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## Comparison of the effect of group counseling based on spirituality-based therapy and acceptance and commitment therapy (ACT) on improving the quality of life the elderly

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### Abstract

The quality of life in the aging period is reduced due to physical, psychological and rehabilitation problem. The purpose of this study was to compare the effectiveness the spirituality-based therapy and acceptance and commitment therapy on improving the quality of life of the elderly. The research method was quasi-experimental with pretest, posttest, and follow-up design with control group. The population of the study consisted of all elderly people resident in the elderly homes of Zabol city. The current sample consisted of 36 people from the elderly over 60 years old. The experiment groups participated in Spirituality therapy and Acceptance and Commitment-based therapy in 14 sessions of 90 minutes. The participants completed the World Health Organization Quality of Life Questionnaire. The data were analyzed using covariance analysis. The results showed that spirituality therapy and acceptance and commitment therapy have an effect on improving the quality of life of the elderly, and this effect is persistent in the follow-up stage ( $P < 0.001$ ). Also, spirituality therapy than acceptance and commitment therapy has a more effective on improving the quality of life of the elderly ( $p < 0.001$ ). Based on this the results can be concluded that the use of spiritual-based therapeutic methods due to cultural and religious affiliation can be more effective than other therapeutic methods, including acceptance therapy and commitment to improve the quality of life of the elderly.

**Keywords:** Spirituality-based therapy, acceptance and commitment therapy, quality of life, elder

### Extended Abstract

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## Introduction

Getting old is a process associated with reduced performance and independence, increased disease risk, and enhanced need for care, all of which contribute to the vulnerability of the elderly (Nikkhah, Heravi-Karimooi, Rejeh, Sharif Nia, & Montazeri, 2017). As the population gets older, the elderly's special needs, including their medical, psychological, and rehabilitation needs, increase (Nikkhah, & et al., 2017). The elderly, especially in developing countries, have a lower quality of life compared to other age groups (Aghamolaei, Tavafian, & Zare, 2010). The importance of quality of life is to the extent that experts believe that most of the health care services provided in this century should focus on improving people's quality of life and health status (Drewnowski, Evans, & Nutrition, 2001). Studies have shown that the elderly's quality of life can be improved and the meaninglessness and aimlessness they feel can be reduced by applying the designed interventions (Aghanouri, & et al., 2012; Rahimi, 2015). In recent years, different therapeutic methods have been developed in the field of psychotherapy. Spirituality-based therapies and acceptance and commitment therapy are among these psychotherapy methods that have been proven effective in various studies. The group counseling focused on spirituality therapy is one of the therapeutic methods which use the concepts and techniques of the cognitive therapy to modify deviations and cognitive errors and beliefs that prevent realistic confrontations with existential anxieties, such as unpredictability and uncontrollability of affairs, death, meaninglessness, and loneliness. This therapy ultimately leads to a better adaptation to perceived suffering by accepting the suffering, giving a meaning to it, and modifying human beliefs (Dehkhoda, 2014). Research has demonstrated that spirituality therapy can have a significant effect on the elderly's health and improve their quality of life. Moreover, acceptance and commitment therapy is among therapeutic approaches known as the third wave of psychotherapy and originates from the ninth and tenth decades of the twentieth century. In general, the goal of acceptance and commitment therapy is to increase psychosocial flexibility. Psychological flexibility refers to an increase in people's ability to connect fully with the present as a human being and to change or maintain a behavior when such exercise serves valuable purposes. Various studies have been done to evaluate the effect of acceptance and commitment therapy in the elderly (Petkus & Wetherell, 2013; Karlin & et al., 2013). Results of Kakavand, Baqeri, and Shirmohammadi (Kakavand, Baqeri, & Shirmohammadi, 2015) have demonstrated that acceptance and commitment therapy can have a significant effect on the reduction of perceived stress in the elderly and can reduce negative perceptions and increase positive perceptions of the elderly. Accordingly, the present study was carried out with the aim of investigating and comparing the effects

of spirituality therapy and acceptance and commitment therapy on improving the elderly's quality.

### Method

This experimental study followed by a pretest-posttest design with a control group. The current study includes of all elderly residents of nursing homes in Zabol in 2018-2019. 36 elderly people over 60 years old randomly were assigned to two experimental and control group (each group 12 people) after obtaining their full consent.

**The World Health Organization Quality of Life Questionnaire-26 (WHOQOL-26).** This questionnaire includes 26 items which are scored based on a 5-point Likert-type scale ranging from 1 (never) and 5 (always). It should be noted that questions 3, 4, and 26 are scored diversely, and a higher score indicates a better quality of life. This questionnaire has four dimensions, i.e., physical health, psychological health, social health, and physical environment health, and is used as a comprehensive scale that generally includes the quality of life and general health. The standardization, translation, and validation of the Persian version of this questionnaire were carried out by Najat et al., (2006) Cronbach's alpha coefficients of all dimensions were more than 0.70. In the present study, the Cronbach's alpha coefficient of this questionnaire was 0.81.

Two therapeutic programs, i.e., spirituality therapy and acceptance and commitment therapy (ACT) were used. Spirituality therapy is a method proposed based on the Galanter and Siegel spirituality therapy program (2009), which was used as an intervention factor. Different stages of spiritual therapy were conducted based on the mentioned program in the form of fourteen 90-minute group sessions. Acceptance and commitment therapy (ACT) is based on the Hayes et al. acceptance and commitment therapy (ACT) (2006). Various stages of acceptance and commitment therapy (ACT) were carried out based on the mentioned program in the form of fourteen 90-minute group sessions. Data were analyzed using covariance analysis, and SPSS-22 software.

### Findings

The results showed that the two therapy, i.e., spirituality-based therapy and acceptance and commitment therapy had significant effects on the components of quality of life (physical, psychological, and social health, and physical environment). Comparing these two methods, there was a significant difference in the level of the effectiveness in quality of life in the posttest stage. The effect size indicated that the variations occurred in the dependent variable as a result of the intervention was moderate. To investigate this difference thoroughly, the Bonferroni post hoc test was used, that the results were presented in Table 1.

Table 1  
The Results of the comparison of the Bonferroni test of health components in the experimental and control groups after pre-test control

Components	Therapy	Mean difference	p	
Physical health	Spirituality	Acceptance and commitment	1.09	0.006>
		Control	2.43	0.001>
	Acceptance and commitment	Control	1.34	0.002>
Psychological health	Spirituality	Acceptance and commitment	1.30	0.001>
		Control	2.88	0.001>
	Acceptance and commitment	Control	1.58	0.006>
Social health	Spirituality	Acceptance and commitment	1.20	0.002>
		Control	2.47	0.001>
	Acceptance and commitment	Control	1.26	0.002>
Physical environment	Spirituality	Acceptance and commitment	1.07	0.004>
		Control	2.56	0.001>
	Acceptance and commitment	Control	1.49	0.007>

As can be seen in Table 1, there were significant differences between the spirituality-based therapy group and the acceptance and commitment therapy group in physical health ( $p < 0.006$ ), psychological health ( $p < 0.001$ ), social health ( $P < 0.002$ ), and physical environment health components ( $p < 0.004$ ), and these differences were in favor of increasing health in the spirituality-based therapy group. Moreover, there were significant differences between the spirituality-based therapy group and the control group in physical health ( $p < 0.001$ ), psychological health ( $p < 0.001$ ), social health ( $p < 0.001$ ), and physical environment health ( $p < 0.001$ ), and this obtained differences are in favor of increasing health in the group based on spirituality therapy. Additionally, there were significant differences between the acceptance and commitment therapy group and the control group in physical health ( $p < 0.002$ ), psychological health ( $p < 0.006$ ), social health ( $p < 0.002$ ), and physical environment health ( $p < 0.001$ ), and this obtained differences in favor of increasing health in the group based on in the acceptance and commitment therapy group.

The results of in the follow-up stage indicated that the two experiment groups (the spirituality-based therapy and the acceptance and commitment therapy) and the control group had significant differences in relate to physical, psychological, social, and physical environment health ( $p < 0.001$ ). This finding indicated that the effect of spirituality-based therapy and the acceptance and commitment therapy on increasing the dimensions of quality

of life still is lasting. The Bonferroni post hoc test indicated this enduring effect on the dimensions of quality of life in the experimental groups more accurately (Table 2).

Table 2  
The Results of the comparison of the Bonferroni test of health components in the experimental and control groups in follow-up stage

Components	Therapy		Mean difference	Sig
Physical health	Spirituality	Acceptance and commitment	0.935	0.005>
		Control	2.02	0.001>
	Acceptance and commitment	Control	1.09	0.003>
Psychological health	Spirituality	Acceptance and commitment	2.74	0.001>
		Control	3.96	0.001>
	Acceptance and commitment	Control	1.21	0.002>
Social health	Spirituality	Acceptance and commitment	0.96	0.001>
		Control	1.90	0.001>
	Acceptance and commitment	Control	0.94	0.001>
Physical environment	Spirituality	Acceptance and commitment	0.85	0.004>
		Control	1.96	0.001>
	Acceptance and commitment	Control	1.11	0.001>

As can be seen in Table 2, there were significant differences between the spirituality-based therapy group and the acceptance and commitment therapy group in components of physical health, psychological health, social health, and physical environment health, and this obtained differences indicated the lasting effect of the intervention in favor of spirituality-based therapy. There were significant differences between the spirituality-based therapy group and the control group in components of physical health, psychological health, social health, and physical environment health, and this obtained differences indicated the lasting effect of the intervention in favor of quality in the spiritual-based therapy group. Furthermore, there were significant differences between the acceptance and commitment therapy group and the control group in components of physical health, psychological health, social health, and physical environment health, and this obtained differences were lasted in the acceptance and commitment therapy group.

### Discussion

The purpose of this study was to compare the effectiveness of group counseling spirituality-based therapy and acceptance and commitment therapy (ACT) on improving the elderly's quality of life. The results indicated that spirituality-based therapy, compared to acceptance and commitment therapy (ACT), was more effective in improving the elderly's quality of life and this effect was also evident during the follow-up stage. This finding was consistent with previously conducted studies (Petkus & Wetherell, 2013; Bernard et al.,

2017; Wu & Koo, 2016; Jafari & Hesampour, 2017; Unterrainer et al., 2010; Sloan, 2005; Asgari, 2017; Zamani et al., 2015).

To explain this finding, it can be said that, because of its emphasis on communicating with others and having a purposeful and meaningful life, belief, and communication with a higher power, spirituality-based therapy can give meaning to people's lives and free them from absurdity and, by creating hope and motivation in them, prepares the ground for increasing their satisfaction and improving their quality of life. Thus, spirituality, as a supportive and self-control source, prevents the effects of inappropriate external conditions. In other words, during the old ages, by going over their positive and negative experiences, people sometimes feel regret and discomfort for the shortcomings of their lives and because of experiencing stress stemmed from this issue, they suffer from poor quality of and dissatisfaction with life. The existence of a superior and sublime resource in life to resort to in times of difficulty can help them to cope with the stress and promote their life satisfaction and quality of life. Another explanation is that strengthening spirituality and spiritual beliefs in the elderly as well as motivating and justifying them to do related acts can increase the quality of their lives. Besides, the institutionalization of spiritual beliefs and strengthening them in the elderly makes them be more receptive to their problems and step-up their dignity and self-esteem which ultimately improve the quality of life of the elderly.

On the contrary, given the mechanism of the effectiveness of acceptance and commitment, there are six central processes that lead to psychosocial flexibility. The six processes are acceptance versus avoidance, diffusion versus cognitive fusion, attention to the present moment versus dominance of the conceptualized past and future, self as context versus conceptualized self, clarity of values and communicating with them, and committed action versus inaction (Hayes & Pistorello, 2012). Therefore, the main goal of this therapy is to maximize an individual's potential to live an enriched endowed with meaning.

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### **Conflict of Interests**

There are no conflicts of interest.



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