

Aspectos positivos na Terapia Cognitivo-Comportamental em grupo com idosos: uma análise sistemática da literatura

Positive aspects in Cognitive-Behavioral Group Therapy for elderly: a systematic review of the literature

Aspectos positivos de la terapia cognitivo-conductual en un grupo con ancianos: una revisión sistemática de la literatura

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RESUMO

O desenvolvimento de aspectos positivos da vida pode contribuir para um envelhecimento positivo. Para caracterizar os principais focos das intervenções em Terapia Cognitivo-Comportamental em Grupo (TCCG) com idosos e analisar se aspectos positivos constituem enfoque delas, efetuou-se uma revisão sistemática da literatura. Selecionaram-se artigos empíricos publicados entre 1998 e 2012 indexados com termos que se referem à prática de TCCG nas bases de dados PsycARTICLES ou PsycINFO e que incluíram pessoas acima de 64 anos nas amostras. Recuperaram-se 83 pesquisas. Aspectos positivos estão presentes em 48,2% dos artigos, sendo Qualidade/Satisfação com a Vida e *Coping* os mais frequentes. A maioria deles, no entanto, não constitui o foco principal dos artigos. A produção científica sobre TCCG com idosos se mantém centrada no tratamento de transtornos psiquiátricos que é indubitavelmente fundamental, mas não é suficiente. É

necessário, como proposto pela Psicologia Positiva, que aspectos positivos também sejam alvo da psicoterapia, contribuindo, assim, para um envelhecimento positivo.

Palavras-chave: Envelhecimento Positivo; Idosos; Psicologia Positiva; Terapia Cognitivo-Comportamental em Grupo.

Abstract. The development of positive aspects of life can contribute to positive aging. To characterize the main objectives of the interventions in Cognitive-Behavioral Group Therapy (CBGT) for elderly and to examine whether positive aspects constitute a focus of them, a systematic review of the literature was conducted. Empirical articles, published between 1998 and 2012, indexed with terms that refer to the practice of CBGT in PsycINFO and PsycARTICLES databases and that included people over 64 years in their samples were selected. 83 researches were recovered. Positive aspects are present in 48.2% of the articles, being Quality/Satisfaction with Life and Coping the most frequent ones. Most of them, however, do not constitute the principal focus of the articles. The scientific production on CBGT for elderly keeps centered in the treatment of psychiatric disorders that is certainly essential, but not sufficient. It is necessary, as proposed by Positive Psychology, that positive aspects also be targets of psychotherapy, thus contributing to positive aging.

Key-words: Positive Aging; Older Adults; Positive Psychology; Cognitive-Behavioral Group Therapy.

INTRODUCTION

Old age was, over many years, considered as a phase marked only by decline. However, since the 1980s, emphasis was given to the fact that human development occurs throughout life and therefore the elderly also develop (Baltes, 1987), whereas the acquisition, maintenance, improvement and the extinction of behaviors and mental processes may occur in all age groups (Neri, 1995).

The ability to learn is present in the elderly and promotes healthy development until more advanced ages, assisting in the balance between the declines due to aging and the gains that may arise, for example, of educational activities (Scolarick-Lempke & Barbosa, 2012). To make use of techniques such

as psychoeducation and cognitive restructuring, the psychotherapies can become important tools to promote positive aging. In this regard, Cognitive-Behavioral Group Therapy (CBGT) stand out for their fundamental assumption be an educational intervention both in an individual (Beck, 1993) and group (Neufeld, 2011) perspective.

According to Rebelo (2007), the first reference regarding psychotherapy work group with older patients dates from the 1950s. Since then, several studies from different scientific areas have been emerging. Bieling, McCabe and Antony (2008) state that present interactions in groups allow for exchange of information and meaningful opportunities for learning. In addition to these benefits, one may add spending restraint (more people can be benefited

in a given period of time) and the efficiency and effectiveness that, if compared to individual psychotherapies, are usually kept equal (Cummings & Cummings, 2008).

It is necessary, however, that interventions with seniors be adapted to the singularities of this age group and even professionals should develop therapeutic modalities specific for the senile in order to contemplate distinct characteristics of this stage in life. As an example, one mentions the difference between old people and adults with regard to risk factors for depression and anxiety (Lobo et al., 2012), and even the scarcity of research with elderly patients with certain disorders, such as Obsessive-Compulsive Disorder (OCD) (Oliveira, Silva Teles & Machado, 2012), causing, in addition to the need for modifications or adaptations when working with these pathologies in different age groups, the imperative of further studies with elderly patients. We also cited the need to pay attention to the level of education and cognitive ability of participants, as well as to the existence of visual acuity problems (Wright, Basque & Thase, 2008). For seniors who have visual difficulties, for example, printed materials with large letters or using audio and video tapes may be a good option (Wright et al., 2008).

Rebelo (2007) reports that the therapeutic work for elderly should take into account both centered aspects in setting, such as being flexible with the length and frequency of sessions, as well as professional centered ones, such as a personal reflection that involves the conceptions of the psychotherapist about old age and aging. In addition to these aspects, psychotherapists should also be attentive to the fact that elderly people who seek psychotherapy services want to not only the relieve their symptoms, but, also want stimulation

to develop strategies that may help them cope better with life circumstances that may arise in the future (Hill, Thorn & Packard, 2000).

The success of Cognitive-Behavioral Therapy (CBT) in a wide range of disorders (depression, phobias, etc.) (Beck, 2013) suggests that its models of therapy may also be employed to help people learn about their strengths and positive qualities (e.g., resilience and wisdom) and to develop them (Padesky & Mooney, 2012). Rebelo (2007) asserts that, in working with the elderly, it is very important to highlight the positive aspects of aging and of old age.

As Seligman and Csikszentmihalyi (2000) claim, psychology is a field that studies not only the diseases, weaknesses and negative emotions, but it is also a field of the study of strengths and personal virtues. Thus, the treatment provided by the psychologist must overcome the 'repair of something that is already broken', to also develop and promote what is best in the individual. Psychology should not be restricted to acting as a branch of Medicine concerned with the process of health and illness, because Psychology involves, among others, education, knowledge and the growth of the human being (Seligman & Csikszentmihalyi, 2000).

Even centuries scholars, philosophers and religious leaders have asked themselves how to increase (lasting) happiness in people, until recently the guiding question in Clinical Psychology and Psychiatry was how to reduce suffering (Seligman, Steen, Park & Peterson, 2005). However, this did not stop researchers dedicating themselves to the study of positive aspects during several decades. As an example, the research of the late 1930s on marital satisfaction and giftedness (Terman, Bittenwieser,

Ferguson, Johnson & Wilson, 1938) can be cited. More than an 'isolated' interest of some authors, Lopez et al. (2006), from a historical analysis of publications, note that the area of Psychological Counseling is committed, rooted from its beginnings, to the appreciation of the positive aspects. The authors add that it still is necessary for a successful future that this commitment is sustained.

Concern with the scientific study of the positive aspects has been strengthened in recent years (Paludo & Koller, 2006) in areas of Psychology that go beyond Psychological Counseling. This is due mainly to the science proposed by Martin Seligman in 1998 when he took over the Presidency of the American Psychological Association (APA), called Positive Psychology (Seligman, 1999). This emerging field proposes that the healthy aspects of human beings, such as their potential and virtues, must also be the targets of Psychology. In line with this assumption, Bannink (2012) suggests a new focus for carrying out CBT, both in individual and group formats, entitled Positive Cognitive Behavioral Therapy. According to this proposal, psychotherapy shifts its emphasis from problem and what is negative, to the strengths and what is positive in the client. The priority is also the improvement of achievements and of success and the establishing positive goals to be achieved by the client.

Positive interventions, which are methods of treatment or intentional activities seeking to cultivate feelings, behaviors or positive cognitions (Sin & Lyubomirsky, 2009), can also be used, among other ways, to complement traditional problem-focused therapy (Seligman et al., 2005). Seligman et al. (2005) argue that, in the future, it is possible that psychotherapy will be seen as not only a context in which the individual will talk about their problems

and weaknesses, but also as a setting in which personal strengths may be worked and developed.

Thus, one observes the possibility of greater success in CBT interventions when one adds to their main objective – helping the patient to develop alternative forms of thoughts that will influence his emotional state and his behavior – the identification of the patient's strengths and checking how positive aspects, such as wisdom, interfere in his response to life's challenges (Hill & Mansour, 2008). Since eliminating or reducing symptoms and suffering do not contribute to the development of the person's positive aspects, as well as promoting positive aspects do not automatically generate the reduction or remission of symptoms (Bannink, 2012), both forms of psychotherapy are relevant and complementary.

Thus, the present study had as a general objective to make a systematic analysis of the constructs and positive processes present in literature about CBGT with elderly people. Specifically, we sought to delimit: 1) what are the focuses of the CBGT interventions with aged; 2) which positive constructs or positive processes were analyzed in such interventions; and 3) if the positive aspects identified constitute one of the primary or secondary focuses of the interventions.

METHOD

Sources

To achieve the goals set, empirical studies indexed in PsycARTICLES databases and/or PsycINFO from the American Psychological Association (2013), catalogued with the descriptors (1) Cognitive Behavior Therapy and Group Psychotherapy, (2) Cognitive Behavioral Group Therapy and (3) Cognitive Behavior Group Therapy, were recovered.

In addition, it was decided to select investigations that relied on participants 65 years or older. Only articles were included, since publications including theses, dissertations, book chapters, book reviews etc. do not necessarily go through a double blind peer review -, a criterion that is widely accepted as quality assurance of produced knowledge. In addition, the survey covered the entire period between the proposition of Positive Psychology, that is, 1998 (Seligman, 1999) and 2012, because it was considered that, when making a search in 2013, all texts of the closing year that closes the temporal interval, or at least a significant portion of them, would have been indexed.

We opted for these databases because of their relevance to Psychology. It should be noted that PsycInfo is considered the most important database in the area (Sampaio, 2013).

Procedure

After retrieving the publications the title and abstract were examined in each article. A first content analysis of these parts identified the type of sample studied in the texts, as well as the presence (or not) of positive aspects. In the latter case, we used the constructs or positive processes proposed by Lopez et al. (2006), which constituted prior categories, and there is, however, the possibility to include new categories, i.e. positive aspects not covered in the list proposed by these authors. If the article had focused on one or more psychopathologies, we adopted the nosology of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (American Psychiatric Association [APA], 2013) as categories.

An additional analysis of the articles was carried out, in the same way as Lopez et al. (2006), to determine whether the positive processes or constructs

constitute one of the main focuses (Category 1), one of the secondary focuses (Category 2) or if are only mentioned (Category 3) in the articles. To this end, we resorted to text that describes the method, because, by analyzing that part of the article, it is possible to identify:

1. If it has as its main focus at least one of the positive psychological processes or constructs, i.e. if the information presented in this study serves to operationalize, measure or clearly promote one or more of these positive aspects;
2. If the text has another topic as its main focus, but examines positive psychological processes or constructs as part of its study and/or statistical analysis; and
3. If the positive psychological processes or constructs are only mentioned but not discussed substantially or are not used as part of any kind of analysis.

This categorization was intended to portray the level at which the article informs or advances in knowledge and/or practice with a focus on the positive (Lopez et al., 2006). After this classification, articles that only mention positive aspects and, therefore, were categorized as 3, were discarded, for they do not contribute effectively to an increased knowledge and/or practice focused on what is positive. The other ones, that are those classified in categories 1 and 2, were kept in the investigation for approaching with certain depth positive psychological processes or constructs.

This procedure has undergone a process of analysis of agreement between analysts. We relied upon the collaboration of a researcher, a psychologist and with experience in content analysis. Rather than performing calculations of agreement between

judges (e.g., Kappa coefficient), we decided to reach consensus conferred in cases of disagreement.

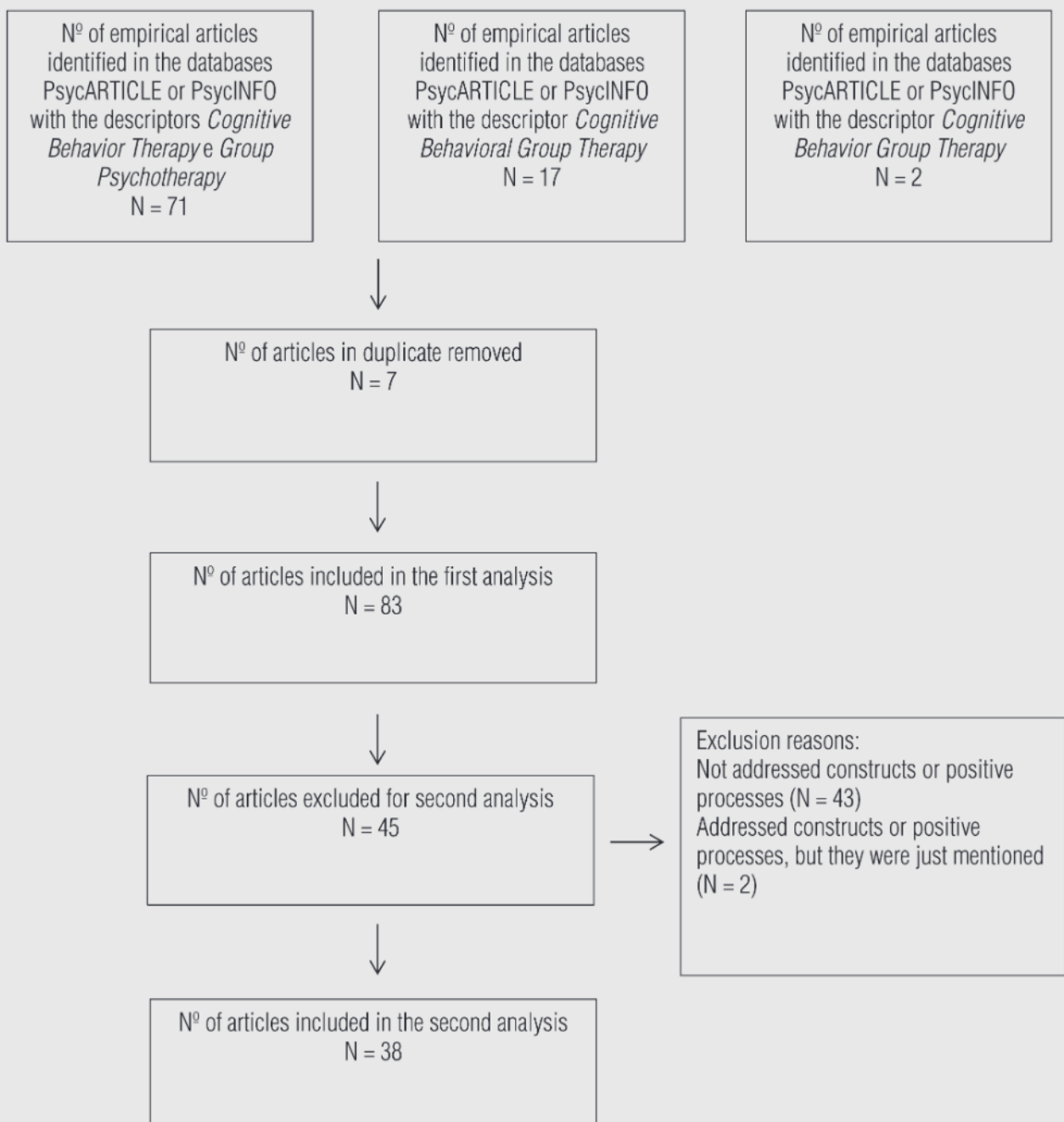
RESULTS

We recovered 83 texts describing empirical research with descriptors on CBGT and which

included elderly people in their samples. The Figure 1 shows the synthesis of the articles selection process.

It was observed that only 13.25% (n=11) of them did not use mental disorders as a way of sample selection, emphasizing, for example, comparison

Figure 1. Flow Diagram of identification and selection of articles for systematic review of CBGT with elderly, 1998 - 2012.



of approaches and/or psychotherapeutic techniques and management of menopausal symptoms. The remainder ($n=72$; 86.75%) worked with samples diagnosed with one or more mental disorders, especially Depressive Disorders ($n=17$; 23.61%), Anxiety Disorders ($n=13$; 18.05%), Obsessive-Compulsive and Related Disorders ($n=10$; 13.89%) and Somatic Symptom and Related Disorders ($n=9$; 12.50%) (Table 1).

Regarding the positive processes or constructs, we found that 48.2% ($n=40$) of the articles addressed at least one of them. In the same way as Lopez et al. (2006), it was decided to exclude two texts in the presentation of these results, since they fall only in Category 3. Thus, the analysis of positive psychological processes or constructs covered 38 articles, being that 31.3% ($f=21$) of the total frequency of positive aspects were classified in category 1 and 68.7% ($f=46$) in category 2 (Table 2).

When analyzing the positive aspects that constitute one of the main focuses of the research or the main focus, it was found that the Quality of life/Satisfaction with life ($f=7$; 33.3%) and Coping ($f=5$; 23.8%) are the most frequently investigated constructs. With respect to studies that have positive aspects as one of their secondary focuses, it was observed that the Quality of Life/Satisfaction with Life ($f=7$; 15.2%), Coping ($f=7$; 15.2%), Goals/Goal Setting ($f=7$; 15.2%) and Problem Solving ($f=7$; 15.2%) are the variables most frequently investigated or discussed by the authors. Thus, in total, Quality of Life/Satisfaction with Life ($f=14$; 20.9%) and Coping ($f=12$; 17.9%) are the most frequent positive processes or constructs in CBGT with elderly regardless of whether they are primary or secondary focus.

It should be noted that of the list of positives aspects proposed by Lopez et al. (2006), 20 did not appear in the scientific literature reviewed (e.g., Creativity,

Table 1. Mental disorders used as inclusion criteria for the sample articles analyzed.

Classification DSM-5	n	% ^a
Depressive Disorders	17	23,61
Anxiety Disorders	13	18,05
Obsessive-Compulsive and Related Disorders	10	13,89
Somatic Symptom and Related Disorders	9	12,50
Trauma and Stressor-Related Disorders	7	9,72
Sleep-Wake Disorders	5	6,94
Schizophrenia Spectrum and Other Psychotic Disorders	5	6,94
Paraphilic Disorders	3	4,17
Personality Disorders	3	4,17
Neurodevelopmental Disorders	3	4,17
Substance-Related and Addictive Disorders	2	2,78
Feeding and Eating Disorders	1	1,39

^aN=72; percentage based on the N.

Table 2. Frequency of the positive psychological processes or constructs proposed by Lopez et al. (2006), in the articles.

Positive Processes and Constructs	Categories				Total ^a	
	1		2			
Quality of Life /Satisfaction with Life	f=7	33,3%	f=7	15,5%	f=14	21,2%
Coping	f=5	23,8%	f=7	15,5%	f=12	18,2%
Goals/Goal Setting	-	-	f=7	15,5%	f=7	10,6%
Problem Solving	-	-	f=7	15,5%	f=7	10,6%
Self-efficacy	f=3	14,3%	f=2	4,4%	f=5	7,6%
Insight	f=1	4,8%	f=3	6,7%	f=4	6,0%
Motivation	f=2	9,5%	f=2	4,4%	f=4	6,0%
Adjustment	f=2	9,5%	-	-	f=2	3,0%
Empathy	-	-	f=2	4,4%	f=2	3,0%
Locus of control	-	-	f=2	4,4%	f=2	3,0%
Well-being	-	-	f=1	2,2%	f=1	1,5%
Values/Ethics	f=1	4,8%	-	-	f=1	1,5%
Hope	-	-	f=1	2,2%	f=1	1,5%
Positive Emotion	-	-	f=1	2,2%	f=1	1,5%
Self-control	-	-	f=1	2,2%	f=1	1,5%
Self-esteem	-	-	f=1	2,2%	f=1	1,5%
Spirituality	-	-	f=1	2,2%	f=1	1,5%
Total	f=21	100%	f=45	100%	f=66	100%

^aN=38; percentage based on the frequency of the categories.

Love and Leadership). It was necessary, however, to add other positive processes or constructs to those proposed by the authors, namely: Life Skills, Relationships, Marital Satisfaction and Social Support. Life Skills constituted one of the main focuses of two (5.3%) surveys. Marital Satisfaction was also analyzed in two (5.3%) of 38 studies in one of them it was one of primary focuses and on the other it was one of the secondary ones. The positive aspect of Relationships was target of 7.9% (n=3) of the texts as one of the secondary focuses. Social Support also appeared in 5.3% (n=2) of articles as a secondary focus.

Although it was not one of the objectives of this study to analyze the age of participants, even due to the

fact of initially defining that samples should contain people 65 years or older, it drew our attention the fact that only 10.5% (n=4) of 38 studies that analyze positive aspects were carried out with a sample made up of exclusively of aged. The other studies (n=34; 89.5%) were conducted with participants from various age groups, including, for example, the elderly and people over 18 years.

Three (75%) of these four surveys conducted exclusively with old people and that analyzed positive aspects adopted mental disorders as a criterion for inclusion in the sample, more specifically the Depressive Disorders (n=2; 50%) or Feeding and Eating Disorders (n=1; 25%), and the other (n=1; 25%) research describes an intervention

with elderly patients with chronic obstructive pulmonary disease.

Only one (25%) of studies that had a sample exclusively of the elderly have a positive process or construct as one of the main focuses: Self-efficacy. Other positive aspects appear in these four texts, but constitute secondary focuses of the intervention, being they: Goals/Goal Setting (n=4; 100%); Problem Solving (n=2, 50%); Coping (n=1; 25%); Quality of Life/Satisfaction with Life (n=1; 25%); Motivation (n=1; 25%); Relationships (n=1; 25%); and Social Support (n=1; 25%).

DISCUSSION

From the obtained results, one may verify that scientific production on CBGT with elderly - one of the most commonly used approaches with this age group (Rebelo, 2007; Thompson et al., 2003) - is almost exclusively centered on the treatment of symptoms related to diseases, especially Depressive and Anxiety Disorders. According to Lobo et al. (2012), depression is the most prevalent mood disorder among the elderly, with rates estimated at 4.0% to 9.7%. This seems to justify the higher frequency of studies on CBGT with depressed people, as well as the fact that, of the three studies conducted only with aged participants, two (66.7%) focused on this disorder.

It is common in older people comorbidity between Depressive Disorders and Anxiety Disorders (Byers, Covinsky, Yaffe, Friedman, & Bruce, 2010), being that CBT is considered the psychotherapeutic model more consistent for the treatment of these issues (Butler, Chapman, Forman & Beck, 2006). This explains, even if partially, the high frequency of studies with depressed and/or anxious people.

The Obsessive-Compulsive and Related Disorders and interventions focused on Somatic Symptom and Related Disorders are highlighted. With respect to the first, it is possible to infer that its high frequency is related with the fact that it is the fourth most common mental disorder in the world (Del-Porto, 2001). In addition, the comorbidity with other disorders, especially those related to anxiety, is not the exception but the rule (Diniz et al., 2012). Like most texts analyzed only included elderly in samples, and therefore not exclusively composed of seniors, those assertions in themselves explain, in part, the high frequency with which appeared in this study. Furthermore, it is added that there are few studies with elderly people with Obsessive-Compulsive and Related Disorders (Oliveira et al., 2012). It is known, however, that, for children, adolescents and adults this disorder presents similar rates.

As for Somatic Symptom and Related Disorders, chronic pain especially stood out. According to Teixeira and Siqueira (2009), pain is present in 32% to 34% of people over 65 years, usually being chronic. From carrying biopsychosocial implications (Dellaroza, Pimenta & Matsuo, 2007), interventions aimed at, among other things, controlling and treating pain is of great importance in this phase of life.

This problem-focused psychotherapy format and in the forms of remediation does not consider, however, the person as a whole. It is based on a narrow definition of individual and of his problems, within a limited category of diagnosis (Seligman & Csikszentmihalyi, 2000). There is no doubt that the reduction of symptoms is important to the welfare of the elderly, however, it is not enough. It is also

necessary that positive aspects of both old age and the person be developed and that the experience of positive and pleasant emotions be the target of psychotherapeutic intervention.

Most studies that have investigated positive psychological processes or constructs made it as a secondary focus, that is, the main focus of most articles is still not showing a positive nature, it is above all the diseases and their symptoms. When positive aspects were considered as a secondary focus of research, the most frequent ones were Coping, Problem Solving, Goals/Goal Setting and Quality of Life/Satisfaction with Life. These results, in particular those pertaining to the first two positive aspects, seem to stem from features inherent to theory and practice in CBT, which, according to Mahoney (1995), are divided mainly into three: 1) coping skills; 2) problem solving therapies; and 3) cognitive restructuring therapy. The high frequency of Goals/Goal Setting is also probably related to the structure of CBT, which provides for nearly all sessions (if not all), goals and targets be established by participants (Wright et al., 2008). Based on the analysis of these results, it is possible to affirm that, despite Coping, Goals/Goal Setting and Problem Solving being considered positive psychological processes or constructs (Lopez et al., 2006), it is likely that the high frequency of these aspects is due to more theoretical and practical characteristics of CBT, which already includes these variables, than a concern with operationalizing, measuring and promoting positive aspects, specifically what has been or could be positive in the elderly.

In total or when the positives were the main focus of the article or, at least, one of the main approaches,

highlighted the Quality of Life/Satisfaction with Life and Coping. In the first case, it is necessary to stress that the interest in the subject matter of quality of life has grown in recent years, both in the international and national arenas, in different areas of knowledge (Almeida, 2013; Dantas, Sawada & Malerbo, 2003). Almeida (2013) presented as possibilities for this growing number of research on the topic, among others, the increase in life expectancy and the current appreciation of psychosocial aspects for the well-being of individuals.

The other positive aspects that appear as main focuses of studies analyzed – Self-efficacy, Insight, Motivation, Adjustment, Values/Ethics – have very restricted frequency, appearing mostly in only one article. These results denote that few positive psychological processes or constructs are, in fact, addressed in the CBGT studies with the elderly.

The classification proposed by Lopez et al. (2006), although it is quite inclusive, it did not encompass the whole range of positive aspects that appear in the surveys analyzed. As mentioned previously, it was necessary to add some positive processes or constructs. It should be made clear that there are other classifications of positive themes, more extensive (Froh, Huebner, Youssef, & Conte, 2011) or smaller (Hart & Sasso, 2011). Nevertheless, it seems that the inevitable growth in the field of Positive Psychology will cause them to become insufficient over the years.

CONCLUSION

A group format for psychotherapy has been found advantageous for the elderly when compared to

an individual format (Tristán & Rangel, 2009). Moreover, the premise typically observed in psychotherapies that it is beneficial for patients to talk about their problems and that, though confrontation, the patients will overcome them has been questioned (Seligman et al., 2005). Therefore, it seems reasonable to propose that they adopt a group format in the psychotherapeutic work with aged and that, based on Positive Psychology, CBGT for old people at least balance the attention devoted to the problems, diseases, disorders, etc. and to the positive aspects of the person, their abilities, capabilities, strengths and virtues.

However, the results of this investigation indicate unequivocally that, within the framework of the research, this has not happened. The positives aspects more often examined by research are, generally, a secondary focus and are predominantly theoretical and practical characteristics inherent to CBT, in other words, there is evidence that the research on CBGT with aged in fact has little or almost no concern for what is 'good' in people. The strengths and virtues of patients, which, if present, contribute to fulfillment and satisfaction in life and to a great and prosperous development throughout life (Seligman et al., 2005), represent an example of a single positive trait that has been neglected by research in the area and as a consequence it is likely that they are not incorporated into the routine of psychotherapists who work with elderly people.

Despite limitations related to external validity – only one database and only articles – and internal validity – study with survey design –, the results of this study contribute to at least draw attention to need for psychologists to incorporate CBGT

foraged with promoting the positive aspects of participants. Furthermore, it should be forewarned that it is of extreme importance to develop and offer therapeutic practices that consider the specificities and singularities of old age and aging.

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