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Comparing the effects of group compassion therapy and group narrative therapy on the enthusiasm for life of the elderly

Abbas Keshavarz[1]; *Hamid Nejat[2]; Ali Akbar Samari[3]

[1]*Department of Health Psychology, UAE.C., Islamic Azad University, Dubai, United Arab Emirates.*
[2]*Department of Family and Counseling, Ma.C., Islamic Azad University, Mashhad, Iran.*
[3]*Department of Clinical Psychology, Kash.C., Islamic Azad University, Kashmar, Iran.*

Abstract

Introduction: The present study aimed to compare the effects of group compassion-focused therapy and group narrative therapy on the enthusiasm for life in the elderly.

Materials and Methods: The statistical population included all retired teachers of Mashhad, Iran, in 2023. Forty-five individuals with low scores on the Enthusiasm for Life Scale were selected through purposive sampling and randomly assigned to equal three groups: control, compassion therapy, and narrative therapy. Therapeutic sessions were conducted for the two experimental groups, each receiving 8 sessions of intervention. Data were analyzed using two-way repeated measures ANOVA.

Results: After controlling for pre-test effects, the results revealed a significant difference between the pre-test and the other stages in the experimental groups. Moreover, the Eta squared value for simultaneous changes in the dependent variable was higher for the compassion-focused therapy group (0.915) than for the narrative therapy group (0.799).

Conclusion: The results showed that compassion-focused therapy was more effective than group narrative therapy to enhance enthusiasm for life in elderly individuals. Both approaches can be recommended as effective methods for enhancing enthusiasm for life among the elderly.

Keywords: Compassion therapy, Enthusiasm, Narrative therapy

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Introduction

The world is aging, and some countries are aging faster than others (1). The rate of population aging in Iran is higher than the regional and global average, and the country is expected to enter the aging phase by the 2040s (2). With the increasing age of the global population concerns about mental health among the elderly have become increasingly prominent. The World Health Organization (WHO) reports that nearly 14% of people aged 60 and older suffer from mental disorders, with depression and anxiety being among the most prevalent (3). Mental health issues, especially

***Corresponding Author:**
Department of Family and Counseling, Ma.C., Islamic Azad University, Mashhad, Iran.
drnejat54@mshdiau.ac.ir
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stress and depression, are very common among the elderly (4).

Despite the numerous physical and psychological challenges during old age, non-pharmacological treatments are prioritized and considered important for improving mental and, to some extent, physical conditions (5). Meaningful social activities can significantly enhance mental health, life satisfaction, and quality of life (3). One of the newer non-medical and functional approaches that benefits from cognitive-behavioural principles and emphasizes emotional regulation is Compassion-Focused Therapy (CFT) (6). CFT is an integrated evolutionary approach to mental health problems that has seen significant growth over the past 30 years (7). There are various definitions of compassion. Both Buddhist traditions and evolutionary-focused models conceptualize compassion as a social motive characterized by sensitivity to suffering in oneself and others, along with a commitment to relieve and prevent it (8). CFT was developed by Paul Gilbert with the aim of reducing shame and self-criticism (9), both of which are harmful components of many mental health issues, including depression. CFT integrates cognitive-behavioral therapy with elements from other sciences such as evolutionary psychology, social psychology, developmental psychology, Buddhist psychology, and neuroscience (10). Training the compassionate mind, a key element of CFT, involves physiological, psychological, meditative, imaginative, and body-based practices. These include attention training and mindfulness, soothing rhythmic breathing, compassionate memory exercises, and imagery, all aimed at cultivating compassion (9). These practices activate the parasympathetic nervous system (11), increase self-compassion and positive emotions, and reduce self-criticism, shame, and psychological distress (12). Theoretically, self-compassion consists of three components, each with a positive and a negative pole: self-kindness vs. self-judgment, common humanity vs. isolation, and mindfulness vs. over-identification. The combination of these three components defines a self-compassionate individual (13). Mindfulness and self-compassion skills help individuals calm their minds, listen to their breath, and attend to their bodily experiences. However, for those unfamiliar with these practices, learning to quiet the mind and feel bodily emotions can be challenging until regular practice is established. Therefore, such approaches serve as effective starting points (14). CFT can act as a protective shield against environmental stressors and self-criticism (15). In Mindfulness-Based Compassion Therapy (MBCT), an integrated method, both mindfulness and compassion-focused interventions are used simultaneously (16). This therapy emphasizes concepts such as paying attention to the present moment in a specific, purposeful, and non-judgmental way (17). Practicing mindfulness and self-compassion helps individuals stop avoiding or suppressing painful emotions (18). This therapeutic method is highly effective both in clinical settings and in challenging situations where individuals must endure chronic hardship (19).

Another approach is Narrative Therapy (NT), which offers a compelling model for identifying and recalling key life elements, using them to manage personal challenges, and communicating them in socially and personally meaningful ways (20). Elderly individuals' personal narratives often involve themes of "loss" and "deficiency." These negative perceptions stem from physical and mental health problems that increase with age, as well as the sociocultural narratives imposed on the elderly. Narrative therapy provides a way for seniors to reconstruct their life stories by replacing existing narratives (21). Techniques used to achieve this therapeutic goal include externalization, identifying unique outcomes, re-authoring, remembering, witnessing, and therapeutic documentation (21). Given the relatively simple and accessible structure of narrative therapy and its potential to create personal transformation through re-authoring, this approach can strengthen beliefs and skills to enhance enthusiasm for life (22).

One of the variables influenced by both group compassion therapy and narrative therapy is enthusiasm for life, which refers to creating space for negative side effects such as unpleasant thoughts and emotions to build a meaningful life. Fortunately, this often results in positive side effects along the way. Enthusiasm for life is not merely about endurance, acceptance, or coping—it's about embracing experiences, even those we may not like. It means confronting and welcoming life events (23). It is also defined as a strong desire to engage in an activity that one values and

enjoys, to which one devotes time and energy (24). Enthusiasm for life is a crucial element for effective and meaningful living, as it is the only effective way to face life's challenges. Studies show that mindset and enthusiasm for life tend to decline with age (25). Group narrative therapy has been shown to increase hope and happiness among the elderly (26), and significantly improve life satisfaction (27). CFT can also effectively enhance life expectancy and hope in older adults (28). It improves quality of life and psychological well-being in elderly individuals with depression and can be used to reduce mental health problems in this group (29). Group narrative therapy, especially in the form of life-story sharing, is a dynamic and interactive method that reduces depression and enhances social relationships in the elderly (30). Speaking in groups boosts self-confidence and allows for emotional expression, whether joyful or sorrowful. This method is recommended in chronic care centers and rest homes as a low-cost, non-pharmacological solution and can also be taught to families to promote community mental health and improve the well-being of elderly family members. While both CFT and NT aim to improve mental health, they do so through different mechanisms. CFT helps individuals heal from within by fostering self-compassion, while NT empowers individuals to rewrite their life stories and reclaim their sense of self (19,31).

Compared to related studies, the present study has certain differences and similarities with other research. The present study was conducted on the elderly, while some other studies focused on different populations such as cancer patients (32), or individuals with depression (33). Also, the present study consisted of 8 sessions for each of the therapies, totalling 16 sessions, while some other studies were conducted over 12 session (34) or 16 sessions (35). For instance, a study conducted by Gilbert et al. demonstrated that 12 sessions of group compassion-focused therapy can lead to improved enthusiasm for life and reduced symptoms of depression in individuals with depression (36). The present study was conducted at a retirement center, whereas some other studies were conducted in hospitals (33) or psychology clinics (34). For example, Jeddi et al. showed that compassion-focused therapy can have a positive impact on increasing hope for life among elderly residents of nursing homes (28). The present study used the Enthusiasm for Life Scale (23) to assess the elderly's enthusiasm for life, whereas some other studies used different scales such as the Quality Of Life Scale (QOL) (32), the Beck Depression Inventory (BDI) (33). There are evidences that elderly individuals are receptive to the compassion-focused approach and consider it an acceptable intervention (30,36-38). Also, narrative therapy reduces depressive symptoms in the elderly, and enhance their quality of life (39).

Previous studies have shown that both compassion and narrative therapies offer positive benefits for older adults and warrant further investigation. However, while many studies have examined the effectiveness of each approach separately, there is a lack of comparative studies on their impact on enthusiasm for life in the elderly. So, the present study was conducted to compare the effects of group compassion-focused therapy and group narrative therapy on enthusiasm for life in older adults.

Materials and Methods

The statistical population consisted of all retired teachers aged 65 to 80 years in Mashhad city, Iran, in autumn 2023 who visited the Retirees' Association. Forty-five individuals were selected using purposive sampling and randomly assigned to groups. Inclusion criteria included being a member of the Mashhad Education Retirees' Association, aged 65 to 80. having low scores on the enthusiasm for life scale, and being able to attend the therapy sessions. Exclusion criteria were absence from more than one session, and failure to complete assigned tasks. Considering these conditions, 45 elderly participants (21 men and 24 women) were selected and divided into three groups: CT, NT, and control (each consisting of 7 men and 8 women). The therapy sessions were held in groups across 16 ninety-minute sessions (8 CFT sessions and 8 NT sessions).

A follow-up assessment was conducted two months after the post-test. By employing strategies to manage sample attrition (such as maintaining close contact with participants, using easy data collection methods, conducting regular follow-ups, and incorporating recreational activities), there was no dropout during the pre-test, post-test, or follow-up stages, and all 45 participants remained in the study throughout its duration.

Research instrument

A) Enthusiasm for Life Scale: Hassanzadeh developed this scale in 2015. It contains 50 items and is scored on a 5-point Likert scale (ranging from strongly agree to strongly disagree). This questionnaire was developed based on theoretical literature related to life, health, and enthusiasm for life. The Cronbach's alpha has been reported as 0.93, indicating high internal consistency. A higher score indicates greater enthusiasm for life (23). In the present study, a test-retest conducted two months apart yielded a Cronbach's alpha of 0.89. Tables 1 and 2 present the structure of therapy sessions.

Table 1. Group therapy protocol based on narrative therapy (White, 2007)

Session	Activity description
1	Introduction and explanation of the sessions, overall session structure, establishing main group rules and framework, getting to know group members, conducting the pre-test, providing a simple description of life stories, and introducing the principles of narrative therapy
2	Beginning externalization, examining dominant stories, understanding their influence, identifying different aspects of an individual's life, personalizing problematic stories, and exploring personal metaphors (how stories are constructed)
3	Identifying and understanding the principles of storytelling, encouraging participants to share their stories, examining personal metaphors, and viewing stories from different perspectives
4	Exploring the impact of thought and language, developing new dialogue about the story, naming the problem, reducing the problem's power, and discussing group perspectives on different attitudes toward the issue
5	Group discussions and challenges, identifying positive and negative emotions tied to the problem, examining key life challenges, and assigning homework (reframing language used with problems)
6	Summarizing the previous session, reviewing homework, reconstructing stories, analyzing new outcomes, addressing crises, and continuing group challenges to enhance storytelling dynamics
7	Reviewing the new story, focusing on strengths, analyzing the position and influence of the new narrative, and exploring its impact on present and future life
8	Group discussion, evaluating changes, reviewing evidence of transformation, and conducting the post-test

Table 2. Group therapy protocol based on compassion therapy (Gilbert, 2009)

Session	Activity description
1	Introducing group members, conducting the pre-test, discussing the purpose and structure of the sessions, reviewing expectations of the therapy program, and introducing the general principles of compassion therapy
2	Teaching mindfulness through body scanning and breathing exercises, introducing compassion-based brain systems, and fostering empathy by helping participants adopt a compassionate perspective
3	Understanding the traits of compassionate individuals, fostering compassion toward others, cultivating warmth and kindness toward oneself, recognizing shared human struggles, countering self-critical and shameful feelings, and learning to empathize
4	Reviewing the previous session and exercises, exploring self-awareness regarding compassion, practicing exercises to nurture a compassionate mindset (empathy and self-kindness), and teaching forgiveness
5	Practicing forgiveness, acceptance without judgment, and cultivating patience and tolerance through compassionate exercises
6	Practicing compassionate imagery, learning styles and methods of expressing compassion (verbal, behavioral, situational, and continuous), and applying these methods in daily life with family and friends
7	Teaching participants to write compassionate letters to themselves and others, keeping a daily record of real-life situations where compassion was applied and reflecting on individual responses
8	Summarizing previous sessions, addressing questions and clarifying doubts, providing strategies for maintaining and implementing compassionate practices, and conducting the post-test

Results

The distribution of participants was identical across the three groups: control, compassion therapy, and narrative therapy. Each group consisted of 7 men and 8 women, representing 46.7% men and 53.3% women in both each group and the total sample. The age range for the total sample was 65 to 80 years, with the mean and standard deviation calculated separately for each group: control group (72.6 ± 1.54), compassion therapy group (71.33 ± 1.27) and narrative therapy group (72.33 ± 1.51). Table 3 presents the descriptive statistics. We used Shapiro-Wilk test to assess the normality of data distribution. The significance level for enthusiasm for life in all three groups was greater than 0.05, indicating that the data were normally distributed.

Therefore, parametric tests could be applied. The assumptions for conducting repeated-measures ANOVA were met (Table 4).

Table 3. Descriptive statistics

Score	Control			Compassion therapy			Narrative therapy		
	Pre-test	Post-test	Follow-up	Pre-test	Post-test	Follow-up	Pre-test	Post-test	Follow-up
Mean	108.60	110.40	109.73	108.80	152.20	154.93	108.13	141.00	142.00
SD	6.44	6.87	6.91	5.10	21.55	20.62	5.18	17.08	17.18

Table 4 shows that the mean differences in the groups were significant. Additionally, the partial eta squared indicated that 92% and 80% of the variance in the dependent variable (life engagement) was attributed to the compassion therapy and narrative therapy groups, respectively. Table 5 presents the results of Mauchly's test of sphericity.

Table 4. Multivariate tests

Effect	Test	Value	F	df1	df2	P	Partial Eta Squared
Control	Pillai's Trace	0.554	8.075	2	13	0.005	0.554
	Wilks' Lambda	0.446	8.075	2	13	0.005	0.554
	Hotelling's Trace	1.242	8.075	2	13	0.005	0.554
	Roy's Largest Root	1.242	8.075	2	13	0.005	0.554
Compassion	Pillai's Trace	0.915	70.117	2	13	0.000	0.915
	Wilks' Lambda	0.085	70.117	2	13	0.000	0.915
	Hotelling's Trace	10.787	70.117	2	13	0.000	0.915
	Roy's Largest Root	10.787	70.117	2	13	0.000	0.915
Narrative	Pillai's Trace	0.799	25.797	2	13	0.000	0.799
	Wilks' Lambda	0.201	25.797	2	13	0.000	0.799
	Hotelling's Trace	3.969	25.797	2	13	0.000	0.799
	Roy's Largest Root	3.969	25.797	2	13	0.000	0.799

Table 5. Mauchly's test of sphericity

					Epsilon	
	Mauchly's W	Chi-Square	df	P	Greenhouse-Geisser	Huynh-Feldt
Control	0.169	23.085	2	0.000	0.546	0.557
Compassion	0.018	52.103	2	0.000	0.505	0.506
Narrative	0.01	59.386	2	0.000	0.503	0.503

According to Mauchly's test, the assumption of sphericity is rejected. Violating the sphericity assumption can lead to inaccuracies in the F-statistic in repeated measures ANOVA. To address this issue and improve the accuracy of the F-statistic, the degrees of freedom are adjusted using the Greenhouse-Geisser and Huynh-Feldt methods. If the epsilon value is

greater than 0.75, Huynh-Feldt correction is recommended. If epsilon value is less than 0.75 or no information about sphericity is available, Greenhouse-Geisser correction should be applied (40) (Table 6).

Table 6. Greenhouse-Geisser tests of within-subjects effects

Source	Sum of squares	df	Mean Square	F	P	Partial Eta Squared
Therapy	21144.04	1.008	20982.963	50.23	0.000	0.533
Error (Therapy)	18521.289	44.338	417.732			

The computed F-value for stages is 50.23, which is significant at the *P*< 0.001 level. This indicates differences between stages. The calculated partial eta squared for the stages is 0.533, suggesting that approximately 53% of the variance in the dependent variable is explained by the measurement stages. To examine differences between groups in the post-test and follow-up stages, pairwise comparisons were conducted using the Bonferroni test.

Table 7. Pairwise comparisons

Group	I	J	Mean Difference	Std. Error	P
Control	1	2	-1.800	0.751	0.093
		3	-1.133	0.761	0.476
	2	1	1.800	0.751	0.093
		3	*0.667	0.187	0.009
	3	1	1.133	0.761	0.476
		2	*-0.667	0.187	0.009
Compassion therapy	1	2	*-43.400	5.993	0.000
		3	*-46.133	5.770	0.000
	2	1	*43.400	5.993	0.000
		3	*-2.733	0.511	0.000
	3	1	*46.133	5.770	0.000
		2	*2.733	0.511	0.000
Narrative therapy	1	2	*-32.867	4.961	0.000
		3	*-33.867	4.969	0.000
	2	1	*32.867	4.961	0.000
		3	*-1.000	0.293	0.013
	3	1	*33.8867	4.969	0.000
		2	*1.000	0.293	0.013

Table 7 shows that the results of the Bonferroni test indicate a significant difference in the mean scores between the post-test and follow-up stages in the control group, while the differences in other stages were not significant (*P*> 0.05). In the compassion therapy and narrative therapy experimental groups, the differences in mean scores across all stages were significant *(P*< 0.05).

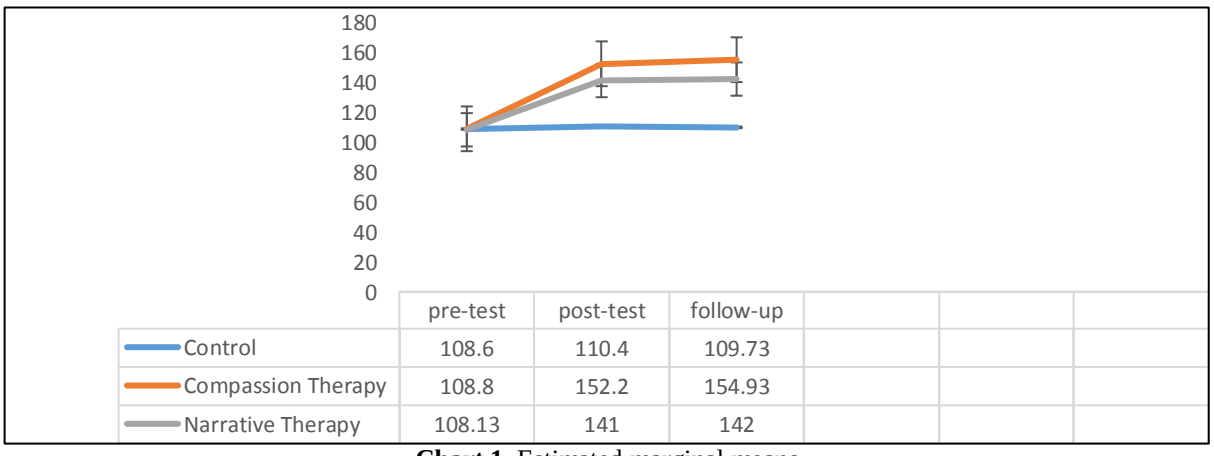

Chart 1. Estimated marginal means

The line chart illustrates the mean differences in life enthusiasm across three stages—pre-test, post-test, and follow-up—within the control, compassion therapy, and narrative therapy groups. As observed, all three groups exhibited similar mean levels of life enthusiasm in the pre-test stage. The control group showed no significant changes across the subsequent stages, whereas the experimental groups demonstrated an increase in the post-test stage compared to the pre-test stage. However, no significant differences were observed between the post-test and follow-up stages.

Discussion

This study aimed to compare the effects of CFT and NT on enthusiasm for life among the elderly. The results showed that both CFT and NT had significant impacts on increasing enthusiasm for life. In the control group, a slight decrease was observed from the post-test to the follow-up, which, although numerically small, was statistically significant. This suggests that over time, enthusiasm for life may decline without intervention. This finding is supported by Sigmundsson et al. from the Norwegian University of Science and Technology, who noted that reductions in enthusiasm scores in old age may result from environmental limitations and declining physical and cognitive abilities, making the acquisition of new skills more effortful and time-consuming. These changes may explain a decline in enthusiasm for life with aging (25).

The experimental groups showed statistically significant differences in all stages of measurement, indicating that both group therapies were effective, with CFT being more impactful according to the mean chart. These results are consistent with the findings of Gilbert et al. (36), Aboutalebi et al. (37), and Gholami Shilsar et al. (30). Additionally, Poz and Craig (38) showed that elderly individuals are receptive to the compassion-focused approach and consider it an acceptable intervention with broad benefits that can facilitate life transitions and minimize distress. The results of the study by Zhou et al. (39), also in line with the present study, demonstrated that narrative therapy can effectively reduce depressive symptoms in the elderly, improve their mental state, delay cognitive decline, and enhance their quality of life — making it an effective therapy for promoting the mental health of older adults (39).

In general, the results of this study support the positive effects of compassion-focused and narrative therapy on increasing enthusiasm for life among the elderly. Expanding our understanding of how enthusiasm for life fluctuates with age may contribute to theoretical advancement in this area. Improved understanding can also help enhance interventions during aging. Therefore, it is recommended to design informational booklets that explain the effects of CFT and NT group therapies, and distribute them to elderly individuals and care centers to encourage enthusiasm for life in later life. Like all studies, this research has limitations. The sample was drawn only from a specific social group — retirees from the Ministry of Education in Mashhad, aged 65-80.

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Conflict of Interest

There was no conflict of interest.

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Ethical Considerations

This research is derived from a Ph.D. dissertation in health psychology at Islamic Azad University, United Arab Emirates Branch. All participants completed a written informed consent form, acknowledging their voluntary and informed participation and their right to withdraw at any time.

Code of Ethics

IR.IAU.SRB.REC.1403.035.

Authors' Contributions

All authors contributed equally to the study conduction and preparation of this manuscript.

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