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COMPARISON EFFECTIVENESS OF GROUP-COGNITIVE TRAINING AND LOGO THERAPY IN DEPRESSED ELDERLY MEN IN RASHT

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ABSTRACT

The main goal of the present research was to compare effectiveness of group-cognitive training and logo therapy in depressed elderly men in Rasht. In this experimental study participants were all of elderly men who has been cared in private nursing homes in Rasht in 2009-2010. The research design was in the form of pretest –post test and control group and research instrument was depression inventory . All of participants completed depression inventory .45 of who were high scorers in inventory were selected and randomly were divided to three groups. The first and second group as experimental group and the third as control group .The experimental groups had 10 seventy four hours weekly sessions of cognitive and logo therapy .Again all of the participants completed depression inventory .Treatment data was analyzed by using ANOVAs covariance analysis . Finding in three groups showed a decrease in depression by using group_ cognitive method and logo therapy but in comparison the effectiveness of group cognitive therapy was more than logo therapy.

Key words: Depression, Elderly men, Cognitive Therapy, Logo Therapy

INTRODUCTION

World population became elder. It was predicted that 2/3 people in 65 years old in developing until 2025.

In Iran, there are 6.1375% people in 65 years old according to sampling in years 5 and it was predicted that its 1400% consists of elders in years 10. Being elder of population is along with more depression, and in this case, less than 50% in ambulatory centers, were recognized by doctors (Willian & Rosso, 1996). Basic depression was 1-16% in various studies in whole society, and in this case, 24 percent of

elders were suffered from clinical depression (Reynolds, 1996). The studies were done in primary cares level have been predicted that 17-37% elders' clients have depression signs, that 30% of them have basic depression (Alex Poloos, 2001). This figure is 36-46% in bed elders in hospital that it was by physical disease (Terrisi, Abraham, Holmez, Romers, Imik, 2001).

Depression was related to increasing risk disease, suicide, reduction of social performance, recognition, physical and lack of attention to itself and all of them related to death rising. 60 years people & others consist of group of world population in high range (Malekshahi, Dadkhah,2001), so that 15-25% of them suffered

from severe signs of mental and psychological disorders. The most difficulties in mental health in elders is depression that life quality was disturbed and it increases risk of suicide and health care costs & possible medical problems due to psychological stresses (Shamloo, 1985). Hypertension in depression elders are three more than non-depression, and heart attack, legs broken, pneumonia, infections, ... (Malekshahi, Dadkhah, 2001).

Tenth reason of their death is due to depression that it causes suicide (Kumer & Frieman, 1998). Depression in elders is preventive and therapeutic, so it's important that we have addressed therapy and training procedures due to depression reduction with regards to high rate of depression in elders.

It was found that there is relation between bed and ambulatory patients in manner disorders unit related to aging (Bradelti, et al, 2001) that it began in 52% age of depression in 60 years and more than (Fiske, et al, 2009).

Elder's caregivers always observed prescribing many drugs for this age group. Followed by medicine-therapy in elders, due to aging transformations, they might encounter in raising of peripheral damages or graduated reduction in desirable effect of drugs (Malekshahi, Dadkhah, 2001). Drug (medicine) has an important and necessary role in psychology. The extensive and main part of psychological treatment devoted to without drug method's groups. No medicine therapy pointed to no medicine therapy for training of group recognition & logo therapy.

According to statistics of world health organization (WHO) was 7% population in 2000, and this figure have reached 15% in 2030 (Nemadian, Ghobadi, 2006).

Elderly is course of life that it begins in 65 years old. Aging process consists of gradual reduction of body systems performance such as heart, breathe, reproductive system, intra glands and body safety system. Aging converted an healthy

person into poor people by reduction in different capacities of physiologic and raise diseases and deaths (Rokou, 2006, Delvarian, 2005, translated by Sohrabi, et al, 1998). In view of Ericson, in aging courses that called integrity and unity versus disappointment, people meet their life review and they wanted to get a meaningful sense in their life that it help them how to encounter death. Aging person have reviewed his/her past life, shortly that people will be satisfied if he/she gets a clear & good image about this review in the past courses (Integrity and unity) and if he/she evaluated one or more stage of life negatively, he/she might get disappointment (Santrock, 2002, Seligman, 1999, translated by Taghvae, Hamidi, 2004).

In according to Ericson, since elder men have been reached to death and they reviewed their past, they asked themselves whether their life was valuable or not? As Ericson said that unification expressed that yes, I do my error (wrong) but it should consider that who I was on that time and I had an unpleasant condition and with regards to these facts, I accepted my wrong with good things in my life (Ahadi, Jomhari, 2001).

In this stage, a successful person is that he/she could maintain his/her satisfaction in life regardless low body force and raise of rely sense to others. If person couldn't maintain this satisfaction, he won't disappoint and disappointment is sense that person imagine to lose her age and when he thought that it was late to do anything, in this case, he/she fall into fear, and he felt fault and it might cause to damage a person that depression is one of them (Shamloo, 1999).

And depression is emotional reflection that some elderly men experienced it. In according to Bilze theory, depression often appears in 12-16 percent elderly men, whatever between 20-30% them, depression signs have indicated (Zisock, Dunn, Sable, 2002).

Often, quick reduction of a sick elderly is result of disappointment and lack of effort. This downward trend could increase to go to elderly home accommodation quickly. In this case, the elderly mean should adapt in separate of its family and friends by new description called as “person who could survive (live) in home care”. Many of them quickly decreases and they severely have depressed (Berk, Sayed Mohamadi, 2005).

The signs of depression categorized into 4 groups: excited, recognition, physical, voluntary signs. In evaluation of elderly men depression, it was important to attend other signs, such as aggression or sensitivity, physical pain without any clear medical basis, complaint about low memory with regards to other recognition difficulties, talking about disappointment and complaint from disability in doing some work, reduction of interest or enjoying of everyday activities, concern increase and do some work slowly by elderly or lack of attention to its health (Kenlaidlaw, et al, 2003, translated by Kafi & Arghandi, 2008).

Some techniques use in group therapy that recognition therapy is one the common and regular in depression therapy. Beck and Davidson (1989) believed that cognition therapy is the method that they have evaluated situations and mental stresses and their perspectives have changed related to itself, world and future and beliefs and views (Shibley and Fazio, 1973; stated by Taraghi Jah, et al, 2007).

The importance of study about logo for elderly men research expressed by Reker and Wong, firstly. They have defined logo based on recognition, emotional and motivational elements. Their definition was based on Frankel concepts, that consists of life goal, lack of existence, life control, death acceptance, logo and logo's goal (Colman, 2004).

According to Seeber, Frankel logo therapy could consider in special cases in elderly home cares. He had presented list of potential resources of logo for types of home cares' elderly (seeber, 2000).

We use tool in clinical study and sampling extensively to do epidemiology of depression in elderly and also distinguish and treatment on time in early cares level. Geriatric Depression Scale (GDS) have been used. Its primary form has 30 questions that each of them has zero or one response (yes/no) and Kronbekh coefficient is 0.94 and its reliability has been reported 0.85 by test-retest method. Its validity is 0.84 by Zoonk depression scale and 0.95 by Hamilton. Hence, the purpose of the present study is compare two therapy methods in reduction of depression rate in elderly. Then many studies have done about adults, especially elderly in home cares. It's necessary to study other elderly out of home cares by other procedures in consulting.

MATERIALS AND METHODS

This study is an experimental project that it was selected randomly in private centers of elderly men in Rash City on 100 people and it have been used from elderly depression test.

The features of participants in this study consist of:

- (1) They had suitable physical conditions and tend to participate in this project.
- (2) They aren't going to migrate & travel during program running.
- (3) Now he is not treating psychology and he didn't participate to treat in during study.
- (4) He had at least primary knowledge.

Among number of participants and candidate s in private centers of elders; 55 people had low score & they hadn't participation criterion in study and finally, 45 people are in 3 groups randomly by high score. The first group; 15 people that did cognition therapy of control

group. The second group; 15 people that they did logo therapy and the third group; 15 people that they are in control group. The first and second groups treat as experimental groups. These therapy methods have perform in 10 sessions 75 minutes, once a week, for the first group of cognition therapy program of group by (researcher and advisor) and in second group have done logo therapy program by (researcher and advisor), too. Each therapy session has performed by especial meeting schedule that in each session give a new assignment to people and they reviewed assignment of previous meeting. After performing therapy programs, patients have been tested by the questionnaire of elderly depression.

Tool of measurement

It was used questionnaire of elderly depression to collect information that its earlier form has 30 questions (yes/no) and alpha coefficient is 94% and its reliability is reported 85% by test-retest method. The short form derived from 30 questions and in 15 questions form, its Alfa coefficient was 0.9 that it was done by the same studies in China, England and Malaysia that was 0.7-0.9 variable. Its validity of test-retest was 0.7-0.84. By cutting point $\frac{3}{4}$ and feature 0.65-0.88, by cutting point 7.6 was 0.8 and for 11 questions form, the best cutting point is 6.

In the present study, it was used the normalized questions 30 that its Alfa coefficient is 0.94 and its validity is 0.85 by test-retest method. Its validity is 0.84 by Zonck depression scale and by Hamilton is 0.95. The related results about project data is used for hypothesis test by using AnkoVA one sided covariance analysis statistical test.

It was used completeness test to evaluate differences of balanced average form Boonfrony method to control error of type one in all comparing from common L-matrix to run test for comparing average of balanced among groups (Coustm hypothesis test).

Findings

At first, in order to show the raw scores in each of testee, in each time of tests running, we have indicated that pretest and post test in tables 1, 3.

Table (1): Variable scores of depression in test group of recognition

Table (2): Variable scores of depression in test group of logo therapy

Table (3): Variable scores of depression in control group

Study's hypothesis test

Hypothesis: There is different relationship between effectiveness of recognition group training and logo therapy group training on rate of elderly depression.

In order to test hypothesis, the average of difference scores have been reviewed in pretest and post test of two groups (experimental and control) in variable via (ANCOVA) covariance analysis. Before performing covariance analysis, the following hypothesis has been reviewed:

- The presence of linear relation between sub random variable and dependent variable.
- The presence of homogeneity hypothesis of regression.
- Equality hypothesis of variance.

We have been reviewed figure 1 to study linear relationship between random variables and dependent variable.

Figure 1: rate of depression in two groups (control & experimental)

As we said in figure, there is linear relationship between sub random variable in depression pretest and dependent variable (post test). Because regression lines are parallel i.e. its relation between two variables in three groups are same.

Data related to equality of dependent variables variances addressed in table 1.

Table 1: results of Levens test to review equality hypothesis of variance

Variable	F	df1	df2	P
Depression pretest	61/56	2	42	0/055

With regards to the above table, the obtained “f” isn’t meaningful, so, equality of variances is true and it’s unlikely covariance running.

between sub random variable (depression pretest) and group variable (agent) in dependent variable prediction (depression post test).

Data of 2-3 tables is related to homogeneity hypothesis test. This table is running before covariance to evaluate counteracts effect

Table 2: summary of information in analysis covariance of depression in experimental & control groups for counteract effect test.

Changes source	Square sum	Degree of freedom	Square average	f	Meaningful level	Eta
togetherness	9/715	1	9/715	7/949	0/008	0/169
Group A	1/574	2	0/787	0/644	0/531	0/032
Pretest B	0/206	1	0/206	0/168	0/684	0/004
balanced A×B	2/335	2	1/167	0/955	0/394	0/047
Error	47/662	39	1/222			
Total	7510	45				

With regards to the data of above table, it’s not meaningful counteract effect between depression pretest and group. No meaningful of counteract effect indicated that data supported homogeneity hypothesis of regression. Therefore, covariance

running has done simply for basic variables effect test of depression post test and group. That is, whether average of society in three group of experimental and control is the same or not. The result of these analysis addressed in tables 3-4.

Table 3: Average and balanced average and standard deviation of depression dependent variable

Resource	pretest		Post test	
	M	SE	M	SE
Recognition group	73/14	0/458	11/341	0/286
Logo therapy	14/60	0/507	12/385	0/287
Control	14/73	0/352	14/674	0/286

In the above table, we observed balanced average of depression dependent variable, i.e. effect of randomize variables have been removed statistically. These averages showed that average of first and second groups are in lower level rather than control group average.

The summary of depression covariance analysis results in experimental and control groups by removing counteract effect have shown in table 4.

Table 4: summary of depression covariance analysis in experimental and control group by removing counteract effect

Resource	Square sum	Degree of freedom	Average square	F	Meaningful level	Eta
Togetherness	10.237	1	10.237	8.395	.006	.170
Depression pretest	.270	1	.270	.222	.640	.005
Inter groups	87.137	2	43.569	35.729	.000	.635
Intra groups	49.996	41	1.219			
Total	7510.000	45				

As we observed, togetherness effect is meaningful strongly statistically and therefore it related to criterion. Ratio of F is meaningful for application effect statistically.

(F(1,41)=35.729 p=.000, Eta=0.635 indicated that there is different effect among three groups. On the other hand, there is meaningful different between two experimental groups in depression

reduction by control group, since F characteristics is meaningful statistically. It's necessary to use follow up test. Then we used two sided comparison test that called Custom Hypothesis by command Lmatrix/running and we use Benferony method for meaningful level of these tests, which their results indicated in table 5.

Table 5: Two sided comparison of average depression post test in three groups, recognition, logo therapy, control

Groups	Difference of average	P
Recognition and logo therapy	1	0/046
Control and recognition	3/531	0/00
Control and logo therapy	2/46	0/000

DISCUSSION

The figures of the above table indicated that there is a meaningful difference between post-test of depression in 3 groups, recognition, logo therapy, control:

1. There is meaningful different between balanced average of cognition group and

logo therapy and this difference have positive effect for cognition group.

2. There is meaningful different between balanced average of control group and cognition group and this difference have positive effect for cognition group.
3. There is meaningful different between average depression of control group and

logo therapy. This difference has positive effect for logo therapy. So it was concluded that grouping training of logo therapy in depression reduction of elder men in Rasht is effective.

Therefore, it can be concluded that both methods are effective in depression reduction, and in comparing them, cognition method is more effective than logo therapy method.

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