Predicting Distress Tolerance in the Elderly Based on Experiential Avoidance and Spiritual Intelligence

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ABSTRACT

Objective: The aim of the present study was to predict distress tolerance in the elderly based on experiential avoidance and spiritual intelligence.

Method: This was a descriptive correlational study. The population included all elderly individuals aged between 65 and 80 years who visited community centers in Tehran in 2022, from whom a sample of 300 was selected using cluster sampling. The Emotional Distress Tolerance Scale by Simons and Gaher (2005), the Spiritual Intelligence Scale by King (2008), and the Experiential Avoidance Questionnaire by Gámez et al. (2011) were utilized for data collection. Data were analyzed using regression analysis.

Findings: The results indicated that experiential avoidance significantly negatively predicted distress tolerance. Additionally, spiritual intelligence significantly positively predicted distress tolerance.

Conclusions: Based on the findings of the current study, it can be concluded that this predictive model could serve as an effective framework in counseling and psychotherapy centers to enhance distress tolerance among the elderly.

Keywords: Distress tolerance, avoidance, spiritual intelligence, elderly

1. Introduction

In nearly all countries, due to increased life expectancy and reduced birth rates, the age group over 60 years old is experiencing the fastest growth rate among all age groups, and the population is aging at a very high rate, such that seniors make up 7% of the population in many countries worldwide. Forecasts indicate that this demographic will increase to 60% over the next 15 years, and by 2030, there will be one billion elderly people worldwide (World Health Organization, 2016). Iran is no exception, with the elderly population ratio reaching 8.2% of the total population in 2012 and projected to increase to 10.5% by 2026 and 21.7% by 2051 (Abusalehi et al., 2021). The global issue of

population aging in various parts of the world has raised significant concerns about mental disorders or psychological problems with a high prevalence among the elderly (Byrne & Pachana, 2010). Having an aging society is a widespread and uncontrollable phenomenon that will be accompanied by weaknesses in various societal functions (Nageshwaran & Suresh, 2016). Various issues accompany old age, including physical and mental illnesses, which consequently reduce the quality of life of the elderly, and improving their quality of life is one of the goals of every developed country (Brena Guedes de Siqueira et al., 2010; Kapri & Kathpalia, 2019; Kooshyar et al., 2013; Kourayem & Mahmoodi Nia 2021; Rakhshani et al., 2014).

Globally, 15% of the elderly population suffers from mental disorders, and stress is a major mental health issue affecting a significant portion (10 to 55%) of the elderly population (World Health Organization, 2016). Although the 20th century and earlier centuries were always aimed at increasing the lifespan of individuals in society, in the current century, due to the development and growth of medical sciences, lifespan has increased, and what is now more of concern is the quality of life in the elderly (Kapri & Kathpalia, 2019). Psychological problems often seen in older individuals include anxiety, stress, and depression (Stanley & Beer, 2006). These three issues are considered negative emotional constructs (Seyed Ali Tabar & Zadhasn, 2023; Shahidi et al., 2023). Depression, the most common mental health issue found in the elderly, leads to an increase in complications and mortality, a decrease in quality of life (QOL), and increased healthcare costs (Nageshwaran & Suresh, 2016). Anxiety is an emotional state that causes distress characterized by feelings of worry, anxiety, and fear, and is often experienced by the elderly as a result of various changes encountered during the aging process (Landi et al., 2023). Anxiety in the elderly is a common disability and a significant predictor of the progression of disability, cognitive disorders, and placement in nursing homes. Anxiety, along with depression, social worry, and fear, can lead to generalized anxiety disorder, especially in older individuals (Byrne & Pachana, 2010; Sedighi Arfaee et al., 2021). As stated, the elderly face psychological distresses such as anxiety, stress, and depression, which, along with issues like loneliness, losing a spouse and friends, retirement, reduced functional capacity, suffering from various diseases, physical changes, economic problems, and social and communication problems, affect their lives (Ahmadi & Valizadeh, 2021; Hofmann et al., 2012; Sedighi Arfaee et al., 2021). Consequently, attention to enhancing

the elderly's capabilities against these issues and changes is important.

One significant construct that can play a role in confronting and adapting to such experiences in life is the construct of distress tolerance. Distress tolerance is an individual's ability to manage real or perceived emotional distress (Sedighi Arfaee et al., 2021). It also requires the individual to navigate through an emotional event without worsening it. Individuals with low distress tolerance are usually affected by stressful situations and may sometimes turn to unhealthy or even destructive ways to cope with these difficult feelings (McDonald et al., 2022). All individuals experience various stresses throughout life. These stresses can range from daily nuisances to major events such as job loss, divorce, or the death of a loved one. Whether the stress is large or small, an individual's ability to tolerate distress can play a role in how they manage the situation. Learning distress tolerance skills can make a significant positive difference in an individual's ability to manage difficult emotions (Bardeen et al., 2013). On the other hand, the elderly are accustomed to a particular way of thinking and may feel that they are unable to change their ways of thinking because the elderly are a very heterogeneous population that tends to confuse their thoughts and emotions (Byrne & Pachana, 2010; Kapri & Kathpalia, 2019). Research shows that this type of reaction in the elderly and intolerance of distress is associated with a construct called experiential avoidance (Sedighi Arfaee et al., 2021). Experiential avoidance, or the unwillingness to stay in contact with distressing inner experiences along with efforts to control or avoid distressing inner experiences, is associated with a range of psychological pathology symptoms across a spectrum of clinical manifestations of anxiety and fear. These efforts to control inner experiences can exacerbate distress and restrict behavior (Goodarzi et al., 2021; Sedighi Arfaee et al., 2021). In this way, experiential avoidance aims to reduce or change distressing thoughts and feelings and is seen with symptoms of depression in individuals (Kashdan et al., 2009; Levin et al., 2018). Experiential avoidance provides a short-term and hasty relief for the individual by controlling or minimizing the impact of distressing experiences, which negatively reinforces the individual's behavior. This avoidance becomes problematic in situations where it interferes with daily functions and achieving personal life goals (Eifert et al., 2009).

Another important variable in recent research related to the elderly is the construct of spiritual intelligence, which is considered a framework for identifying and organizing the

skills and capabilities needed in such a way that using spirituality increases an individual's adaptability (Diefenbach et al., 2009). Through spiritual intelligence, an individual is able to facilitate and enhance a connection with a higher power or a sacred being (Kumari & Sangwan, 2020). Individuals want to use spiritual potential, power, and resources for important decisions and thinking on existential topics or efforts in daily problem-solving. Spiritual intelligence supports healthy and constructive relationships with various aspects of life, including psychological and physical security, as well as social security and enjoying a complete quality of life among the elderly. The spiritual perspective has become a very important aspect among the elderly due to physical illnesses, disabilities, loss of loved ones, loneliness, depression, anxiety, and death. The importance of spirituality and aging has increased due to physical, emotional, and social well-being (Kapri & Kathpalia, 2019; Kumari & Sangwan, 2020). Research by Kapri and Kathpalia (2019) showed that all elderly people have realized the importance of spirituality in their lives and its connection with aging in the ability to tolerate limitations, losses, and inherent difficulties of the process, confronting existing suffering. The impact of this capacity is primarily understood in the realm of mental health and benefits the development of positive thoughts and feelings, giving them high levels of satisfaction with their lives (Kapri & Kathpalia, 2019).

Based on the theoretical and research foundations mentioned and considering that Iranian elderly have an average quality of life and need planning and interventions to improve their quality of life and address the psychological distress they feel (Ahmadi & Valizadeh, 2021; Hashemi et al., 2020; Rakhshani et al., 2014). However, no specific research on distress tolerance in the elderly to improve their quality of life has been seen. Nevertheless, since according to existing statistics and research, the population of the elderly in Iran is increasing, and on the other hand, no study exists that exclusively looks at the model of distress tolerance in Iranian elderly who are involved with many biological, psychological, social, and economic factors. Therefore, considering the mentioned foundations, the aim of the current research is to predict distress tolerance in the elderly based on experiential avoidance and spiritual intelligence and, based on the existing theoretical and research background, this research intends to examine whether it is possible to predict distress tolerance in the elderly based on experiential avoidance and spiritual intelligence.

2. Methods

2.1. Study design and Participant

The method of the current research was descriptive-correlational. The study population comprised all elderly individuals aged between 65 and 80 years who visited community centers in Tehran during the time period from December 2021 to August 2022. Using cluster sampling, two districts were randomly selected from the 22 districts of Tehran, and then two centers were randomly selected from each district. Specifically, Sadr Community Center and Gholhak Community Center in District 3, and Abbas Abad Community Center and Majidiyeh Community Center in District 7 were selected. According to Hooman (2017), Stevens (1994) recommends at least 15 samples per observed variable for structural equation modeling to fit the model, and in this research, 16 variables and sub-scales were identified, equating to 240 participants. This number was increased to 300 to account for potential participant dropout.

Inclusion criteria included informed consent, voluntary participation, and literacy skills; exclusion criteria included unwillingness to cooperate and incomplete or damaged questionnaires.

Before distributing the questionnaires, the research objectives and inclusion criteria were explained, and participants were asked to respond only if they met these criteria. Ethical considerations were observed, including the confidentiality of responses, voluntary participation, and the provision of interpretations of responses to participants upon request.

2.2. Measures

2.2.1. Distress Tolerance

This scale, a self-assessment index of emotional distress tolerance, was developed by Simons and Gaher (2005). It consists of 15 items divided into four subscales: Tolerance, Absorption, Appraisal, and Regulation, measuring an individual's capacity to endure emotional distress, mental assessment of distress, attention to negative emotions upon occurrence, and regulatory actions to alleviate distress. The subscales are measured through specific items, and responses are scored on a Likert scale, with 1 indicating full agreement and 5 indicating full disagreement. The alpha coefficients for these subscales are 0.72, 0.82, 0.78, and 0.70, respectively, with the overall scale alpha being 0.82. Intraclass correlation after six months was 0.61 (Simons &

Gaher, 2005). In Andami Khoshk (2013), the Cronbach's alpha for the entire scale was reported as 0.86. Azizi, Mirzaei, and Shams (2010) reported the reliability retest of this questionnaire as 0.79 (Sedighi Arfaee et al., 2021).

2.2.2. Experiential Avoidance

Developed by Gámez et al. (2011), this questionnaire includes 62 items across six subscales: Behavioral Avoidance, Distress Avoidance, Procrastination, Distraction/Suppression, Denial/Repression, and Distress Tolerance. Responses are rated on a 6-point Likert scale from 1 (strongly disagree) to 6 (strongly agree), with higher scores indicating greater avoidance. This questionnaire has shown acceptable validity and reliability in both clinical and non-clinical populations (Gámez et al., 2011). In Esmaeilian, Dehghani, Akbari, and Hasanvand (2016), the Cronbach's alpha coefficients for the subscales were 0.92, 0.89, 0.93, 0.87, 0.81, and 0.84, respectively, with the overall questionnaire alpha being 0.89 (Esmaeelian et al., 2016).

2.2.3. Spiritual Intelligence

Designed and developed by King (2008), this questionnaire consists of 24 items across four subscales: Existential Thought, Personal Meaning Production, Transcendental Awareness, and Conscious State Expansion. It is scored on a Likert scale ranging from 0 (no opinion) to 4 (completely true), where higher scores indicate higher

spiritual intelligence. The minimum and maximum scores on this questionnaire are 0 and 96, respectively (King, 2010; King, 2009). In Raghibi & Gharehchahi's (2010) study, the reliability of this scale was estimated at 0.88 using Cronbach's alpha. Its face and content validity were confirmed by psychological experts, and concurrent validity was assessed using the Ghobari Bonab Spiritual Experience Questionnaire, showing a correlation coefficient of 0.66 (Raghibi & Gharehchahi, 2013).

2.3. Data Analysis

Data for this research were analyzed using Pearson correlation and multiple regression methods with the aid of SPSS software, version 22.

3. Findings and Results

Among the participants of the study, 92 were between the ages of 65 and 70, 143 were between the ages of 71 and 75, and 65 were between the ages of 76 and 80. Additionally, there were 184 males and 116 females. The normality of the distribution of scores was examined using the Kolmogorov-Smirnov test before calculating correlation coefficients. The probability value for all variables was greater than .05, therefore, the normality assumption was not rejected (.05 < P). Subsequently, Table 1 reports the means, standard deviations, and Pearson correlation coefficients for the study variables.

Table 1

Descriptive Indices and Pearson Correlation Coefficients between Relational Aggression, Cognitive Emotion Regulation, and Distress Tolerance

Variables	Mean	Standard Deviation	Experiential Avoidance	Spiritual Intelligence	Distress Tolerance
Experiential Avoidance	25.785	154.81	1		
Spiritual Intelligence	13.014	64.76	-0.471*	1	
Distress Tolerance	7.135	51.75	-0.541*	0.553*	1

*p<0.01

According to the results in Table 1, the correlation between experiential avoidance (p < .001, r = -0.541) and spiritual intelligence (p < .001, r = 0.553) with distress tolerance was significant.

Before conducting multiple regression analysis, statistical assumptions were examined. The Durbin-Watson statistic was used to check the independence of residuals, which was 1.871. Given that this value falls within the range of 1.5 to 2.5, it can be said that the assumption of independence of

residuals was met. Additionally, the presence of multicollinearity among predictor variables was investigated using tolerance and variance inflation factor (VIF) indices. According to the results obtained from Table 3, since the tolerance value was greater than the cutoff of 0.1 and the VIF was less than the cutoff of 10, no deviation from the multicollinearity assumption was observed.

The multiple correlation coefficient for the variables of experiential avoidance and spiritual intelligence with

distress tolerance was 0.623. The adjusted R-squared value was 0.403, indicating that these three variables collectively accounted for 40.3% of the variability in distress tolerance. The F-value was 25.967 (p < .001). Thus, it was concluded

that the predictor variables (experiential avoidance and spiritual intelligence) had the ability to predict the criterion variable, distress tolerance.

Table 2

Unstandardized and Standardized Regression Coefficients for the Distress Tolerance Prediction Model

Model	Unstandardized Coefficients B	Standard Error	Standardized Coefficients Beta	t	p-value	Tolerance	VIF
Constant	75.242	2.990		14.173	< .001		
Experiential Avoidance	-0.116	0.083	-0.365	-4.753	< .001	0.620	1.613
Spiritual Intelligence	0.106	0.079	0.268	3.410	< .001	0.556	1.798

In Table 2, the standardized regression coefficient (Beta) for experiential avoidance (p < .001, β = -0.365) and spiritual intelligence (p < .001, β = 0.268) were significant. Therefore, it was concluded that experiential avoidance negatively and significantly predicts distress tolerance, and spiritual intelligence positively and significantly predicts distress tolerance.

4. Discussion and Conclusion

The present study aimed to determine the role of experiential avoidance and spiritual intelligence in predicting distress tolerance among the elderly. The first hypothesis of the study, which posited that experiential avoidance in the elderly could predict their distress tolerance, was confirmed. This finding is consistent with the prior (Bell et al., 2020; Conway et al., 2021; Hayes-Skelton & Eustis, 2020; Reuman et al., 2018; Sedighi Arfaee et al., 2021; Spinhoven et al., 2014). In explaining this finding, it can be said that experiential avoidance is associated with problems related to mental and physical health and research has shown that it causes individuals to use negative strategies such as denial, behavioral disconnection, self-destruction, and self-blame more frequently. One of the potential health-threatening risks in old age includes loneliness and isolation, economic difficulties, and a lack of relationships and recreational activities in life. Given that experiential avoidance limits the living space of the elderly by using time and energy to avoid uncontrollable or unpleasant situations and emotions, it may prevent older adults from increasing leisure time and social activities over time, ultimately leading to feelings of loneliness and boredom. Therefore, it reduces the quality of life of the elderly in areas of social relationships, family relationships, work, leisure, marital life, financial status, living conditions, personal safety, and physical and psychological health.

Additionally, according to Acceptance and Commitment Therapy (ACT), avoidant patterns in behavior can be a barrier to moving towards valued goals and put the person in risky situations. Indeed, the function of experiential avoidance is to control or minimize the impact of distressing experiences and can create immediate and short-term relief that negatively reinforces behavior. This avoidance becomes problematic when it interferes with daily functioning and achieving personal life goals. Therefore, the constant use of experiential avoidance with the aim of controlling and minimizing negative internal experiences as a solution may itself become a problem and reduce the distress tolerance of the elderly (Ahmadi & Raeisi, 2018; Ahmadi & Valizadeh, 2021). Elders who score higher in experiential avoidance face higher emotional distress and negative cognitions. In relation to the role of experiential avoidance in predicting distress tolerance in the elderly, it can be stated that from the perspective of ACT, experiential avoidance leads to efforts to suppress emotions, thoughts, and other internal experiences, resulting in psychological inflexibility that leads to emotional disorders (Ahadian fard et al., 2017; Angiola & Bowen, 2013).

The findings of this research also showed that spiritual intelligence can predict the level of distress tolerance, aligning with the prior findings (Abbasi, 2019; Bakhshi et al., 2023; Mohammadipour et al., 2021). In explaining these findings, it can be stated that spiritual intelligence can be considered an important source of resilience and a protective factor. It can also enhance distress tolerance through its impact on relationships, life values, personal meaning, and better stress management. In fact, spiritual intelligence is a factor that allows a person to show more patience and gentleness in the face of life's ups and downs. Moreover, it increases the elderly's tolerance for life's hardships and creates a positive outlook on life. Spiritual intelligence and religiosity help modulate stress and psychological health.

Generally, spiritual intelligence, spiritual health, and religious orientation can be important resources in coping with distress.

Spiritual intelligence creates a positive outlook towards the world in the elderly and aids them in dealing with adverse life events, such as loss or illness. Spirituality gives meaning to life. Having meaning and purpose in life signifies psychological health and increases an individual's capability in performing tasks. Elderly individuals with spiritual intelligence adapt more easily to traumatic life events, hardships, and challenges, which are sometimes hard to accept (King, 2010; Mohammadipour et al., 2021). Spiritual intelligence generates hope, and hope creates motivation and energy in the elderly, encouraging them to improve their life situations and increase their distress tolerance. Individuals with spiritual intelligence feel more freedom compared to others, showing less emotional dependency on their surroundings. The sense of control in spiritual individuals is created through prayer, such that praying leads to an indirect feeling of control over seemingly unchangeable and adverse conditions. Religious individuals and those with spiritual intelligence model after religious figures who have endured great suffering, and this acts to increase tolerance and acceptance of unchangeable and adverse situations (Ahmadi & Valizadeh, 2021). Additionally, spiritual individuals use a specific decision-making model, which guides them towards making decisions that are beneficial for themselves and others and reduces destructive decisions, thereby somewhat reducing life stresses (Mohammadipour et al., 2021).

5. Suggestions and Limitations

Among the limitations of this research are the self-reported nature of the research tools, the small sample size, and the convenience sampling method used. Therefore, caution should be exercised in interpreting and generalizing the results. It is recommended that future studies use other data collection methods, such as interviews, and to extend the generalizability of results, studies should be conducted in larger samples along with implementation in different age groups and cities.

Based on the findings of the current study, by recognizing the importance of experiential avoidance and spiritual intelligence, steps can be taken to improve distress tolerance among the elderly. Additionally, by strengthening experiential avoidance and spiritual intelligence, the distress tolerance of the elderly can be enhanced.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. This research was conducted with ethical approval number IR.IAU.CTB.REC.1401.021 from the Central Tehran Branch of the Islamic Azad University (Ethics Committee in Research).

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