.

Research instruments

GDS questionnaire

A Geriatric Depression Scale (GDS) questionnaire includes the following 15 items: life satisfaction, changes in activities and interests, having good spirits, preference to stay home, emptiness of life, boredom, spiritual condition, fear of mishap, feeling of helplessness, having memory problems, life joy, feeling of worthlessness in the present condition, feeling of maximum energy, feeling of hopeless situation, and comparing one's own situation with that of others.

The GDS questionnaire is responded via either 'yes' or 'no'. The positive answer to items 2,4,5,6,8,9,10,12,14, and 15 is given one point while a negative response to the above items is counted as zero. Also, each 'no' answer to items 1,3,7,11, and 13 is given one point whereas the 'yes' response to the above items is given a zero point. To compute the total score, the positive or negative responses coded as 'one' will be considered. Obtaining a score of 0-4 is suggestive of lack of depression. A score ranging from 5 to 8 shows mild depression. A score of 9-11 indicates average depression, and 12-15 is indicative of acute depression.

The validity and reliability of the questionnaire on demographic information and the elderly depression assessment test have been normed for the elderly population in Iran by Malakootiet al. The obtained figures are as follows: Cronbach α (0.9), construct validity(0.89), and test-retest reliability(0.58). The cut-off score of 8 was obtained for this form with a sensitivity of 90% and a characteristic of 84% [5].

RESULTS

To analyze the data, measures of central tendency(mean and standard deviation)as well as the inferential test of covariance were used.

The sample size in the current study included 22 elderly women within the age range of 60 and 75. Their literacy status ranged from illiterate to elementary education. The result of parametric and non-parametric tests showed that the participants in both experimental and control groups were not significantly different from each other in terms of demographic features($p>0.05$). The following table depicts the mean and standard deviation of the two groups in both pretest and posttest.

Table 2- Mean and Standard Deviation of depression in the elderly

Group	Pretest			Posttest		
	Mean	SD	No.	Mean	SD	No.
Experimental	16.75	6.5	12	11.91	6.38	12
Control	16.75	4.7	12	17.41	6.31	12

Table 3- Levene's Test

Variables	F	df_1	df2	Sig. value
Depression	0.41	1	22	**0.52**

Following the normality assumptions, Levene's test and regression slope, the inferential test of ANCOVA was conducted for the two groups the results of which are displayed in the following table.

Table 4- Result of the between-groups test for the elderly depression

	Sum of squares	df	Mean squares	F value	Sig.	Effect Size	Observed power
Pretest	532.80	1	532.80	31.51	0.0001	0.60	1.0
Group	181.50	1	181.50	10.37	0.004	0.34	0.87

As it is shown in the above table, following the removal of the effect of covariate variable on the dependent variable, and given the calculated F value, a significant difference was observed between the adjusted means of the posttest scores obtained by the elderly participants in both experimental and control groups (p=0.004). Therefore, the first hypothesis is confirmed verifying the positive effect of hope therapy on alleviating depression. The effect size in the posttest turned out to be 34%.The observed power approximating 0.87 and the significance level of 0.004 are indicative of the adequacy of sample size.

DISCUSSION AND CONCLUSION

The results of the study reveals that hope therapy in the posttest stage has led to a decrease in depression(p=0.004). The obtained results are consistent with some other similar studies conducted by Ghasemi, Abedi and Baghban[7], Frese[6], Chimich and Nekolaichak[4], Shin and Park[17], Alaeddini[1], GolKarami et al[8].

The current study further revealed thatstory telling is regarded as the key element of narration therapy and a component of hope therapy as the participants offered an account of their memory about any problem followed by a narration of their own anecdote. During psychotherapy sessions, the therapist cooperates with the client to modify the stories. This kind of adaptation toward more rational narrations is effective in decreasing depression. As shown by Shervin et al. (1992), attending a course of hope therapy and increasing the amount of agency thought will step up meaningfulness of life, self-esteem and vivacity while decreasing anxiety and depression. In yet another study, an increase in pathway and agency thought accounts for a reduction in the participants' hopelessness, anxiety and depression leading to a significant improvement of happiness [11]. In the current study, using her own capabilities, qualifications and situation, the client assisted by the therapist can find a way out of depression by finding a solution, pursuing the goals, as well as strengthening agency and pathway thoughts. Identifying internal and external impediments and their real magnitude along with the ways to overcome them through solution-oriented, cognitive-behavioral, and story therapies will have a significant effect in lessening depression. All in all, the hope therapy instructs the client to be her own therapist and apply whatever she has learned in therapeutic session to her real life. This kind of self-therapy has proved to work in reducing depression.

As another account, it can be stated that relaxation exercises, if done repeatedly in the institution and at home, will counteract the mood of the depressed client by helping him how to deal more effectively with his emotions,

memories and attitudes. Given the expressed problems, the goals are set, clarified and operationalized. Then, accessible goals will replace inaccessible ones. In this process, the client will wonder what he is really looking for. Furthermore, the goals are organized in his mind, relieving him of his mental derangement. This in turn will cause a decline in depression. Given the fact that positive affections dwindle in the elderly while negative affections soar, and the fact that both positive and negative emotions such as excitement and derangement decline[15], the client can better curb his affections and emotions by going through relaxation exercises

Hope as an intervening variable leaves negative significant effects on the depression rate [2]. Additionally, there is a positive correlation between religiosity, spiritual well-being, hope and other moral behaviors. There is also a strong negative correlation between internal religiosity, depression and other negative behavioral patterns. Given the above, instructing a patient to become hopeful is used as an effective therapeutic treatment for depression and hope augmentation. The research conducted by Kamaladdini[10] further showed that hope therapy could bring about a decrease in depression(p<0.001), an increase in hope(p<0.003), and an improvement in life quality(p<0.003). Interestingly, these positive results lasted fora month after the therapy sessions.

Since hope therapy is concerned with cognitive processing and its features (agency and pathway thoughts) are cognitive too, incorporating any changes in such cognitive characteristics will probably lead to a change in people's moods. Also adopting a hopeful attitude will help people focus on the present and take measures to achieve significant life goals in the present and future. This process is a kind of re-orientation that leads to the clients' self-assessment and improves their moods[11, 10]Among the limitations of the present study was that the sample size was limited to the elderly women. Therefore, it is suggested that the study is replicated among the elderly men as well.

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