

The Effectiveness of Compassion-Focused Therapy on Loneliness and Cognitive Flexibility in Elderly Men

1. Tohidiefar, Marayam; 2. Kazemian Moghadam, Kobra Ph.D*;
3. Haroon Rashidi, Homayoon Ph.D.

1. M.A. Department of Psychology, Dezful Branch, Islamic Azad University, Dezful, Iran.

mehditohidi77@yahoo.com

2. Corresponding Author: Assistant Professor Department of Psychology, Dezful Branch, Islamic Azad University, Dezful, Iran. K.Kazeian@yahoo.com

3. Assistant Professor, Department of Psychology, Dezful Branch, Islamic Azad University, Dezful, Iran.

Haroon_rashidi2003@yahoo.com

Abstract

The aim of this study was to determine the effectiveness of compassion- focused therapy on loneliness and cognitive flexibility in older men. The research method was quasi-experimental with pretest-posttest design with a control group. The sample size consisted of 30 elderly men (60 to 70 years old) who were selected by convenience sampling method and according to the inclusion criteria. The questionnaires used in this study included Dennis and Vanderwall Cognitive Flexibility Questionnaire and Russell Loneliness Questionnaire. Data were analyzed by univariate analysis of covariance. The results showed that compassion- focused therapy reduced loneliness and increased cognitive flexibility in the elderly.

Keywords: Cognitive flexibility, compassion- focused therapy, elderly, loneliness.

Introduction

The elderly, on the one hand, due to old age and reduced functional abilities, because they are one of the most vulnerable sections of society, should be given the necessary attention and support and their needs should be assessed in physical, social and psychological dimensions, which highlights the attention to various issues of the elderly. One of the factors related to the mental health of the elderly is feeling lonely. Loneliness is defined as a negative emotional state that results from dissatisfaction with social needs. Feeling lonely is a mental perception of social isolation and has a profound effect on psychological and behavioral processes, including mental health (Collins, et al., 2017). It is especially important to identify the factors that are predictive and related to the feeling of loneliness in the elderly. One of these factors is psychological flexibility. The extent to which an individual evaluates the controllability of conditions is defined as cognitive flexibility, which varies in different situations (Dennis and Vanderwall, 2010). Compassion- focused therapy is one of the third wave therapies that has recently been widely used in a variety of mental health problems (Neff, 2013; Matos, et al., 2017). Due to the growing population of the elderly and little research on the effectiveness of compassion- focused therapy on loneliness and cognitive flexibility in the elderly, this study was conducted to determine the effectiveness of compassion- focused therapy on loneliness and cognitive flexibility. Therefore, the hypotheses of this study were that:

- compassion- focused therapy is effective on the loneliness of the elderly,
- compassion- focused therapy is effective on the cognitive flexibility of the elderly.

Method

The method of the present study was quasi-experimental. The study population included men elderlies Of the city of Ahvaz. From the statistical population by available sampling method, 30 elderly men who met the inclusion criteria were selected and randomly and equally divided into experimental and control groups. The intervention method in this study was treatment focused on compassion (Gilbert, 2014). In this research, the following tools have been used:

Revised University of California at Los Angles Loneliness Scale: This scale was developed by Russell, Peplau, and Cutrona (1980). Russell et al. (1980) obtained the reliability of the questionnaire by Cronbach's alpha method for the total scale of 0.94. In the present study, the reliability of the scale was obtained through Cronbach's alpha for total score scale of 0.80.

Cognitive flexibility Inventory: This questionnaire was developed by Dennis and Vanderwall (2010). Dennis and Vanderwall (2010) obtained the reliability of the questionnaire by Cronbach's alpha method for the total scale of 0.91. In the present study, the reliability of the scale was obtained through Cronbach's alpha for total score scale of 0.78.

Results

The contents of Table 1 show that in the post-test phase, the experimental group had significant changes in the variables of cognitive flexibility and loneliness. According to the present research design, analysis of covariance test was used to analyze the results.

Table 1: Descriptive information about loneliness and cognitive flexibility of the two groups in pre-test and post-test

Variables	Experimental		Control	
	Pre-test (SD) M	Post-test (SD) M	Pre-test (SD) M	Post-test (SD) M
Feeling lonely	(5.71) 51.63	(5.16) 34.47	(6.67) 52.19	(5.73) 52.71
Cognitive flexibility	(6.21)53.12	(8.09) 77.30	(5.98) 54.84	(6.84) 5.03

Based on the results of Table 2, both hypothesis of the research is confirmed.

Table 2: Results of univariate analysis of covariance between two groups in loneliness and cognitive flexibility scores of elderly men

Dependent variables	Source	SS	DF	MS	F	P	Eta
Feeling lonely	Pre-test	452.30	1	452.30	44.88	0.001	0.686
	Group membership	623.27	1	623.27	82.09	0.001	0.451
	Error	435.78	27				

Cognitive flexibility	Pre-test	346.43	1	346.43	47.69	0.001	0.743
	Group membership	825.21	1	825.21	95.42	0.001	0.594
	Error	280.15	27				

Conclusion and Discussion

Findings showed that compassion- focused therapy has an effect on loneliness and cognitive flexibility of the elderly. This finding is consistent with the study of Matos et al. (2017). In explaining these findings, it can be said that in compassionate therapy for the elderly, the development of kindness, self-understanding, avoidance of excessive tendency to criticism, acceptance of problems and suffering, inappropriate judgment about oneself and the situations in which one finds oneself. This treatment, through increasing compassion and kindness to oneself and accepting problems, causes older people to treat others more intimately despite the problems in their lives, to be more efficient in the face of problems, and to make more efforts to maintain their psychological balance. Interpretation of results should be done in the context of its limitations. The study population was elderly in the city of Ahvaz, so to generalize the results to other populations and other cultures, it is necessary to be careful.

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