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Original Article

Effectiveness of Cognitive Spirituality-Based Counseling of Demoralization in Elderlies

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Objectives: Elders face existential issues such as death, a sense of losing, lack of life, last chances, and meaning of life. If people cannot confront it effectively, they may be lost meaning of life. They will suffer from a core of set of syndromes that are called "demoralization". Cognitive spirituality-based counseling tries to correct beliefs and the human imagination of God via cognitive therapy concepts and techniques, because they prevent realistic and genuine attention to existential anxieties.

Methods: A single case experimental plan, an A-B form, was used in this study. After determining the baseline situation, intervention started. 10 sessions of cognitive spirituality-based counseling were applied individually. A follow-up session including running inventories was conducted a month after the intervention. The participants were 3 elderly women who were deemed appropriate for this study on the demoralization scale. Then, a cognitive distortions inventory was employed to measure cognitive distortions that were related to demoralization. The statistical population included elder women who had been referred to Iran Alzheimer Association. Accessible and purposeful sampling method was used to select the cases.

Result: The results of visual analysis of the data showed that cognitive spirituality-based counseling had a positive effective on two cases but not on the third one.

Discussion: It seems that cognitive-spirituality counseling was significantly effective in demoralization in two-third of the participants.

Key words: cognitive-spirituality counseling, demoralization, elderly

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Introduction

Late adulthood or old age usually refers to the stage in life which begins at age 65 (1). According to the WHO Committee in 2015, the population over 60 years was 600 million in year 2000 and the number will increase to 2.1 billion by the year 2025 and 3 billion by the year 2050. Considering the growing aging population, the issue of health, hygiene and welfare will expand and include new dimensions (2). Research has shown that major mental illness in the elderly are depression, cognitive disorders, fear state, addiction and suicide (3). In addition to the issues and problems of the elderly that are often examined clinically, existential distress may also be added that is not necessarily clinical, but may be painful and distressing and has been addressed incorrectly (4). One of these existential distresses is demoralization that its salient aspect is loss of meaning. Demoralization means persistence inability to cope with life problems which are associated with the feelings of helplessness, despair, meaninglessness, incompetence and low self-esteem (5). Since lack or loss of "meaning" is one of the main aspects of demoralization, there is the belief that elderly become more demoralized than others because of many losses including loss of spouses, relatives, friends, jobs, and economic status. It is evident that ignoring depression in the elderly may lead to suicide, in the same way untreated demoralization may lead to the sense of hopelessness which is the main symptoms of this syndrome that lead to death desires (5). Demoralization is associated with symptoms such as the inability to progress in life. In addition, the sense of disappointment which is

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among the main symptoms of this syndrome may also lead to physical and mental weakness and result in committing suicide, or wishing to die (5). Juliet C. Jacobsen described this situation as a state of dysphoria that may change in response to external conditions (6). Cheng-Yang Lee et al. propose that demoralization syndrome is related to psycho-socioeconomic problems, a variety of ailments, cancer and treatments (7). Demoralization is a state of dysphoria either in the clinical or psychiatric populations and is characterized by lack of power and sense of isolation (8). Boscaglia N. et al. supported the hypothesis that a sense of coherence may be protective against demoralization (9). The existential approaches state that commitment to every life activities is a therapeutic response to the question of how can isolation and meaninglessness can be decreased regardless of what the origin of the isolation might be (4). As mentioned before, isolation and meaninglessness are two of the existential anxieties of people. Cognitive spirituality-based counseling tries to identify the existential anxieties of the people, bring them to their consciousness and check their responses to them. The way many people responses existential anxieties are not genuine, in fact, they use defensive mechanisms. This approach tries to correct people responses to existential anxieties based on their spiritual and religious themes, and give them a transparent and genuine response to them that is harmonious and consistent with the human nature. In the Islamic approach, human is a successor of God on earth, so he is infinite in extent, and any type of limitation for humans leads to exclusion and demoralization. Demoralization is the result of worries for limitation, and its solution is continuous presence of God in the heart (10).

A lack of attention to demoralization in elderliness leads to clinical depression. Cognitive spirituality-based counseling tries to use cognitive concepts and techniques to correcting deviations, errors and cognitive believes which prevent people from being realistic and being genuine in addressing the existential anxieties such as death, meaningless, isolation, loneliness, unpredictability and uncontrollability. Finally, it helps human beings to accept the suffering and by creating positive meaning believing that through correct beliefs and humanistic images of God it will be possible to help the sufferers to adopt better to life (10). This study is designed to find an answer to the question that whether it is possible to decrease demoralization in the elderly with an approach that is developed on cognitive, spirituality and existential themes. ignore finding genuine solutions to elderly problems in regard to the meaning of life, increases the likelihood of using defense mechanisms and may lead them to demoralization. There is a lack of descriptive or other types of research findings in regard to demoralization of elderliness inside or outside the country. Since demoralized individuals are unable to respond to their original existential anxieties, this research was set up to combine concepts of cognitive and spiritual theories to respond the spiritual needs of elderly people through help them to find a genuine response to their existential anxieties. Dehkhoda in a study titled "Effectiveness of Spirituality-based Cognitive Therapy in Reducing Depressive Symptoms in Mothers of Children with Cancer" (10) indicated the effectiveness of spirituality-based cognitive therapy on reducing depression symptoms by using a single subject design. In another research conducted by Hamdiye and Taraghijah the effect of cognitive-spiritual-group therapy on depression in female students was examined and the results indicated that there was significant improvement in the experimental group compared to the control group. (12). Thus, due to insufficiency of research findings related to the effectiveness of cognitive spirituality-based counseling on elders, the present study was designed.

Methods

Sampling and sample: The population of this study included all women who were referred to the Iranian Alzheimer Association and the sample was selected through purposefully sampling method. For this purpose, a questionnaire was completed by the participants who were on volunteers and 3 elders were selected based on a scored beyond the cut-off point on the demoralization scale (>30). A single-subject experimental design with an A-B arrangement with a follow-up was used in this study. In this kind of designs, the sample size may vary from 1-20 cases but the researchers work with every case individually. A-B design includes 2 experimental conditions: the first condition is called"A" and the second is called "B". Generally, the first condition is the baseline and the second one is the intervention. Then the dependent variable is evaluated. The status of baseline (control) is the desired behavior and is measured. In an A-B design when any therapeutic method results in dramatic change in baseline of dependent variable, it indicates

that a convincing change has occurred in the behavior of the participant over time (12 Therefore, in the present research, no interventions for the improvement in the condition of demoralization scale were introduced after they completed the questionnaire. Following the baseline measurements, every individual received 10 sessions of interventions individually. During the treatment plan, demoralization of the participants was assessed on third, sixth, eight and tenth session. Finally, one month after the termination of the 10th session, the participants completed the demoralization questionnaire as the follow-up assessment. Since demoralization thoughts have negative direction and individuals affected by this condition have convoluted and distorted thoughts, therefore, cognitive distortion are considered as the regulating variables once before and once after the interventions are evaluated by cognitive distortion questioner. The participants took part in ten 90-minute sessions of cognitive spirituality-based counseling on weekly bases. The treatment plan is indicated in table (1).

Table 1. Cognitive spirituality-based counseling treatment Plan

Session	content
Primary	Familiarization with the general goals of treatment and explanation of the general line of the session and conducting pretest.
First session	Introducing the counselor and client, helping with self-expressiveness of sources, helping to attend here and now.
Second session	Facilitate the expressing of the opinion and spiritual practices, how to communicate to God, start the process of extraction of cognitive distortions about image of God.
Third session	Continuing the trend of extraction of cognitive distortions via confronting existential anxieties such as death, meaningless, unpredictability of the world, uncontrollability of affairs, solitude and challenging these distortions.
Fourth session	Continuing the trend of extraction of cognitive distortions and confront reality of death, connotation of fear of death, lost opportunities, reading parts of Quran with content of death and meditation in them.
Fifth session	Help to create a new meaning in causes of their probable death. challenging the concept of loss of meaning, training the spiritual skills related to elders' needs.
Sixth session	Help elders to find efficient meaning in their life due to their spiritual and religious believes.
Seventh session	Challenging the concepts of suffering following the process of meaning making and encouraging client to think about verses and narratives about pain.
Eighth session	Talking to elders about their identity that is confused because of inefficient meaning and help them to construct a new identity. Training of meditation, prayer, how to find a spiritual haven to gain peace.
Ninth session	Summation of previous sessions and getting a view that there is a meaning behind every experience, life and death is related together, merciful God is not manlike, and attributing negative traits to God does not make sense, evaluating the effect of interventions on demoralization.
Tenth session	Summing up the whole topics with the help of references, replacing the dependencies with religious activities instead the treatment sessions, making plan for the follow-up session, conducting post-test.
Follow-up session	Conducting the posttest.

Research Tools:

1) Demoralization scale: The alpha coefficient reported on 90 cases has been 0.086. This tool was translated by Naghiyaee and Bahmani in Iran (13). In this study, the alpha coefficient obtained on 100 elders was 0.90. Its subscales are loss of meaning and purpose, disappointment, dysphoria, and sense of failure.

2) Cognitive distortions inventory: This questioner was developed by Hasan Abdollahzade and Maryam Salar. It included 20 items and standard alpha coefficient was 0.80. In this study, the alpha coefficient obtained standard on 100 elders was 0.90. The 20 items in it measure Beck cognitive distortions and every irrational thought includes 2 items (about scoring, the higher scores show more positive thought).

3) The researchers made demography inventory: This tool include age, job, education, the cause of referral to community home, the schedule of taking part in activities and programs in the community home, marital status, and socioeconomic status.

Results

The analysis and interpretation of single subject design is performed by charting. Therefore, in such designs, visual analysis is used. As the first step and in order to introduce the participants, a summary of demographic features of participants is presented in table (2).

Table 2. Demographic features of participants

Participants Characteristic	gender	age	job	education	marital status
The first Participant	female	60	retired teacher	post diploma	widowed
The second Participant	female	61	house wife	third grade	single
The third Participant	female	63	retired teacher	post diploma	married

Changes in grades of demoralization for each participant are presented in 8 steps of measurement in table (3).

Table 3. Change of grades of demoralization scale for 3 participants in 8 steps of measurement

Step Participant	1	2	3	4	5	6	7	8
First Participant	49	49	49	42	32	27	25	25
Second Participant	51	52	52	34	30	29	29	29
Third Participant	30	31	33	30	31	-	-	-

As above table shows, the first participant's grades after treatment sessions shows a decrease in demoralization. The second participant's grades show a decrease of demoralization as well. However, the third participant does not show a decrease of demoralization. The third patient participated until sixth session and then dropped out of treatment.

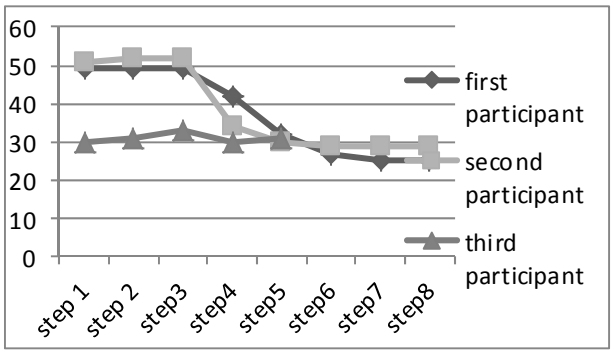

Fig 1. trend changes of participants in 8 steps of measurement

Figure (1) shows the trend of changes of the participants over 8 steps of measurement as follow: The first participant's grade of demoralization was 49, which dropped to 25 after intervention and follow-up. In summary, her recovery percentage is 0.96. The second participant's grade of demoralization was 51, which dropped to 29 after the intervention. Overall, her recovery percentage is 0.75. The third participant's grade of demoralization was 30, which rose to 31. This participant left treatment after her sixth session. In total, her grade of recovery was 0. Also, participants' cognitive distortions were measured by Beck cognitive distortions inventory. The result showed a decreases in the cognitive distortions related to demoralization, such as "All or none" (black or white)", "exaggeration", "excessive generalization", "labeling negative self-image".

Discussion

The present research was conducted to examine the effectiveness of cognitive spirituality-based therapy on reducing demoralization in elderlies. The results of visual analysis of the chart indicated that cognitive spirituality-based counseling is effective on the first and second participants but not on third one. The results of the present research in the first and second participant were in agreement with the

findings of Humbline, Scott (15, 16) and Chichester (17). These authors believe that the goal of cognitive therapy is to change schemas and intellectual frameworks of the participants and have impact on creation of their insight and attitudes. It results in identification of their automatic negative thoughts and helps the person to replace them with more moderate thoughts and have better emotions. This study helped the participants to identify their negative thoughts and cognitive distortions and helped them to moderate these thoughts (14-16). In addition, the results of the present research was in consistent with the findings of Doolittle BR, & Farrell (18), Desrosiers A, & Miller (19), Westerhof et al.(20) about the spirituality part of the approach. They propose a positive relationship between spirituality and mental health and a negative relationship between spirituality and tension , anxiety and depression. having belief in a superior force, and invoking and having a relationship to that superior force is the main factor which separate healthy people from unhealthy people (17-19). The result of this research is consistent with the findings of researches that employed combined methods. Dehkhoda used cognitive spirituality-based therapy to decrease symptoms of depression in mothers of children suffering from cancer and reported the effectiveness of this approach (10). Najarpoorian applied cognitive spirituality therapy on adjustment in paranoid couples and reported the effectiveness of this approach. These authors claimed that emphasis on positive aspects of human life with an effort to create and maintain a meaning for life along with training cognitive techniques and skills may decrease stress and increase peace (20). Also, other researchers showed that spirituality cognitive therapy is effective on depression in women (11,21). The effectiveness of cognitive spirituality-based counseling may be attributed to the assumption that human thoughts and interpretations of accidents are caused by anxiety rather than by external events (21). In the treatment plan of this study, the researcher tried to help the clients to identify their cognitive distortions, evaluate them and take note of the emotions that come along with the thoughts, rather than looking for the root of the problem outside of themselves. In addition, people need to have spirituality in their life. Spirituality, by targeting people's beliefs, impresses important cognitive assessments in the coping process, and helps people to assess negative events in a different way, creating a stronger sense of control (22).

As has been pointed out by other researchers that there is a negative relationship between depression and spirituality (18), there was a negative relationship between spirituality and demoralization in this study as well. In the treatment sessions, clients were helped to identify their cognitive distortions about the meaning of existential anxieties such as death, solitude, feelings of emptiness and meaninglessness-which is the most obvious dimension of demoralization – the unpredictability and uncontrollability of nature, and the challenges that come with them. Also, according to their beliefs, verses of the Quran were chosen which implicitly were about death and other existential anxieties, so that the elderlies could create new meaning about their existential anxieties. About the third participant, it may be concluded that despite the fact that content of cognitive spirituality-based counseling in accordance with people's needs and existential anxieties, first of all, it is necessary to respond to the objective and environmental anxieties, then consider the discussion of the existential anxieties and how the person will responds to them. About this participant , in addition to being unprepared to challenge her existential anxieties, it is likely that her negative cognitions about the process of treatment led to its being ineffectiveness. She left the sessions after 6 sessions. Only cognitively challenging clients' thoughts and beliefs causes the expression of deadlock in the process of cognitive therapy, as Tizdel believes that many people's cognitions have inscrutable features (Tizdel quotes of Dr. Hamid et al.). In this research, cognitive distortions were evaluated once before intervention and once after it. The results showed some decrease in some cognitive distortions that was related to demoralization such as "all or nothing" (black or white), "exaggeration", "generalized extreme", "labeling of negative self-projected" which now became more moderate.

It seems that cognitive spirituality-based counseling not only decreased demoralization in the first and second participant but also cognitive distortions in them. Thoughts in demoralization have negative orientations and are pessimistic. People develop cognitive distortions such as "all or nothing"(black or white),"exaggeration", "generalized extreme", "labeling of negative self-projected ", that cause them lowering their self-esteem (5). Thus, we need a cognitive approach to the treatment of demoralized people that can help them to challenge these negative thoughts and replace them with more

positive thoughts. As was mentioned before, the results showed that the expectations of the researcher were satisfied in the first and second participant but not on the third participant.

Conclusion

Since cognitive spirituality-based counseling is a combined method which uses spiritual concepts and existential components, therefore it may be appropriate for a wide range of demoralized elderlies. In this research, it was demonstrated that the approaches was effective in 2 participants for reducing their existential issues and other mental problems which have cognitive, spiritual, existential bases. It will be helpful in reducing psychological pain and suffering.

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