

Effectiveness of Gestalt Group Therapy on Loneliness of Women Caregivers of Alzheimer Patients at Home¹

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Objective: Loneliness is a common experience of people, regardless of gender, age, socio economic and cultural experience in the course of its life. The aim of this study was to examine the effectiveness of Gestalt group therapy on the loneliness of Alzheimer's caregivers.

Methods: In an experimental study with a pre- post test design and control group, women participants were selected from Alzheimer Association of Iran. Total number of 50 women members was evaluated according to inclusion/ exclusion criteria. 28 participants selected and were divided into two equal groups randomly. Loneliness Scale was administered to both groups at the beginning. Gestalt therapy sessions were applied to the intervention group, each session 90 minutes weekly and continued for 12 successive weeks. The post-test data collected after the last session by administering Loneliness Scale. Data was analyzed by using t-test for independent group.

Results: The results showed that the mean differences between the two groups were significant and gestalt therapy decreased the loneliness of member of intervention group significantly. Loneliness scores of intervention group in two sub-scales were also significantly lower in post-test compared to control group.

Discussion: Gestalt therapy can be helpful in enhancing positive emotions and decreasing loneliness in Alzheimer caregivers which is one of the hardest emotions that these women threatens reduced and the introduction of enhanced quality of life of the caregivers and hence increase the quality of care for patients increased.

Keywords: Gestalt therapy, Loneliness, Alzheimer patients' caregivers

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Introduction

Nowadays elderly population in many countries has increased progressively (1,2) , and greater need to provide better health care for the elderly is felt (3) . Dementia is a chronic disease of old age and the most common type of dementia, Alzheimer's disease is a progressive disorder that can be characterized by mental and behavioral disorders (4) . About 90% of patients who are suffering from Alzheimer's disease live in their home and in 80% of cases, the responsibility of caring for these people is entrusted to family members, especially women (5). Care of elderly in family is common, but the primary caregivers of the elderly and chronic patients usually are women (6). Often the carrying and accepting

responsibility is a health and well-being risk for caregiver (7). With regard to the care of patients with disabilities, impaired physical and mental health caregivers disrupts communication within the family. Recently the awareness of the crucial role of caregivers in long-term maintenance of patients has increased and researches been done in the fields of health problems, their caregivers and health vulnerability (8) .

Caring for patients with dementia, particularly Alzheimer's type is a component of the toughest and most vulnerable type of caring of patients and exhaustion due to maintenance for these patients, from caring of other patients with chronic disorders are more prevalent (9). Caregivers often face many

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challenges about home care; patient's care in addition to its own difficulties, with responsibilities such as roles in the family, job and housekeeping. These duties bring feelings of exhaustion and severe stress, low self-efficacy and depression. As far as the patient become more dependent to the caregiver, the risk of chronic physical and mental disorders such as anxiety, frustration, anger and irritation in caregivers will increase. (10). In Beeson and Colleagues (11) research, the women who care for Alzheimer's disease were compared with men and the level of loneliness was higher, the risk of depression and problems in relationships with others was reported. But problems ultimately was reduced the quality of care for Alzheimer's patients at home. Sullivan (12) found that interpersonal relationships has a stronger position in the theory of relations. Sullivan emphasized on the importance of relationships with others, as it rooted in basic human needs and proposed inefficiency in satisfying the need for intimacy with others or interpersonal as loneliness. Loneliness is a common experience in all people, regardless of gender, age, socio economic and cultural experience in life. Perlman and Peplau (14) defined the loneliness based on the differences and gap between level of social relations of individuals with regard to its qualitative and quantitative aspects. In their opinion, the basis of loneliness is a gap between their aspirations and achievements in interpersonal relationships and intimacy. The greater distances causes loneliness grows (13). Single people often suffer. They believe their loneliness is due to their failure and not being able to control it. They feel like they are in a situation that if a problems arise they are not able to solve it and nobody support them .Indeed it occurs only when the Social Communications quantitatively and qualitatively affected by the problem and the person feels less social support. Loneliness leads to reduced self-esteem (15), waver over the ability, in interpersonal behavior, anxiety, lack of courage. Risk taking show more (16) than the emotional and affective states such as depression, anxiety and anger are more vulnerable (17). Living in the present and increasing human understanding by being present with his emotions and cognition seems to free human from all pain and suffering from mental state. Perls (18) stats that a man with no contacts is like neglecting the unfinished work and destroying the current lives. This unfinished work is unexpressed feelings such as resentment, anger, guilt, grief, and unfinished needs to be considered as

unsolved problems that affect current consciousness of human.

Gestalt therapy as an approach is based on current consciousness and integration of mind, body and emotions. The first task of Gestalt therapy is to initiate awareness (18). This treatment type is designed to help a person who deeply experiences the moment and should be informed from its thoughts, feelings and actions. The ultimate goal of Gestalt therapy is awareness that itself is healing. In Gestalt therapy, therapists should practice here and now, experience, and awareness of what is going on in space and time. They should attend to all of verbal and nonverbal behavior in the therapeutic sessions. This approach tries to remove the blocked awareness of a person (19). In Gestalt therapy, the most obvious way to increase the awareness of the clients is telling their lives story for therapist and be aware that the therapist listens. Verbal and nonverbal expression as a reflection of what the meeting is to listen to his client, to know how to experiment and how greatly the world are invited (18) that it is very easy to achieve this target group. Gestalt therapy includes approaches of awareness based on present and integration of mind, body and emotions. The first task of Gestalt therapy is expansion of awareness (19). This type of treatment is designed so it helps people to go so deeply into the moment and the thoughts, feelings and actions of information.

Participating in the group therapy provides the opportunity to establish social relationships and reduce feelings of loneliness for individual that contribute to the promotion of mental health in members. Draghic (20) beleives group therapy is one of the most appropriate treatment methods to reduce negative emotions such as depression and anxiety disorders. As the society is a religious community, and in many spiritual rituals living every moment should be accompanied with the full knowledge and participation (21). Gestalt group therapy can be very helpful for the members of such society. The purpose of this study was to determine the eeffectiveness of gestalt group therapy on loneliness of women caregivers of Alzheimer's patients.

Methods

In an experimental study with a pre- posttest design and control group, women participants were selected from Alzheimer Association of Iran. Total number of 50 women members was evaluated according to inclusion/ exclusion criteria. The inclusion criteria for the study included: 1) at least three years'

experience in home care of Alzheimer's patients, 2) Persian speaking 3) appropriate listening and speaking abilities 4) no history of psychiatric hospitalization 5) no experience of grief over 6 months ago 7) signing informed consent to participate in the study 8) not receiving any treatment in mental ability which interfere with memory or thinking. The exclusion criteria consisted of: 1) Simultaneous participation in other psychotherapy sessions 2) cancel to continue participation in the study, 3) three session absence. Among the 50 persons who were qualified for the study, 28 participants selected and were divided into two equal groups randomly. Loneliness Scale was administered to both groups at the beginning. Gestalt therapy sessions were applied to the intervention group, each session 90 minutes weekly and continued for 12 successive weeks. The post-test data collected after the last session by administering Loneliness Scale. Data was analyzed by using t-test for independent group. The instrument and materials used in this study was Loneliness questionnaire: The

scale designed by Dehshir and colleagues (22) which consisted of three subscales, "isolation from contact with family", "isolation from contact with friends", and "signs of emotional loneliness". The questionnaire has a total of 38 questions on a five-item Likert's range, 16 questions related to family relationships, 11 questions related to relationships with friends and 10 questions related to signs of emotional loneliness. The internal consistency reliability coefficient and retest total scale were respectively (91/0) and (84/0). The validity of the subscales is acceptable. Cranach's alpha coefficient for the total scale was 91/0, for subscale connection with family 80/0, for loneliness subscales from communicating with friends 88/0 and subscale signs of emotional loneliness was 79/0.

Results

The mean and standard deviations of demographic variables of experimental and control groups are shown in table (1).

Table 1. Distribution of demographic variables between intervention and control groups

		control group	experimental group
	N	14	14
	Average age	50.3 (MD=2.4)	49.8 (MD=2.1)
Marital status	Married	7	7
	Widow	3	2
Ethnicity	Persian Language	7	8
	Azeri language	9	6
Education	Lower secondary school	3	2
	Diploma	6	6
	Bachelor	5	6
Income	500000>	4	2
	500000-1000000	7	7
	1000000<	3	5

In table (2), the mean and standard deviation of two groups before and after the intervention and group mean difference in pre-test and post-test is indicated. Subtracting the mean pre-test and post-test in the

intervention group equals (Mean=-22.49) and the standard deviation equals (SD=0.86). Subtracting the mean pretest and posttest control group equals (Mean=1.05) and standard deviations equals (SD=2.43).

Table 2. Mean and standard deviation, total score variable of loneliness in two groups

Group		N	Mean	Standard deviation	Error of the mean
Intervention group	pre-test	14	102.6	7.01	1.11
	post-test	14	80.11	7.87	1.49
	difference	14	-22.49	0.86	0.38
Control group	pre-test	14	99.18	5.22	0.96
	post-test	14	100.23	7.65	1.72
	difference	14	1.05	2.43	0.76

To compare two groups, and evaluate the effectiveness of this intervention t-test of independent groups was used (table 3) The subtracting mean pre-test and post-test were

compared between the two groups. The results indicated that the Gestalt group therapy due to reducing loneliness in women participating in these group.

Table 3. Comparison of mean difference pre-test and post-test of groups

The mean difference between the two groups	df	T value	Significance level
-23.54	26	10.85	0.00

P<0.01

Levine's test results show that the assumption of equal of variances is confirmed ($F=1.29$, $Sig=0.15$). After examining the assumption of equal variances, we examined the T score. The comparison between pre-test and post-test scores in both intervention and control groups in table (3) ($t=10.85$) shows that group therapy with gestalt therapy approach reduces loneliness of participants. The comparison between

pre-test and post-test scores in both intervention and control groups ($t = 10.85$) in table (3) and Specified significance level ($P <0.01$) shows that group therapy with Gestalt therapy approach is reduced loneliness members of Intervention group. The comparison of difference pre-test and post-test of Loneliness subscales between the two groups is shown in table (4).

Table 4. The comparison of difference pre-test and post-test of Loneliness subscales between groups.

Subscale	Group	mean	Standard deviation	mean difference	df	T value	Significance level
Alone in family relations	experimental	2.13	1.29	-2.93	26	1.61	0.07
	Control	-0.80	2.24				
Alone in Friends relations	experimental	11.52	2.02	10.5	26	7.14	000
	Control	1.02	1.84				
Affective syndrome	Experimental	9.12	1.29	9.05	26	6.21	000
	Control	0.07	0.73				

Discussion

As a result of the t-test for independent groups, it shows a significant difference between mean of total score in experimental and control groups, thus null hypothesis is rejected. The two subscales of loneliness in communicate with friends and emotional symptoms significantly reduced in the intervention group. In other words, it can be concluded that the intervention of Gestalt therapy decrease loneliness of women in Gestalt group therapy. Verbal and nonverbal techniques in group therapy structured in order to members of the group with problems to regain their identity and stability. The main objective of the experimental methods such as Gestalt therapy is to help the client to understand the necessity which no need to be dependent on others and should be independent and responsible person. And it is believed that when obstacles in the way of awareness of individuals are removed and unfinished tasks are completed, the man reaches maturity (23). Gestalt therapy focused on the present to complete unfinished tasks, the unity of all being, self-regulation of organisms, and particularly. Repressed excitement and meditating on the past and future causes people to lose time and mental energy and therefore regret about the past and are unfinished and fear from the future. With completing these unfinished tasks using treatment techniques of gestalt therapy such as working on a dream, heated seats, my relationship, and the empty

chair opposite poles. These tasks improve and complete the unfinished tasks which caused a person to be trapped in the past. Using this approach, in team meetings, members learn to live in the present as well as the application of methods helps the export group members decline self-destructive, therefore positive emotions can grow.

The present study demonstrates the effects of Gestalt therapy on reducing loneliness of women caregiver of Alzheimer's patients. Results of this research are in line with by P. Vaio and Greenberg (24) findings which discussed the unresolved emotional problems in relationships with others, such as confusion of interpersonal relations and loneliness. The results obtained in this study are consistent with results of Bahrami, Sudani and Honarmand (25) which showed that Gestalt therapy reduced depression, loneliness and increased self-esteem of divorced women in the experimental group. Most of the women who participated in this group therapy stated that they had no desire to continue the sessions at the beginning, but after caregiver's awareness of their own arose, they were pushed forward to complete the unfinished tasks. Regarding the relationship between loneliness and self-efficacy(16), the results of this study could be aligned with results of Saadati and Lashani (26) in which they indicated that Gestalt therapy increased the efficacy of divorced women. Actually the tasks like identify unfinished recounting memories in the present, raising

awareness of person here and now and acceptance of one's self were the main treatment in the in Gestalt therapy approach.

Conclusion

Duty of community is to promote the health and safety of women's caregivers in order to improve their quality of lives. This study shows that the Gestalt therapy enhanced the quality of life of caregivers and hence the quality of care for patients

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increased. It also reduced the level of loneliness in caregivers of chronic patients with Alzheimer's disease. Further studies related to Alzheimer patient caregivers are needed.

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