



An Empirical Analysis of Bibliotherapy and Self-Management Technique as a Tool for Life Satisfaction

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Abstract. Growing old is not has fun as you can imagine, often times aging brings is accompany with health problems, Financial issues and decreasing functional capacity which may affect the quality of life of the elderly. This study thus, examined the therapeutic effect of Bibliotherapy (BT) and Self-Management techniques on life satisfaction of the elderly. It further investigated the moderating effects of emotional intelligence on the dependent variable. A pretest-posttest, control group, quasi-experimental design with a3x3 factorial matrix was adopted. Ninety-three elderly (67 males and 26 females) were randomly selected from the three senatorial districts in Ondo State. Participants were randomly assigned into two treatment conditions (SM and BT) and control group. The training programmer lasted for eight weeks. Two research instruments were used; Satisfaction with Life Scale ($\alpha=0.74$) and Emotional Intelligence Scale ($\alpha = 0.93$). Three hypotheses were tested at $\alpha=0.05$

level of significance. Data were analysed using Analysis of Covariance. The result revealed that there was a significant main effect of treatments on life satisfaction ($F_{(2, 75)} = 598.1, \eta^2 = 0.941$) of retirees. Further findings and implications of findings were discussed.

Keywords: Bibliotherapy, self-management, life satisfaction, emotional intelligence, elderly

1. Introduction

Aging is a dominant universal phenomenon that will pose social and welfare challenge to developing countries in the near future (Organization, 2012). According to Nations (2001) there is constant increase in the percentage of elderly people living in developing countries. There are about 554 million elderly people living in developing nations of the world, this is five times higher than what it was in 1950. The number of

elderly people living in developing countries has been forecast to triple by 2050 to a total of 1.6 billion people. Although the speed of population change in developed countries is significant, it is lower than that of developing countries. In develop countries, increase in elderly population leads to new opportunities, this is because People live long, healthier lives and are able to work for more years (Bloom, Boersch-Supan, McGee, & Seike, 2011).

In a developing country like Nigeria the aging process as not been an easy one as the society is not well equipped to assist the elderly in managing the several ageing-related stressors that are associated with aging, which can be biological, social and economical. In Nigeria, many older people reach retirement age after a lifetime of poverty and deprivation, poor access to health care and poor dietary intake is a common phenomenon with this group of people in most part of Nigeria (Ibitoye, Sanuade, Adebowale & Ayeni, 2016). These situations leave them with insufficient personal savings and poor psychological outcomes (Charton & Rose, 2001; Kimokoti & Hamer, 2008).

The increasing problems associated with ageing are attributed to modernization and its attendant undermining of family structure and lineage systems (Jiloha, 2009). Research has further shown that there is an inverse relationship between modernization and family support for the elderly (Jiloha, 2009; Ting, 2012). The National Population Commission census report (2006) showed that the number of the elderly is increasing in Nigeria and higher in the rural areas which are already beset by poverty and poor health conditions. This group of people are no longer active in service has aging is usually characterised by retirement from active service form both public and private

sector. The lack of adequate and effective retirement scheme in Nigeria has impeded the ability of the elderly to care for themselves. Because of their decreased functional abilities and heightened vulnerability, elderly require significant care and support. The needs of elderly should be assessed in physical, social and psychological aspects (Babapour, Raheb, & Eglima, 2014). However this is not always the case in Nigeria. The lack of adequate support would have adverse effects on their self-worth and well-being and consequently increase the risk of psychological distress (Jung, Muntaner & Choi, 2010). The absence of psychological support, presence of chronic diseases, family conflicts are factors that lead to depression among the elderly.

According to Eckert and Lambert (2002), the psychological and emotional needs of older elderly have been virtually ignored far too long, they further purported that by the year 2020, depression will be the second most disabling disease for the elderly if adequate support is not provided. From research finding, it is clear that the elderly are gradually becoming one of the most disadvantage groups of people owing to the constraints of failing health, loss of love ones and financial problems, which may affect their quality of life, therefore there is need for research to focus on more ways and identify best method to improve their quality of life, which will have overall effect on their life satisfaction. In recent times researchers (Jiloha, 2009, Ibitoye et al, 2016, Gureje & Oyewole 2006, Gureje, Kola, Afolabi & Olley 2008) have theoretically and empirically examined factors that affect the life satisfaction of the elderly, but very few studies have made effort in providing solution to enhancing this psychological variable in the life of the elderly. However this study therefore intends to fill this gap by

examining the effect of bibliotherapy and self-management technique in improving the life satisfaction of the elderly.

Bibliotherapy is the treatment of psychological or emotional problems through the use of selected reading materials (Russell, 2012). This therapeutic approach works by presenting individuals with material that teaches them that they are not alone and that their emotional responses are perfectly normal (Russell, 2012). This unique therapy has gained more attention and recognition over the years. McCarty and Chalmer (1997) stated that bibliotherapy refers to using books in a way that is therapeutic in order to help individuals work through their crisis. It is the use of literature to produce behavioural change and promote positive personality growth and development. When practiced, bibliotherapy has a psychological effect on the human brain.

Over the years Bibliotherapy has proved it worth in effectively solving several problems, Mood disorder (Yontz-Orlando 2017; John, William, Nicola & Navjot, 2010; Yaun, 2018; Scogin, Welsh, Hanson, Stump & Coaste, 2005) Behaviour Reformation (Billington, 2011) Substance abuse (Apodaca & Miller, 2003; Ward, Bejarano & Allred, 2016) Anxiety Disorder (Sharp, Power & Swanson, 2000; Main & Scogin, 2003.; Reeve & Stace 2005; Newman, Erickson, Przeworski & Dzus 2003), Eating Disorder (Bailer et al 2004; Carter, Olmstead, Kaplan, McCabe, Mills & aime, 2003 , Ghaderi, 2006) and Psychological wellbeing (Schechtman, 2006, Oke, 2014, Oke & Adenegan 2015). Given to its popularity and effectiveness globally, enhance the need to explore its effectiveness in improving life satisfaction of the elderly.

Self-management can be defined and explained with several terms depending on the context and focus of usage. It is presumed to take place when the individual participates in treatment or certain type of activities such as individual treatment, group education, behavioural therapy and case management theory. It is a treatment intended to bring about specific outcomes, which combines biological, psychological and social intervention techniques with a goal of maximum processes (Adegun & Oke 2016). It involves applying behavioural principles to manage an individual's behavioural deficiency in an attempt to promote desirable changes. It demands an individual exerting a level of control over some aspects of his or her decision-making and selected behaviours. This involves the self-directed implementation of strategies in which antecedent and consequences of target behaviour are modified, making the latter more or less likely to occur in the future, depending on the goals of the intervention (Mihternberger, 2001). There are varieties of self- management technique procedures (Nelson, Smith, Young, & Dodd, 1991; Evans & Sullivan, 1993). These are self-monitoring, self- reinforcement, self-evaluation and self-instruction.

Studies have found that self-management techniques can foster independent growth and development of people's social skills (Fish & Mendola, 1986). It has further been identified to be effective in a variety of settings and with a variety of people. For instance, at the home or in the classroom (Cole & Bambara, 2000) to target academic and behaviour problems, even with behaviour disordered (Nelson, Smith, Young & Dodd, 1991), learning-disabled (Reid & Harris, 1993), and emotionally disturbed people (Oke, 2014.; Oke & Adenega, 2014; Shechtman, 2006; Shechtman & Nirshfir, 2008, Toney, Kelly & Lancios; 2003).

Life satisfaction is a complex phenomenon that is not easy to understand, various attempts have been made by researchers in the past to define life satisfaction. Neugarten, Havighurst and Tobin (1961) refer to life Satisfaction as an operational definition of successful aging. According to Sumner (1966) it is a positive evaluation of the conditions of one's life, a judgment that at least on balance; it measures up favourably against ones standards or expectations. Diener, Oishi and Lucas (2009) conceived of it as a positive or negative perception in terms of life events, which makes the individual more enthusiastic and euphoric or more discontent and unhappy. Simply put life satisfaction is an overall assessment of feelings and attitudes about one's life at a particular point in time ranging from negative to positive. It is a major indicator of well-being.

Gureje et al (2008) conducted a research among Nigerian elderly on factors that influence their quality of life, their result showed that economic/ financial status is the most consistent predictor of life satisfaction, health variables, functional disability and self-rated overall health were the most salient. Participation in community activities was the most consistent social predictor. As a group, social factors, especially those relating to social support and participation, were the strongest determinants of life satisfaction.

Life satisfaction is influenced by external and internal factors, for an individual to be satisfied with life, there is need for evaluation of emotional and rational relationships positively (Diener, 2000; Kuppens, Realo and Diener, 2008). When an individual is able to do this and draw positive emotion from it, such individual is happier and develops better social relations, health, infrastructure and leisure (Comis and

Pinto, 2014). However, individuals who are dissatisfied with their conditions are more likely to have low self-esteem, anxiety, fear and frustration (Lipovetsky, 2007).

Kuppens, Realo and Diener, (2008) further explains that for an individual to experience life satisfaction such a person must have receive support from a series of life experiences, such as emphasizing the positive things in life, working in an area that one enjoys, taking care of one's finances, having relationships with happy people, overcoming negative events and learning from them, and being involved in pleasurable activities that enhance one's positive view of life. However, life satisfaction is a subjective feeling that defers from one person to another since it is based on individual perception.

A dissatisfied elderly is likely to develop physical and emotional dysfunction. Physical problems are related to higher indices of obesity or anorexia, hypertension, headaches, insomnia and low immunity; psychological problems include increased irritability, impatience, apathy, emotional distance, loss of professional enthusiasm and, as a result, financial problems (Nunes, 2014).

Since it can be assumed that different variables are responsible for behavioural differences and individual approaches to life at every point, this study will examine the moderating effect of emotional intelligence (EI) on life satisfaction. Emotional intelligence is often defined as the ability to perceive and express emotion, assimilate it in thought, understand and reason with emotion, and regulate emotion in the self and others (Mayer & Salovey, 1997). Akinboye (2006) described emotion to be powerful energies in motion driven by complex bioenergetics forces, accompanied by mental activities, increased heart rate

variability and rhythms, physiological changes, strong feelings, somatic arousals and production of neuropeptides at the cellular levels. Emotions simply put describe energetic momentums accompanied by strong feelings and transmitted by peptides and their peptide receptors (Akinboye, 2006)

Research has shown that higher levels of EI could be especially beneficial to an individual and to his/her organisation. For example, emotionally intelligent individuals have abilities such as being able to persist in frustrating situations, motivating oneself, managing impulses, postponing gratification, regulating one’s moods, and being able to hope and empathise (Goleman, 2006). An individual with high levels of EI is able to “identify, understand, experience, and express human emotions in a healthy and productive way” (Justice & Espinoza, 2007). Research findings also show that EI is positively related to other forms of intelligence (Ashkanasy & Daus, 2002; Gardner, 2005; Ogoemeka 2011; Animashaun, 2014). Emotional intelligence operates across both the cognitive and emotional systems.

3. Methodology

3.1 Research Design

This study employed a pre-test, post-test and control group quasi experimental design using a 3x3 factorial matrix.

Table 1: A 3x3 Factorial Matrix for the enhancement of life satisfaction.

Treatment	Emotional Intelligence			Total
	High Emotional intelligence	Moderate emotional intelligence	Low Emotional intelligence	
Self-Mgt. Technique	n=11	n=10	n=10	n=31
Bibliotherapy	n=10	n=10	n=9	n=29
Control group	n=11	n=10	n=12	n=33
Total	n=32	n=30	n=31	n=93

The import of this study is the need to enhance elderly life satisfaction for them to appropriately cope with the everyday challenges that comes with this phase of life. Therefore this study examined the effects of self-management and bibliotherapy techniques on life satisfaction of the elderly. Specifically, the study investigated which of the two therapy (self-management and bibliotherapy techniques) is more potent in the management of life satisfaction .It also ascertained the moderating effect of emotional intelligence on life satisfaction.

2. Research Hypothesis

- There is no significant main effect of treatments on life satisfaction of the elderly.
- There is no significant main effect of emotional intelligence on life satisfaction of elderly.
- There is no significant interaction effect of treatment and emotional intelligence on life satisfaction of elderly.

3.2 Sample and Sampling technique

The study made use of multistage and purposive random technique to select the sample. There are 18 local governments in Ondo state, these was grouped into three zones according to the three senatorial districts in Ondo State (Ondo North, Ondo Central and Ondo North). Simple random sampling was employed to select a L.G.A each from the senatorial district. Purposive sampling method was further used to select forty participants from each of the three local governments earlier selected. In all, 120 retired elderly served as participants in the study. The participants comprised of 67 males and 26 females. 27 participants could not complete the programme due to subject mortality. Thus, 93 participants concluded the programme.

3.3 Instrumentation

The study made use of two standardised instruments as follows:

- (i) Emotional intelligence Scale (EIS) by Schutte, Marlowe, Hall, Harggerty, Cooper, Golden, and Dornheim (1998)
- (ii) The satisfaction with Life scale (SWLS) by Diener, Emmons, Larsen and Griffin (1985)

3.4 Emotional Intelligence Scale (EIS)

The Emotional Intelligence Scale (EIS) developed by Schutte, Marlowe, Hall, Harggerty, Cooper, Golden and Dornheim (1998) assesses emotional intelligence (EI) emotions in self and others, regulations of emotions in self and others and utilisation of emotion in solving problems. It is designed to help people label their feelings rather than labelling people or situations. The EIS has demonstrated high internal consistency with Cronbach's scores ranging from 0.87 to 0.90 and a two-week test-retest reliability coefficient of 0.78 (Schutte et al., 1998). The instrument has been successfully used by different researchers (Salami & Ogundokun 2009; Adeyemo & Ogunyemi, 2005). The researcher conducted a pilot study in order to revalidate the instrument. A coefficient alpha of 0.92 was got. The EIS was scored on a 5-point Likert scale ranging from Strongly Disagree to Strongly Agree. The test-retest method was used with two weeks interval. Coefficient of 0.93 was yielded by the scale {EL}

3.5 Satisfaction with Life Scale (SWLS)

The satisfaction with Life scale (SWLS) is a measure of life satisfaction developed by Diener, Emmons, Larsen and Griffin (1985). It is designed to evaluate a person's judgement of their life satisfaction dependent upon comparison with their life circumstances as compared to their life standard (Pavot and Diener, 1993). It has been shown to have good inter-reliability and temporal stability. A coefficient alpha of .87 and a 2-month test-retest stability Coefficient of .82 were reported (Pavot and Diener, 1993). Each item in this scale was placed on a 4-point scale ranging from Extremely Dissatisfied, Dissatisfied, Satisfied and Extremely Satisfied. In this study the instrument was trial tested by the researcher using 50 elderly. The test-retest method was used with two weeks interval. Coefficient of 0.74 was yielded by the scale (SWLS).

3.6 Procedures for Treatment Packages

The researchers collected letter of introduction from the Department of Guidance and counselling university Ibadan, Ibadan to the Chairman of Ondo State Pensioners. Permission was obtained from the State chairman to conduct the research on members and the researcher was introduced to three local government chairmen/ coordinators selected for this programme out of 18 local governments in the State. The treatment programme went on for eight weeks of forty five minutes per session.

At the recruitment stage, retirees from 65+ age above were selected, the researchers met the retirees at their venue of their monthly meetings and was introduced by the chairmen of the three local governments used in this study. The researchers explained what the study was about, focussing on the objectives, duration and mode of operation. The participants who met the criteria for participation were identified and were invited for training programme. Thereafter, emotional intelligence scale and satisfaction with life scale were administered to the experimental groups and the control on the first day of training.

The treatment was done on weekly basis on a fixed day in conjunction with the participants to ensure their availability. The training programmes lasted for eight weeks. Each of the treatment session spanned forty five minutes. At the end of the intervention programmes, satisfaction with life scale was re-administered and post-test scores were collected.

3.7 Data Analysis

Analysis of Covariance (ANCOVA) was used to test the research hypotheses to determine the significance of the hypotheses

4. Result

Table 2: A 3x3 Analysis of Covariance (ANCOVA)

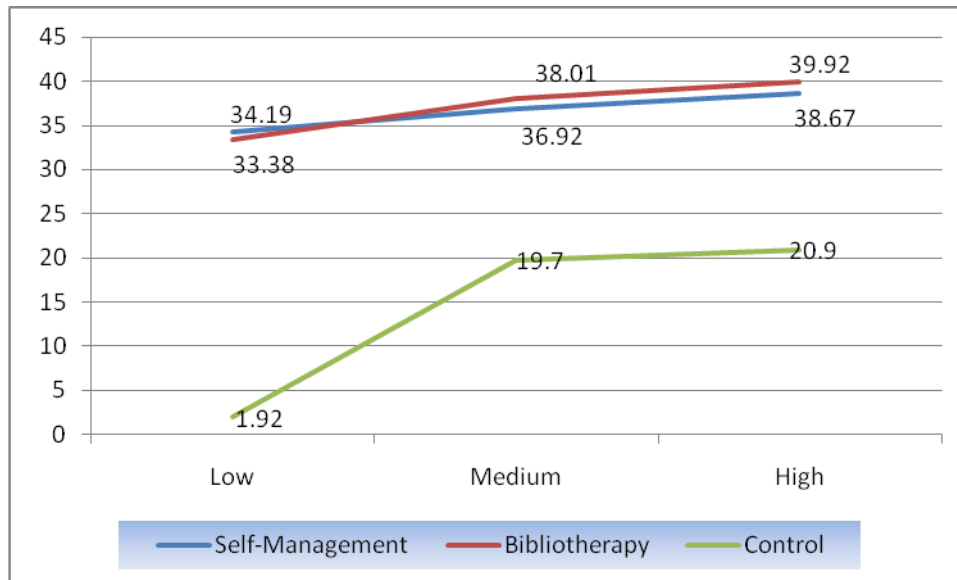
Source	Sum of Squares	DF	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	7427.682 ^a	17	436.922	200.739	.000	.978
Intercept	107.255	1	107.255	49.277	.000	.397
Prels	44.383	1	44.383	20.391	.000	.214
Treatment	2603.593	2	1301.797	598.096	.000	.941
Emotional Intelligence	92.086	2	46.043	21.154	.000	.361
2-ways interaction Treatment * E.I	36.341	4	9.085	12.312	.004	.182
Error						
Total	163.243	75	2.177			
Corrected Total	97585.000	93				
	7590.925	92				

R Squared = .978 (Adjusted R Squared = .974)

Table 3: Pairs-wise comparison (Bonferroni) of the adjusted Y-means showing the main effect of treatment on life satisfaction scores.

(I) intervention	(J) intervention	Mean Difference (I-J)	Std. Error	Sig. ^b
control group	experimental group 1	-16.514 ^{*,a}	.473	.000
	experimental group 2	-16.732 ^{*,a}	.500	.000
experimental group 1	control group	16.514 ^{*,c}	.473	.000
	experimental group 2	-.218	.452	1.000
experimental group 2	control group	16.732 ^{*,c}	.500	.000
	experimental group 1	.218	.452	1.000

Figure 1: A Line graph of the interaction effect of treatment and emotional intelligence on life satisfaction



5. Discussion

The result of hypothesis one as presented in Table1 reveals a significant main effect of treatments on life satisfaction of retirees; $F(2,75)= 598.096, p<.001$. The table also shows that the differences between the groups had large effect on their life satisfaction test score. That is, the group’s differences account for 94.1% (Partial Eta=.941) in the variation of their life satisfaction test score. This implies that self-management and bibliotherapy techniques were effective in enhancing life satisfaction of retirees’

To further understand where the differences lie the Pairs-wise comparison of the adjusted Y-means was computed. The pair-wise comparison further revealed that after controlling for the influence of pre-life satisfaction, experimental group 2 (Bibliotherapy) (mean= 36.817) displays the highest life satisfaction score above experimental group 1 (self- management) (mean=36.600) and control group (mean=20.00). This implies that bibliotherapy intervention (mean difference= 16.514) accounts for more increase in life satisfaction of retirees than

self-management intervention (mean difference=.218), suggesting bibliotherapy intervention is more effective. The coefficient of determination (Adjusted R Squared=.974) overall implies that the differences between the groups account for 97.4% in the variation of elderly life satisfaction. This shows that the two experimental groups were superior to the control group while bibliotherapy was superior to self-management technique in enhancing life satisfaction. This outcome is evidence that the life satisfaction of the elderly can be enhanced using the two treatment modalities.

This outcome is evidence that the life satisfaction of retirees can be enhanced using the two treatment modalities. This finding is in consonance with those of prior researchers [Pardeck, 1990; Kramer, 1999; Ciancioco, 1965; Herbert and Furner, 1997; Glomb and West, 1990; Olympia, Sheridan, Jenson and Andrew, 1996; and Carrington, Leherer and wittensrom, 1997). These studies had earlier established the efficacy of self-management and bibliotherapy techniques. Barlow, Wright, Sheasby, Turner, and Hainsworth (2002) explained that self-management refers to the individual's ability to manage the symptoms, treatment, physical and psychosocial consequences and lifestyle changes inherent in living with a chronic condition. Self-management encompasses ability to monitor one's condition and to affect the cognitive, behavioural and emotional responses necessary to maintain a satisfactory quality of life. Thus a dynamic and continuous process of self-regulation is established.

Observably, from the result of the study, bibliotherapy is more effective in enhancing life satisfaction of retirees. Many elderly resort to the use of literature to eradicate loneliness and desperation. Most often they

engage in reading of books, newspapers and other literature to keep them active and alert. The fact that they enjoy reading may likely be the reason why bibliotherapy was more effective than self-management in enhancing their life satisfaction.

Hypothesis two was also rejected, as Table 1 showed a significant effect of emotional intelligence on life satisfaction. The finding of this result is in collaboration with the findings of Palmer, Donaldson, and Stough (2002). They examined the relationship between EI and life satisfaction. To determine the nature of this relationship, personality constructs known to predict life satisfaction were also assessed (positive and negative affect). Emotional intelligence was found to significantly correlate with life satisfaction. Subsequent analyses reveal that only the clarity sub-scale accounted for further variance in life satisfaction not accounted for by positive and negative effect. This finding provides further evidence that components of the EI construct account for variance in this important human value not accounted for by personality. Gignac (2010) noted that general EI factor is a potential incrementally predictive, predictor of life satisfaction. The results demonstrated that a general EI factor was associated with life satisfaction.

The third hypothesis was also rejected as significant interaction effect was found between treatment and emotional intelligence on life satisfaction. The results also indicate that the participants with high EI did better than those with moderate and low EI in the treatment groups. This result is in agreement with the work of Goldbeck, Schmitz, Besier, Herschbach & Henrich (2007). Life-satisfaction is commonly referred to as the cognitive and personal assessment of general quality of life and is based on unique or personalised criteria that vary among individuals. This cognitive

comparison of various criteria results in one's general satisfaction with life is supported by previous researches. Diener et al. (1985) assert that an overall assessment of subjective life satisfaction is attainable, allowing individuals to weigh various domains in whatever way they choose and derive a subjective perception of life satisfaction. Social sciences' have defined the concept of life satisfaction as assessment of the overall conditions of existence as derived from a comparison of one's aspirations to one's actual achievements. Older adults reported that spending time in leisure activity is positively associated with physical health, psychological well-being and life satisfaction.

The probable explanation for this may be that emotionally intelligent individuals have abilities such as being able to persist in frustrating situations, motivating oneself, managing impulses, postponing gratification, regulating one's moods, and being able to hope and empathise. Elderly with high levels of EI are able to identify, understand, experience, and express human emotions in a healthy and productive ways. Previous research (Kolachina, (2014; Salami, 2010; Salami & Ogundokun, 2009; Telbani, 2014; Animashaun, 2014) findings also indicated that EI is positively related to other forms of intelligence, which may influence life satisfaction. Peradventure, the aforementioned was the reason for the interaction effect of treatment and emotional intelligence on life satisfaction.

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