

- 5 OCT 2000



**THE EFFECTS OF GROUP PROCESS ON SELF-ESTEEM IN  
THE ELDERLY AT THAMMAPAKORN HOME FOR THE  
AGED, AMPHOE MUANG, CHIANGMAI PROVINCE**

**THIDARAT SRISUKHO**

อธิษัณนทนาการ

จาก

บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT  
OF THE REQUIREMENTS FOR  
THE DEGREE OF MASTER OF SCIENCE  
(CLINICAL PSYCHOLOGY)  
FACULTY OF GRADUATE STUDIES  
MAHIDOL UNIVERSITY**

**2000**

**ISBN 974-664-580-3**

**COPYRIGHT OF MAHIDOL UNIVERSITY**

Copyright by Mahidol University

TH

TH ๒๕๔๑

๒๐๐๐ 45473 C 2

Thesis  
entitled

**THE EFFECTS OF GROUP PROCESS ON SELF-ESTEEM IN  
THE ELDERLY AT THAMMAPAKORN HOME FOR THE  
AGED, AMPHOE MUANG, CHIANGMAI PROVINCE**

*Thidarat Srisukho*

.....  
Miss Thidarat Srisukho  
Candidate

*Sucheera Phattharayuttawat*

.....  
Asst. Prof. Sucheera Phattharayuttawat,  
M.Ed., Cert of Computer (U.S.A.), Ph.D  
Major-advisor

*Thienchai Ngamthipwattana*

.....  
Asst. Prof. Thienchai Ngamthipwattana,  
M.D., Dip Thai Brd Psych.  
Co- advisor

*Liangchai Limlomwongse*

.....  
Prof. Liangchai Limlomwongse, Ph.D.  
Dean  
Faculty of Graduate Studies

*Kanokrat Sukhatunga*

.....  
Assoc. Prof. Kanokrat Sukhatunga,  
M. Ed., M.Sc.  
Chairman  
Master of Science Programme in  
Clinical Psychology  
Faculty of Medicine Siriraj Hospital

Thesis  
entitled

**THE EFFECTS OF GROUP PROCESS ON SELF-ESTEEM IN  
THE ELDERLY AT THAMMAPAKORN HOME FOR THE  
AGED, AMPHOE MUANG, CHIANGMAI PROVINCE**

was submitted to the Faculty of Graduate Studies, Mahidol University  
for the degree of Master of Science (Clinical Psychology)

on  
23 August, 2000

*Thidarat Srisukho*

.....  
Miss Thidarat Srisukho  
Candidate

*Sucheera Phattharayuttawat*

.....  
Asst. Prof. Sucheera Phattharayuttawat,  
M.Ed., Cert of computer (U.S.A.), Ph.D.  
Chairman

*Yajai Sitthimongkol*

.....  
Asst. Prof. Yajai Sitthimongkol,  
Ph.D.  
Member

*Thienchai Ngamthipwattana*

.....  
Asst. Prof. Thienchai Ngamthipwattana,  
M.D., Dip Thai Brd Psych.  
Member

*Liangchai Limlomwongse*

.....  
Prof. Liangchai Limlomwongse, Ph.D.  
Dean  
Faculty of Graduate Studies  
Mahidol University

*Chanika Tuchinda*

.....  
Prof. Chanika Tuchinda, M.D., M.S.,  
F.A.A.P., Dip Amer Brd Pediatr.,  
Dip Thai., Brd Pediatr.  
Dean  
Faculty of Medicine Siriraj Hospital  
Mahidol University

## ACKNOWLEDGEMENT

This research could not have been done without the assistance of many people. I wish to express my appreciation to the following: my advisor, Asst. Prof. Dr. Sucheera Phattharayuttawat, whose guidance and support were essential through out the process of this research; Asst. Prof. Dr. Thienchai Ngamthipwattana and Asst. Prof. Dr. Yajai Sitthimongkol, my co-advisor who provided feedback and recommendations to improve the research. The researcher sincerely their full support. I would like to thanks Mrs. Pimmas Tapanya, Mrs. Summana Pisollayabuth, Miss Supin Pornbhipathkul, and Miss Suchitra Utsaha for their consultation and approving my instruments. I equally grateful to Dr. Pius M. Kimomdollo, a very enthusiastic editor.

A special thank to the director of Thammapakorn Home for the Aged, social worker, as well as the elderly who have yielded abundant cooperation in the experiment and data collection.

Finally, last but not least, my parents who are not only give me life but also support and encouragement of my research. I also thank all my classmates and friend whose names are so many that I cannot list them all who have backed up my confidence to complete this research.

Thidarat Srisukho

**3836880 SICP/M : MAJOR : CLINICAL PSYCHOLOGY; M.Sc.  
( CLINICAL PSYCHOLOGY )**

**KEY WORDS : GROUP PROCESS / SELF-ESTEEM / ELDERLY**

**THIDARAT SRISUKHO: THE EFFECTS OF GROUP PROCESS ON SELF-ESTEEM IN THE ELDERLY AT THAMMAPAKORN HOME FOR THE AGED, AMPHOE MUANG, CHIANGMAI PROVINCE. THESIS ADVISORS: SUCHEERA PHATTHARAYUTTAWAT, Ph.D., THIENCHAI NGAMTHIPWATTANA, M.D., YAJAI SITTHIMONGKOL, Ph.D. 105 p. ISBN 974-664-580-3**

This study employed a quasi-experimental design focused on the effects of group process on self - esteem in the elderly at Thammapakorn Home for the Aged, Amphoe Muang, Chiangmai province. The subjects of the study were elderly who lived at Thammapakorn Home for the Aged. Twenty-four subjects were chosen by purposive selection according to inclusive criteria. They were divided into an experimental group and control group, each consisting of 12 subjects. The experimental group participated in a group process following the program one to one and a half hours, two session per week for 4 weeks. The control group received the usual daily activities similar to other elderly at Thammapakorn Home for the Aged. The research instrument was the group process program. Data collection instruments consisted of 1) demographic data, 2) the Rosenberg's Self- Esteem Scale. The subjects of both groups were interviewed to complete all questionnaires for a pre-test and post-test. Data were analyzed including frequency, percentage, mean, standard deviation and t-test were used to test hypothesis.

The findings of this study revealed that after participating in the group process program; 1) the mean self-esteem scores of the experimental group before and after participating in the group process were significantly different ( $p < .000$ ). 2) the mean self-esteem scores of the control group before and after the experiment were not significantly different ( $p < .632$ ). 3) the mean self-esteem scores of the experimental group were significantly different from those of the control group ( $p < .000$ ).

These results of this study indicated that the group process program for promoting self-esteem in the elderly should be used as a guideline for other elderly care programs. A comparison of the effect of group process and other kinds of group programs should be conducted in order to establish levels of self-esteem in the elderly.

3836880 SICP/M : สาขาวิชา : จิตวิทยาคลินิก; วท.ม. (จิตวิทยาคลินิก)

ธิดารัตน์ ศรีสุโข : ผลของการใช้กระบวนการกลุ่มต่อการเห็นคุณค่าในตนเองของผู้สูงอายุ  
ในสถานสงเคราะห์คนชราบ้านธรรมปกรณ อำเภอมือง จังหวัดเชียงใหม่ (THE EFFECTS OF  
GROUP PROCESS ON SELF-ESTEEM IN THE ELDERLY AT THAMMAPAKORN HOME  
FOR THE AGED, AMPHOE MUANG, CHIANGMAI PROVINCE). คณะกรรมการควบคุมวิทยานิพนธ์ : สุชีรา ภัทรายุตวรรตน์, Ph.D., เขียรชัย งามทิพย์วัฒนา, M.D., ยาใจ สิริทิมงคล, Ph.D. 105  
หน้า. ISBN 974-664-580-3

การวิจัยครั้งนี้เป็นการวิจัยกึ่งทดลอง เพื่อศึกษาผลของการใช้กระบวนการกลุ่มต่อการเห็น  
คุณค่าในตนเองของผู้สูงอายุในสถานสงเคราะห์คนชราบ้านธรรมปกรณ อำเภอมือง จังหวัด  
เชียงใหม่ กลุ่มตัวอย่างคือ ผู้สูงอายุที่อาศัยอยู่ในสถานสงเคราะห์คนชราบ้านธรรมปกรณ จำนวน  
24 คน โดยคัดเลือกตามคุณสมบัติที่กำหนดไว้ และได้แบ่งกลุ่มตัวอย่างออกเป็น กลุ่มทดลองและ  
กลุ่มควบคุม กลุ่มละ 12 คน โดยใช้วิธีการสุ่มตัวอย่างแบบง่าย กลุ่มทดลองจะได้เข้าร่วมกระบวนการ  
กลุ่มตามโปรแกรมที่ผู้วิจัยสร้างขึ้น สัปดาห์ละ 2 ครั้ง ใช้เวลาครั้งละ 1.30 ชั่วโมง เป็นเวลา  
4 สัปดาห์ ส่วนกลุ่มควบคุมได้ปฏิบัติตามกิจกรรมตามปกติของสถานสงเคราะห์ เครื่องมือที่ใช้ใน  
การวิจัยคือ โปรแกรมกระบวนการกลุ่ม เครื่องมือที่ใช้ในการเก็บรวบรวมข้อมูลคือ แบบสำรวจข้อ  
มูลส่วนบุคคลของผู้สูงอายุ และแบบวัดการเห็นคุณค่าในตนเอง วิเคราะห์ข้อมูลโดยคำนวณหา  
ความถี่ ค่าร้อยละ ค่าเฉลี่ย ค่าเบี่ยงเบนมาตรฐาน และการทดสอบที (t-test)

ผลการศึกษาพบว่า ภายหลังจากเข้าร่วมกระบวนการกลุ่ม 1) คะแนนเฉลี่ยการเห็นคุณค่า  
ในตนเองของผู้สูงอายุในกลุ่มทดลองแตกต่างไปจากก่อนการทดลองอย่างมีนัยสำคัญทางสถิติที่  
ระดับ .000 2) คะแนนเฉลี่ยการเห็นคุณค่าในตนเองของกลุ่มควบคุมไม่แตกต่างไปจากก่อนการ  
ทดลอง 3) คะแนนเฉลี่ยการเห็นคุณค่าในตนเองของกลุ่มทดลองแตกต่างจากกลุ่มควบคุมอย่างมีนัย  
สำคัญทางสถิติที่ระดับ .000

ผลการวิจัยนี้แสดงให้เห็นว่า กระบวนการกลุ่มสามารถเพิ่มการเห็นคุณค่าในตนเองของ  
ผู้สูงอายุได้ ดังนั้นสถานสงเคราะห์คนชราสามารถนำมาประยุกต์ใช้เพื่อเสริมสร้างการเห็นคุณค่า  
ในตนเองของผู้สูงอายุ และควรนำไปทดลองใช้กับผู้สูงอายุในสถานสงเคราะห์อื่นๆ หรือในชมรม  
ผู้สูงอายุต่อไป

## CONTENTS

	<b>Page</b>
<b>ACKNOWLEDGEMENT</b>	<b>iii</b>
<b>ABSTRACT</b>	<b>iv</b>
<b>CONTENTS</b>	<b>vi</b>
<b>LIST OF TABLES</b>	<b>viii</b>
<b>LIST OF FIGURES</b>	<b>ix</b>
<b>CHAPTER</b>	
<b>I. INTRODUCTION</b>	
Background and significance of the study	1
Hypotheses of the study	8
Definition of terms	9
Benefits of the study	10
<b>II LITERATURE REVIEW</b>	
Concept of aging	11
Self - esteem	23
Group process	35
Conceptual framework	43
<b>III METHODOLOGY</b>	
Sample	46
Instruments	47
Data collection	53
Data analysis	54
<b>IV RESULTS</b>	<b>55</b>
<b>V DISCUSSION</b>	<b>66</b>

## CONTENTS (CONTINUE)

	<b>Page</b>
<b>VI CONCLUSION</b>	74
The research benefits	76
The suggestion for further research	76
<b>BIBLIOGRAPHY</b>	78
<b>APPENDIX</b>	
A. List of expert for group process program and questionnaire validity	85
B. Research instruments	86
C. Data collection instrument	102
<b>BIOGRAPHY</b>	105

## LIST OF TABLES

<b>Table</b>	<b>Page</b>
1: Overview of the goals and objectives of the group process program	48
2: Number and percentage of the samples classified by sex, age, marital status and educational level.	56
3: Mean and standard deviation of self-esteem sub-scale of the experimental group before and after the experiment.	57
4: Mean and standard deviation of self-esteem sub-scale of the control group before and after the experiment.	59
5: Comparison of the difference of the mean self-esteem score of the experimental group before and after the experiment	61
6: Comparison of the difference in mean self-esteem score of the control group before and after the experiment	62
7: Comparison of the mean self-esteem score between the experimental group and the control group after the experiment.	63
8: Number and percentage of the participants' opinion on the group process program.	64

## LIST OF FIGURE

Figure	Page
1: Conceptual Framework of the Effects of Group Process on Self-esteem in the Elderly	45



## CHAPTER I

### INTRODUCTION

#### **Background and Significance of the Study**

Following the economic growth among the Association of Southeast Asian Nations, as well as the technological modernization and industrialization have initiated a profound structural change in the Thai population (Cowgill, 1972: 91 cited by Robinson & Rachpaetayakom, 1993: 58). The achievements of medical science in prolonging human life which has led to longer life span of the people, together with the decrease of fertility rate have resulted in a social phenomenon called the “aging” population. Results from the National Statistical Office, the population survey of 1997 showed that life expectancy of male increased to 69.9 and 74.9 in female. The Thai population aged 60 and above was 5.1 million or 8.4 percent of the country’s total population and is expected to reach 6.6 million in next ten years. Because of the increasing number and proportion of the elderly population, it is important to be concerned over them because each of them has the right to be treated and cared for with dignity and respect. They are also our early pioneers, explorers, and creators of the lifestyles that we now enjoy and which did not exist for the previous generations before them to experience.

Generally, a person is regarded as being in the "aging" life stage at age 60 years. The aging process involves the interaction between physical, psychological, and social changes, as well as adaptation throughout the life cycle. Many changes

associated with aging are usually recognized as a decline and deterioration of an individual's health. For example, a number of physiological changes involve a general slowing down of all organ systems due to a gradual decline in cellular activity. This is also a reduction in the ability to function due to loss of strength and efficiency. Reduced efficiency of movement is more troublesome for older people because it may lead to dependency on others or fear of dependency and eventually result in a diminished sense of competence. Other physical changes influence role opportunities for the aged. The society's expectation that the elderly people perform less competently than younger people limits role opportunities made available for them and may result in rolelessness. The general picture of the changes that occur to the aging body can cause most people to reduce their frequent interaction with older people. The consequences of these changes may decrease one's ability to perform activities in his or her daily living. These changes can also lead some elderly people to begin to question their worthiness and competence. This in turn can lower their level of self-esteem or lead to further unhappiness and despair.

The psychological changes, that occur to the elderly involves the interaction between the biological and psychological systems. For example, declining vision, memory, and attention span may force an individual to abandon his or her lifelong interest in reading and therefore, lead to boredom and depression (Barry, 1983: 8). Denial of the effects of decrement changes or poor judgment as a result of cognitive impairment results in situations in which the older person is prone to failure. Similarly, stressful events such as losing one's spouse, family members, friends and or developing a serious illness can influence a person's well being and are also major

factors contributing to reduced feeling of self-worth, decreased self-esteem, and one may exhibit increased depressive symptoms (Stuart, 1994: 17-18).

In the view of the social changes, the status of the elderly, especially following the modernization, has been declining rapidly. Old age is accompanied by role change, and often role loss. With the breakup of the extended family, the status of the elderly has suffered a sharp decline. The power and authority of the elders have diminished or reduced to those of basic providers of advice (Leete & Alam, 1993: 257-261). Old men and women are no longer the respected heads of the existing social unit. It is believed that the prestige of the elderly has declined in contemporary society because of their increase in number; the fragmentation of family networks, the replacement of traditional knowledge and value with new and ever changing technical knowledge; and an emphasis on practical efficiency (Hendricks & Hendricks, 1986: 53). With industrialization, people have higher education and are more individualized. Generation gap is so wide that family relationships has changed. Loss of decision-making, financial responsibility, shift of resources, and traditional control over to younger generation have lowered the status and role of the aged. As a consequence, their knowledge, experiences, and traditional skills have been devalued by the users of modern education and advanced technology. Inevitably, they have lost their self-esteem, honor, prestige, and dignity as people in the society continue to achieve higher levels of economic wealth (United Nations, 1996: 48).

Moreover, negative societal attitudes toward the elderly and the emphasis on the development of the idealized self have predisposed them to reduced self-esteem. If an elderly person's appearance and behavior is valued negatively by society as a

whole, he or she is more likely to internalized those values as well. These negative attitudes from the society contribute to lowered self-esteem of older persons (Matterson, 1996: 714). Also, stereotypical attitudes toward the elderly may result in premature judgments that have nothing to do with actual performance. These stereotypes seems to affect the elderly's confidence, and generally, the more the elderly believe in the stereotypes, the more they are likely to lower their self-esteem (Ward, 1977 cited by Stuart, 1994: 15).

The aforementioned changes that have occurred in recent years have had a tremendous impact on the elderly's individual life. Consequently, the aged have been severely affected to the extent that they have difficulties adapting themselves to the various changes. The literature review indicated that factors that attribute to aging are numerous and varied including, certain health symptoms, retirement, physical and mental deterioration, restriction in the choice of activities, change in the patterns of social communication, and illness or death of one's spouse (Victor, 1994: 74). These experiences or situations mentioned above may force a person to question his or her reasons for continued living and obviously add to the decline in self-esteem. Low self-esteem is often associated with the dependence that accompanies the declining of physical and mental capacities that are related to aging (Kozier, 1988: 424). Some elderly feel less important when they are more dependent on others. Loss of experiences, particularly those associated with aging, tend to create problems of low self-esteem in the older population. Retirement sometimes creates feelings of not being a productive member of the society. Therefore, the combination can be

especially hard on someone's coping with the aging process and self-esteem (Loyola University Health System, 1998: 1).

According to Meisenhelder (1985: 127), self-esteem is an essential element in an individual's mental and physical health. A positive self-esteem enables a person to be productive and responsive to others in healthy ways. It is a powerful tool to help one deal with life's ups and downs. A high self-esteem enables a person to develop and maintain warm interpersonal relationships with others and also help to resist psychological and physical illnesses (Kozier, 1988: 409). If self-esteem has decreased because of certain stressful events, the elderly will be more prone to mental and physical problems. Also, low self-esteem tends to generate depression and anxiety in an individual. Anxiety is a psychological alarm signal, warning of danger to the organism (Branden, 1987: 152).

The significance of self-esteem as was discussed above indicates for interventions that would contribute in improving and maintaining self-esteem in the elderly. Maintaining or improving one's self-esteem is the basic motivating force in human beings. People with high self-esteem are better able to meet environment demands than those with low self-esteem. There are many interventions that have been successfully applied to promote self-esteem. One way in which the elderly's self-esteem can be improved is by group process. Group process can be used to create a close bond and positive reinforcement among group members. When the group process is provided in sufficient time and with constructive sessions which reinforce individual's strengths and self worth, the individual group members can become significant others for each other's self-concept. Through this process, the

elderly receive social and intellectual stimulation through interaction with relatively healthy peers, by sharing experiences, creative expressions, remaining aware of their community, having a feeling of independence, self-sufficiency, and self-esteem (Murry, 1980 cited by Taff, 1985: 83). By participating in the group process, the members learn to accept their feeling through enhanced self-exploration, self-understanding, and self-acceptance which in turn foster self-esteem and self-confidence (Bloch, 1996: 303). The study finding by Parent & Whall (1984: 9) suggest that older adults who participate daily, weekly, and monthly in a group activity demonstrated a greater self-esteem score and a lower depression score.

For the Thai elderly, families have the duty to provide support for their aged parents. Most of the elderly live either in their own homes or those of their children. Results from a national survey of the elderly verified the pervasiveness of familial support of elderly, particularly from their children (United Nations, 1996: 12). A majority of the Thai elderly live with their children and only six percent of the population, aged 60 and over, were found living alone (National Statistical office, 1997: 13). Although the six percent is a small proportion to the whole population, it is a significant one. The elderly who are single or who are not living with their children are also in need of care and support which must be provided through other sources (Pongsapich, A., 1992: 359). Institutionalization in the form of Homes for the Aged was the kind of services for the elderly emphasized by the Department of Public welfare. Such services were hampered by budget and personnel constraints thereby resulting in inaccessibility by some targeted elderly groups (The Department of Public welfare, 1995: 15). However, regarding the views on proper living

arrangements for the elderly, most of them expressed the same opinion that, old people should live in the warmth of a home environment with their family rather than in a home for the aged. Only those who had no children, or grandchildren relied on the home for the aged (Wongsith, M., 1996: 45). Wongjanthra (1996: 5) pointed out that most of the elderly living in the home for the aged wished to have care, attention, and support from their adult children or grandchildren but for some economic reasons, they were prevented from doing so. Consequently, they experienced a feeling of alienation, powerlessness, loss of self-esteem, and loneliness.

Therefore, this study was designed to examine the effectiveness of group process in increasing self-esteem of the elderly living in the Home for the Aged. Only those elderly who had limited opportunity to access the available health services, social support, and were mentally capable were included in the study. Although it was well established that some of the elderly had a greater chance of receiving support from their children in various ways, such as living with the children and having children live nearby or within the same community but that was not the case with the group selected for this study. As Wongjanthra's (1996: 49-53) study finding on the elderly living at the Thammapakorn Home for the Aged has shown, the main needs of the elderly that were rated at high level included the psychological concerns and knowledge of self-adjustment. In addition, increased social isolation and mental rigidity were identified as behavior patterns used by the elderly in coping with their stress. In this connection, it could be concluded that one of the factors contributing to these patterns of behavior among the elderly is the feeling of powerlessness resulting from loss of self-esteem and hopelessness (Donelan, 1993 cited by Watana, P., In

United Nations. Ed., 1995: 48). This is a clear indication that the elderly living in the in Home for the Aged were at a risk of developing or having low self-esteem. A group process program can assist them in breaking out of their isolation and provide them with the opportunity for maintaining self-exploration, self-respect, and self worth, so that they can live a fully and meaningful life. In addition, this kind of intervention could help elderly people to walk through unstable situations confidently and happily. The group process program developed for this study, could be applied in the elderly's health centers or clubs which deal with the development, improvement, and maintenance of quality of life for the elderly population.

### **Purpose of the Study**

The purpose of the study was to examine the effects of the group process in improving self-esteem in the elderly who participated in the study.

### **Hypotheses of the Study**

These hypotheses were developed for this study. It was hypothesized that:

1. The mean self-esteem scores of the experimental group after the experiment were different from those before the experiment.
2. The mean self-esteem scores of the control group after the experiment were not different from those before the experiment.
3. The mean self-esteem scores of the experimental group were different from the control group.

## **Scope of the Study**

1. The sample in this study were the elderly who lived in the Thammapakorn Home for the Aged and had participated in the group process from the beginning until the end.

2. The variables in this study were :

2.1. The independent variables were:

2.1.1 Participation in the group process

2.1.2 Non – participation in the group process

2.2. The dependent variable was the self-esteem in the elderly.

## **Definition of Terms**

**Self-esteem** : means the positive or negative regard towards self based on evaluation of self-characteristics including, the feeling of self-satisfaction and self-acceptance. Self-Esteem can be measured using the Rosenberg's Self-Esteem Scale, developed by Rosenberg (1989).

**Group Process** : means the arrangement whereby the elderly participate in the group process for growth, a growth group type as described and initiated by Rogers (1970). In this program, the elements to foster group growth include; interpersonal relationships; collaborative work; exchange of ideas and experiences; and expression of feelings to each other. The program will be conducted by the researcher whose responsibility is to facilitate in the group process.

### **Benefits of the Study**

It is expected that the elderly would benefit from this study in the following ways:

1. This study would help them regain a sense of usefulness and self-esteem – thus enhancing their mental health.
2. The study results could be used in promoting mental health for the elderly in other groups.
3. The findings from this study would be used to develop some guidelines for caregivers and authorities involved with the elderly population to follow in relation to the promotion, maintenance, and recovery of their mental health.

## CHAPTER II

### LITERATURE REVIEW

This chapter included a review of the literature relevant to the study of aging concept, self-esteem and group process. The detail of each section was presented as follows:

#### **Concept of aging**

Terms such as “ the elderly” or “older people” are often used, by both professionals and by the lay public, to describe people in the later life. The age at which old age is thought to start varies in different cultures and societies. In most Western industrial country, old age is usually defined as starting at 65 to 70 years. In Japan it is defined at 60 years (United Nations, 1996: 3). In Thailand, the National Council of Aged defined the elderly at 60 years old, which over time lowers the probability of survival and reduces the physiological capacity for self-regulation.

While chronological age is a useful measure of aging, it is not very accurate when it is used to predict the level of health, activity, or intellectual functioning of an individual. Any group of older persons will show great diversity, and chronological age is not a good predictor of functional ability. Some people don't function very well at age 60 while others are active and involved at 90. Gerontologists often describe

older people by categories; such as the young old, the old-old, and the oldest-old (Cavanaugh, 1993: 13).

1. The young-old group (65-75) includes person who continue to act middle aged; they are involved in social and carry out family responsibilities. They are often interested in personal growth, and are typically engaged in life and the community.

2. The old-old (75-85) are in a transition period. They are beginning to accumulate chronic conditions and frequently request assistance from family or community service. They still have the capacity to participate in many aspects of life, but may need support in transportation, shopping, cleaning, or personal care.

3. The oldest-old (over 85) as a group are often somewhat dependent upon others for carrying out their daily activities. Some show mental and physical deterioration and require care from family members or institutions.

These three categories of the aging population are useful in the discussion of the elderly. However, not all older people fit precisely into these categories, they are useful in describing the functioning of group in four ways (McPherson, 1983: 6-8).

1. Chronological aging. One of the most frequently used measures is chronological, or calendar, age. It provides a gross measure of the stage of growth and the expected pattern of behavior and changes within an individual.

2. Biological aging. Biological aging refers to internal and external changes in the structure and functioning of the organism that influence behavior and longevity. One outcome of this process is senescence, wherein genetically and environmentally induced changes take place in the various systems of the organism. Many of these

changes and their accompanying adaptations also influence the social and psychological process of aging. Similarly, the lifestyle of a particular social class, or stress or depression in an individual can either retard or accelerate the biological process.

3. Psychological aging. Psychological aging involves possible changes in personality, cognition, emotional arousal, psychomotor skills learning, memory, motivation, or creativity. It involves interaction between cognitive and behavioral changes within the individual and environmental factors the biological and psychological systems. For example, a change in the endocrine system may lead to changes in emotional behavior or mental process. Psychological aging also involves cultural and subculture differences in the process.

4. Social aging. Social aging represents regular patterns of behavior in individuals or groups as they interact with others within a specific system. Aging occurs within a social structure that provides a degree of order and stability. Within this structure, individuals occupy a number of status positions at socially determined and appropriate stages in the life cycle. This structure of differentiated social positions forms an age-status system. At each age level, individuals are expected to conform to age-based norms associated with these social positions.

All four aspects of aging are so interrelated in everyday life that it is often difficult to distinguish one from another. Aging is a broad concept that includes physiological changes in our bodies over adult life, psychological changes in our minds and mental capacities, social changes in how we viewed, what we can expect, and what is expected of us.

### **Physiological changes with aging**

Whatever the cause, aging results in some readily observable changes in the physiological characteristics of the elderly which are summarized below (Victor, 1987: 8).

1. The skin becomes darker, less elastic and more susceptible to bruising. There is a lessening of fat and a decrease in the number of nerve cells in the skin. This results in a diminished ability to maintain a constant body temperature.
2. Joints stiffen and bones become lighter, more porous, and brittle as
3. Calcium is decreased.
4. The size and strength of muscles decreases with age.
5. The heart muscle strength decreases and the arteries shrink and harden.
6. The respiratory system becomes less efficient as vital capacity decreases with age.
7. The metabolic and gastro – intestinal systems change.
8. Brain weight decreases by about 10% between the ages of 30 and 75 years of age.
9. The filtering rate of the kidneys declines. Excess urination is common among the elderly and in males this is usually due to the enlargement of the prostate gland.
10. The sensation of touch, taste and smell decrease with age.

Overall these physiological changes result in a fundamental decrease in the ability of the body to maintain homeostasis, that is to regulate the functions of the

body within the very precise limits required. Consequently the body become less able to adapt to physiological stress and less resistant to disease and pathology. However, individuals display these physiological characteristics of aging at markedly different times.

### **Psychological changes with aging**

Many of the basic psychological processes, such as sensation, perception, and motor performance, have obvious links to physical aging. The more closely function is tied to physical capacities, particularly physical coordination, the more likely it is to decline with age. The more heavily a function depends on experience, the more likely it will increase and the less likely it will decline with age (Fiske & Chiriboga, (1990: 75). In addition, although many laboratory studies show declines in various aspects of cognition, such as memory and learning, data from real-life performance of older adult show much less serious age-related changes. Finally as with physical functions, the point of onset of psychological aging and the rate of change connected with it vary widely from person to person (Scharlach & Robinson, 1997: 49)

Psychological changes of aging may not be as apparent as physiological changes of aging, but they can have marks impact on older persons. They can affect interest in life and will to live. One important area to increase attention is psychological aspects of aging involve the individual's perceptions of the experiences of life and, intern, the ability to adapt to aging changes (Gress, 1984: 70). In the middle and later years individuals tend to become increasingly introspective (Jung, 1933 cited by Gress, 1984: 71) and concerned with the meaning of life experiences,

past, present, and future. Perhaps the most influential stage theory of adult development was formulated by Erik Erikson (1963 cited by Whitbourne, In Magai & McFadden, 1996: 84)

Within the traditional framework of Erikson's life span psychological development theory, emotion are viewed as both the stimulus for movement from one crisis transition to the next, and as the products of successful crisis negotiations. Erikson proposed that in the final stage (ego integrity VS. despair), the end of life brings with it concerns regarding ego integrity the achievement of a sense of wholeness and completion in one's life and self. In Erikson's view, the later years of life are a time for looking back at what we have done with our lives. Through many different routes, the older adult may have developed a positive outlook in each of the preceding periods. If so, retrospective glances and reminiscence will reveal a picture of a life well spent, and the older adult will be satisfied (integrity) (Erickson, 1982 cited by Lantz, et al., In Wilson, Ed., 1997: 551). Such an individual has a positive attitude toward life, accepts life for what it was, a sense of accomplishment, and a feeling that if life could be lived over again, it would be done so without major changes. This sense of lived over again, it would be done so without major changes. This sense of accomplishment and completion allows the individual to face death and not see it as a premature ending or even to be dreaded. But if the older adult resolved one or more of the earlier stages in a negative way (being isolated in early adulthood or stagnated in middle adulthood, for example), retrospective glances may reveal doubt, gloom, and despair over the total worth of one's life (Santrock, 1997: 582 – 583). Such individuals constantly regret past decisions and wish they could live their lives

over again. They fear death because it will occur before they have corrected their past errors. Erikson's choice of the term despair implies an emotional reaction that engulfs the self in dread of the future, despondency over the past, and a landscape of psychic pain in the present.

Many basic personality dispositions develop early in life and persist through adult years, but there is also evidence for change in adult personality. One study traced the relative prominence of different personal qualities (e.g., assertiveness, cheerfulness, hostility) from early adolescence to mid-life and early old age. Most qualities retained their original degree of importance in people's makeup's, including basic tempo or activity level, styles of cognitive engagement, modes of self-presentation, and pathological tendencies. However, other characteristics underwent "ordered transition", shifting upward or downward in a consistent way with increasing age. These orderly changes are more common among women than men and included such shifts as increasing aspiration levels and declining reliance on conventionality. One of the best-documented personality changes in aging is an increased preoccupation with one's inner life, including greater attention to personal feeling and experiences and reduced extroversion. This increased inferiority often is accompanied by a tendency to be less impulsive and more circumspect than at earlier ages. In some, it may be accompanied by greater cautiousness and decreased interest in the external world (Scharlach & Rovinson, 1997: 54).

Specific losses that accompany old age (e.g., bereavement, disability, retirement) can also affect moral and subjective well being. The elderly may be particularly vulnerable to such losses because of negative age stereotypes, which may

be internalized at time of high stress. Older people tend to cope with stressful events in different ways than younger adults, relying more often on emotional-focused forms of coping, as opposed to active, problem-solving approaches (Spar, 1990: 22). Emotional-based coping is more passive than confrontational, more individual than interpersonal, and oriented toward control of distressing feeling rather than altering stressful situations. Examples of emotion-focused coping include distancing from the problem, accepting responsibility, and positive reappraisal. The elderly also tend to see their situations as less changeable than younger adults, and to the extent that this is true, their preferred forms of problem solving may be a sign of wisdom rather than regression, particularly if the problem being faced (e.g., bereavement or serious illness) is hard to resolve through action.(Whitbourne, In Magai & McFadden, Ed., 1996: 91).

Elderly continue to react and interact in the ways that they have found to be effective throughout life, following their own basic personality patterns. Those who have the most difficulty adjusting emotionally to aging are those who have deep, unmet emotional needs, who have found social pressures and relationships difficult to handle all their lives. Traits that may be encountered in these people include hostility, anxiety, defensive reactions, sensitiveness, and aggressiveness. Sometimes people express these traits overtly, as by complaining frequently or being hurt or angered by minor incidents (Caldwell & Hegner, 1986: 65).

### **Social change with aging**

Old age is accompanied by role change and, often role loss. Causes of the age's changing roles are mainly those of increase in industrialization, urbanization, modernization, and modern technology. There is similarity in changing roles of the aged in many developing countries (United Nation, 1996: 48). The social and cultural factors have related to the cause of problem both physical and mental in the elderly. The mentioned changes are these following

1. **The Social Status change:** According to present society which has limited to the elderly roles such as working roles, economic role. So, the elderly lose their power and social status which they used to have (Brearley, 1977 : 13). The role of the elderly has been change to be the dependent of family. It makes them to feel lack of importance. The new role is the baby sitter has replaced to the leader and advisor. Tinker (1981: 156) had said that if man has felt of losing important role and well, these factors will create shameless and think that he is the problem or the chronic burden of society.

2. **Security of life and property:** Security of life and property of the elderly is being threatened by the pressures of modernization and out-migration of the younger and more productive members of the family and community to other places for better economic opportunities(Rogers, 1995: 47). In many cases the elderly parents are left alone, with the situation becoming worse if only one is left of the parents. Because of the factors such as inflation, the social-psychological state of the elderly, meager earnings and loneliness, especially among those with meager earnings and savings, the elderly face problems to fulfill even their basic needs. The elderly who are burden, no

income, no occupation or no industrial value usually got negligent and felt lonely (Skeldon, 1999 : 7).

3. Lack of Respective: In the pre-industrialized societies where an extended family is common, the aged are respected, and are consultants in many matters. They participate actively in key areas in the community. Modernization and urbanization cause the change in family from extended to a nuclear one. They are no longer head of households, having less authority and losing control of properties. All are under control of younger generation including the aged's children (Watana, P., 1996: 48). Moreover, many older adults are perceived in "negative way" as too rigid or feeble-minded. They may be shunned socially, possibly because they are perceived as senile or boring. In sum, the elderly may be perceived as incapable of thinking clearly, learning new things and holding responsible jobs. These negative attitude have influenced to the self- image of the elderly. They may assumed they were like that. Then effect to decrease self confidence and the self esteem (Cole, et al.,1993: 574).

Some stereotypes or fixed ideas about aging and elderly are based in fact. But many other stereotypes are little more than myths. Stereotyping is dangerous because it tends to assign characteristics to entire groups of people who may only have a single characteristic in common. If the elderly are treated as if these stereotypes are true, they will tend to see themselves in the same way. Seeing themselves in as particular way will general stereotype of the elderly is one of weakness and vulnerability, with little hope, and of little value to society, shunned by a society that is uncaring and unwilling to help or support (Caldwell & Hegner, 1986: 34).

In Thailand, the results of surveys on the elderly have shown that most of the present Thai elderly live with their children and only a small proportion live alone. However, rapid socioeconomic changes over time have led to the decrease in the capability of the family to care for aging parent, in term of both physical and mental care (Wongsith, S., 1996: 1). Substantial empirical data indicate that the social support received by the elderly increases their level of adaptation in later life (Krirkulthorn, T., 1993: 7). As a consequence, public home for the aged was established in large cities.

Social changes of aging can be examined the relationship of the older person to society. These sociological theories had varying degrees of validity, and those that study the role and status of the older in term of social theory of aging. For too many years, it was believed that the best way to age was to be disengaged. Disengagement theory argues that as older adults slow down they gradually withdraw from society (Cumming & Henry, 1961 cited by Busse & Allen, In Copeland, et al., 1994: 26). Disengagement is a mutual activity in which the older adult not only disengages from society, but society disengages from the older adult. According to the theory, the older adult develops. An increasing preoccupation, lessens emotional ties with others, and shows a decreasing interest in society's affairs. Reduction of social interaction and increased self – preoccupation was thought to increase life satisfaction among older adults (Santrock, 1997: 572-573)

In contrast to disengagement theory, the activity theory proposed that activity contributes to health and life satisfaction. According to activity theory, the more active and involved older adults are, the more likely they are to be satisfied with their

live. The activity theory may make sense when individuals live in a stable society, have access to positive influence and significant others, and have opportunities to participate meaningfully in the broader society if they continue to desire to do so.

The continuity theory proposed by Havighurst and co-workers (1968: 25 cited by Busse & Allen, In Copeland, et al., Ed., 1994: 26) in reaction to the disengagement theory more realistically focuses on the relationship between life satisfaction and activity as an expression of enduring personality traits. Personality is considered the important factor in determining the relationship between role activity and life satisfaction.

Social breakdown – reconstruction theory (Kuypers & Bengtson 1973 cited by Santrock, 1997: 573) argues that aging is promoted through negative psychological functioning brought about by negative societal views of older adult and inadequate provision of services for them. Social reconstruction can occur by changing society's view of older adults and by providing adequate support system for them. Both activity theory and social breakdown-reconstruction theory argue that older adults' capabilities and competence are far greater than society has acknowledged in the past. Encouragement of older adults' active participation in society should increase their life satisfaction and positive feeling about themselves. However, the status of the aged is high in static societies and tends to decline with rapid social change. This ties in with Cowgill and Holmes' modernization theory which suggests that the status of the aged in any society is inversely related to the level of industrialization within that society. With industrialization, the powers and prestige of the elderly are reduced.

In summary, aging process are introduced as distinct phenomena, interaction does exist between the various process. For example, a decline in visual acuity (a biological change) may lead to an inability to read or drive a car, thereby imposing some degree of intellectual or social constraint on a person's lifestyle. Similar, forced retirement (a social act) may initiate psychological (depression), physical (decreased endurance), or social (absence of friends) losses that create problems for the individual and for society. However, because many of the in elderly do face losses, which are often cumulative, older people as a group is at risk for problems of lowered self-esteem.

## **Self-esteem**

### **Definition**

Self-esteem is defined as an individual's self-evaluation which expresses an attitude of approval or disapproval, and indicates the extent to which the individual believes herself to be capable, significant, successful, and worthy (Coopersmith, 1981: 24).

Self-esteem is a positive regard of oneself and may be expressed as a sense of competency, security, worthiness, and feeling of being loved (Skipwith, 1991 cited by Matterson, 1996:714).

Self-esteem is the experience of being competent to cope with the basic challenges of life and of being worthy (Branden, 1994: 2).

Self-esteem is defined as a positive or negative attitude towards oneself based on evaluation of self-characteristics and includes feelings of self-satisfaction and self-acceptance (Rosenberg, 1989: 5).

Rosenberg (1989: 6) defined two kinds of self-esteem: high and low. High self-esteem means that the individual respects the self, considers the self worthy, does not necessarily consider the self better than others, but does not consider the self worse, either. The person with high self-esteem recognizes her limitations and expects to grow and improve. On the other hand, low self-esteem implies self-rejection and self – dissatisfaction.

In summary, self- esteem can be conceptualized as self-regard, an evaluation of one's worthiness. In this study, self-esteem is defined as a positive or negative altitude toward self based on evaluation of self-characteristics, including feeling of self-satisfaction and self-acceptance.

### **The development of self-esteem**

A description of the major theories of self-esteem is reviewed to provide a useful foundation for understanding the development of the self-esteem construct.

Maslow (1970 cited by Wei, 1998: 23) stated that normal human behavior was a hierarchy of needs. Maslow (1970) divided self-esteem needs into two basic types: respect from self and respect from others. The former includes such concerns as desire for competence, confidence, achievement, independence and freedom. Respect from others entails such concerns as desire for prestige, recognition, reputation, status, appreciation and acceptance. Satisfaction of the self-esteem needs generates feelings

and attitudes of self-confidence and the sense of being useful and necessary in the world. In contrast, the frustration of these needs leads to feelings and attitudes of inferiority, ineptness, weakness, passivity and dependency. These negative self-perceptions, in turn, may give rise to basic discouragement, a sense of futility and helplessness in dealing with life's demands, and a low evaluation of self from others. For the adults, esteem typically derives. From being a parent, having a well-paying job, and contributing to civic organization in the community.

These four major theorists (Adler, 1929; Cooley, 1956; Horney, 1945 and Sullivan, 1953 cited by Taft, 1985: 79) all attribute self-esteem to our interactions with significant others. In other words, the perceived respect, love and approval, or the reflected appraisals, of people close to us determines our self-esteem. The explanation of this dimension of self-esteem by identifying two processes that are of equal importance in the development of self-esteem. There are (1) the reflected appraisals of significant others in the form of social approval and (2) the individual's feeling of efficacy and competence derived from his own perceptions of the effects he has on his environment. The first process is based on Cooley's concept and label this source of self-esteem as "outer" self-esteem. Self-esteem from this perspective is based on approval and acceptance from others. The second process, labeled "inner" self-esteem, is related to an individual's effectiveness within society and the impact a person has on the environment. From this perspective, self-esteem is based on action, control, and power. The empirical literature on self-esteem confirms this theoretical that reflected appraisals of important people strongly affect self-esteem.

Rosenberg (1989) characterizes a person with high self-esteem as one who

feels that she is a person of worth and she respects herself for what she is. This attitude contains no element of conceit or self-satisfaction, such a person has a positive attitude toward her further development and is concerned with growing, improving, and overcoming her present deficiencies. Rosenberg (1989) describes a person with low-esteem as characterized, in contrast, by attitudes of self-rejection, self-dissatisfaction, and self-contempt. The high self-esteem adolescents were significantly more likely than those low in personal worth to consider the following qualities as personal assets: ability for self-expression; self-confidence; hard work and effort; leadership potential; talent, intelligence, or skill; ability to make a good impression; feeling at ease with different people; practical knowledge; and being sure of oneself. Self-esteem affects everything that we do in life. Positive self-esteem enables us to meet life's demands with a sense of confidence. Negative self-esteem leads us to doubt our abilities to perform; it gives us a sense that we do not have what it takes and never will. Because the development of self-esteem is a lifelong process, if any of the early requirements are lacking, they can be cultivated over time (Mixon, 1989; Husted et al., 1990; Klose & Tinius, 1992 cited by Carson & Arnold, 1996: 162).

In summary, the above theoretical propositions and empirical findings provide some clear principles in the predictors of self-esteem: (1) Self-esteem is dependent on the reflected appraisals of people whom the individual values and trusts. (2) These appraisals must be perceived; affection and respect which is not communicated will fail to reinforce the individual's self-worth. (3) The people who are 'significant others' are those with high contact, intimate, long-term relationships, most likely living with

the individual. (4) People who reinforce the individual are more likely to influence self-esteem than those who criticize. (5) Authority relationships are more likely to influence self-esteem in women and peer relationships in men.

### **Significance of self-esteem**

Davis (1984 cited by Krause, 1999: S99) described self-esteem as a kind of energy, and if it was high, people felt like they can handle anything. When feelings about the self have been threaded and self-esteem is low, everything becomes more of an effort. It is difficult to hear, see, or think clearly, and abrasive.

Branden (1987: 44) stated that self-esteem was a fundamental need of man's consciousness, since it was a need that cannot be bypassed. A human being needs self-respect, needs the experience of worthiness, fully as much as he or she needs self-confidence. Low self-esteem tends to generate depression and anxiety. Anxiety is a psychological alarm-signal, warning of danger to the organism. High self-esteem is a powerful force in the service of life. Branden (1983: 50) identified that to the extent that a person suffers from poor self-esteem, his or her consciousness is ruled by fear such as fear of other people, fear of the real or imaged facts and the self that have been evaded or repressed. Either path tends to be self-reinforcing and self-perpetuating. The higher self-esteem, the more open, honest, and appropriate his or her communications are likely to be, which reinforces a positive self-concept. The lower self-esteem, the more muddy evasive, and inappropriate his or her communications are likely to be because of uncertainty about his or her own thoughts and feelings and/or fear of the listener's response. This, in turn, further diminishes self-concept. The healthier their self-esteem, the more inclined they are to treat others with respect,

benevolence, good will, and fairness—such persons do not tend to perceive others as a threat, and self-respect is the foundation of respect for others.

Rosenberg (1989 cited by Wei, 1998:28) conducted a study to identify the relationship between self-esteem and frequency of psychosomatic. People with high self-esteem are usually happier and better able to meet environment demands than those with low self-esteem. People with low self-esteem were also more likely to report that they had suffered from nervousness, loss of appetite, insomnia, and headache.

When individuals do not feel as though there is much value to who they are as human beings or what they are able to contribute to others, they are said to be low self-esteem. Suicide victims, convinced that their lives or presence on earth are of no value to anyone, represent perhaps the most graphic illustration of poor self-esteem (Arnold & Boggs, 1989 cited by Matterson, et al., 1996: 714). Epstein (1984 cited by Carson & Arnold, 1996: 160) stated that a sudden decrease in self-esteem was experienced as a greater loss than a more gradual decline. In most chronic or major illness, there was a lowering of self-esteem because the individual was no longer able to function as before in ways that inspired higher levels of self-esteem. A certain level of self-esteem was a necessary ingredient of all successful interpersonal relationships. Virtually all psychologists recognize that there is some relationship between the nature and degree of a man's self-esteem and his motivation, for example, his behavior in the sphere of work, love and human relationship.

### **The relationship of aging to self-esteem**

Self-esteem is an important issue for the elderly. The impact of aging on “outer” self-esteem relates in part to the status of older people in this society. Being old in a society that values youth leads to an assignment of low status. This pervasive ageism results in many forms of discrimination against the elderly. It is particularly apparent in employment practices and affects many other social roles as well. These attitudes permeate literature, movie, television, and advertising, which often characterize older people as hard of hearing, forgetful, inactive, constipated, and otherwise debilitated. If self-esteem is based on a reflection of the perceptions of others, and if society regards aging negatively, the self-esteem of the elderly is likely to be undermined. As self-esteem decreases, belief in one's ability to exercise control over the environment also declines. The impact of aging on “outer” self-esteem is also affected by the amount of social interaction underlying the activity theory of aging is that the social self emerges and is sustained through interaction with others. Social interaction, by reflecting the appraisals of significant others, provides the mechanism for maintaining one's “outer” self-esteem.

The impact of aging on “inner” self-esteem relates to amount of power and control that the elderly are able to exert over their environment. Power resources include such commodities as knowledge, skill, income, and status. In many cases, the knowledge and skills of the elderly become outmoded in today's society, which demands current knowledge and technological innovation. Down (1975 cited by Taff, 1985: 80) points out that the elderly sources of power and control are depleted. One example that illustrates this relationship is the exchange of work roles for economic

support. This decrease in power and control associated with old age occurs on a micro level within family relationships as well as on a macro level within society. Thus the diminishing power resources of the elderly and the subsequent decrease in control over their environment constitutes another mechanism that may account for a decrease in self-esteem.

Kuppers and Bengtson (1973, cited by Myer, 1997: 111) proposed the Social Breakdown Syndrome (SBS) as an explanation of negative adjustment in old age. The SBS explains the process of interaction between social inputs and self-concept which results in a self-perpetuating cycle of negative psychological functioning. The first stage of this model is an existing precondition of susceptibility to psychological breakdown, possibly as a result of identity problems, declining health, loss of status, etc. In the second stage, other persons label the older person as incompetent or deficient in some aspect of behavior. This negative labeling by family, friends, and others leads to the third stage, induction into the sick role (stage four), self-efficacy becomes impaired and the older person begins to perceive him or herself as inadequate and incapable of independent action. The effects make older persons particularly susceptible to this syndrome.

Atchley (1997: 125-126) described the key factors responsible for low self-esteem in later life were 1) decline in physical capacity 2) an already vulnerable self-image, and 3) loss of control over one's physical environment.

1. A gradual decline in physical capacity can be incorporated gradually into the self-concept, and the idea of self can be modified gradually so as to take declines into account.

2. An already vulnerable self-image. Some people reach later life with adequate yet vulnerable self-esteem. High vulnerability can arise in several ways, most of them related to the innumerable human characteristics that form the basis for the ideal self, such as physical ability, mental ability, appearance, roles, activities, groups one belongs to, personal qualities such as honesty, and relative prestige, honor, or wealth. The vulnerability of self to the changes that aging can bring depends largely on the vulnerability of the specific bases for self-image.

3. Loss of control over one's physical environment. Loss of control over one's home or community environment can pose serious problems for maintaining self-image. If the person has difficulty coping with the new environment, there can be a very unsettling lapse in the person's usual sense of competence. In addition, the person may have left behind a group of friends or family supported his or her self-esteem, a problem can be occurred.

In summary, a variety of theoretical frameworks account for a decline in self-esteem among the elderly. These generate complex problems for which there are no simple solutions. Most people cope with changes in their lives as they grow older with little disruption of functioning. At the same time, it is fairly well documented that mental health concerns increase with advancing age. The elderly experience many stresses, crises, and losses, in addition to the need to cope with devalued status. They are less likely to seek mental health care than other segments of the population. The encouragement of self-esteem is a vital strategy for interrupting and reversing the, mental health problems.

### **Strategies to enhance self-esteem**

Self-esteem is the value that one attribute to oneself. Two common source of poor self-esteem and depression can be underrating oneself and focusing on the negative aspects of one self. As we grew up self-devaluation was encouraged by social edicts of passivity and modesty. Girdano (1979: 145-147) suggested that one way to ward off these devaluated processes is to begin appreciating oneself as a valuable and unique individual. Focus on positive characteristics and minimize the influence of negative characteristics. All of us have some strong points; unfortunately, the socialization process asked that we repress the urge to discuss our good point. Here was three strategies which had been found successful in increasing self-esteem.

1. "Positive verbalization" referred to the process whereby we reinforced our self-image by pointing out some positive aspect about ourselves. These would also keep you from concentrating on depressive, self- devalue thoughts.

2. "Accepting Compliments" Learning to accept compliments was another strategy designed to improve our self-esteem. When someone gave us a compliment, simply accept it without the traditional statement of humility.

3. "Assertiveness Training" The entire area of assertiveness training could do wonders for improving self-esteem. Assertiveness training has been found to be an effective strategy for substituting positive, self-assertive behaviors and perceptions in the place of passive, withdrawing, or generally inhibited behaviors and perceptions.



As Branden (1994: 3) convinced that we cannot work on self-esteem directly because self-esteem is a consequence - a product of internally generated practices. If we understand what those practices are, we can work with others in such a way as to facilitate or encourage their actualization. Interventions can be designed with that end in view. But the practices themselves can arise only within the client and can only be caused by the client. These are six practices are crucial and fundamental:

1. The Practices of Living Consciously : If clients lives and well-being depend on the appropriate use of their consciousness, then the extent to which they honor " sight over blindness" is the single most important determinant self-efficacy and self- respect. One cannot feel competent in life while wandering around in a self-induced mental fog. Those who attempt to exist unthinkingly and evade discomforting facts suffer a deficiency in their sense of worthiness.

2. The Practice of Self-Acceptance: At the deepest level, self-acceptance is the virtue of commitment to the value of one's own person. It is not the pretense at a self-esteem one does not possess, but rather the primary act of self-value that serves as the basis for dedication to achieving self-esteem. It is expressed, in part, through the willingness to accept - to make real to oneself without denial or evasion - that we think what we think, feel what we feel, have done what we have done, and are what we are.

3. The practice of self-responsibility: To feel competent to live and be worthy of happiness, the client needs to experience a sense of control over his other existence. This requires that the client be willing to take responsibility for actions and the

Copyright by Mahidol University

attainment of goals - which means that he or she takes responsibility for his or her life and well-being.

4. The practice of self-assertiveness: Self-assertiveness is the virtue of appropriate self-expression - of honoring one's needs, wants, values, and convictions, and seeking rational forms of their expression in reality. Its opposite is the surrender to timidity, which consists of consigning oneself to a perpetual underground where everything that one is lies hidden or still born.

5. The practice of living purposefully: Life has been defined as a process of self-sustaining and self-generated action (Rand, 1961 cited by Branden, 1994: 58). Purpose, then, is the very essence of the life process. Through our purposes, we organize our behavior, giving it focus and direction. Through our goals, we create the sense of structure that allows us to experience control over our existence. To live purposefully is to use your powers for the attainment of goals we have selected, such as: studying, raising a family, earning a living, starting a business, bringing a new product into the marketplace, solving a scientific problem, or building a vacation home. Our goals lead us forward; they call for the exercise of our faculties and energize our existence.

6. The practice of Integrity: As a person matures and develop his or her own values and standards, the issue of personal integrity assumes increasing importance in self-assessment. Integrity is the integration of ideals, convictions, standards, beliefs, and behavior. When behavior is congruent with professed values, a person is said to have integrity.

## GROUP PROCESS

### Definition

A group may be defined in a variety of ways. A definition given by Cartwright and Zander (1968, cited by Burnside, 1994: 204) stresses two aspects of the group: goals and interrelationship. “ A group is a collection of individuals sharing a common goal who have relationships to one another that make them interdependent to some significant degree”.

A group is a number of people in interaction with one another, and it is this interaction process that distinguishes the group from an aggregate (Bonner, 1959 cited by Johnson & Johnson, 1997: 4).

We mean by a group consisting of persons who communicate with one another often over a span of time, and who are few enough so that each person is able to communicate with all the other, not at secondhand, through other people, but face-to-face (Homans, 1950: 2).

There are many different definition of the concept group. One solution to the profusion of definitions is to combine them all into one definition. Johnson & Johnson (1997: 11) defined group as two or more individuals who: 1) pursue common goals 2) are interdependent 3) interact with each other 4) share norms concerning matters of common interest and participate in a system of interlocking roles 5) influence each other 6) find the group rewarding 7) defined themselves and are defined by other as belonging to the group.

### **Growth groups**

Growth groups are organized for the purpose of helping psychologically healthy people become more sensitive, aware, fully-functioning, and self-actualized through the use of the group process. Members are assumed to be responsible for themselves and capable of handling ambiguous situations and intense personal interaction. They “grow” by expanding their levels of personal effectiveness.

A great deal of controversy exists over what constitutes a growth group. Certainly titles are no indication of what is involved in the process. The most common types of growth groups, however, are the sensitivity group or T-group and the encounter group. Similarities associated with all growth groups are numerous. They are characterized by open, close, direct psychological contact that stresses spontaneity, freedom of expression, and intense interaction. The focus is in the here-and-now action of the group, and ambiguity is commonly used to generate interaction. Methods utilize verbal and nonverbal techniques aimed at expanding the members' conscious awareness and zeroing in on their feelings and perceptions (Trotzer, 1989: 339-341)

The humanistic therapist Carl Rogers (1970) was a leader in the development of sensitivity- training groups or encounter group. Rogers believed that most of us lose sight of our basic goodness because our needs for approval and love are rarely satisfied. Rogers felt that the sensitivity- training group helps us restore our trust in one own feelings, our acceptance of our most personal qualities, and our openness when interacting with others ( Forsyth, 1983: 468)

### **Characteristics of effective group**

There are groups that are highly effective and achieve amazing things. Not all groups are effective groups. An effective group is a group whose members commit themselves to the common purpose of maximizing their own and each other's success. It has a number of defining characteristics.(Johnson&Johnson,1997: 17-18).

1. The group goal of maximizing all members' learning provides a compelling purpose that motivates members to accomplish something: beyond their individual achievements. Each member takes responsibility for the performance of him or herself and the group as a whole.

2. In a cooperative group the focus is on both group and individual accountability. Group members hold themselves and each other accountable for achieving the overall group goals.

3. Group members do real work together. They not only meet to share information and perspectives, but they give the assistance and encouragement groupmates need to succeed.

4. Members are taught social skills and are expected to use them to coordinate their efforts and achieve their goals. Both tasks and teamwork skills are emphasized.

Group analyzes how effectively they are achieving their goals and how well members are working together. There is an emphasis on continuous improvement of the quality of their learning and teamwork process.

### **Stages of the group process**

1. Experimental exercise : the group members perform an experimental exercise that require self - assessment or active - interaction within the group.

2. Describe : their experiences within the group by discussing their personal feelings, thoughts and reactions. This descriptive phase can involve open - ended discussion, or it, too can be structured through the use of question, information - exchange procedures.

3. Processing : the leader helps the group members conceptualize their experiences by processing the exercise. Going beyond summary, the leader guide the group's analysis of underlying group dynamics and offers a conceptual analysis that give meaning to the event.

4. Applying : the interpersonal learning cycle is completed when the group members identify ways in which they can apply their newfound knowledge in their own work, family and other interpersonal settings.

### **The Importance of group processes**

High self-esteem is enhanced when key people in a person's environment respond toward that person in supportive ways. This appears to be true for very young infants, children, and adolescents, as well as for adults of all ages. All people, regardless of age, make use of the reactions of other people in formulating the opinions they hold of themselves. People rely on others for the gratification and rewards that help them to feel worthwhile and esteemed. According to Argyris (1976: 87-88), psychological-success experiences become the base for one's concluding that

he or she is a capable person. The opportunities for psychological success increase. (and for psychological failure decrease) as (1) people are able to define their own goal; (2) goals are relevant to their central needs; (3) activities require their important abilities; and (4) goals represent a challenging level of aspiration.

There are a number of research studies investigating the impact of group processing. Group processing promotes member's a) achievement motivation, actual achievement, and influence toward higher individual productivity within groups; b) positive relationships among group members and between members and their superior ; and c) self-esteem and positive attitudes toward the subject area (Archer-Kath,1994 cited by Johnson & Johnson,1997: 110). Johnson (1997: 113) concluded these unique capacities of groups are as follows.

1. Group provides a more heterogeneous social setting in which interpersonal skill may be learned, mastered, and integrated into one's behavioral repertoire.

2. Group generates a sense of community, belonging , support, acceptance, and assistance. Groups offer a member acceptance by a number of persons. They provide the supportive climate that permits members to take risks and to reveal themselves. They provide the public esteem and acceptance that form the basis for increased self-esteem and self-acceptance.

3. Groups provides opportunity for participants to understand and help their peers. In helping other group members to understand their destructive behavior and attitudinal patterns and facilitating their experimentation with more constructive

ways of behaving and thinking, participants build self-esteem, self-insight, and increased interpersonal competence.

4. Group provides a variety of perspectives that stimulate insight into and understanding of one's problems and behavior.

5. Group provides sources of comparison for participants. Members of growth groups often compare their attitudes toward their parent, spouses, and friends ; their feeling about events within a group and facilitate possible new ways of feeling, perceiving, and behaving.

6. Groups provides the constructive peer relationships needed for healthy social and cognitive development. Peer relationships are an absolute necessity for healthy development, and group settings provide access to constructive relationships that may be absent in participant's lives.

The group has the capacity to provide members with an experience of "belongingness". Thus the group member has the opportunity to feel a part of social group, one of our essential needs as human beings. The group can provide social support in the form of group identity, which can never be an element of the one-to-one relationship. When members experience acceptance, understanding, and cohesiveness in the group, they begin to realize they are important and worthwhile. They feel they essence of belonging. The key dynamic is operating here is that 1) groups help individuals create their personal identity, and 2) individual influence the traits that groups exemplify. The interaction of two processes help members find belongingness, which provide them with the support they need to work on improving themselves (Trotzer, 1989: 214)

We may also look at these purposes of interpersonal communication from two other perspectives. First, these purposes may be seen as motivating factors or as reasons why we engage in interpersonal communication. Thus we can say we engage in interpersonal communication to obtain pleasure, to help, to change someone's attitudes or behaviors. Second, these purposes may be viewed as outcomes or as general effects of interpersonal encounters. Thus we can say that as a result of interpersonal communication we derive self-knowledge, establish a more meaningful relationship, and acquire an increased knowledge of the external world. These characteristics of effectiveness are considered from two perspectives. The first is the humanistic perspective, which stresses openness, empathy, supportive, and, in general, qualities that foster meaningful, honest, and satisfying interactions. The second is the pragmatic or behavioral perspective, which stresses interaction management, immediacy, and in general, qualities that contribute to achieving a variety of desired goals (Forsyth, 1983: 479). Group process can be valuable for the elderly in many ways. As people grow older, they often experience isolation, and many of them, seeing no hope of meaning-let alone excitement-in their future, may resign themselves to a useless life. Another problem is that many older people accept myths about aging, which then become self-fulfilling prophecies. An example is the misconception that old people can't change or that once they retire, they will be doomed to depression. Groups can do a lot to help older people challenge these myths and deal with the development tasks that they, like any other age group, must face in such a way that they can retain their integrity and self-respect. The group situation can assist people in breaking out of their isolation and offer the elderly the

encouragement necessary to find meaning in their lives so that they can live fully and not merely exist (Corey, 1995:10).

Working cooperatively with peers and valuing cooperation results in greater psychological health, higher self-esteem, and greater social competence (Johnson & Johnson, 1989: 108). Mental health is the ability to develop, maintain, and appropriately modify inter dependent relationship with others to succeed in achieving goals. The results of the relationship between social interdependence and psychological health studies indicated that working cooperatively with peers and valuing cooperation result in greater psychological health, such as emotional maturity, well-adjusted social relations, and basic trust in and optimism about people. Personal ego strength, self-confidence, independence, and autonomy are all promoted by being involved in cooperative efforts. The research demonstrated that cooperative experiences tend to be related to beliefs that one is intrinsically worthwhile, that others see one in positive ways, that one's attributes compare favorably with those of one's peers. In cooperative efforts, individuals realize that they are accurately known, accepted, and liked by one's peers. They know that they have contributed to own, others, group success. They perceive themselves and others in a differentiated and realistic way that allows for multidimensional comparisons base on complementarity of own and other's abilities (Johnson & Johnson, 1997: 110-111)

### **Conceptual framework of the study**

Elderly face stressful situations such as health symptoms, physical and mental deterioration, restriction of activities, illness, loneliness, or depression as well as environmental stresses such as retirement, role change or role loss, the death of friends and family. If “outer” self-esteem is based on a reflection of the others, it impacts on the status and self-satisfaction of the elderly. While “inner” self-esteem is based on the amount of power an individual possesses and it impacts on his or her self-acceptance. Many of life events are concentrate on these elderly groups and impact negatively on their mental health, especially by lowering their self-esteem.

Self-esteem is an important issue for the elderly, especially among the elderly at the Home for the Aged. The increased reliance of the elderly on formal services may run the risk of increasing their feelings of being in need or dependent on others, or reinforce a sense of loss of role, thus reducing self-esteem. The limited services and inadequate social support are likely to increase social isolation and mental rigidity among the elderly living in the Home for the Aged. This involves a continuous process of low self-esteem and unhappiness.

By applying the growth group initiated by Rogers (1970), which is based on a belief that humans are basically good, valuable, and capable persons, the researcher established the group process with the aim of enabling the elderly who participated in it fully, to achieve self acceptance by conducting self exploration utilizing their innate capability to draw conclusions on various matters according to the available facts. This process is a closed group, with the group leader acting as a facilitator by assisting the elderly to achieve their goals. Through this process the elderly have the

opportunity to develop both their self-learning and understanding of others, become more aware of their own self-characteristics, express their feelings, share experiences, practice social skills and communication skills, increase their willpower and sense of usefulness. They can regain their feelings of self-worth, self-confidence, self-acceptance, self-satisfaction, and self-esteem. Furthermore, it is believed that as mutual trust develops, interpersonal communication increases, and eventually attitudes will change and be carried over into relations outside the group (Lantz, et al., In Wilson, Ed.,1997: 555).

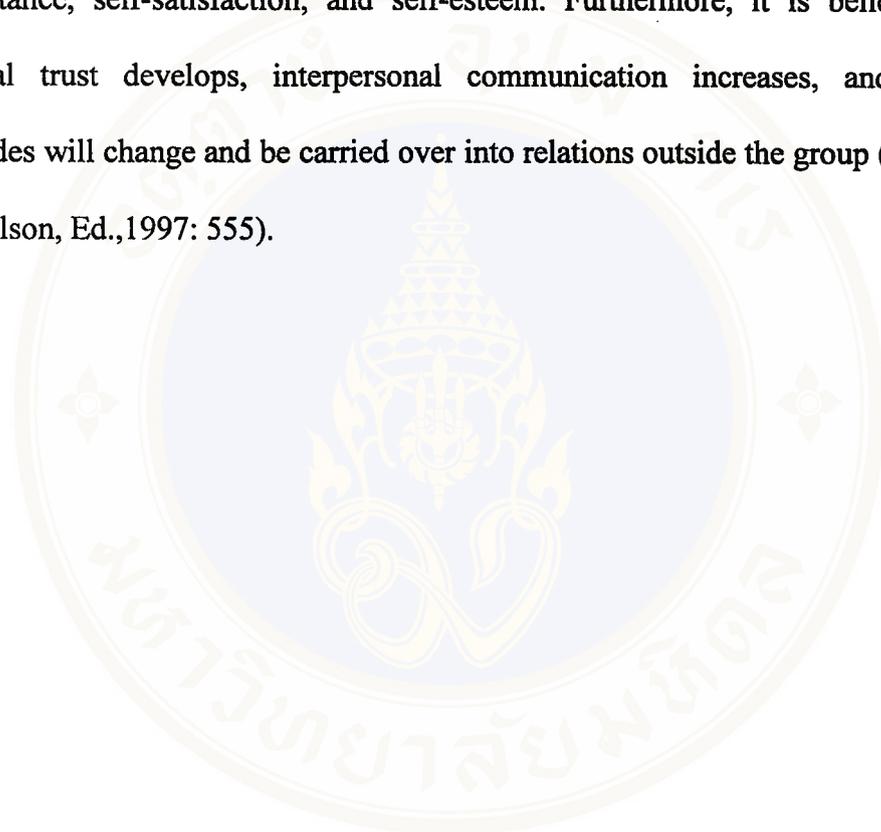
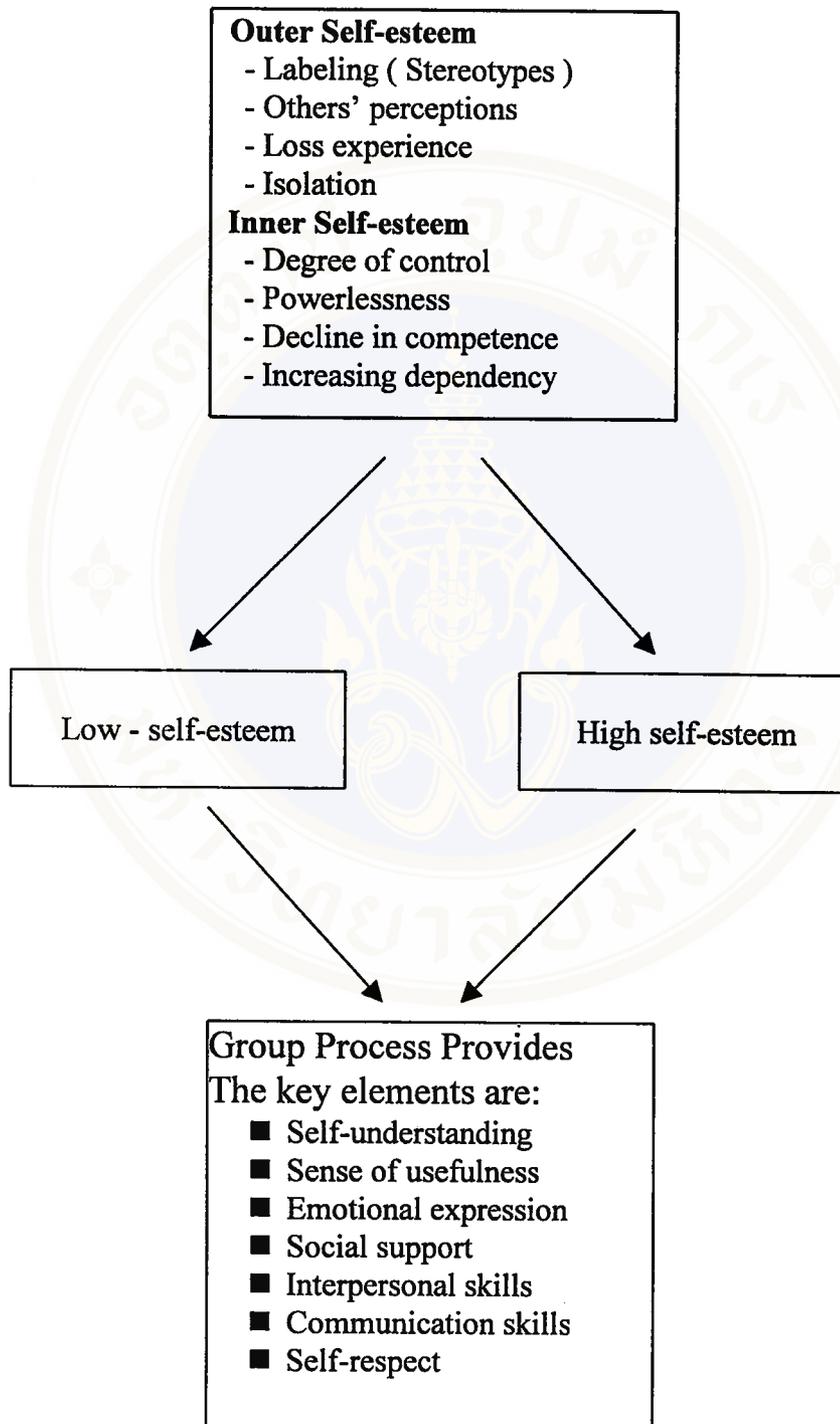


Figure 1: Conceptual Framework of the Effects of Group Process on Self-esteem in the Elderly



## **CHAPTER III**

### **METHODOLOGY**

This study was a quasi-experimental research that studied the effectiveness of group process on self-esteem in the elderly at the Thammapakorn Home for the Aged, Amphoe Muang, Chiangmai province.

#### **Sample**

In this study, the sample consisted of the elderly who lived at the Thammapakorn Home for the Aged. They were selected by purposive method according to inclusive criteria as follows:

1. Sixty years old and older, not limited by nationality, religion, educational level, or marital status.
2. Ability to hear, speak, and interact with others in activities throughout the duration of the group process.
3. Having no chronic physical disabilities that make it more difficult to participate in the activities.
4. Having no symptoms of mental disorders, or severe diseases by which they are currently receiving care.
5. Willingness to participate in the study.

Fifty-three elderly, from a total of 126, were selected according to these criteria. The researcher matched 24 individuals into pairs-twelve pairs in all. The individuals in every pair resembled each other as close as possible in terms of age, educational level, sex, and marital status. These pairs were then divided into an experimental and a control group by simple random sampling, as follows:

1. Twelve subjects of experimental group were assigned to participate in the group process program for a four week period.
2. Twelve subjects of the control group were asked to performance the daily activities provided at the Home for the Aged such as physical exercises, recreational activities, occupational therapy, medical care, and religious services.

### **Instruments**

#### **1. Research Instruments :**

**Group process program:** The group process program developed for this study was focused on the self-esteem and based on the growth group process developed by Rogers (1970). The goal of the program was to achieve increased self-esteem in the elderly. During the program the participants were given the opportunity to express their emotions, share experiences, practice new communication skills, learn about self and others, and improve human-relations skills.

Once the program was developed, four experts in group therapy were asked to validate the program's content. The program was then improved by incorporating suggestions from those experts. Subjects in the experimental group participated in a four-week program of closed group sessions, which were held twice a week. Each

group session started at 2:00 p.m. and lasted for about 60-90 minutes. The group activities designed for the program are shown in Table 1 below.

**Table 1 : Overview of the goals and objectives of the group process program.**

Goals	Objectives
Session 1: Relationship building	<ol style="list-style-type: none"> <li>1. To inform the objectives and its character.</li> <li>2. To establish the positive relationship among members.</li> <li>3. To encourage members to express themselves and develop self-acceptance.</li> </ol>
Session 2 : Self-discovery	<ol style="list-style-type: none"> <li>1. To give the opportunity to understand their individual differences.</li> <li>2. To encourage the members to perceive themselves realistically.</li> <li>3. To explore their unknown self and establish self-esteem characteristics.</li> </ol>
Session 3: Communication skills	<ol style="list-style-type: none"> <li>1. To encourage the members to express positive feeling about self and towards others.</li> <li>2. To practice communication skills.</li> <li>3. To realize the importance of positive communication and share their experience.</li> </ol>
Session 4: The proud experience	<ol style="list-style-type: none"> <li>1. To express their proud experiences.</li> <li>2. To regain positive feeling.</li> <li>3. To develop confidence in living with others.</li> </ol>
Session 5: Cooperation	<ol style="list-style-type: none"> <li>1. To develop the sense of competence and self-respect through cooperation.</li> <li>2. To confirm the importance of learning and understanding needs of others.</li> <li>3. To develop the need to make some sacrifices to each other.</li> <li>4. To utilize their self-acceptance.</li> </ol>

Goals	Objectives
Session 6 : Acceptance of one self and others	<ol style="list-style-type: none"> <li>1. To increase awareness of self understanding.</li> <li>2. To encourage feeling of worthiness</li> <li>3. To realize the dignity of themselves and respect to each other.</li> </ol>
Session 7: Creativity exchange	<ol style="list-style-type: none"> <li>1. To increase awareness of self-competence and their abilities.</li> <li>2. To improve interpersonal skills</li> <li>3. To encourage cooperation among members.</li> </ol>
Session 8 : Group summary and evaluation	<ol style="list-style-type: none"> <li>1. To maintain positive relationships among members</li> <li>2. To share group experience and express their feeling during sessions.</li> <li>3. To focus on the importance of self-esteem.</li> </ol>

**Session 1: Relationship building.** The objectives of the first session were 1) to inform members of the objectives and program procedures, 2) to establish relationships between the members, 3) to encourage members to express themselves and develop self-acceptance in order to develop self-confidence.

**Session 2: Self-discovery.** The objectives of this session were 1) to help the members to understand their individual differences, 2) to encourage the members to perceive themselves realistically, and 3) to explore their unknown self and learn how to establish the self-esteem characteristics of themselves.

**Session 3: Communication skills.** The objectives of this session were 1) to encourage the members to express positive feelings towards each other, 2) to practice communication skills, and 3) to realize the importance of positive communication and to share their own experiences by expressing their emotions with the group members.

**Session 4: The proud experience.** The objectives of this session were 1) to provide the members with the opportunity to reflect on their proud experiences, 2) to encourage members to regain positive feelings, and 3) to develop confidence in living with one another and being able to express feelings to others. The results from this session would affect their pride and self-esteem.

**Session 5: Cooperation.** The objectives of this session were 1) to develop the sense of competence, the sense of importance in the group through cooperation among members, 2) to confirm the importance of learning and understanding needs of others, 3) to develop the need to make some sacrifices to each other, and 4) to see the goals as being meaningful and acceptable to them.

**Session 6: Acceptance of one-self and others.** The objectives of this session were 1) to develop self-understanding, 2) to find their feelings of worthiness, and 3) to realize the dignity in themselves and respect of each other.

**Session 7: Creativity exchange.** The objectives of this session were 1) to provide the elderly with the opportunity to become aware of their own capacities, value, creativity, and skills, 2) to search for the strengths in themselves and among each other, and 3) to realize the important of cooperation for interpersonal skill improvement.

**Session 8: Group summary and evaluation.** The objectives of the last session were 1) to build the sense of love, understanding, and happiness for developing high self-esteem, 2) to keep the relationships among members, 3) to review the acquired experiences, and 4) to reflect on the sessions they had participated in and to evaluate the program.

## **2. The Instrument for Data Collection :**

2.1 Demographic Data: The interview guide included questions about the samples in relation to their sex, age, marital status, and educational level.

2.2 Rosenberg's Self-Esteem Scale ( Rosenberg, 1965) was used to measure the self-esteem of the participants in this study. It comprised of 10 Guttman scale type items: 5 were positively-scored items and 5 were negatively scored items (see appendix B). Each item was rated on a 4 point Guttman scale with responses ranging from strongly agree (4) to strongly disagree (1). Item number 2,5,6,8, and 9 were

reverse-scored in the process of data entry. Maximum possible score was 40 indicating a high degree of self-esteem. High scores indicate higher self-esteem. Rosenberg's Self-Esteem Scale is the most widely used measure of self-esteem (Blascovich & Tomaka, 1991, cited by Ramzijn, 1998:1). It has been used in humans' well-being research of all age groups, and is considered to be an appropriate measure of self-esteem in the elderly (Breytsprak & George, 1979). Recent studies that have used it with older adults include those of Duffy and MacDonald (1990) and Krause (1987). It had been widely tested for its reliability from which internal consistency has been reported at  $\alpha = .92$  (Higgins, et al., 1995). It was chosen to measure self-esteem in this study because Rosenberg (1965), designed the Self-Esteem Scale as a unidimensional measure of global self-esteem (Ranzijn, et al., 1998:96). Global self-esteem refers to the way people generally feel about themselves in both positive and negative self-esteem (Dutton, & Brown, 1997:145). It included feelings of self-satisfaction and self-acceptance. The studies using the Thai version of the Rosenberg's Self-esteem Scale were conducted by Mahasithiwat (1986), resulting in a coefficient of 0.87. Kangsanarak and Khochapakdee (1990) used the same version for the elderly at the Bangkhae Home for the Aged, resulting in a coefficient of 0.89.

### 2.3 Evaluation of group activities:

The researcher developed this instrument in order to evaluate the effectiveness of activities in group process program. Ten sub-scales correlated with each group activities in eight sessions. Each item was rated on a 4 point scale ranging

from strongly agree (4) to strongly disagree (0). The sub-scale score indicated the subject's behavior in a variety of activities involving self-esteem.

### **Data Collection**

1. Permission to collect data was sought by submitting documents from the Graduate Studies Program of the Mahidol university to the director of the Thammapakorn Home for the Aged, Chiangmai province requesting for permission to conduct this research there.

2. The researcher then approached the elderly residing at the Thammapakorn Home for the Aged. They were informed about the purpose of the study and were asked to confirm their willingness to participate in it.

3. Purposive sampling method was used according to inclusion criteria.

4. The 24 subjects in the study were matched into individual pairs. The 24 subjects were then divided into an experimental group and a control group with 12 subjects in each group as determined by simple random sampling.

5. The 24 subjects were then interviewed to complete the self-esteem scale

6. Appointments were made with the subjects as follow:

6.1 Subjects in the control group were asked to be interviewed and complete the questionnaire again four weeks later.

6.2 Subjects in the experimental group were asked to participate in the group process program.

7. Following the completion of the eight sessions of the group process, subjects in the experimental group were interviewed to complete the questionnaire for

the second time in order to reveal any changes during the four weeks period. In addition, subjects in the control group were also interviewed to complete the questionnaire again.

### **Data Analysis**

Data in this study were analyzed using the Statistical Package for the Social Sciences for Windows (SPSS/FW) as follows:

1. Descriptive statistics of frequency and percentage were used to describe the demographic characteristics of the sample.
2. Mean and Standard deviation were used to examine the self-esteem scores in both the experimental and control groups.
3. Dependent t-test was used to analyze the differences of the mean scores for pre-test and post-test in both groups.
4. Independent t-test was used to analyze the differences of the mean scores between the experiment and the control groups.

## **CHAPTER IV**

### **RESULTS**

This research aimed to study the effectiveness of group process on self-esteem in the elderly at the Thammapakorn Home for the Aged. Twenty-four elderly were divided into two groups each with 12 subjects in an experimental group and in a control group. The control group received the usual daily activities similar to other elderly at the Home for the Aged. However, the experimental group participated in the group process program organized by the researcher twice a week for four weeks. Each session took about one to one and a half hours long. The findings from the study are reported using tables and are described as follows:

**Table 2:** Number and percentage of samples from the experimental and the control group classified by sex, age, marital status, and educational level.

Demographic Data	Experimental Group ( n = 12 )		Control Group ( n = 12 )	
	N	%	N	%
<b>Sex</b>				
Male	7	58	7	58
Female	5	42	5	42
<b>Age (years)</b>				
60-69	5	42	5	42
70-79	6	50	6	50
80-89	1	8	1	8
<b>Marital status</b>				
Widowed	7	58	7	58
Divorced/separated	5	42	5	42
<b>Educational level</b>				
Primary	6	50	6	50
Secondary	5	42	5	42
College	1	8	1	8

**Findings from Table 2:** The sample population were generally made up of 58 percent male and 42 percent female. The age ranging from 70-79 years represented a half of the sample and from 60-69 years represented a 42 percent of the sample. In terms of marital status, 58 percent of sample were widowed. Educational background of the sample included, 50 percent had a primary level education, while 42 percent had a secondary level education.

**Table 3 :** Mean and standard deviation of self-esteem sub-scale of experimental group before and after the experiment.

Statement	Pre-test		Post-test	
	Mean	S.D.	Mean	S.D.
1. On the whole, I am satisfied with myself.	3.14	0.20	3.86	0.13
2. At times I think I am no good at all.	3.10	0.37	3.50	0.12
3. I feel that I have a number of good qualities.	2.90	0.31	3.78	0.27
4. I am able to do things as well as most other people	3.16	0.11	3.81	0.20
5. I feel I do not have much to be proud of.	2.66	0.26	3.32	0.34
6. I certainly feel useless at times.	2.92	0.17	3.59	0.13
7. I feel that I'm a person of worth, at least on an equal plane with others.	3.26	0.30	3.70	0.37
8. I wish I could have more respect for myself.	1.64	0.23	3.14	0.20
9. All in all, I am inclined to feel that I am a failure.	2.74	0.36	3.44	0.22
10. I take a positive attitude toward myself.	3.06	0.12	3.48	0.25

**Findings from Table 3:** Before the experiment, the highest mean score of the self-esteem sub-scale for the experimental group was for item #7 “I feel that I’m a person of worth, at least on an equal plane with others” (Mean = 3.26). The next highest mean score of the self-esteem sub-scale was for item #4 “I am able to do things as well as most other people” (Mean = 3.16). While the lowest mean score of the self-esteem sub-scale was for item #8 “I wish I could have more respect for myself” (Mean = 1.64). After the experiment, the highest mean score of the self-esteem sub-scale was for item #1 “On the whole, I am satisfied with myself” (Mean = 3.86). The next highest was for item #4 (Mean = 3.81). While the lowest mean of the self-esteem sub-scale was for item #8 (Mean = 3.14).

**Table 4:** Mean and standard deviation of self-esteem sub-scale of the control group before and after the experiment.

Statement	Pre-test		Post-test	
	Mean	S.D.	Mean	S.D.
1. On the whole, I am satisfied with myself.	3.39	0.21	3.23	0.22
2. At times I think I am no good at all.	3.07	0.33	2.98	0.34
3. I feel that I have a number of good qualities.	3.33	0.20	3.40	0.15
4. I am able to do things as well as most other people	3.41	0.15	3.53	0.11
5. I feel I do not have much to be proud of.	2.57	0.19	2.41	0.27
6. I certainly feel useless at times.	2.75	0.15	2.87	0.10
7. I feel that I'm a person of worth, at least on an equal plane with others.	3.58	0.30	3.33	0.27
8. I wish I could have more respect for myself.	2.03	0.23	1.88	0.16
9. All in all, I am inclined to feel that I am a failure.	2.64	0.33	2.62	0.12
10. I take a positive attitude toward myself.	3.06	0.21	3.15	0.27

**Findings from Table 4 :** Before the experiment, the control group scored the highest mean score of the self-esteem sub-scale for the item #7 “I feel that I’m a person of worth, at least on an equal plane with others” (Mean = 3.58). The lowest mean score of the self-esteem sub-scale was for item #8 “I wish I could have more respect for myself” (Mean = 2.03 ). After the experiment, the highest mean score of the self-esteem sub-scale was for item #4 “I am able to do things as well as most other people” (Mean = 3.53). The lowest mean score of the self-esteem sub-scale was for item #8 “I wish I could have more respect for myself (Mean = 1.88).

**Table 5:** Comparison of the differences of the mean self-esteem scores of the experimental group before and after the experiment.

Measures	Self-Esteem Score		t	p-value
	Mean	S.D.		
Pre – test	28.58	2.39	-8.315 *	< .000
Post – test	35.92	2.61		

**Findings from Table 5:** Before the experiment, the mean self-esteem scores of the experimental group was 28.58 ( S.D. = 2.39), while after the experiment it was 35.93 (S.D. = 2.61). The data indicated that the mean self-esteem score of the experimental group was different from that before the experiment with a statistically significance of  $p < .000$

**Table 6:** Comparison of the differences of the mean self-esteem scores of the control group before and after the experiment.

Measures	Self-Esteem Score		t	p-value
	Mean	SD		
Pre – test	29.92	2.35	.506	< .623
Post – test	29.67	2.27		

**Findings from Table 6:** Before the experiment, the mean self-esteem scores of the control group was 29.92 (S.D.= 2.35), while after the experiment it was 29.67 (S.D.= 2.27). The data indicated that the mean self-esteem scores of the control group was not different from that before the experiment with a statistically significance of  $p < .623$



**Table 7:** Comparison of the mean self-esteem scores between the experimental group and the control group after the experiment.

Subject	Self – Esteem Score		t	p-value
	Mean	S.D.		
Experimental group	35.92	2.61	6.260*	< .000
Control group	29.67	2.27		

**Findings from Table 7:** After the experiment, the mean self-esteem scores of the experimental group was 35.92 (S.D. = 2.61), while the mean self-esteem scores of control group was 29.67 (S.D. = 2.27). The mean self-esteem scores of the experimental group was different from the control group with a statistically significance of  $p < .000$

**Table 8 :** Number and percentage of the participants' opinion on the group process program.

Statements	Strongly Agree	Agree	Not sure	Disagree	Strong Disagree
	N (%)	N (%)	N (%)	N (%)	N (%)
1. How much have you appreciated this activity?	1 (8.34)	10 (83.34)	1 (8.34)	–	–
2. You improved your ability to communicate and make contacts with others.	1 (8.34)	11 (91.66)	–	–	–
3. There is an increase in the number of listeners while you are explaining your point of view.	12 (100)	–	–	–	–
4. You can get respect from others.	1 (8.34)	10 (83.34)	1 (8.34)	–	–
5. Sincerely, you are able to accept and appreciate the others.	12 (100)	–	–	–	–
6. You are willing and ready to give help to others.	1 (8.34)	11 (91.66)	–	–	–
7. You are not hesitant to do activities and cooperate fully with others.	–	11 (91.66)	1 (8.34)	–	–
8. You are so proud because you are not different from others.	2 (16.68)	10 (83.32)	–	–	–
9. It will be great when you are the one who is the most valuable for the group.	12 (100)	–	–	–	–

**Findings from Table 8:** All of participants' opinions (100%) had strongly agreed with the item numbers 3, 5, and 9. Almost all of them had agree with the item numbers 1, 2, 4, 6, 7, and 8 (83.32%, 91.66%, 83.32%, 91.66%, 91.66%, and 83.32% respectively). In the comments part, the participants reported that these activities should be offered again, and also recommended that the officer of the Home for the Aged should participate in the activities in order to understand some of the needs and problems facing the elderly. The participants felt that the activities were usefully, and helped them develop a more close interpersonal relationships with each other. They received intellectual stimulation through interaction with their relative peers and experienced creative expression. They could spend time valuably and usefully in order to show their real capacity and increased their feeling of self-sufficiency and self-esteem

## CHAPTER V

### DISCUSSION

The purpose of this research was to study the effects of group process on self-esteem in the elderly at the Thammapakorn Home for the Aged. Research samples consisted of 24 members divided into the experimental and the control groups. Each group hereby contains 12 members. The experimental group participated in the group process consisting of eight sessions within four weeks. The control group received routine activities at the Home for the Aged. The researcher thus proposed the results as follows:

1. Demographic of the Sample Group : Twenty-four subjects were included in this study. Twelve subjects in each group were randomly divided into the experimental and the control group. Both of them consisted of the similar data baseline such as sex, age, marital status, and educational level. Majority of samples were male with their age ranging from 70-79 years, widowed, and had finished the primary school education.

2. Considering the mean scores of the self-esteem sub-scale of the experimental group before and after the experiment, it was found that the mean scores of the elderly after the experiment increased from before in every sub-scale. It could be explained that in agreement with the social change in aging, the elderly needed acceptance from other members in their peer group, in family, and in society. When

participating in the group process, the elderly had an increased role to play, felt useful towards society, and increased satisfaction in ones life that caused their self-esteem level to increase, which in turn lead to happiness, and healthy productive lives. The data showed that item #1 “On the whole, I am satisfied with myself” had the highest mean score of the self-esteem sub-scale. This was in agreement with Archer-Keth and Johnson (1994), who found that the group process would be able to enhance self-esteem by increasing members’ positive relationships among the group members and between members. The groups were provided with a variety of perspectives that stimulated insights into self-understanding and self-acceptance. According to Freud (1922, cited by Forsyth, 1983:54), an individual who is a member of a group would satisfy his or her basic psychological needs and desires. The group process program provided a sense of belonging, a sense of safety and security, as well as a gained respect from others. As was supported by the item #8, “I wish I could have more respect for myself”. This item’s mean score of the sub-scale increased from 1.64 to 3.14 after participating in the group process. Thus it could be concluded that engaging in group process was useful in enabling self-satisfaction and self-acceptance which are important elements in the Rosenberg’s self-esteem concept.

In the control group, the mean scores of the self-esteem sub-scale before and after the experiment showed slight change. After the experiment, the highest mean score for item #7 decreased from 3.58 to 3.33 while the lowest mean score for item #8 decreased from 2.03 to 1.88. The most likely explanation for this was that the elderly in the control group had not attended the group process and therefore, the change did not occur. They received only health services, daily activities, and recreation services

provided by the Home for the Aged, so they had no chance to improve their self-satisfaction and self-acceptance.

**Hypothesis 1:** The mean self-esteem scores of the experimental group, after the experiment, were different from those before the experiment.

**Research findings:** The mean self-esteem scores of the experimental group, before and after the experiment, were significantly different ( $p < .000$ ). Before the experiment the mean self-esteem score was 28.58, while after the experiment it increased to 35.92. The results of this study indicated that the group process program used in this research could increase self-esteem in the elderly. It could be explained that attention to self-esteem needs of the older persons become increasingly important when limitation of mobility and loss of significant others occur. Positive self-esteem was realized, to great extent, through interaction with others who valued the worth of human beings regardless of age or social status. The participants in the group process could be categorized as socio-process group or psycho-process group (Coffey, 1952, cited by Trotzer, 1989). Members received gratification and fulfillment as a result of their contribution to a set task, their cooperation with other members, and ultimately from the accomplishment of the task itself. As a psycho-process, group interaction itself was of primary importance. Member's satisfaction resulted from the involvement and interactions with other group members, from increasing knowledge about self and others, and from personal problem-solving, change, and growth. By reinforcing positive achievements both in the present and in the past experiences, they could feel increased self-sufficiency, self-worth, and self-satisfaction. This was backed up by the highest mean of the self-esteem sub-scale after the experiment in

item #1 “On the whole, I am satisfied with myself” (Mean = 3.86). In the meaning of inner self-esteem or self-acceptance, members could receive a sense of competence through such activities. They could be encouraged through their will power and self-control. This was backed up by 100 percent of the participants’ opinions to group process evaluation in item #3 “There is an increase in the number of listeners while you are explaining your point of view”, and in item #9 “It will be great when you are the one who is the most valuable for group”. This was in agreement with the studies of Thissen (1991), who found that support groups were affected on the personal meaning system of individual participants of 65 years and older. The personal meaning system is an individual construction of knowledge and attitudes about life and self including self-esteem.

**Hypotheses 2:** The mean self-esteem scores of the control group were not different from those before the experiment.

**Research findings:** The mean self-esteem scores of the control group was not statistically significant different from before the experiment ( $p < .623$ ). This result was assumed to mean that the daily activity services that the elderly in the control group received were not enough for improving their self-esteem. Daily activities such as physical exercises, health care services, recreational activities, and religion services could not offer sufficient social support, thus the change did not occur

**Hypothesis 3:** The mean self-esteem scores of the experimental group, after the experiment, were different from the control group.

**Research findings:** The comparison of the mean self-esteem scores after the experiment between the experimental and the control group showed that there was a statistically significant difference ( $p < .000$ ). After the experiment, the mean self-esteem score of the experimental group was 35.95, but for the control group was 29.67. Therefore, it could be concluded that the group process did effect the increasing levels of the participants' self-esteem.

According to the activity's theory, the more active and involved older adults were, the more likely they were to be satisfied with their lives. It supported the maintenance of their regular actions, roles, and solitude, as well as social pursuits for a satisfactory old age. Formal activities were deemed less useful than informal activities because they tended to segregate them by age, and thus reinforcing a lower self-concept. Longino and associates (1980 cited by Taft, 1985: 81) found that even the average activities level performed by retirement community residents resulted in a more positive self-esteem than among their counterparts in the general population. The participation in the group process in this study enable the elderly to have access to positive influences and significant others, and to have opportunities to participate meaningfully in the broader society if they desired to continue to do so.

One of the key distinctions between participating and non participating in the group process was that the group had the capacity to provide members with the experience of "belongingness." Thus the group members had the opportunity to feel as a part of a social group. The group could provide social support on the form of

group identity. When members experienced acceptance and understanding within the group, they began to realize they were important and worthwhile. This was supported by the questionnaire results in which all of the participants' opinions about the group process program (item #3 and #9) had strongly agree upon. The major factor that increased self-esteem was social interaction skills. Social interaction skills could be organized to help members learn a variety of communication skills and it could enhance their self-worth. Communication skills were instructed in the group process program to establish and maintain relationships, to discover one self, and to change attitudes and behaviors. By being expressive, the members demonstrated their skills of communicating genuinely, being involvement in the interpersonal interaction, and expressing one's thoughts and feelings. This also included taking responsibility for both talking and listening (Devito, 1986: 79). These perspectives were supported by the participants' opinions in the questionnaire item #5 "Sincerely, you are able to accept and appreciate the other members." and item #2 "You improved your ability to communicate and make contacts with others." Moreover, when the elderly participated in the group and were accepted by others members, they were proud of themselves, and regained their self-worth. Rogers (1970) stated that group experiences help members accept themselves, making one believe more in ones own abilities and of others. In the development of the program for the group process, the researcher began the activities by creating a warm atmosphere. The acceptance in this activity helped to create the relationships and bonding of members with each other. This kind of atmosphere was needed in every person. After discussion, and learning more about their situation and that of the other members, they became more

acquainted, warmer, and trusting with one another. As a result they had more confidence in expressing their feelings and ideas, thus self-confident and self-esteem were improved. As stated by Trotzer (1989: 204), people could realize ones self-esteem if one was in a suitable environment. People would have acceptance in oneself and high self-confidence. This was support by the exchange of ideas among the members, the group activities improved their understanding of themselves and helped in having positive self-concept and self-esteem. This is illustrated by the members' comments when they said:

“I have an opportunity to show my capacity while knowing the others and their abilities better.”

“I am glad to participate in this group because I can develop closer relationships than before.”

“I am proud to participate in this group because I gained more knowledge from others as well as I gave to others.”

This was supported by Tunsiri, S. (1992: 74), who conducted the group process program on the reduction of depression at Wasanawes Home for the Aged the result indicated that after the experiment the depression of the elderly was decreased from before the experiment. Similarly, a study by Bualert, A. ( 1993: 87) investigated the effects of Rogerian group counseling on reducing stress in 15 relations of schizophrenia patients in Somdetchaophaya Hospital. The finding showed that participants had significantly decreased stress levels.

In summary of this research, the administrative program for the group process resulted in an increase of self-esteem for the participants, that is, the elderly in the Thammapakorn Home for the Aged. The experimental group had a higher self-esteem after participating in the group process than the control group.



## CHAPTER VI

### CONCLUSION

This study used a quasi-experimental research design to determine the effectiveness of group process on self-esteem in the elderly at the Thammapakorn Home for the Aged, Chiangmai province. The study population were 24 members of the Thammapakorn Home for the Aged who were selected by an established criteria. The twenty-four subjects were matched into pairs and identified by sex, age, marital status, and educational level. They were then divided into an experimental group and a control group each of which consisted 12 individuals in each sample. The experimental group participated in the group process following the program which consisted of eight sessions each lasting one hour and thirty minutes. The participants met twice a week for four weeks as was established by the researcher. Meanwhile, the control group performed the daily activities of the Home for the Aged. The instruments used in this research were the group process program and the interview questionnaires on self-esteem of the elderly. In the development of the group process program, the researcher utilized the Rosenberg's self-esteem (1965) concept and the growth group by Rogers (1970). Four experts examined the contents validity and objectives of each session. Regarding the Rosenberg's self-esteem scale, it was translated and modified by Yaowaluk Mahasithiwat (1986). The researcher had modified it one more time to be suitable for this study and asked four experts to

examine the validity of the language used. The research data were collected by interviewing the participants in each sample groups. The data were collected within a four week period. All the data were analyzed and reported in percentage, mean, standard deviation, and t-test for the dependent sample and independent sample.

The research findings of this study were concluded as the following:

1. The personal data of the experimental group and control group contained the name, sex, age, marital status, and education level. The findings showed that both groups were equally represented as follows: 58% were male, 50% had their age ranging from 70 to 79 years, 58% were widowed, and 50% had a primary school level education.
2. The mean self-esteem scores of the experimental group after the experiment were statistically significant different ( $p < .000$ ).
3. The mean self-esteem scores of the control group, before and after the experiment, were not significantly different ( $p < .623$ ).
4. The mean self-esteem scores of the experiment group were statistically significant different from those of the elderly in the control group ( $p < .000$ ).

## **Recommendations**

### **The Research Benefits**

1. This study has shown that it is appropriate to recommend a continuation of the group process program for the elderly. However, proper implementation of the group process program requires the following factors to be taken into consideration:

1.1 Cooperation from organizations concerned is essential for the elderly to attend the group activities happily.

1.2 The time for group meetings should be arranged according to the group requirements.

1.3 The care giver staff should coordinate the group process in order to provide effective preliminaries as required.

2. This study should direct its usefulness towards the participants in the group process and provide them with experiences that they are able to apply in their daily life.

3. This group process program for promoting self-esteem in the elderly should be used as a guideline for other Home for the Aged, especially for those elderly who have some health problems or depression.

### **The Suggestion for Further Research**

1. There should be a follow-up study on self-esteem of the members to determine the long term effectiveness of the group process program.

2. Further research should be conducted to clarify the effectiveness of group

process program on other elderly groups, such as in other Home for the Aged and/or in other Elderly Clubs.

3. A comparison of the effect of group process and other kinds of group programs should be conducted in order to establish the level of self-esteem in the elderly.



## BIBLIOGRAPHY

- Arnold, E., & Boggs, K. (1989). Interpersonal relationships: Professional communication skills for nurses. Philadelphia: W.B. Saunders.
- Atchley, R.C. (1997). Social forces and aging: an introduction to social gerontology (3rd ed.), Belmont, CA: Wadsworth.
- Branden, N. (1987). The psychology of self-esteem. New York: Books.
- Branden, N. (1994). Working with self-esteem in Psychotherapy. New York: The Hatherleigh.
- Brearley, C.P. ( 1977). Resident work with the elderly. London: Routledge & Kegan Paul.
- Breytspak, L.M., & George, L.K. (1979). Measurement of self-concept and self-esteem in older people: State of the art. Experimental aging Research, 5, 137-148.
- Burnside, I. ( 1984). Working with the elderly: Group process and techniques. Belmont California: Wadsworth.
- Busse, E.W., & Allen,A. (1994). General Theories of Aging. In Copeland, J.R.M., Abou-Salch, M.T., & Blazer, D.G (Eds.), Principles and practice of geriatric psychiatry (pp. 23-26). New York: John wiley & Sons.
- Butler, R.N. (1985). Health, productivity and aging: An overview. New York: Springer-Verlag.

Caldwell, E., & Hegner, B.R. (1986). Geriatrics: A study of maturity (4th. ed.).

New York : Delmar.

Carson, V.B.,& Arnold, E.N. (1996). Mental health nursing. Philadelphia:

W.B.Saunders

Cartwright, D., & Zander, A. (1968). Group dynamics: Research and theory (3rd ed.).

New York: Harper & Row.

Cavanaugh, J.C. (1993). Adult development and aging. California : brooks/Cole.

Chayovan, N. (1995). Is there an increasing number of the deserted elderly? Journal of Demograph, 11(1), 49 - 55.

Cole,T.R., Achenbaum, W.A., Jakobi, P.L., & Kastenbaum, R. (Eds.). (1993). Voice and visions of aging: Towards critical gerontology. New York: Springer.

Coopersmith, S. (1984). Self-Esteem Inventories. California: Consulting Psychologists press.

Copeland, J.R.M., Abou-Salch, M.T., & Blazer, D.G. (Eds.). (1994). Principle and Practice of Geriatric Psychiatry. New York: JohnWiley & sons.

Corey, G. (1995). Theory and practice of group counseling (4th ed.). Pacific Grove, CA: Brooks/ Cole.

Devito, J.A. (1984). The interpersonal communication. New York: Harper & Row.

Duffy, M.E., & MacDonald, E. (1990). Derminants of functional health of older persons. The Gerontologist, 30, 503-509.

Fiske, M., & Chiriboga, D.A. (1990). Change and continuity in adult life. San Francisco, CA: Jossey-Bass.

Forsyth, D.R. (1983). Group Dynamics. California: Brook/Cole.

- Gridano, D.A. (1979). Controlling Stress and Tension: a holistic approach. EnglewoodCliffs, NJ: Prentice Hall.
- Gress, L.D. (1984). The Aging Person. ST. Louis Toronto: C.V. Mosby Company.
- Hendricks, J.& Hendricks, C.D. (1986). Aging in Mass Society: Myths and Realities (3rd ed.). Boston: Little brown.
- Human resources development planning department. (1995). Thai population Projections 1990-2020. Bangkok: Office of National Economic and Social Development Board.
- Institute of population studies. (1998). Population Trends in Thailand. Population Newsletter, 71(8).
- Johnson, D.W. & Johnson, F.P. (1997). Joining together: group theory and group skills (6th ed.). Needham Heights, MA: Allyn & Bacon.
- Kozier, B. (1988). Concepts and issues in nursing practice. California: Addison Wesley.
- Krause, N. (1987). Life stress: social support and self-esteem in an elderly population. Psychology and Aging, 2, 349-356.
- Krirkgulthorn, T. (1993). A study of social support and adaptation of the elderly in Moug Saraburi Municipal Arc. Unpublished masteral thesis, Mahidol University
- Lantz, S.M., Buchalter, N.E., McBee, L. (1997). The Wellness group. The Gerontologist, 37(4), 551-556.

- Leete, R. & Alam, I. (1993). Consequences of Fertility Transition in Asia. In Richard Leete and Igbam Alam (Eds.), The Revolution In Asian Fertility : Dimensions, causes, and Implications (255-274). Oxford: Claredon Press.
- Magai, C., & McFadden, S.H. (1996). Handbook of emotion, adult development, and aging. California: Academic Press.
- Maslow, A.M.(1970). Motivation and personality (2nd ed.). New York: Harper& Row.
- Matterson, M.A. (1996). Gerontological Nursing : concepts and practice. Philadelphia: W.B.Saunders.
- McPherson, B.D. (1983). Aging as socail process. Toronto: Butterworths.
- Meisenhelder, J.B. (1985). Self-esteem: A closer look at clinical interventions. International Journal Nursing Studies, 22(2), 127-135.
- Myer, J.E. (1997). Empowerment for later life. Ann Arbor, MI : The university of Michigan.
- National economics and social development board. (1995). Population projection in Thailand, 1990-2020. Bangkok.
- National Statistical Office. (1998). The Status of Thai Elderly. Bangkok:Office of the Prime Minister.
- Parent, C.J., & Whall, A.L. (1984). Are physical activity, self-esteem & depression related. Journal of Gerontological Nursing, 10(9), 8-11.
- Pongsapich, A. (1992). The changing family in Asia. Bangkok: UNESCO priciple Reginal office for Asia and the Pacific.

- Ranzijn, R., Keeves, J., Luszaz, M. & Feather, N.T. (1998). The role of self-perceived usefulness and competence in the self-esteem of elderly adult. Journal of Gerontology: Psychological sciences, 538 (2), 96-104.
- Robinson, W.C & Rachapactayakom, J. (1993). The role of Government planning in Thailand's fertility Decline. In. R. Leete and I. Alam (Eds.), The Revolution in Asian Fertility: Dimensions, Causes, and Implications (pp. 56-66). Oxford: Clarendon Press.
- Roger, C.R., & Dimom, R.F. (1970). Psychotherapy and personality change. Chicago: University of Chicago Press.
- Rosenberg, M. (1989). Society and the adolescent self-image (Rev.ed.). Middleton, CT: Wesleyan University Press.
- Santrock, J.W. (1997). Life-Span Development (6th ed.). Wisconsin: Brown & Benchmark.
- Scharlach, A.E., & Robinson, B. (1997). Cirriculum module on the aging process (Machinereadable data file) University of California. The Academic Geriatric Resource Program.
- Skeldon, Ronald. (1999). Ageing of Rural Populations in South- East and East Asia. Institute for Population and Social Research: Mahidol University.
- Spar, I.E. (1990). Geriatric Psychiatry. Washington : American Psychiatric press.
- Stuart. I. (1994). The psychology of aging. London: Jessica Kindsley Publishers.
- Taft, L.B. (1985). Self-esteem in later life: A nursing perspective. Journal of advance nursing science, 8(1), 77-84.
- Tinker, A. (1981). The elderly in modern society. New York: Longman.

- Trotzer, J.P. (1989). The counselor and the group: Integrating theory, training, and practice (2nd ed.). Indiana: Accelerated Development.
- Tunsiri, S. (1992). The effect of group process on the reduction of depression at Wasanawes home for the Aged Phranakhorn Si Ayutthaya province. M.S (Public health nursing) Graduate School Chiangmai University.
- United Nations. (1996). Population aging and development: Report of the Regional Seminar on population aging and development. Asian Population Studies Series No. 140, New York: DIESA Statistical Office.
- Victor, C.R. (1994). Old age in modern society: A textbook of social gerontology (2nd ed.). London: Chapman & Hall.
- Watana, P. (1996). Aging, continuing education and skill development. In United Nations (Ed.), Population Aging and Development (47-52). New York: United Nations
- Wei, G. (1998). Self-esteem of fertile and infertile Chinese woman. M.Ns. Thesis in Maternal and Child Nursing, Graduate School, Chiangmai University.
- Wongchantra, W. (1996). Function health pattern of the elderly at Thammapakorn Home for the Aged, Chiangmai province. Master of Public Health Graduate school Chiangmai University.
- Wongsith, Siriboon and Entz. (1996). Community participation in providing care, services and activities for Thai elderly. Institute of Population Studies: Chulalongkorn University.



## **APPENDIX A**

### **LIST OF EXPERTS**

There were four experts who had validated the program of group process and questionnaires. They were :

1. Pimmas Tapanya

Psychology Department, Humanity Faculty, Chiangmai University

2. Sumana Pisollayabuth

Somdetjaopraya Hospital, Mental Health Department

3. Supin Pornbhipatkul

Somdetjaopraya Hospital, Mental Health Department

4. Suchitra Usaha

Somdetjaopraya Hospital, Mental Health Department

## **APPENDIX B**

### **RESEARCH INSTRUMENT**

#### **Group Process Programs**

#### **Session 1: Relationship building**

#### **Objectives**

1. To inform the members of the objectives and program procedures.
2. To establish the positive relationship among the group members.
3. To encourage the good attitude toward oneself and others, and develop self-acceptance in order to develop self-confidence.

#### **Materials**

Color Cards, Blank paper, Pen

#### **Concept**

Interpersonal relationships are extremely important in meeting our basic human need. Relationships with others are required to adequately satisfy our needs for safety, love, and esteem. Having positive relationships with others is a key quality of a self-actualized person. Because of this basic dependence on human relationships, people are primarily social in nature. Interpersonal contacts not only meet our needs but also develop the qualities that make us uniquely human. Therefore we need to

look intensely at interpersonal relationships to determine their impact on the human growth process.

## Methods

1. The leader introduced her to the group members, then appreciated for their participating in this group process program.

2. The leader informed the group members about the activities, the objectives, procedure and duration of group process program.

3. The leader then started the activity to establish the good relationship among the group members.

3.1 Each member introduced him/herself to the group.

3.2 Asked them introduce themselves again and added the positive characteristics at the end of sentence such as:

“I am..... I have pretty smile”

“I am.....I like to help others”

4. The group leader explained the rule of next step that each of them would receive a color card, then would let them to search for the other whose having the same color card and stand by couple.

5. The leader made the group members in circle. Asked them to keep two hands backward and gave the color card to all members. Asked the member see their color card and started to search their couple.

6. Each pair was asked to interchange their personal information such as age, occupation, address, favorite things, etc.

7. After knowing each other, each member introduced her partner to the group in order of name following the positive characteristics and partner's information.

8. The leader provided the group members with an opportunity to express their feeling about the initial session and discussed the main point of the relationship building concept as follows:

The importance of the group process stems from the fact that we were social beings who developed through adequate and meaningful exposure to social situations and relationships. Clearly we could neither meet our needs nor develop our humanness in isolation. Assertive skill could be used to form relationship, such as introduced oneself and active listening among the group. As we interacted with the others we note their responses to us, and we learned to view ourselves as they view us. Information from this interaction developed the relationships of all degrees of openness, and that the open quadrant increases in size as a result of interaction. Moreover, we could know the positive characteristics of ourselves that could proud and lead to enhance our self-esteem.

## **Session 2 Self-discovery**

### **Objectives**

1. To help the members to understand their individual differences.
2. To encourage the members to perceive themselves in realistic way.
- 3..To explore their unknown self and learn how to establish the positive characteristic of themselves.

### **Materials**

Square, picture Paper, Color marker

### **Concept**

To understand how positive ones differ from a negative ones was imperative. This understanding was necessary from a psychological health. Learning of individual differences helped to understand self-knowledge, explored and accepted the positive and negative view. This would be the way to know about good quality.

### **Methods**

1. The leader wrote “My good quality” on the board then asked the members to share idea and their good qualities in the group.
2. The leader encouraged the member to share and appreciated their good qualities.
3. The leader asked each member to look at square picture and asked them “how many squares in big square you can see”.

4. Each member was encouraged to answer. The answer might be one up to 17,23,30 squares then the leader explained that all answers were correct because the question needed to get the answer that how many squares they could see.

5. The leader asked about the picture and members' feelings toward the picture one by one. The leader encouraged them to express their opinions and their feelings. Then the leader concluded as these following:

According to the square picture, it could be compared to the self- perception. We had learned that each individual could have different thoughts or feeling about the same picture. Each person had his own perception toward the situation that related to his own learning and own perspective point of view. We could perceive ourselves in several ways, once we discovered another sides of ourselves then we could see more self-perception. If we perceived only one side of yourselves with your negative feeling you would be unhappy and suffering. The square perception was concerned to perceive your self-esteem. How did you perceive your self- esteem? The finding and discovery of oneself started at the biggest square which seem to be oneself right now. The new concept had been created your perception to increase many squares that you had never seen before. This group process activity could provide chance for you to explore your positive qualities. If you perceived yourselves wider and had more positive feelings toward yourselves and others then we could regain better feeling about you.

### **Session 3: Communication skills**

#### **Objectives**

1. To encourage the members to express positive feeling towards each other
2. To practice communication skills
3. To help the members to realize the importance of positive communication and to share their own experience by expressing their emotions with the group members.

#### **Concept**

Because communication skills were interpersonal relationship, whatever interfered with the relationships among group members interfered with their communication. Improved in communication in a group could result in basic the relationships in group. If members had the skills but were not fully aware that they were not using them, an analysis of the communication behavior in the group could be a great help.

#### **Methods**

1. The leader asked the members to think about the sentence or word which could be used to express friendship in communication with others. Then asked the advantages of these sentence or word for building the interpersonal relationship.
2. The leader provided a chance for the members to tell about their impression experiences towards each member whose doing something for them and they would like to say "Thank You" for them.

3. As the members finished the story telling, the leader pursued all members to clap hands and asked to the person who receive “Thank You” how did he or she feel when received “Thank you”.

4. The leader asked he or she that they could remember this story or not and when they knew that this story had the importance to your friends how did you want to tell them.

5. The leader gave member the opportunity to express their feelings and responses to each other.

6. Each member had an opportunity to talk to that person and appreciate them, and then handed it to those members.

7. The leader concluded this activity as these followings:

Verbal expression was a way of clearly communication to other people how one felt so that one could understand his/her feeling. On the other hand, sometimes people misunderstood non verbal ways of expressing emotions because of individual differences in their perception of being expressed. The friendship expression in sincerely words such as “Your welcome”, “Thank you”, “Excuse me”, “please”, and “I’m glad to see you” indicated to positive feeling in human relationship. The positive expression to others was good and valuable action. The expression of your thankful feeling or appreciated to others could be shown easily but the result were great. The receiver gained proud in one self and returned you self-worth.

## **Session 4: The Proud Experience**

### **Objectives**

1. To provide the members with the opportunity to reflect on their proud experience.
2. To encourage the members to regain positive feelings.
3. To develop confidence in living with another and be able to express feelings to others.
4. To provide the members' pride and self-esteem.

### **Concept**

The needed to talk and share was very important for the elderly. Groups also gave members the chance to express their own positive feeling. This activities utilizes a sense of self-worth, self-respect, and self-esteem.

### **Methods**

1. The leader provided a chance for each member to tell about proud experience.
2. The leader motivated all members to talk about their feeling one by one.
3. The leader linked the even by using question or stories which members had been told to others in group that “ After you had heard stories then how about your opinion”, “Do you have the same experience as well as this story”
4. The leader appreciated their experiences and encouraged the members to exchange opinions and feelings.

5. The leader summed up the session as follow: everybody had various experience which had been shown that members were worthy person. We found many our abilities but some time those abilities could not be revealed to others as the closed book. thinking of past experience could remind us to have good feeling of oneself.

### **Session 5: Cooperation**

#### **Objectives**

1. To develop the sense of competence and self-respect through the collaboration.
2. To confirm the importance of learning and understanding needs of others.
3. To develop the need to make some sacrifices to each other.
4. To utilize their self-acceptance.

#### **Materials**

Fruit picture in square cardboard.

#### **Concept**

In a cooperative group, the crucial elements of trust were openness and sharing on the one hand and acceptance, support, and cooperative intentions on the other. Within cooperative groups, achievement was higher, committed and caring relationships formed, and the self-esteem and social competence required to cope with stress and adversity were increased.

## Methods

1. The leader divided the members into 3 groups, 4 members for one group.
2. The leader instructed to the members as follows: each member of your group had an envelope containing pieces of cardboard for forming squares. When the signal was given to begin, the task of the group was to form one square in front of each member. Only parts of the pieces for forming the four squares were in each envelope. The exercise had two goals: your individual goal of forming a square in front of your self as fast as possible and the group's goal of having squares formed in front of every member as fast as possible. The individual goal was accomplished when you had a completed square in front of you. The group goal was accomplished when all members had completed squares in front of them. The specific rules for the exercise were as a). No talking, pointing, or any other kind of communication was allowed among the four members of your group. b) Members might give puzzle pieces to other members. c) No person might ask another member for piece of the puzzle or in any way signal that another person was to give her a puzzle piece.
3. The leader gave signal to begin. The groups were to work until all of them had solved the puzzle.
4. After the members finished the task, the leader shared the results and discussed on the following topics question:
  - 4.1 Who was the most important person in this task? (No one was the most important person because all members could help each other)
  - 4.2 What did you learn from the rule?

4.3 What was the obstacle that causes to the task failure?

4.4 What did the task finish? (Sacrifice, cooperation)

5. The leader concluded as these followings:

Working cooperatively created far more positive relationships among members, positive attitudes toward each other, mutual concern, friendliness, feelings of obligation to each other, and a desire to win each other's respect. Acceptance was probably the first concern to arise in group. Acceptance of others usually with acceptance of one self. The more members cared about each other, the greater their social competencies and psychological health become. The more caring and supportive the relationship, the greater their self-respect and self-esteem become.

### **Session 6: Acceptance of one- self and others**

#### **Objectives**

1. To increase awareness of self-understanding.
2. To encourage feeling of worthiness.
3. To realize the dignity in themselves and respect to each other.

#### **Concept**

If group members experienced the acceptance of the group, they became more cognizant of their own selves and their own need to accept themselves. This resulted in a greater feeling of self-confidence and self worth and provided a stimulus to treat

others in like manner. Through the process of sensitivity and observing among members, they found their own feeling of worth.

### **Methods**

1. The leader asked each member to bring an object that was meaningful for themselves to the meeting room.

2. The leader placed all objects at the middle of table. Then asked each member to arrange them on the table. As each member had already finished the arrangement, anyone could rearrange the objects again until everybody satisfies.

3. During each member arranged the objects, no talking and the leader observed reaction that happened in the group.

4. When the task was finished, the leader provided group discussion and shared their feeling one by one such as why they liked the object, what did you feel when someone removed your object.

5. The leader led everyone to have discussion and referred to several reactions that could be seen in the group and concluded as these following.

In everybody life we needed an acceptance from member in group. We would like to stay in the group meaningfully not a worthless person. We needed to participate and wanted the others to see our importance in the group. By the same way we could experience feelings of worth to others and ourselves if we acted in a responsible manner. Once we have taken responsibility and realized an accomplishment, respect was generated both from us and from others. To maintain this respect, we must be responsible, and so on.

**Session 7: Creativity Exchange.****Objectives**

1. To provide the members with the opportunity to become aware of their own capacities, value, creativity, and skills.
2. To search for the strengths of themselves and each other.
3. To realize the importance of cooperation for interpersonal skill improvement.

**Materials**

Cotton, Green beans, Rope, Buttons, Sticks, and leaves.

**Concept**

According to the elderly experiences that full of knowledge, they could be most successfully person if they revealed their own capacities. Therefore, the way to brought them realized their potentialities was to give a chance to express their opinions, feelings, and useful experience to others.

**Method**

1. Divided the members into 2 groups, 6 persons for each group.
2. Gave all accessories to each group.
3. Gave groups an order to create one performing all things given.
4. Represented by a group in front of the class (after finishing). During this time, the leader gave opportunities to discuss and show points of view.

5. The leader participated in the whole discussion and summarized their points while convinced them to recognize that every members also (1) had physical strength and own capacities, (2) been good at different performance, and (3) needed to go on following their thinking. From this activity, members would learn how different creativity join together, and how they would feel while the potential were respected.

All member still be strong, healthy and have ability in oneself, each person has an unique aptitude, having need to do as one wish but sometime the opportunity is not available to do as one need. The chance opening can provide each member to think in creative way and this time. We can find that everyone has good creativity. The chance to bring all creative idea and ability to work together for social benefit will be the better and honored doing. Then we can assume that elderly can be worthy and have useful ability as well.

### **Session 8: Group summary and evaluation**

#### **Objectives**

1. To build the sense of love, understanding, and happiness for developing self-esteem.
2. To keep the positive relationships among members after the group process activities have been finished.
3. To review the acquired experience and express their feeling.
4. To focus on the importance of self-esteem and evaluate this group process program.

## **Concept**

This main point of this session is to help group members learn and accept themselves more readily through expression of their identity and characteristics by feedback from the others. This results in a greater feeling of self-confidence and self worth and provides a stimulus to treat others in like manner. It is intended to help the group realize their cooperation and experience working together under the common bond of their group experience.

## **Method**

1. Formed the group in a circle.
2. Recalled members for their last session and induced them remember impressive feelings to each other. Had one member be the focal point and the other members in turn gave an impression of his/her.
3. When the person had completed, the next person did the same and so on.
4. The leader participate in this activities.
5. Asked members for recalling knowledge and experience gaining from the group participating by summarize in each time sequentially how the group process utilized their feelings.
6. Gave members an appreciation and concluded as these followings:

During the eight sessions, you had shared your feelings, opinions and experiences. Each group member should have benefited from group process program. You had learned the new thing and feel better about yourself and made you feel more

confident. To help you to do this, you should look for good things around you or found ways to express the goodness within yourselves in order to boost your self-esteem, which would give you the confidence and succeed. I hoped that you would be able to apply this to your daily life and in dealing your problems.



## APPENDIX C

### THE INSTRUMENT FOR DATA COLLECTION

Name.....Age.....Sex.....

Marital status

- Single                       Couple  
 Widowed                       Divorced/Separated

Educational level

- Primary school                       Secondary school  
 College                       Higher

### Rosenberg Self-Esteem Scale

Statement	Strongly agree	Agree	Disagree	Strongly disagree
1. On the whole, I am satisfied with myself.				
2. At times I think I am no good at all.				
3. I feel that I have a number of good qualities.				
4. I am able to do things as well as most other people				
5. I feel I do not have much to be proud of.				
6. I certainly feel useless at times.				
7. I feel that I'm a person of worth, at least on an equal plane with others.				
8. I wish I could have more respect for myself.				
9. All in all, I am inclined to feel that I am a failure.				
10. I take a positive attitude toward myself.				

## The opinion on the group process program

Statement	Strongly Agree	Agree	Neutral	Disagree	Strong disagree
1. How much have you appreciated in this activity?					
2. You improve an ability in communicate and contact with others.					
3. There is an increase of listener number while you are explaining your point of view.					
4. You can touch the respect from others.					
5. Sincerely, you are able to accept and appreciate the others.					
6. You are willing and ready to give help.					
7. You are not hesitating to work and cooperate fully with others.					
8. You are so proud while you are not different from others.					
9. It will be great when you are a one who is valuable for group.					
10. Any comment					

## BIOGRAPHY



**NAME** Miss Thidarat Srisukho

**DATE OF BRITH** 3 August 1965

**PLACE OF BIRTH** Lumpang Thailand

**INSTITUTION ATTENDED**

Chiangmai University, 1983-1987:  
Bachelor of Science (Psychology)

Mahidol University, 1996-2000:  
Master of Science (Clinical Psychology)

**POSITION & OFFICE**

1990-1994, Suansaranrom Hospital,  
Mental Health Department, Suratthanee,  
Thailand

1994-Present, Suanprung Hospital,  
Mental Health Department, Chiangmai,  
Thailand

Position: Clinical Psychologist