



Cognitive Behavioural Therapy as a Counselling Strategy for Handling Loneliness among Elderly Persons in Nigeria

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ABSTRACT

Elderly persons experience psychosocial problems as their age increases. They are prone to psychological and social changes as a result of the weakened immune system, diminished sensory organs, loss of independence and reduced functional ability. The psychosocial problems of depression, anxiety, isolation and loneliness have significant effects on their well-being and quality of life. These conditions could be managed through counselling approaches such as Cognitive Behavioural Therapy (CBT). CBT is effective in reducing the impacts of psychosocial problems in elderly persons. It is a directive, time-limited therapy that could be used to equip elderly persons with skills to modify distorted thoughts and change maladaptive behaviour patterns. This paper, therefore, proposes that CBT be adopted as an effective counselling strategy for handling loneliness among elderly persons based on several empirical pieces of evidence and support. The guidelines, techniques and applications involved in executing the CBT are discussed in the paper.

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INTRODUCTION

Ageing is a complex process influenced by heredity, nutrition, health and environmental factors. Every individual goes through the process of ageing as they advance in age. This advancement in age is accompanied by body deterioration. According to Santrock (2006), elderly persons are often classified as the young-old (60-74 years), the old-old (75-84 years) and the oldest-old (85 years and above).

The preponderance of elderly persons are vulnerable; they are at risk of bodily changes, reduced agility, weakened immune system, thinner skin, diminished sensory organs, loss of independence, frequent falls and can often be involved in domestic accidents. According to Akman (2004), elderly persons who are 60 years and above may experience alterations in functions, deterioration in action, decrease in efficiency, variation in the

environment and disturbances of physiological functions. These experiences lead to increased morbidity, slowing of sensory processes, lack of flexibility of outlook, dependencies as well as physical or mental infirmity. Although there is inevitable age-associated changes elderly people's experience, the actual onset of such changes is not uniform among the elderly and how individual experiences it differs.

In Nigeria, the number of elderly persons is growing; the percentage of the population aged 60 and above was put at 4.9% in 2005; it is estimated that by the year 2025, the total number of people aged 60 years and above in Nigeria will constitute 6 per cent of the total population (Gesinde, Adedapo & Charles, 2011). It is projected that this figure will increase to 9.9% of the population in the year 2050. This increase in the number of elderly persons is likely due to a decline in

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mortality rate and a relative increase in life expectancy.

Omorogiuwa (2016) stated that the increase in the number of elderly persons could be traced to improvement in the technological field and a breakthrough in the field of medicine which has resulted into the discovery of new medications and vaccines. In the same vein, Animasahun and Chapman (2017) attributed the increase in the number of elderly persons in developed countries to decreased mortality rates, reduction in birth rates and migration trends. The developed countries are likely to experience an increase in life expectancy as a result of improved medical facilities, growing commercial activities and technological advancement. On the contrary, life expectancy in the developing countries might be threatened with problems of economic hardship, environmental pollution, insecurity and insensitive medical care; which could hurt the life expectancy.

The gradual process of growing old is often associated with physical and psychosocial changes. The physical changes frequently involve the steady degeneration of the vital structures and organs of the body. These changes might have significant effects on the look, appearance, agility and general functioning of an individual, thereby making the elderly to become apprehensive. The consequences of these may trigger psychosocial problems.

The psychosocial problems encompass the psychological and social aspects of a person's life. Older adults experience many psychosocial problems and transitions, which include but not limited to depression, anxiety, loneliness, isolation, death of family members and friends, increasing health problems and chronic diseases. These problems have a significant impact on the well-being and quality of life of elderly persons.

Depression, for example, is the most prevalent mental health problem among elderly persons. It is often

attributed to distress, suffering and sometimes causes impairments in the total functioning of the body (Adeleke, Adebowale, & Oyinlola, 2017). It arises in elderly persons as a result of a continuous or long period of feelings of unhappiness, or disappointment. It is characterised by a low spirit, anxiety, retardation and bodily discomfort. Also, it involves the withdrawal of life's interest, lack of motivation, loss of vital energy and feelings of hopelessness.

Anxiety is another psychosocial problem that elderly persons often experience. It is a feeling of unease, worry, fear that can be mild or severe. It is generally considered a normal part of ageing. Older adults feel anxious and worried about life largely. Anxiety disorder is a common psychological problem among the elderly. Anxiety disorder commonly occurs along with other mental or physical illnesses. According to Friedman and Williams (2012), elderly persons experiencing anxiety disorder have more difficulties managing the day-to-day activities and have more risk of physical illness, falling easily, depression, disability, premature mortality and social isolation because they cannot move about unaided.

Isolation is separation from a social or familiar contact, community involvement and access to services. Kourkouta, Iliadis and Monios (2015) asserted that isolation in elderly persons is as a result of exclusion from work and vocational training, reduced entertainment and integrated life. Isolation speeds up the onset of degenerative illnesses and increases the chance of depression. It exposes the older adult to forming substance abuse habits such as taking of alcohol and smoking of cigarettes. Landeiro, Barrows, Musson, Gray and Leal (2016) added that isolation is a risk factor of obesity, high blood pressure and cognitive decline.

Azeredo and Afonso (2016) asserted that loneliness is a distressing feeling that leads to bodily discomfort or



fatigue. It refers to a painful feeling that emanates from an unfulfilled need for companionship and relationship. Loneliness is being unable to obtain warmth and comfort from others. It is the feeling of isolation from people; it usually results in fatigue, bitterness and despair (Kourkouta, Iliadis & Monios, 2015). Loneliness is more prominent if the elderly is a widow/widower; the situation becomes very worrisome and debilitating for such category.

Loneliness could also be as a result of children leaving home through marriage/work, loss of significant persons such as families, relatives and friends. It can be checked by inviting and visiting friends, keeping in touch with people through phone calls, reading newspapers, watching television, interacting with a computer (emails, video chat, skype, WhatsApp, Facebook), playing of outdoor games or getting involved in communal activities.

Loss of significant persons such as spouse, children and relatives also poses a threat to the life of elderly persons. It is referred to as a life-shattering experience. The impacts of loss on elderly persons include depression, sleeplessness and loss of appetite. In some cases, the loss of significant persons can lead the elderly to neglect some daily life activities.

The above-mentioned problems are detrimental to the health of elderly persons. It affects the total well-being and quality of life of elderly persons. Therefore, a therapeutic measure is essential to cushion the impacts of these psychosocial problems. In the light of this, this paper presents the concept of cognitive behavioural therapy, characteristics and techniques of cognitive behavioural therapy, rationale for cognitive behavioural therapy, application of cognitive behavioural therapy as a counselling strategy for handling the problem of loneliness among elderly persons. The paper ends with conclusion and recommendations.

THE CONCEPT OF COGNITIVE BEHAVIOURAL THERAPY (CBT)

Aaron Beck, an American Psychiatrist, is regarded as the father of Cognitive Behavioural Therapy (CBT). Beck named it cognitive therapy because of the importance it places on thinking. As a result of modifications and improvements in its formulation, it later changed to Cognitive Behavioural Therapy (CBT). Cognitive Behavioural Therapy (CBT) is based on the premise that cognition (thinking), emotion and behaviour are interrelated. The principles of CBT posit that cognitive problems can be eliminated or reduced when the individual is taught new skills to identify negative thoughts, form adaptive thinking pattern and change maladaptive behaviour patterns (Knight & Robinson, 2002). According to Mcleod (2015), CBT suggests that abnormality occurs as a result of faulty or irrational cognitions. This faulty thinking might possibly through cognitive deficiencies or cognitive distortions. Thus, the CBT helps the individual to become aware of negative thinking, thereby viewing challenging situations clearly and responding effectively.

In the opinion of Martin (2013), Cognitive Behavioural Therapy (CBT) is a short-term, goal-oriented therapy that is based on a practical approach to solving problems. CBT is employed to change patterns of thinking that is responsible for people's difficulties which eventually change the way people feel. It works by changing individual attitudes and behaviour by focusing on the thoughts, beliefs and attitudes that individual holds, and relates it to the way he/she behaves as a way of dealing with emotional problems.

Evans (2007) opined that CBT is collaborative, which implies that the therapist and the client work together to change the thinking patterns and remove obstacles to participating in enjoyable activities. Cognitive Behavioural Therapy

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approach uses structured learning experiences that teach clients to monitor and write down their negative thoughts and mental images. It aims at helping the individual become aware of negative thoughts and behavioural patterns that reinforce the distorted thinking. It is designed to recognise how those ideas affect mood, behaviour and physical conditions of the client. Also, Evans (2007) asserted that CBT employs multiple strategies which include but not limited to a homework assignment, questioning, role-playing, imagery, guided discovery during the session.

Cognitive Behavioural Therapy is a therapeutic approach that is intended to help elderly persons learn to cope with anxiety-inducing or stressful situations by rationally addressing faulty cognition and how it leads to inappropriate and self-defeating behaviours. CBT can be an essential tool in treating disorders, anxiety and depression (Palazzolo, 2015). CBT is efficacious in reducing phobias, overcoming pains and relieving the symptoms of post-traumatic stress disorder. Cognitive Behavioural Therapy is an efficacious treatment of late-life problems such as anxiety and depression. CBT is a brief, time-limited therapy that focuses on the maintenance of elderly persons' illnesses. The characteristics and some techniques adopted in CBT are as follows.

Characteristics of Cognitive Behavioural Therapy (CBT)

The rationale of the therapy is established on a cognitive model of emotional disorders, which proposes that an individual's mood and behaviour are determined by the way he or she perceives the world. According to Goldberg (2014), the following are characteristics of CBT:

1. CBT is built on two tasks: The first one is cognitive restructuring, whereby the therapist and the client work together to change the thinking

patterns and distorted thoughts. The second task is behavioural activation in which the client learns to overcome obstacles (depression, loneliness) by involving in pleasurable activities such as muscle relaxation, deep breathing.

2. CBT focuses on the specific problems: During the counselling session, behaviour problems and thinking problems are identified and precisely addressed.
3. CBT is goal-oriented: The therapist asks the client to define the goals for each session. Also, longer-term goals can also be stated, which may take several weeks or months to achieve. Both works together to achieve the goal.
4. CBT is educational: The therapist uses structured learning experiences that teach the client to monitor and write down negative thoughts and mental images. It is done to check how those thoughts affect mood, behaviour and physical condition of the client.
5. CBT is based on an active role: The client is expected to participate actively in the session. He is given a home assignment at each session, and the assignment tasks are reviewed at the beginning of the next meeting.
6. CBT employs multiple strategies: The strategies adopted by the therapist include socratic questioning, role-playing, imagery, guided discovery, and behavioural experiments.
7. CBT is time-limited: Typically, treatment with CBT lasts 14 to 16 weeks. Although 14-16 weeks is suggested for the therapy; it is highly necessary to take the nature of clients into consideration during sessions

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and make required adjustments to reduce the period of therapy.

The therapist/counsellor working with elderly persons may need to make some modifications to suit clients that are not literate. The counsellor might need to seek the consent of the elderly person to allow a third party (like children, relatives, or friends) to be present at the session. This third party can later be of assistance to the elderly person. Likewise, it is assumed that elderly persons might not be patient enough to be taught for several weeks; therefore, it is highly encouraged that the counsellor should be as brief as possible with the therapy.

Guidelines for Using CBT for Elderly Persons

1. The therapist teaches the elderly persons specific cognitive and behavioural skills.
2. The therapist informs the elderly person the effects that cognitions (thoughts and beliefs), emotions (feelings and fear), and behaviour (activity avoidance) can have on the person.
3. The therapist emphasises the primary role that the elderly person can play in participating in solving the problem.

According to Satre, knight and David (2006), the CBT approach to problem treatment focuses on teaching new coping skills, combined with addressing dysfunctional thinking patterns. The behavioural component of the therapy focuses on the elderly person's daily activities; the therapist allows the elderly person to engage in pleasurable activities which could be in the form of games, sports, and completing various assignments. To help the older adult to see the connection between pleasurable activities and moods, the therapist can adopt a diary for self-monitoring. For the effectiveness of the activities, the therapist works

together with the older adult to increase the frequency of events.

Also, the therapist also helps the older adult to identify cognitive dysfunction and help to substitute distortive and irrational thoughts with adaptive ones. It could be done using dysfunctional thought record and cognitive restructuring techniques. The therapist helps the older adult to reduce negative self-talk, self-defeating beliefs and expand consideration of possibilities.

Techniques of Cognitive Behavioural Therapy (CBT)

Some of the techniques employed by the therapist in CBT include:

- a. **Cognitive Restructuring:** This is a vital technique of cognitive behavioural therapy that can be used to teach the client how to improve themselves by replacing irrational beliefs with rational beliefs (Corey, 2009). Restructuring involves helping the elderly learn how to monitor self-talk, identify maladaptive self-talk and substitute adaptive self-talk for the negative self-talk. Cognitive restructuring can be accomplished when the client avoids preoccupying himself/herself with irrational thinking.
- b. **Homework Assignments:** This technique is used when a collaborative therapeutic relationship is established between the therapist and the client. It is often given and used outside the session to facilitate more rapid changes (Corey, 2009). The purpose of homework is to enable the client to experiment and practice what happened during the sessions with different behaviours in daily-life situations which is a continuation of issues addressed during the therapy session. In most cases, the counsellor also attempts to do the assignment so that the counsellor can compare with that of the client; this will give the client an

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- impression that the therapist has an interest in the case and is willing to assist.
- c. **Socratic Questioning:** This is a questioning method of changing the client's mind. The therapist uses open-ended questions (such as: what are the activities that you have stopped to engage in and why do you stop those activities) to probe the client to gain insight into the situations causing the problem.
 - d. **Client Self-monitoring:** Clients are asked to maintain records of their behaviour with particular reference to those that are problematic. A self-record may take the form of keeping a daily diary of activities. The essence of self-monitoring is for the client to react to his/her observations by reducing the frequency of problem behaviour exhibited (Hough, 2010).
 - e. **Behavioural Activation:** This technique aims at helping the elderly persons engage in enjoyable activities which might enhance their problem-solving skills because one of the symptoms of the problem (such as depression) in clients is the loss of interest in things that were previously enjoyable. Some of the methods usually employed are:
 - i **Relaxation training:** This helps to bring immediate relief during the counselling session. Relaxation training is assumed to be active since it is impossible for a client to experience relief and tension simultaneously. Hence, having a client relaxes his body implies an inability to be anxious. Relaxation training methods include progressive muscle relaxation and breathing training.
 - ii **Distraction technique:** This is simply a method of taking the client's mind away from whatever is causing trouble. The distraction allows the mind to focus on something else when the mind is preoccupied with fear or distorted thoughts. Some of the examples of distraction techniques are playing puzzle, reading a rhyme, playing flashcards, learning educational quotes and tongue twister sayings like she sells sea-shells on the seashore.

Application of CBT as A Counselling Strategy for Handling Loneliness among Elderly Persons

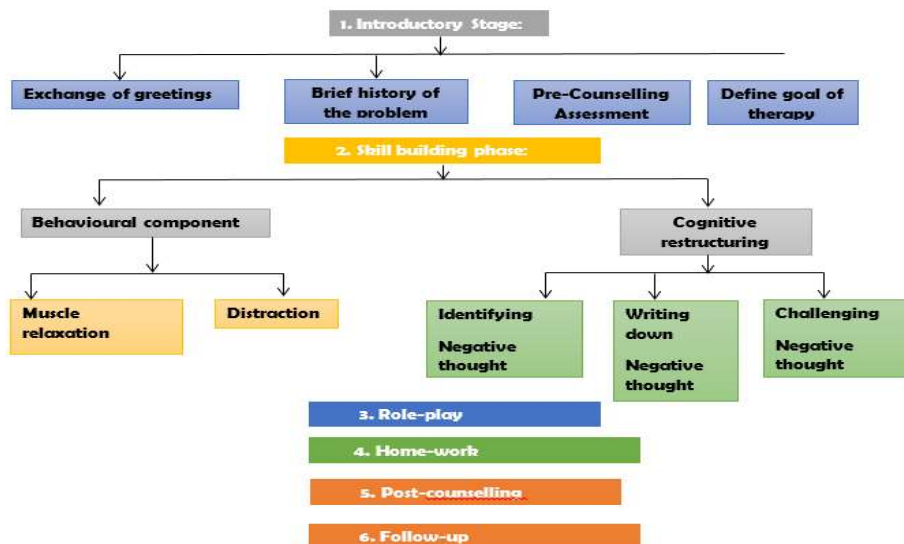


Figure 1: Stages of CBT with Elderly Persons (Alwajud-Adewusi, 2018)



The session starts with the introductory stage whereby the therapist familiarises and socialises with the elderly person such as exchange of greetings, pleasant welcome note. The elderly person gives a brief history of the problem. The therapist adopts a standardised instrument to check the degree of loneliness in the client. Afterwards, the therapist and the elderly agree on the goals of the therapy; agree on patterns of behaviour that need to be changed. The therapist explains the techniques of cognitive behavioural therapy to the elderly. The therapist asks the elderly his/her understanding of what is causing the problem, and history is obtained about the previous attempts to address the loneliness.

The next stage is the skill-building phase; the skill-building phase is divided into the behavioural component and the cognitive restructuring. The behavioural component is encouraged to be practised regularly in the early session of the therapy (Satre, Knight, & David, 2006). At this stage, the therapist teaches the elderly methods of mood regulation, such as muscle relaxation and distraction. These would help the older adult to see the connection between pleasant activities and moods. The older adult is encouraged to begin to engage in pleasurable activities. The therapist may ask the elderly person how the day typically looked like, whether any actions have been stopped and why those accomplishments were discontinued. The therapist educates the elderly person on why there is a need to engage in some deeds. Then, the therapist creates a schedule of activities in which the elderly would be encouraged to participate. The schedule lists many enjoyable undertakings (such as visiting friends, in and outdoor games) and is ordered from easiest to hardest for stress-free participation and based on the elderly's resources (AreAin, 2004; Satre, Knight & David, 2006).

The next is to teach the elderly cognitive restructuring skills to help the elderly understand the relationship and connections between thoughts, feelings, and actions. The elderly person would be asked to identify events and situations that bring about negative state of mind which cause the loneliness. The therapist, through constructive review of the circumstances, would develop a more balanced view rather than just focusing on the negative aspects. The therapist teaches the elderly person to identify the negative thoughts, write down the negative thoughts and challenge the negative thoughts. Cognitive restructuring can be done in the form of a dialogue and questioning.

It is highly essential for the therapist and the elderly person to work together to help the elderly practice what has been learnt; it could be achieved through role-play and homework assignment. The homework assignment is given to encourage the elderly person to practice the new skills and activities; activities are assigned to help resolve the loneliness. These activities are repeated for a few weeks for the elderly person to master them. The therapist evaluates the whole process using the standardised instrument to find out if the problem has been resolved. A follow-up is necessary to check if the elderly person is practising what has been learnt during the counselling session.

CONCLUSION

The inevitability of ageing and its associated problems may challenge the healthy living of an individual. The experiences of elderly persons may create specific problems that need counselling. Therefore, cognitive behavioural therapy would assist elderly persons to cope and adjust properly to changes in late life. Elderly persons should, therefore, learn and practice the techniques of CBT to ameliorate the problem of loneliness.

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RECOMMENDATIONS

The following recommendations are given to counsellors for effective use of CBT on elderly persons:

1. Counsellors should listen, teach and encourage the elderly persons.
2. Counsellors should employ the techniques of CBT to manage loneliness among elderly persons.
3. Counsellors should take into consideration the nature and characteristics of elderly persons to enable smooth counselling sessions.
4. Elderly persons should be counselled to practice the techniques of cognitive behaviour therapy often.

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