

INDIVIDUAL AND GROUP COUNSELLING AS DETERMINANTS OF UNDERSTANDING OF SUCCESSFUL AGEING AMONG BAPTIST ELDERLY ADULTS IN LAGOS EAST BAPTIST CONFERENCE

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Abstract

This study experimentally examined effects of group and individual counselling on understanding successful ageing among elderly-adults in Lagos East Baptist Conference. The study adopted pre-test, post-test control quasi-experimental design with 3 x 2 x 2 factorial matrix. Multistage sampling technique was used to select 120 participants from three local Baptist Churches. Understanding Successful Ageing Test ($r = 0.95$) was used for data collection, tested at 0.05 level of significance, using Analysis of Variance (ANOVA) and Scheffe post hoc test. Findings from the analysed data revealed that Individual Counselling has the highest mean score (131.68) followed by Group counselling with the mean score (128.60) while the Control group has the mean score (108.53). The One Way ANOVA showed that there is a significant difference in the performance of the three groups, $F = 50.514$, which is significant at 0.000 alpha. Based on the findings, it was recommended that Counseling Psychologists, gerontologist, church leaders and other professionals working among senior adults could use individual counselling as a means of enhancing understanding successful ageing among elderly adults in churches, mosques and welfare homes. Group counselling can also be used in case the care caregiver has more than one person, having similar cases, to attend to.

Key Words: Individual counselling; Group counseling; Ageing; Successful ageing; Elderly-adults

Background to the study

Adelowo, (2007), submits that man begins to age the moment he is born into this world. Ageing involves decline and loss. Ageing can be observed as a continuous pattern of changes-that every finite human being undergoes, starting at a very slow rate around the age of 30 years, progressing at a rapid rate beyond the age of 60 years. Ageing, may be described by a large segment of our population as a social problem when: 1) it is seen as biological deterioration 2) degradation of old age exists at a time when the number of elderly people is increasing; 3) viewed in relation to the world population explosion; 4) the plight of the aged is viewed in relation to goals for them; 5) the needs of ageing are examined in light of the social norms and deviations that exist (Freeman, 1979). Bailey (1989) opines that aging is a reality which, like death, cannot be ignored. Human beings cannot deny it to the very end, since its evidence confronts them at every turn. He argues that one may seek to disguise it with cosmetics, clothing, exercise, and so on, but it alters the personality, destroys the body, it weakens the mind, and may prove worrisome to the soul.

Christopher and Yusuf (2006) submit that the elderly appear and act younger because the ageing process is negatively viewed in our society. Some spend a tremendous amount of money trying to make themselves look and feel younger. They observe that when some people meet an adult they have not seen for a long time, they compliment the person by saying "you look so young". It appears as if ageing is shameful. Even retirement is an ugly word that implies passivity,

uselessness and withdrawal from the social and working world. According to Christopher and Yusuf (2006), ageing process is complex and includes biological, psychological, sociological and behavioural aspects. Biologically, the body gradually loses the ability to renew itself. Various body functions begin to slow down, and vital senses become less acute. Psychologically, ageing person experience changing sensory process; perception, motor skills problem-solving ability. Drives and emotions are frequently altered.

Sociologically, they must cope with the changing roles and definitions of self that society imposes on the individual.

Deducing from the above, ageing is a period of biological and physical decline, which is notable on physical features such as grey hair, wrinkling of the skin, removed teeth, etc. This is why people find means of coping with the changes that occur in the body systems both biologically and physically. Some women would dress as smart as young ladies will do and men engaging in a daily dyeing of their hair to maintain the black colour or doing everyday shaving and low cut to get rid of grey hair. This may be due to the perception of people about ageing across cultures. Instead of disguising the reality of aging it is better to face the reality of it and prepare to have a successful ageing

Gaston (1985) asserts that the body which once seemed indestructible now at the middle-life begins to show signs of obvious change and unavoidable decline. Hence, persons begin to develop a subtle sensitivity and lack of confidence in the ability of their bodies to perform in ways previously assumed possible. Wrinkling, sagging skin; graying, receding hair; cracking, stiff joints; drooping, growing hips and stomachs; and weakening, flabby muscles all begin to pump fear into the

heart of an adult. When the body begins to move toward an obvious pattern of ageing, the person begins to face the finitude of humanity. Such awareness can be most threatening. Increased efforts to keep the body young are often employed. Many persons cope with bodily changes through jesting.

According to Blazer (2006), the term 'success' in gerontology has generally been tied to the ability of health care providers to treat illness and disease and restore functioning. He concluded that the notion of successful aging, as a potentially inherent quality of old age, is a relatively new concept. According to Depp (2006), concept of successful aging, or "aging well", means the extension of physical, mental and emotional health period in individual life span.

Strawbridge, Cohen, Shema, & Kaplan (1996) opine that predictors of successful aging included walking for exercise and close personal contacts. Cross-sectional comparisons at follow-up revealed significantly higher community involvement, physical activity, and mental health for those aging successfully. Generally speaking, people wish to be successful in life and even ageing successfully. Due to social, economic and spiritual changes in the society, ageing has been generating fear and anxiety in the senior citizens. The social and economic changes currently occurring have put into doubt the continued viability of the traditional way of taking care of the elderly such changes like increased emphasis on smaller family units, migration to urban areas, more working wives, new life styles and changing values all have effects on the entire society the youths inclusive and will to a large extent affect their overall relationship with the elderly now and in future.

When the senior adults, male and female, old and young, are neglected by their family members and the church does not find a means of bringing them together

or engage them in group or on one on one counselling, as it is done for other age groups in the church, the inherent quality of old age and healthy ageing would not be realized. Hence, old men and women turning beggars on the streets and motor parks becomes a menace. It is obvious that unhealthy ageing, as a result of societal attitude and its attendant problem is becoming a matter of worry in Nigeria. Among other means of caring for the aged is group and individual counseling.

Group living seems to be an indispensable attributes of our contemporary humankind. The culture and societal norms or standards are transmitted through group activities. In effect group shapes the personality and controls a member's behaviour in many ways. Group counseling is a process in which a counselor is involved in a relationship with a number of counselee. Group counseling focuses on assisting clients to cope with day to day adjustment and developmental problems. Group counseling also focuses on experiences and feelings of its member. The counselor, as a group leader, helps members to express themselves and clarify their attitudes and views. Group counseling provides an atmosphere where a person can share with others and gain greater understanding to aid in preparation for decisions related to career development (Oladele 1990). In the context of this study, it is to aid in preparation for decisions related to ageing socially, physiologically and psychologically Oladele (1990) further identifies the following as the benefits of group counseling:

1. Group counselling provides the counselee an opportunity to develop positive, natural relationships with others

2. Group counselling may provide the counselee an opportunity of a real-life situation in which members can test reality, gain insights into his own feelings and peers, reactions/feedback and suggestions concerning alternative way of behaving with others.
3. In group counseling, the counselee not only receive help, but also help others.
4. Group provides for an economic use of the counselor and members' time than individual counseling.
5. Group counseling maximizes a climate of coping and interdependence among members.
6. GroupGroup encourages self-exploration and provides opportunity to try out new skills and role.

According to him, individual counselling is a way of offering an opportunity to the client to experience a one-on-one relationship which is accepting and tolerating yet relatively free from moralizing, directing, advising or judging. In this way the hope is that the client will have enough understanding of himself or herself so that he or she can stand on his or her own feet without support.

Studies have revealed a good number of empirical findings on group and individual therapy. According to Lockwood, GradDip, Page and Conroy-Hiller (2004), in a previous systematic review, individual therapy was found to be useful and shown to be effective in improving overall mental state and global functioning in subjects diagnosed with schizophrenia. However, the authors warn that individual therapy will only be effective if there is active participation from both the therapist and the person receiving therapy. Individual Cognitive

behaviour therapy was not found to be more effective than individual plus family therapy for relapse prevention (Linszen, 1998).

Individual cognitive behaviour therapy is effective for long-term improvement in overall mental state and global functioning, and is associated with a low risk of relapse over time in preference to supportive therapy (Lockwood, et al. 2004).

For both positive and negative symptoms, intensive group therapy was more effective at symptom reduction than supportive counseling or routine care; hence, intensive group therapy can be recommended for improved symptom reduction over the short and medium term. Tarrier (2000). reported a 24-month follow-up of positive and negative symptoms. The outcome of the study was that both intensive group therapy and supportive counselling showed a sustained improvement of 20 percent reduction in symptoms from baseline as compared with routine care. This suggests that both treatments were more effective in the long term than routine care and can be recommended for sustained reduction of positive and negative symptoms of schizophrenia. Group psychotherapy, however, was found to have a positive effect on reduction of social isolation by enhancing participants' ability to interact within group scenarios (Beal, 1977).

Group therapy has also been evaluated for its effect on polydipsia and found to have not altered participants' behaviour (Millson, 1993). Levels of social anxiety were found to be more effectively reduced by group therapy than waiting list by the end of treatment (Kingsep, Nathan and Castle, 2003). Whether this effect was sustained was not investigated; further to which, the participants were stable prior to the study in terms of severity and number of positive and negative symptoms, and may not represent the broader population of patients with

schizophrenia. Studies comparing the use of a variety of group therapies and individual therapy were inconclusive. One study suggested that ongoing group psychotherapy was significantly more effective than individual psychotherapy at improving subject outcome ratings at 12 and 24-month follow-up (no hospitalisation and high psychiatric rating scores). The use of group therapy can be effective at decreasing social anxiety and improving social interaction (Lockwood, et al. 2004). It is quite revealing that both individual and group counselling were effective in the treatment of one age related ailments or another.

Statement of Problem

Ageing has, unlike before, turned to be a thing of concern for many. This is sequel to the rate at which senior adults are being neglected, which does not only engender fear and anxiety among them but subject them to suffer psychological, emotional, social, spiritual and physical trauma. This potentially aggravates old age associated symptoms and diseases. Modernization has deprived the senior adults the relational way of sharing their ideas, plights, challenge of adjusting to the new life with their mates in the course of playing games like "Opon Ayo" and the likes.

The Baptist denomination has programmes for the Sunbeam, Girls Auxiliary, Lydia and Youth based on their age needs. There have not been sufficient counselling programmes for the senior adults on understanding of successful ageing. It is this gap this study is out to fill by developing a successful ageing counselling manual, and establishing its effects in an experimental study using group and individual counselling among the senior adults in Lagos East Baptist Conference. It is hoped the study would benefit the ageing in that it opened their inner minds to the fact

that they can age successfully. It would help them to understand what successful age is all about. It might also encourage them to develop positive attitude towards the need to see pastoral caregiver personally or join a group counselling when necessary. The study could help pastoral care counsellor to update their knowledge and to upgrade their skills to be more effective in their counselling enterprise.

Research Question

Is there any significant difference among the participants in group counselling, individual counselling and control group on their understanding of successful ageing?

Methods

Research Design

The study employed a pre-test, post-test, control quasi-experimental design using a 3 x 2 x 2 factorial matrix group. The participants of the study were divided into three groups (group counseling, individual counseling and control group). Two of the groups (group counselling and individual counselling) were treated while the third group (control group) served as control. So, the two experimental and the control groups constituted the first "3". The three grounds were pre-tested. But groups 1 and 2 were subjected to the behavioural treatments on understanding of successful ageing based on group and individual counselling. The control group was equally subjected to some days of general discussion on understanding of successful ageing. This served as placebo and the members of the group did not feel redundant in the programme. All were pre-tested and post- tested at the end of the experiment sessions held with the two experimental groups.

Population and Sample

The population of the study consisted of all senior adults of 50-70 years in Lagos East Baptist Conference, Lagos. There were eight (8) Baptist Associations in the Conference with one hundred and fifty seven (157) churches. The sample of the study comprised 120 adults randomly chosen from three churches, from three Associations in Lagos East Baptist Conference. Multistage random sampling technique was used to choose the sample, first to select three Associations out of the eight associations in the conference; second to select one church each from each of the three Associations, and third, stratified proportionate sampling technique was used to purposively select the forty male and female participants between 50-70 years of age. This was done to ensure the proportionate representation of the gender and age of the population under study.

Furthermore, forty (40) senior adults from each of the three selected churches were selected. This formed the one hundred and twenty (120) participants needed for the study. More also, participants were assigned to the experimental groups, which are the group and individual counselling and the control group. Participants' classification into columns, using the gender and age was done.

Instrument and Procedure

Understanding Successful Ageing Test was used to collect the data for this study. The test has thirty (30) items focusing on such issues as Biblical Facts about Ageing; Types of Ageing; Causes of Premature Ageing and Components of Successful Ageing. The instrument was validated and yielded reliability co-efficient of $r = 0.95$ using test retest reliability. The study was carried out over a period of seven weeks among participants who willingly showed interests to

participate in the training programme. There were four phases of interaction with the participants: recruitment, pre-test, treatment and post-treatment evaluations. The researcher secured appropriate places where the treatment was administered. The researcher spent one hour thirty minutes each day for the counselling sessions were held for the period of seven weeks for each of the three groups. The two experimental groups (group and individual counselling) were treated using Counselling Manual on Understanding Successful Ageing developed by the researcher. This method involved helping the participants in the two groups to have understanding of successful ageing. The control group was treated but with general discussion on successful ageing. This was done in line with what Fuhrmann (2005) recommends that it will be important to have enough time in a 60-90 minutes session for everyone to have a chance to share and react to others' comments. Post-test data were analyzed with analysis of variance.

Results

The Research Question

Is there any significant difference among the participants in group counselling, individual counselling and control group on their understanding successful ageing?

Table 1. Pre-test and Post-test, Performances of the Three Groups

GROUPS	Pre-Test Performance				Pro-Test Performance		
	N	Mean	STD	STD. Error	Mean	STD	STD. Error
Individual Counselling	40	98.55	15.62	2.47	131.68	11.76	1.86

Group Counselling	40	95.78	16.12	2.55	128.60	12.89	1.34
Control	40	102.78	11.90	1.88	108.53	8.45	2.04
Total	120	99.03	14.83	1.35	122.93	15.14	1.38

Table 1 above showed that the mean score for the individual was 95.78, while the mean score for control was 102.78. One Way ANOVA revealed that $F=2.309$ which is not significant at 0.05 probability. This indicates that before the experiments the three groups were homogenous in their levels of understanding successful ageing. The table also showed that the mean score for individual counselling was 131.68; the mean score for group counselling was 128.60, while the mean score for control group was 108.53 after experiment.

Table 2: One Way Anova of Performance of the Three Groups

	Sum of squares	df	Mean Square	F	Sig.
Between Groups (Combined)	12645.117	2	6322.558	50.514	.000
Within Groups	14644.350	117	125.165		
Total	27289.467	119			

One Way ANOVA revealed that there was a significant difference in the performance of the three groups, $F=50.514$, which is significant at 0.000 alpha. Post Hoc performance using Scheffe is presented below.

Table 3: Post hoc Performance

		Subset for alpha=0.05	
Group	N	1	2
Group Counselling	40	108.53	128.80
Individual Counselling			
Control	40	1.000	131.68
Significant	40		.472

Table 3 above showed that individual counselling has the highest level of achievement followed by group counselling. The control group has the lowest level of achievement. Both the group and individual counselling were significant better than the control group

Discussion of Findings

The research question one states: Is there any significant difference among the participants in group counselling, individual counselling and control group on their understanding of successful ageing?

Findings on this research question indicates that the post-test mean score for individual counselling was 131.68; the mean score for group counselling was 128.60 while the mean score for control groups was 108.53. These findings reveal that there was a significant difference in the performance of the three groups, $F=50.514$, which is significant at 0.000 alpha. Hence, group counselling was

effective in enhancing understanding successful ageing but individual counselling was slightly better than the group counselling. This may be due to the fact that the participants in individual counseling received better attention and that they were able to open up to the counsellor or both the counselor and the counselee were both active during the counselling sessions compare with their counterparts in group counselling. It might also be due to the fact that people tend to open up to somebody they trust can keep their secrets. In a similar study, individual therapy was found to be useful and shown to be effective in improving overall mental state and global functioning in participants' diagnosed schizophrenia (Lockwood, et al, 2004).

In another study, it was reported that for both positive and negative symptoms, intensive group therapy was better effective at symptom reduction than supportive counseling or routine care (Tarrier, 2000). Beal (1997), in his own study established that group psychotherapy was found to have a positive effect on reduction of social isolation by enhancing participant's ability to interact with group scenarios. Though, the result of this study unveiled that both individual and group counselling could be effective in enhancing understanding of successful ageing, individual counselling has the higher level of achievement. However, one study suggested that ongoing group psychotherapy was significantly more effective than individual psychotherapy at improving subject outcome ratings at 12 and 24-month follow-up (no hospitalization and high psychiatric rating scores). The use of group therapy can be effective at decreasing social anxiety and improving social interaction (Lockwood, et al, 2004). In line with Lockwood, et al result of findings, Kingsep, et al, 2003 also reported that levels of social anxiety

were found to be more effectively reduced by group therapy waiting list by the end of treatment.

In conclusion, individual and group counselling could be avenues for meeting the emotional, social, psychological need, spiritual and physical needs of elderly adults. When the caregiver sits one-on-one counselling with the elderly adult, they tend to up; having been sure that the caregiver would maintain confidentiality. On the other hand, in case of lack of enough time to attend to the elderly adults, group counseling is equally useful.

Recommendations

On the basis of the findings of this research, the following recommendations were made in order to improve on how the needs of the senior adults can be met and thereby enhance understanding of successful ageing among elderly adults in Lagos East Baptist Conference and other parts of the world. The church of God is a combination of children, youths and adults. On that note, it is therefore recommended that the church should teach her members on how to successfully age and successful ageing. It is also recommended that individual counselling be used as a means of enhancing understanding of successful ageing among senior adults in the church. And finally, it is equally recommended that group counselling could also be used in case the care caregiver has more than one person to attend to.

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