

Effectiveness of Emotional Self Control Skills Training on Self Esteem in the ElderlyHeydari SH.¹, HemmatiRad G*.²**Abstract**

Introduction: The aim of this study was to investigate the effectiveness of emotional self-control skills training on self-esteem in the elderly of Karaj.

Methods: The present study was a quasi-experimental design of 40 elderly people in Karaj nursing home from all elderly people in Karaj who were staying in a nursing home in autumn and winter of 1399, selected by random sampling method in two groups of emotional self-control skills training. And the control groups were included. Using a pre-test-post-test experimental design with a control group, the experimental group was trained in emotional self-control skills training in 8 sessions of 1 to 1.5 hours, while the control group did not intervene during this period. Both pretest and posttest groups were assessed using the CSWS self-assessment questionnaire by Crocker et al. (2003) and the results were analyzed using multivariate analysis of covariance.

Results: The results showed that the training of emotional self-control skills had an effect on increasing the sense of worth of the elderly in Karaj. Considering the ETA square, it can be said that about 77% of these changes were due to the effect of intervention or training of emotional self-control skills.

Conclusion: Due to the effectiveness of this approach on self-esteem, this treatment can be used for these people.

Keywords: Emotional self-control training, elderly, self-worth

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Introduction:

The number and proportion of older people in all countries, regardless of whether they are advanced or developing, is growing (1). Over the next 30 years, the elderly will make up about 2% of the world's population (2) and the World Health Organization (3) estimates that by 2050 the elderly population will reach 2 billion, which means that for every 5 the population of the world is one elderly person. The director general of the population office of the Statistics Center of Iran in 1398, noting that the country's population in 1998 reached about 83 million people and had a growth of 24.1 percent, said: "This is while the growth rate of our country's elderly population is 63.3 percent." Given these statistics and the significant share of this age group, the study of aging is important in that it creates economically and socially inevitable changes in society (4).

Today, in most countries of the world, especially in countries that are facing an aging population, organizations have been established to develop a specific strategy and program to support the elderly. Because these people, on the one hand, seeking to reduce their functional abilities in relation to old age, and on the other hand, because they are one of the most vulnerable sections of society, should be given the necessary attention and support and their needs in all physical and social dimensions. And be psychologically evaluated and examined (5).

In our country, despite the shortcomings in the field of health, especially in deprived areas, steps have been taken for the physical health of various segments of society, including the elderly, but what is lacking in all areas of the country, ignoring the psychological and social dimensions of elderly health. It is vulnerable as a cortex. The elderly are at increased risk due to events such as the end of employment and retirement, feelings of loneliness, rejection, as well as the stress of industrialization of societies that lead to emotional and psychological separation. Neglecting the social aspects of the health of the elderly in the age of communication and globalization, increases the vulnerability of this group of people in society in physical, mental, suicidal, tendency to smoke and other social harms. Therefore, paying attention to the social dimensions of the health of the elderly will help this group to form a socially healthy society. Undoubtedly, strengthening and developing the social welfare indicators of the elderly in any society will reduce the burden of physical and mental illnesses (6).

Self-esteem is one of the components that affect mental and physical health. In fact, self-worth is one of the results of examining and analyzing the interaction between mind, self and personality (7). Be (8). One of the variables that can affect people's mental health is self-esteem, which can be increased by teaching emotional self-control skills. Self-worth is one of the results of studying and analyzing the interaction between mind, self and personality (9).

Self-worth relies on the fact that people, based on their individual and social experiences, understand how life situations provide the conditions for their success or failure. According to life experiences, the better people know about their dignity and worth, the more their self-confidence will increase and they will ultimately enjoy high self-esteem. Self-esteem and self-esteem are important examples of self-esteem theory that promotes self-esteem. Self-worth is seen as a potential motivational force that manifests itself in self-esteem (10).

Self-esteem promotes the level of general health, self-regulation, motivation, reduction of depression and correction of social behavior, how to properly deal with events and events of

daily life that have their effects on different levels of individual, family, educational and social life. (11). Susatley, Marianachi, and Tateo (12) showed that students with low self-esteem are more likely to engage in high-risk behaviors such as substance abuse and bullying.

Self-worth includes seven components: family support, divine love, piety and piety, a sense of competition, a positive feeling in the physical, physical and physical aspects, scientific-educational competence and the experience of agreeing with others. The first three components represent the internal aspects of self-worth and the final four components represent the external aspects of self-worth (13). Some research has also addressed the issue of self-worth at the family level. Investigating and explaining how the relationship between self-worth and attachment styles (14).

Recent research on the training of emotional self-control skills as the third wave of behavioral cognition has provided satisfactory results and rational reasons for using this treatment in clinical and non-clinical work (15). In the third wave of cognitive-behavioral therapy known as postmodern therapies, it is argued that emotion recognition should be considered in the conceptual context of phenomena. For this reason, instead of cognitive-behavioral approaches that correct dysfunctional cognitions and beliefs to correct emotions and behaviors, clients are taught here to accept their emotions in the first place and to be more flexible in the "here and now". Enjoy. For this reason, in these therapies, it emphasizes on recognizing emotions and feelings and thoughts and being predictable.

Interventional measures to teach emotional self-control skills help clients to create a lively, purposeful and meaningful life for themselves. In other words, therapy based on emotional self-control skills helps people to have a more satisfying life, even with the presence of undesirable thoughts, emotions and feelings (16), creating and cultivating acceptance in clients, reduces cognition avoidance. , And the growth of value-based life increases one's performance in various areas of life. This treatment is performed on variables such as acceptance of pain and anxiety (17), obsessive-compulsive disorder (18), depression (19) and quality of life (20). Therefore, this study was conducted to investigate the effectiveness of emotional self-control skills training on self-esteem in Karaj elderly and the research question is whether emotional self-control skills affect self-esteem in Karaj elderly?

Method:

The present study is a quasi-experimental design of 40 elderly people in Karaj nursing home among all the elderly in Karaj who lived in a nursing home in autumn and winter of 1399, by random sampling method and taking into account the inclusion and exclusion criteria (inclusion criteria) To research; 1) the elderly; 2) Accommodation in Karaj nursing home; 3) not having a chronic physical illness; 4) having the consent to participate in the intervention; Exclusion criteria in the sample, 1) the elderly with physical illness; 1) Elderly people with acute and chronic mental illness and suffer from problems during training) were selected and divided into two groups of emotional self-control skills training and control group and the intervention group underwent Gelman emotional self-control skills training in 8 sessions of 1 to 1.5 hours. They were trained, while during this period the control group did not receive any intervention and the subjects answered the research questionnaire in two stages before and after the intervention.

The research tool was; CSWS Self-Esteem Questionnaire by Crocker et al. (2003): This questionnaire has 7 subscales (family support; overtaking and competing; physical appearance; divine love; scientific competence; piety and piety; consent from others) and 35 items. The weekly Likert rating is formatted. The score range of this questionnaire was between 35 and 245. The higher the score obtained from this questionnaire, the higher the self-worth, and vice versa. Crocker et al. (20) reported a Cronbach's alpha coefficient of the self-worth questionnaire as 0.87. Also, the reliability coefficient obtained from the retest method in a 6-week interval was 0.79. This scale has been standardized in Iran by Zaki 2012 (21).

Table 1 Gelman Emotional Self-Control Training Sessions (22)

| Gelman Training Sessions (2008) | |
|--|--|
| First session | Introducing and creating a good relationship, introducing the consultant to the members, defining self-control |
| The second session | Defining emotional intelligence, benefits of emotion control, presenting the task of managing emotional intelligence, estimating the level of emotional intelligence in oneself |
| Third session | Defining emotion, introducing types of emotion, presenting techniques for practicing emotional states using pictures and role play, presenting a table to identify emotions, presenting a table task for ways of expressing emotion and feeling |
| Fourth session | Emotional awareness and its adaptive expression |
| Fifth session | Definition of anger, symptoms of anger, identification of angry situations (spontaneity), use of internal speech, anger expression methods |
| Sixth session | Provide 10 anger management techniques, practice correcting negative thoughts, use inner speech to control anger |
| Seventh session | Behavioral approaches for self-control, presenting the task of time management (weekly planning), reviewing short-term and long-term goals and its place in the weekly plan, planning to avoid unnecessary crises, presenting four types of goals (in terms of degree of importance and Necessity) |
| The eighth session | Adjusting the physical dimension of emotion, presenting the technique of relaxation, deep breathing, facial expressions and body posture appropriate to the desired emotional state and adjusting the cognitive dimension of emotion, presenting the A-B-C technique |

This experiment is a quasi-experimental with a pretest-posttest design with a control group that was first examined using analysis of covariance.

Results:

In this section, the frequency distribution and study of the central index (mean) and dispersion index (standard deviation) of the studied variables are presented separately.

Table 2 Descriptive statistics indicators related to pre-test and post-test in experimental and control groups

| Variables | Groups | Number | pre-exam | | Post-test | |
|-----------------------|------------|--------|----------|-------|-----------|-------|
| | | | M | SD | M | SD |
| Feeling valued | Experiment | 20 | 144.7 | 24.60 | 162.40 | 25.26 |
| | Control | 20 | 142.20 | 23.17 | 147.30 | 23.30 |

Table 2 shows the components of descriptive statistics related to pre-test and post-test. As can be seen, the mean scores of the experimental group in all variables in the post-test have increased sharply; But in the control group there is very little difference.

Using Shapiro-Wilk test, the normality of the data can be checked. Here, this test is performed for the whole data as well as for each individual variable. The results of this test are shown in the following tables. It should be noted that this test is performed at a 95% confidence level; In other words, the significance level is considered as $\alpha = 0.05$ and according to the results obtained, since the p-value obtained for the studied variables in both pre-test and post-test cases is greater than the significance level, ie $0.05 = \alpha$, the assumption of data normality is accepted and parametric methods can be used to test the hypotheses, here the univariate analysis of covariance is used.

Teaching emotional self-control skills affects the feeling of worth in the elderly of Karaj.

Levin test was used to test the same assumption of variance error, which according to the obtained values, the assumption of variance homogeneity ($P < 0.05$) is confirmed.

Table 3 Levin test results to examine the default homogeneity of variances

| Variable | Levin Statistics | Df1 | Df2 | Sig |
|-------------------------------------|------------------|-----|-----|-------|
| Post-test feeling worthwhile | 1.672 | 1 | 18 | 0.378 |

Table 4 Effects of intergroup testing to examine the homogeneity of regression slopes

| Source of changes | Total squares | df | Average squares | F | Sig |
|--|---------------|----|-----------------|---------|--------------|
| Groups | ۱۸,۷۰۰ | 1 | ۱۸,۷۰۰ | 1.279 | 1.279 |
| Feel the value of the pre-test | 10357.485 | 1 | 10357.485 | 706.147 | 0.001 |
| Groups \times Feel the value of pre-test | 0.003 | 1 | 0.003 | 0.0001 | 0.988 |
| Error rate | 234.682 | 16 | 14.668 | - | - |
| Total | 491341 | 20 | - | - | - |

Considering that the interaction effect (groups \times sense of pre-test value) is not significant (sig = 0.988 < 0.05), so the assumption of homogeneity of regression scales is also valid and the ANCOVA test is correct. Now that all the assumptions are in place, we will perform a analysis of covariance to test the hypothesis.

Table 5 Results of covariance test the difference between the two groups of control and intervention in the value of value variable

| Source of changes | Total squares | df | Average squares | F | Sig | Squared |
|--------------------------------|---------------|----|-----------------|---------|--------|--------------|
| Feel the value of the pre-test | 10395.815 | 1 | 10395.815 | 753.047 | 0.0001 | 0.978 |
| Groups | 789.658 | 1 | 789.658 | 57.201 | 0.0001 | 0.771 |
| Error rate | 234.685 | 17 | 13.805 | - | - | - |
| Total | 491341 | 20 | - | - | - | - |

Based on the findings of Table 5, a significant difference was observed between the level of feeling of value in the two groups of intervention and control after training in emotional self-control skills ($\eta^2 = 0.771$, $P = 0.0001$ and $F = 57.201$ ($= 1.17$)).

Table 6 Modified mean value of post-test sense of value by group (intervention and control)

| | group | Number | M | standard error | 95% confidence interval | |
|--|------------|--------|--------|----------------|-------------------------|-------------|
| | | | | | Upper limit | Lower limit |
| Feeling valuable after the test | Experiment | 20 | 161.14 | 1.176 | 158.66 | 163.62 |
| | Control | 20 | 148.56 | 1.176 | 146.08 | 151.04 |

According to Table 6, the adjusted mean score of value after feeling emotional self-control skills training in the intervention group (161.14) is higher than the value of value control in the control group (148.56). In other words, training emotional self-control skills has increased the sense of worth of the elderly in Karaj. Considering the ETA square, it can be said that about 77% of these changes were due to the effect of intervention or training of emotional self-control skills.

Discussion and conclusion:

The aim of this study was to determine the effectiveness of emotional self-control skills training on self-esteem in the elderly of Karaj and the sample size was 40 people, of which 20 people were considered for each group, ie 20 people in the self-control skills intervention group, 20 people in the group. Formed control.

Training in emotional self-control skills has increased the sense of worth of the elderly in Karaj. Considering the ETA square, it can be said that about 77% of these changes were due to the effect of intervention or training of emotional self-control skills.

The results of the findings confirmed this hypothesis; This means that the training of emotional self-control skills has an effect on feeling valuable. This result of the present study with the useful findings of et al. (23), Alavizadeh et al. Increasing the sense of worth of the elderly has an effect is coordinated and the difference in this study was the sample group.

In explaining this hypothesis, it can be said that self-worth (positive self-evaluation) is considered as a central and fundamental factor in emotional and social adjustment of individuals. This belief has spread and has a long history. Sometimes psychologists and

sociologists, including William James and Herbert Mead Charles, emphasized the importance of positive self-esteem. Sometime later, scholars such as Sullivan and Hudney (self-concept) were included in their personality views. In short, self-worth is a very important aspect of a person's overall performance or other areas such as mental health and academic performance. Self-valuable interaction methods are such that they can be both the cause and the effect of a type of performance that is achieved in another context (26).

Research Limitations

These studies had limitations, such as statistical examples; Lack of review of long-term effects of emotional self-control skills training pointed out and it is suggested that the effectiveness of this treatment be done individually and in groups with long-term follow-up.

Ethical considerations

This article is taken from Payame Noor University master's thesis. The purpose of the study was explained to all participants in this study and their informed consent was obtained. By submitting an informed consent form, measures such as informing the statistical community about the purpose of the study, explaining that the statistical community is free to participate in the study and their identity information remains confidential, the questionnaire is distributed among the statistical community and delivered after the questionnaire.

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