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A Survey on Efficacy of group logotherapy on loneliness and anxiety of death in elderly people

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ABSTRACT

The current study is a quasi-test study to evaluate the effectiveness of logotherapy in group method on loneliness and anxiety of death among elderly people. The population of the study included all seniors 65 years old and older living in sanitarium in Mashhad. The sample consisted of 20 elderly men and women living in sanitarium in Mashhad on 2013-2014 which were selected from above population in an available and voluntarily sampling way and then were randomly assigned to two groups.[1]The instruments consisted revised loneliness scale [1] and Death Anxiety Scale [2]. The analysis of covariance was used for Data analyzing. The results showed that there is a meaningful difference between test and control groups on the scale of loneliness and anxiety of death (p<0.05)

Keywords: Logotherapy, loneliness, anxiety of death

INTRODUCTION

Aging meaning in today's society compared with old days is too different. Most people has a concept in their mind that elderlies are poor and sick people who are weak and are not expected nothing but death. While; today, many seniors thanks to a deep evolution of scientific, social and economic are healthy people and eager to participate in family and community affairs, and only a small group with severe disease may suffer diseases [3]. We usually consider people older than 65 years old as elderlies. In Iranian culture, according to the importance of family and family affiliations and also emphasis that Islam is respect for the elderlies, they expect their children to support them when they are old, as they did for their children in their childhood But when they dwell in sanitarium, their expectations are not met and sometimes they feel isolated [4]. Evidence shows that loneliness is a widespread phenomenon and effects on 25 to 50 percent of the population over 65 years according to age and sex [5].

As older adults feel death, they show a death anxiety. Death anxiety is among emotions that strongly affects psychological life of the human and mental health of human beings to the level of control over the anxiety [6].

In the field of loneliness feeling, no research has been conducted in Iran and need for more attention in this area is necessary. In Hemati, Alamdarlu, Dehshiri, Shojaee and Hakimie rad researches (2009), elderlies who were living away from their families, compare with elderly people who dwell in their home suffer more from loneliness feeling[7]. Piroy (2007) study showed that elderly who live near their families because of the richer social network and social communication compare with elderly living in sanitarium are more satisfied[8]. In another research that Aziz (2010) conducted on 145 elders aged 60 years old and higher, he studied prevalence of anxiety of death in Muslim elderly people and showed those who live in sanitarium are more tend to death anxiety rather than others, women and illiterate people

reported more fear of death[9]. In another research, Mascaro&Rosen (2006), studied role of existence meaning as a barrier against stress in 143 university graduates[10]. The results indicated that the meaning in life is a hedge against depression. In Sarajjakools research (2008), the role of spirituality and meaning in a qualitative study among 15 patients with depression were examined[11]. The results indicated that the meaning and spirituality plays a significant role in overcoming on depression. Based on what was stated and due to increasing elderly population, which is a significant loss of quality of life due to gradual disability, it is necessary to research about the effectiveness of Logotherapy in improving loneliness and anxiety of death in elderly people.

MATERIALS AND METHODS

This study is quasi-test research that study the efficacy of group logotherapy on loneliness and anxiety of death in elderly people. The population of the study include all 65 years old and older elderlies living in sanitarium in Mashhad and the population sample of the research consisted of 20 elderly men and women living in sanitarium who were selected from the population in available sampling way and they were divided into two test and control groups. First, emotional loneliness questionnaire and death anxiety questionnaire scale conducted as pre-test. Then, 10 therapeutic sessions of 90 minutes based on Frankel logotherapy in groups was held. During this time, the control group did not receive any intervention. At the end of treatments, the test was administered again as research tools.

The content of the sessions Include:

First session: Filling the questionnaires and introducing group members to each other. *Second session*: Familiarizing group members with group counseling and logotherapy. *Third session*: Explain and define the logotherapy. *Fourth session*: Expression of existential frustration. *Fifth Session*: What is the existential vacuum? What is stress and how to cope with stress and anxiety? *Sixth session*: Anxiety in different viewpoints, predicted anxiety the opposite intent technique and its application was described. *Seventh session*: Creating meaning through doing something worthwhile. *Eighth session*: Creating meaning through high value experience and also through pain and suffering. *Ninth session*: Explaining concepts of freedom, choice, responsibility and death, and learning elimination reflect and techniques, correct attitudes and recalling technique. In tenth session above issues was reviewed with Members and one week later the post test was conducted.

Measurement tools

UCLA Loneliness Scale: This scale has organized by Russell Ferguson from University of California in order to evaluation of loneliness feeling. This scale consists of 20 items that 10 items negatively and the other 10 items are positively related to loneliness. Oppositely, each sentence according to the original form includes never, rarely, sometimes or often that each one score in scaled manner. In order that grade 1 to never option and grade 4 is awarded to often option. According to this method of scoring, acquiring more scores on this scale is more than loneliness in testee. The minimum score that testee can acquire is 20 and maximum score is 80.

Death anxiety scale (DAS): This questionnaire was built in 1970 by Templer and contains 15 articles which measures the attitudes of testees to death. Testees' responses to each question with yes or no options are specified. Yes answers indicate anxiety in individual and scoring method is in a way that 1 point for each correct option and zero score for each option that is considered wrong. Of course, this method of scoring in questions 10, 11, 12, 13, 14 and 15 is inverted (correct and incorrect zero score: 1 point). To get rating points each after the individual questions together after their hospitality. Of course, this method of scoring is inverted in questions 10, 11, 12, 13, 14 and 15 (correct: zero and incorrect: 1 point).

Findings

Table 1. Shows descriptive indices (mean and standard deviation) in test and control groups.

Table 1. Descriptive characteristics re	elated to participants age
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Variable	Group	Number	Mean	Standard deviation
1 00	Test	10	68.00	2.45
Age	Control	10	68.40	2.67

Table 2. Distribution of testee's base on number of children

	Test		Control			
Number of children	Frequency	Percent	Number of children	Frequency	Percent	
1child	5	50	1child	5	50	
2children	1	10	2children	2	20	
3children	4	40	3children	3	30	

scale	Crowns	Pretest		Post-test		Post-test after deletion of Pretest		
	Groups	Mean	Standard deviation	Mean	Standard deviation	Mean	Standard deviation	
lonalinasa	Test	62.20	5.92	41.20	8.05	21	7.36	
loneliness	Control	63.20	5.20	62.5	5.08	0.7	1.34	

In Table 3 we can see descriptive indicators of loneliness scale in the test and control groups in pretest and posttest. The mean for both groups in pretest has no obvious difference. But in the post-test performance of test group compare with control group is higher. In the above table it is observed that the performance of the test group were higher.

scale	Groups	1450			est	Post-test after deletion of Pretest		
scale	Groups	Mean	Standard deviation	Mean	Standard deviation	Mean	Standard deviation	
lonalinasa	Test	11.60	2.22	4.90	1.20	6.70	1.42	
loneliness	Control	11.40	2.01	11	2.16	0.40	0.70	

As it can be seen in Table 4, the average death anxiety of elderlies in pretest of test and control groups has no obvious differences. In section inferential analysis of covariance, using independent t-test showed a significant difference between the two groups were compared. To evaluate the normal distribution of data in Kolmogorov–Smirnov test was used.

Table 5. Results of Kolmogorov-Smirnov test to check the normality of data distribution

	pre-	-test	post-test		
Variable	test	control	test	control	
	Significant level	Significant level	Significant level	Significant level	
loneliness	0.29	0.90	0.37	0/88	
Death anxiety	0.26	0.13	0.6	0/46	

The results of table 5 shows that significant level of Kolmogorov - Smirnov test in data are more than 0/05 so it can be said by 95% that the distribution of data is considered as normal. In addition to the peer review of the two groups at baseline independent t-test was used and to evaluate the assumption of homogeneity of variances Levine test was used that results presented in Table 6.

Table 6. Analysis of t-test in independent groups and evaluate the significance of differences in variances between the scores of loneliness and anxiety of death in the elderly on pretest of both test and control groups

scales	Groups	Mean	Standard deviation	Number	F	t	df	sig
Loneliness	Test	62.20	5.92	10	0.06	0.40	19	0.60
Lonenness	Control	63.20	3.20 5.20 10 0.9		0.90	0.40	10	0.09
Death and the	Test	11.60	2.22	10	0.50	0.21	10	0.02
Death anxiety	Control	11.40	2.01	10	0.52	0.21	18	0.85

According to the results of Table 6, it is observed that the F value to this data is not significant. As a result, the assumption of homogeneity of variances between test and control groups was also considered. There is no a significant difference between scores variance of loneliness and death anxiety scale in pretest of test and control groups. And the default researcher on homogeneity of variances in pretest of both groups.

Considering the results, independent t-test is not significant for any of the variables. Thus, the two groups are matched at baseline. And F test for homogeneity of regression coefficients is not significant in any of the studied variables. So, given the similarity coefficients of the regression, covariance analysis is performed.

Table 7 Comparison of test and control groups at baseline

Scales -	The statis	tical comparison in pretest	Homogeneity assumption regression slope			
Scales	t	Significance level	F	Significance level		
Loneliness	1.65	1.32	1.82	0.089		
Anxiety	1.81	0.10	2.07	0.076		

The first hypothesis of this study indicated that "group training of logotherapy reduce the loneliness of the elderly influence.

Table 8. Summary	v results of analysi	s of covariance fo	or the variable of	loneliness in elderlies

Change resources	SS	df	MS	F	Significance level	Effect size	Statistical power
Pretest effect	339.31	1	339.31	12.09	0.003	0.42	0.91
groups	2086.90	1	2086.90	47.41	0.000	0.81	1.000
Error	229.43	27	8.49				
Total	111945	30					

As concluded from Table 8, the value of F as a result of analysis of covariance was performed after excluding the effect of pre-test P<0/05 is significant. So, with 95% possibility, group training Logotherapy Effect on reducing loneliness of the elderlies.

The second hypothesis of this study indicated that "group training of logotherapy is effective on anxiety reduction in mortality of the elderly."

Table 9. Summary results of covariance analysis testfor variable of death anxiety of the elderly

Change resources	SS	df	MS	F	Significance level	Effect size	Statistical power
Pretest effect	39.648	1	39.648	44.192	0.000	0.72	1.000
groups	194.213	1	194.213	216.47	0.000	0.93	1.000
Error	15.25	17	0.89				
Total	1505.000	20					

As derive from Table 9, the value of F as a result of analysis of covariance after excluding the effect of pre-test P<0/05 was significant. So, with 95 percent of possibility, the effect of group training of logotherapy has been effective on elders.

CONCLUSION

The purpose of this study was to evaluate the efficacy of Logotherapy on loneliness and anxiety of death among elderlies. The results showed that group training of logotherapy on loneliness and death anxiety of elders had a significant effect. According to this research, group logotherapy can reduce loneliness and being purposeful through creative values, thanks to the work, service to others and restoration of experimental values and tendency in the elderly makes sense life for them. Also, by familiarize and understanding the loneliness and examining meaning of loneliness to the elderly, draw their attention to the fact that the main motivation and purpose of life is not an escape from loneliness, but seeking meaning in life gives meaning to loneliness and therapist by discuss issues that can affect a person's thoughts and feelings, reduce loneliness in the elderly. As Pourebrahim (2006) showed in his results that group logotherapy can lessen loneliness test group compared with control group which is consistent with the results of this study[12]. Death anxiety is a sense of lacking a pleasant life and a person who suffers from anxiety, life is not fun for him and feel being meaningless. Aziz (2010) in a study made clear that people reside in sanitarium have higher death anxiety than others, women and illiterate people reported more fear of death[9]. The results of this study is harmonized with the results of other studies that showed efficacy of logotherapy on reducing mental illness and increasing quality of life. Makaro and Rosen (2006) studied meaning of existence role as an obstacle to their stress. The results show that the meaning of life is a hedge against the risk of stress due to depression. Ataoglu (1999) in a research found that Logotherapy in the treatment of conversion disorder is effective as diazepam or anti-anxiety drugs[13]. F. Fakhar, Navabinezhad and Foroughan (2008) in their study showed that the using group counseling with Logotherapy approach is effective on increasing mental health in older women[14]. Besides, the results of this study is similar to a research by Kang Kyung from Korea (2004). The goals of this study is to give meaning to the lives of young people suffering from cancer and to reduce their suffering. The results showed that logotherapy meant to reduce suffering and increase signifying life in adolescents with cancer has been effective. The results showed that logotherapy has been effective on reducing pain and increase signifying to life of adolescents suffer from cancer. Signifying of life is to answer yes to life in spite of everything that we face, even as suffering or death. A method that human being accept his fate and finds meaning for his suffering[15]. Treatment based on meaning is special for those who faced with existential failure and inability to apprehend "reason for living" [16]. Another reasons for efficacy of Logotherapy is to help clients deal with the reality of death. Awareness of inevitable death give opportunity to clients to be aware of deficiencies live bravely and totally it can be said that elderlies with participating in group logotherapy sessions and exchanging thoughts and ideas and to find meaning in what they do so on the last day even as illness or pain or suffering and loss, acquire this awareness that life is always meaningful and we can find meaning in every situation. Administrative bureaucracy to coordinate with the Department of Social Welfare, lack of sincere cooperation of the authorities and managers of elderly's center also poor cooperation of testees due to boredom during the tests took their willingness to be the most important limitation of this study. It is suggested that teaching group and individual reality therapy on elderlies and review comparatively and in nursing care employ consultants who specialize in logotherapy.

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