



## Perception of School Counsellors on Family Therapy as a Panacea to the Phenomenon of Empty Nest Syndrome in Southwest, Nigeria

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**Abstract.** This study examined the perception of school counselors on family therapy as a panacea to the phenomenon of empty nest syndrome in Southwest Nigeria. The target population of the study was all school counsellors in Southwest Nigeria. The sample consisted of 1200 school counsellors representing 200 from each of the six states of the Southwest Nigeria using the multi stage sampling approach. A questionnaire was self-developed by the researcher to collect data for the study. The content validity of the instrument was established and the instrument was subjected to reliability test using test retest approach in which Pearson's Product Moment Correlation Coefficient formula was used to establish the coefficient. The Coefficient of 0.75 was obtained for the instrument which was considered high enough for the instrument. Four hypotheses were raised to pilot the study and the hypotheses were tested at 0.05 alpha level of significance. Data collected were analyzed using t-test statistics where two means were being compared while Analysis of Variance (ANOVA) were used to analyze data where more than two means were being compared. The findings of this study revealed that there were significant differences in respondents' responses on family counseling as an antidote to empty nest syndrome based on religion [ $F(2,1197)=8.61;P<.05$ ], years of working experience [ $F(3,1196)=2.87;p<.05$ ] and educational qualifications [ $F(3,1196)=3.32;P<.05$ ], but there was no significant difference based on gender of respondents. The findings of this study have implications for school psychologists, school guidance counselors and educationists alike. It was therefore recommended that family therapy should be given a chance by practicing school counselors to help mitigate the effects of empty nest syndrome among parents in Southwest Nigeria.

**Keywords:** School counsellors' perception, Empty nest syndrome, Family therapy.

### 1. Introduction

The origin of empty-nest syndrome was linked to the theory of role identity which describes the impact that the childrens' departure from the parental home has on the welfare of their parents. According to this theory, the loss of a very important role brings alleviation and loneliness and dissatisfaction (Phillips, 1957). Duval (1957) explained that 'empty-nest' comes from family life cycle theory and that it is the stage from the time the last child departs from home to one's partner's death. The more roles one has, the less threatening the prospect of empty-nest syndrome (Thoits, 1983). Hence, during empty-nest when couples are no longer having their children around, this may trigger a lot of social problems, feelings that are not helpful may set in most especially when social supports are grossly inadequate (food, shelter, clothing etc) which are essential for physical wellbeing at stages of human life. If emotional support is lacking, it aggravates illogical thoughts which may eventually leads to depression.

An empty nest household usually refers to households without children or whose children have left their parents' home (Gao, Zhang, Gu, Zhang, Zhang & Tian, 2017 & Lv, Jiang, Sun, Ren, Sun, Sun, Wu, & Zhao, 2012). The accelerated urbanization and inequity of economic development in urban and country areas have resulted in the empty nest becoming the main family pattern in rural China. In 2016, empty nesters accounted for 51.1% of the elderly in China, and this proportion will reach 90% by 2030 according to China's National Committee on Aging (Su, Wu, Zhang, Li, Wang, Zhang & Zhou,

2012). Moreover, empty nest individuals are usually older adults who are likely to suffer from a high prevalence of chronic conditions and disability (Chatterji, Byles, Cutler, Seeman & Verdes, 2015; Yang, Chu, Zhou, Medina, Li, Jiang, Zheng, Sun & Liu, 2015 & Jing, Li, Fu, Wang, Yuan, Zhao, Hao, Yu & Zhou, 2021). When their children move out of their homes, their empty nest parents are more likely to suffer from empty nest syndrome, resulting in loneliness, anxiety, frustration, etc (Chang, Guo, Li, Yang, Yu & Sun, 2016; Fahrenberg, 1986 & Pillay, 1988).

An investigation conducted in Sichuan, a Western province in China, found that 30.11% of elderly empty nesters had anxiety-related symptoms (Wang, Shu, Dong, Luo & Hao, 2013 & Cheng, Jin, Sun, Tang, Zhang, Chen, Zhang, Zhang & Hung, 2015). These negative emotions are consistently tied to a subjective feeling of increased pain, disease and tiredness (Pressman, Gallagher & Lopez, 2013; Geiser, Roth, Theisen, Robinson & Riley, 2000 & Liu, Tian, Yue, Wang, Du & Chen, 2015). In general, members in empty nest families are often concerned with poor health statuses, poor mobility and a high risk of chronic diseases.

Ayena, Olanrewaju and Ogunlade (2022) reported that male and female retirees employed social intelligence to overcome empty-nest syndrome differently in Southwest Nigeria. They also reported that retirees of different age group do not employ social intelligence to overcome empty-nest syndrome differently. Furthermore, Ayena et al (2002) reported that retirees of different religious affiliations do not employ social intelligence to overcome empty-nest syndrome differently. Nevertheless, retirees in Southwest Nigeria unanimously agreed that social intelligence is a veritable tool for handling empty-nest syndrome and its associated challenges.

Family therapy is a form of talk therapy that focuses on the improvement of relationships among family members. It can also help in treating specific mental health or behavioural conditions, such as substance use disorder or oppositional defiant disorder. Family therapy can involve any combination of family members. Family therapy is a form of group psychotherapy that focuses on the improvement of interfamilial relationships and behaviours. Types of family therapy includes: Marriage counseling/couples therapy, strategic family therapy, structural family therapy and systemic family therapy.

Family therapy can help with situations such as:

- Adjusting to new life change (like moving) or a medical condition
- Mental health professionals also use family therapy to help treat certain mental health or behavioural conditions for one person within the family unit. For example, family therapy involving all or multiple members of the family can be used to treat anorexia for one person in the family.
- Family therapy is used by trained, licensed mental health professionals, such as psychologists, therapist or counselor, who has specialized knowledge in working with families.

Problems that family therapy can fix include but not limited to strained relationships between family members, stress, anger, communication issues, physical or emotional trauma, coping with acute or chronic illness of a family member such as multiple sclerosis, cancer, stroke, chronic pain or an autoimmune disease, the death of a loved one and grief, divorce or romantic relationship issues and coping with sudden changes, such as unemployment, moving or incarceration. Family therapy can be beneficial if a family member has mental health conditions like anxiety disorders (e.g obsessive-compulsive disorder), eating disorders (e.g anorexia), mood disorders (e.g bipolar disorder and depression), personality disorders (e.g borderline personality disorder), disruptive mood dysregulation disorder and oppositional defiant disorder. Families who have neurodivergent members, such as someone with autism spectrum disorder or attention-deficit disorder can also benefit from family therapy.

Family therapy is an evidence-based treatment that is grounded in theory and skill-based dialogue or conversations. It provides a supportive, nonjudgmental and safe environment that allows empty nesters and their families to talk openly with professionals. These professionals are objective and specially trained to help families with the issues they are having. With the guidance of professionals empty nesters will be assisted to work on improving the interactions and communications among their family members. Empty nesters are assisted to work to incorporate healthy behaviours to improve their family's functioning and well-being.

### 1.1 Statement of the Problem:

There is no gaining saying the fact that empty nest is becoming rampant in Southwest Nigeria. This is due to the fact that children are departing from their parents' home due to academic pursuit, employment,

marriage, and other related factors. This condition has become a syndrome associated with other challenges such as chronic conditions and disabilities, loneliness, anxiety, frustrations etc. Ayena, Olanrewaju and Ogunlade (2022) studied the efficacy of social intelligence exhibition as an antidote to associated challenges of empty-nest syndrome and find that exhibition of social intelligence by empty nesters is efficacious in handling the syndrome.

However, the current study is another attempt in finding solutions to the problem of empty-nest syndrome. Hence, this study is exploring the possibility of using family therapy as an antidote to the problem. This is not only because family therapy is an evidence-based treatment that is grounded in theory and skill-based dialogue or conversations but because family therapy can fix strained relationships between family members, stress, anger, communication issues, physical or emotional trauma, coping with acute or chronic illness of a family member such as multiple sclerosis, cancer, stroke, chronic pain or an autoimmune disease, the death of a loved one and grief, divorce or romantic relationship issues and coping with sudden changes, such as unemployment, moving or incarceration

### 1.2 Hypotheses

The following hypotheses were raised to pilot this study

- Male and female school counsellors do not differ significantly in their perception of family therapy as panacea to empty nest syndrome
- School counsellors of different religion do not differ significantly in their perception of family therapy as panacea to empty nest syndrome
- School counselors of different years of working experience do not differ significantly in their perception of family therapy as panacea to empty nest syndrome
- School counsellors of different educational background do not differ significantly in their perception of family therapy as panacea to empty nest syndrome

### 1.3 Purpose of the Study

The purpose of this study is to find out the perceptions of school counselors in Southwest Nigeria on family therapy as a panacea to the phenomenon of empty nest syndrome. The objective was to investigate whether empty-nest syndrome

could be overcome through the use of family therapy on the basis of gender, religion, years of working experience and educational background of respondents.

## 2. Methodology

**Research Design:** The research design adopted for this study is the descriptive survey. This is because descriptive survey enables researchers to seek the opinion of representative sample of population upon which conclusions, inferences and generalization are made on contemporary phenomenon

**Population of the Study:** The target population of this study consisted of all school counsellors in Southwest Nigeria.

**Sample and Sampling Procedure:** The Multi-stage sampling method was adopted in selecting participants for this study. This is because multi-stage sampling method consisted of several stages of selection from the larger frame until the actual sample size for the study was obtained. At the first stage, purposive sampling method was used to select all the six states in the Southwest. At stage two, Stratified random technique was used to select participants from six schools from six local government from the six states selected. Hence, in relation to this study, participants from the 6 states of Southwest were selected on the basis of gender, religious affiliations, years of working experience and educational qualifications. At stage three, the simple random sampling technique was employed to select participants from each stratum. Hence, 35 participants from each of the six schools from each of the six local governments selected from each of the six states in Southwest Nigeria.

**Instrumentation:** The instrument used to collect data for this study is a self-developed questionnaire named ‘ ‘ School Counsellor’s Perceptions on Family Therapy as Antidote to Empty Nest Syndrome (SCOPEFTAENS). The instrument was divided into two sections i.e Sections A and B. Section A sought for information on the personal data of respondents i.e the demographic data such as gender, religion, years of working experience and educational qualification. Section B of the questionnaire contains 20 items that sought information on the perception of counselors on family therapy as antidote to empty nest syndrome.

**Validity of the Instrument:** The content validity of the instrument was determined by given out questionnaires to a panel of experts in the field of

education. These experts following detailed scrutiny, made suggestion which were taken into consideration and necessary corrections were made. The experts affirmed that the instrument covered the intended content and therefore valid for use.

**Reliability of the Instrument:** the coefficient of stability of the instrument was determined by using the test-re-test method. The instrument was administered to a sample of twenty (20) randomly selected teachers in Ilorin, Kwara State. After the intervening period of four (4) weeks, the same instrument was re-administered to the same sample. The two sets of scores obtained were correlated using Pearson’s Product Moment Correlation formula. The

correlation coefficient obtained was 0.75 which was considered high enough for the researcher to conclude that the instrument is reliable.

**Procedure for Data Collection:** The administration of the questionnaire in Lagos State was conducted by the researcher, while the administration of the questionnaire forms in the other five (5) states were handled by five well trained research assistants. A total of 210 each of the questionnaire forms were administered in each state. This gave the researcher a total of 1260 questionnaire forms administered. Nevertheless, a total of 1200 questionnaire forms were returned and available for analysis

### 3. Results

The results of this study are presented in three sections. The first section provides the descriptive analysis while the second section contains the inferential statistics. The third section, however, forms the summary of the findings.

#### Section One: Descriptive Data Analysis:

**Table 2:** Demographic Data of the Respondents by Gender, Religious Background, Years of Working Experience and Educational Qualifications

SN	VARIABLES	NUMBER OF RESPONDENTS	PERCENTAGE (%)	MEAN
1	GENDER			1.43
	Male	690	57.5	
	Female	510	42.5	
2	RELIGION			1.60
	Christianity	571	47.6	
	Islam	545	45.4	
	A.T.R.	84	7.0	
3	YEARS OF WORKING EXPERIENCE			2.25
	10 years or less			
	11-20 years	358	29.8	
	21-30 years	354	29.5	
	31-40- years	317	26.4	
		171	14.3	
4	EDUCATIONAL QUALIFICATIONS			2.45
	NCE	225	21.3	
	DEGREE	335	27.9	
	MASTERS	423	35.3	
	PH.D	187	15.6	

N=1,200

Source: Field work (2023)

#### Section Two: Hypotheses Testing:

**Hypothesis One:** Male and female school counsellors do not differ significantly in their perception of family therapy as panacea to empty nest syndrome

**Table 3:** Means, Standard Deviation and t-value of School Counsellor’s Perception on Family Therapy as Panacea to Empty Nest Syndrome

Gender	No	X	SD	Df	Cal t-value	Critical t-value
Male	690	205.12	23.30	1198	0.51	1.96
Female	510	204.43	23.70			

Source: Field work (2023)

Table three indicates that the calculated t-value of 0.51 is less than the critical t-value of 1.96. Hence, hypothesis one is accepted. This implies that male and female school counsellors in Southwest Nigeria do not differ significantly in their perception of Family Therapy as panacea to empty nest syndrome.

**Hypothesis Two:** School Counsellors of different religion do not differ significantly in their perception of family therapy as panacea to empty nest syndrome

**Table 4:** Summary Table of Analysis of Variance of School Counsellors’ Perception of Family Therapy as Panacea to Empty Nest Syndrome based on Religion

Source of Variance	Sum of Squares	Degree of Freedom	Mean Squares	Calculated f-ratio	Critical F-ratio
Between Group	2987.17	2	11893.59	3.45*	3.00
Within Group	656188.08	1197	548.19		
Total	659975.25	1199			

*Significant; p < 0.05*

**Source:** Field work (2023)

Table 4 indicates that the calculated F-ratio of 3.45 is greater than the critical F-ratio of 3.00. Hence, hypothesis two was rejected [F(2,1197)=3.45;P<.05]. This means that school counselors of different religion in Southwest Nigeria differed significantly in their perceptions of family therapy as antidote to empty nest syndrome.

**Hypothesis Three:** School Counselors of different years of working experience do not differ significantly in their perception of family therapy as panacea to empty nest syndrome

**Table 5:** Summary Table of Analysis of Variance of School Counsellors’ Perception of Family Therapy as Panacea to Empty Nest Syndrome based on Years of Working Experience

Source of Variance	Sum of Squares	Degree of Freedom	Mean Squares	Calculated f-ratio	Critical F-ratio
Between Group	6325.35	3	2108.45	3.86*	2.60
Within Group	653649.90	1196	546.53		
Total	659975.25	1199			

*Significant; p < 0.05*

**Source:** Field work (2023)

Table 5 shows that the calculated F-ratio is 3.86, while the critical F-ratio is 2.60. Since the calculated F-ratio is greater than the critical F-ratio, the null hypothesis is rejected [F(3,1197)=3.86;p<.05]. This means that school counselors of different working experience in Southwest Nigeria differed significantly in their perceptions of family therapy as panacea to empty nest syndrome.

**Hypothesis Four:** School Counsellors of different educational background do not differ significantly in their perception of family therapy as panacea to empty nest syndrome

**Table 6:** Summary Table of Analysis of Variance of School Counsellors’ Perception on Family Therapy as Panacea to Empty Nest Syndrome based on Educational Background.

Source of Variance	Sum of Squares	Degree of Freedom	Mean Squares	Calculated f-ratio	Critical F-ratio
Between Group	5082.51	3	1694.17	3.09*	2.60
Within Group	654892.74	1196	547.57		
Total	659975.25	1199			

*Significant; p < 0.05*

**Source:** Field work (2023)

Results in Table 6 shows that the calculated F-ratio is 3.09, while the critical F-ratio is 2.60. Since the calculated F-ratio is greater than the critical F-ratio, hypothesis four is rejected [F(3,1196)=3.09;p<.05]. This means that school counselors in Southwest Nigeria of different educational background differed

significantly in their perception of family therapy as panacea to empty nest syndrome.

#### 4. Discussion of Results

Results of hypothesis one revealed that male and female school counsellors in Southwest Nigeria do

not differ significantly in their perception of Family Therapy as panacea to empty nest syndrome. This result does not find corroboration in the works of Ayena, Olanrewaju and Ogunlade (2022) who reported that male and female retirees employed social intelligence to overcome empty-nest syndrome differently in Southwest Nigeria. The differences observed in the two results may not be unconnected to the different treatments employed in the two studies.

Results of hypothesis two revealed that school counselors of different religion in Southwest Nigeria differed significantly in their perceptions of family therapy as antidote to empty nest syndrome. This result does not find corroboration in the works of Ayena, Olanrewaju and Ogunlade (2022) who reported that retirees of different religious affiliations do not employ social intelligence to overcome empty-nest syndrome differently. The disparity observed in the two results may not be unconnected to the different respondents employed in the two studies.

Results of hypothesis three revealed that school counselors of different working experience in Southwest Nigeria differed significantly in their perceptions of family therapy as panacea to empty nest syndrome. This result does not find corroboration in the works of Ayena, Olanrewaju and Ogunlade (2022) who reported that retirees of different age group do not employ social intelligence to overcome empty-nest syndrome differently. The differences observed in the two results may not be unconnected with the different moderating variables employed in the two studies.

Results of hypothesis four revealed that school counselors in Southwest Nigeria of different educational background differed significantly in their perception of family therapy as panacea to empty nest syndrome. Whereas, Ayena, Olanrewaju and Ogunlade (2022) reported that retirees of different age group do not employ social intelligence to overcome empty-nest syndrome differently. The differences in the two results may not be unconnected with the different moderating variables employed in the two results

## 5. Conclusion

This study concluded that school counselors in Southwest Nigeria unanimously agreed that family therapy could be a veritable tool in handling empty nest syndrome. The study also concluded that school counsellors of different religious background, different working experience and different

educational background in Southwest Nigeria do not agree unanimously in their choice of family therapy as an antidote to empty nest syndrome. No doubt, school counselors are experts in using different approaches and therapies in handling various challenges that humans are facing in their daily livelihood.

## 6. Recommendations

This study recommended the use of family therapy and other approaches and therapies that may be appropriate in handling empty-nest syndrome. Hence, an eclectic approach that will be able to employ all forms of approaches as at when due is recommended since empty nest syndrome is always associated with many types of challenges including strained relationships between family members, stress, anger, communication issues, physical or emotional trauma, coping with acute or chronic illness of a family member such as multiple sclerosis, cancer, stroke, chronic pain or an autoimmune disease, the death of a loved one and grief, divorce or romantic relationship issues and coping with sudden changes, such as unemployment, moving or incarceration.

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