

THERAPEUTIC ROLE OF CAREGIVERS IN FOSTERING CITIZENS WELLBEING

Mojisola Ogunsanwo, Ph.D*

Institute of Education, Olabisi Onabanjo University, Ago-Iwoye, Ogun State.

mojibola335@gmail.com

Abstract

Caregivers are special individuals who by necessity often subjugate their own needs to the needs of the person they are caring for. They played a significant role in the social and economic care as well as the treatment of vulnerable individuals especially the youths. In recent times, social and economic changes have impacted on the structure of the family. More people have left their communities to seek employment, making extended families less common. More children, than ever before, are orphans, having lost one or both parents to war, sickness, accidents, or poverty. In many cases, for social, economic, and cultural reasons, the girl-child is even more vulnerable than boys. Wherever they might call home whether the streets, institutions, or relatives' homes, children need somebody to care for their emotional, physical, and spiritual needs. Therefore, this paper assesses the therapeutic role of caregivers in fostering the well-being of citizens.

Keywords - Caregiver, wellbeing, youths, therapy

Introduction

The term “caregiver” or “giving care” as a practice has always been a part of our culture. Since time immemorial, human beings have lived together. Sharing emotions, including happiness as well as sorrow, has always been a common practice. Giving assistance in times of need, such as sickness, death, war, and natural disasters, is an act that comes naturally to most human beings. In traditional societies, giving care to those that needed it is a basic function of the family. The youths have different life issues that cause them pain, discomfort, and sorrow. Counselling is one of the tools used to help people solve their problems, which has been in existence for a long time. In traditional communities there have always been elders to offer counselling and guidance to the young people. The caregiver is expected help people in making their environment more secure and compassionate. By sharing skills and time, helping to develop into happier and healthier human beings, equipped to cope with life's problems and challenges.

In recent times, social and economic changes have brought changes in the structure of the family. More people have left their communities to seek employment, making extended families less common. More children than ever before are orphans, having lost one or both parents to war, sickness, accidents, or poverty. All youths are vulnerable, - male and female alike. In many cases, studies have shown that for social, economic, and cultural reasons, the female youths are more vulnerable than boys (Ayodele & Ezeokoli, 2013; Richford, 2018). Wherever they might call home—the

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streets, institutions, or relatives' homes—all children need somebody to care for their emotional, physical, and spiritual needs (Ayodele, 2016; Commonwealth of Learning, 2007).

It should be noted, however, that millions of people in Nigeria are experiencing and/or witnessing trauma on a daily basis, and these traumatic events can have a profound impact on their psycho-social-emotional and mental health (Shavers, 2013). The increased stress of living in impoverished conditions puts many at an increased risk for developing emotional and behavioral problems that may negatively affect their mental health. If mental health services are not provided, there is an increased risk that Nigerian citizens may not excel in most things they do, have low productivity in life, and may develop depression. Depression among citizens have major implications on their mental, emotional, and physical development and puts them at higher-risk for life failure and untimely death (Ayelabola & Ayodele, 2019).

Who is a caregiver?

“*Caregiver*” is a general term referring to anyone who provides care for a person who needs extra help. Caregivers help individuals achieve tasks and functions necessary for daily life that may have, for a number of reasons, become inaccessible to them. As noted by Adekanbi and Olanrewaju (2018) caregiver is someone whose job is to assist another person in a way that enables them to live as independently as possible. They render help to someone who in some degree is incapacitated and needs help. In the context of this paper, caregivers are trained personnel in the treatment of behaviour disorders/abnormal behaviour/personality disorders by psychological means.

Professional caregivers can go by many different job titles. These caregivers include:

- i. Clinical psychologists: These are professionals in diagnosing and treating of chronic psychological disorders, which may be behavioural, emotional, or mental. They use psychological methods (psychological assessment and psychotherapy) and research to make positive changes to their clients' lives and improve their psychological well-being through various forms of treatment. According to Owen & Gans, (2020) a clinical psychologist is a mental health professional with highly specialized training in the diagnosis and psychological treatment of mental, behavioral and emotional illnesses, including obsessive-compulsive disorder.
- ii. Counselling psychologists: These are trained personnel in counselling processes in order to help individuals with mild psychosocial problems emanated from everyday life situations to become well adjusted. Counseling psychologists help people with physical, emotional and mental health issues improve their sense of well-being, alleviate feelings of distress and resolve crises. They also provide assessment, diagnosis, and treatment of more severe psychological symptoms (APA, 2018).

- iii. Guidance Counsellors: A guidance counsellor is a person who is employed, usually in a school, to offer advice on problems, help troubled students and assist students in making meaningful life decision. They are required to perform excellently the various roles which the law and tradition have assigned to them. These roles include instruction, guidance, counselling, problem solving, and the likes.
- iv. Medical practitioners: These are trained personnel that specialize in diagnosis and treatment of diseases or serious abnormal behaviour. These include medical doctors, nurses, psychiatrists and the likes and tend to work with one particular client group, such as children or people with distress or ailment. They often work in a particular setting, for example a hospital or through social services.
- v. Mental health practitioners: These are health care professionals who provide therapy and mental healthcare. They offer services for the purpose of improving an individual's mental health or treat mental illness (Thompson, Chin, & Kring, 2019).
- vi. Psychoanalysts: These are medical practitioners who are originally either psychologists or psychiatrists with additional or specializes training and clinical experience in the use of psychoanalytic procedures (Akinade, 2008).
- vii. Social workers: These are trained and licensed professionals who offer non-medical treatment to individuals who need help in resolving behavioural and/or emotional disorders. They also work alongside other professionals like clinical psychologists and psychiatrists in the clinical settings.

In a nutshell, trained caregivers play a vital role in providing for the psycho-social and emotional needs of individuals. The recipients of care range from children to older adults, and live in both residential and institutional settings. Typical work of trained caregivers as noted by Bond (2013) include among others:

- assessing a client's needs, abilities or behaviour using a variety of methods, including psychometric tests, interviews and direct observation of behaviour;
- working as part of a multidisciplinary team alongside doctors, nurses, social workers, education professionals, health visitors, psychiatrists and occupational therapists;
- devising and monitoring appropriate treatment programmes, including therapy, counselling or advice, in collaboration with colleagues;
- offering therapy and treatments for difficulties relating to mental health problems such as anxiety, depression, addiction, social and interpersonal problems and challenging behaviour;
- developing and evaluating service provision for clients;
- providing consultation to other professions, encouraging a psychological approach in their work;
- counselling and supporting clients;

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- carrying out applied research, adding to the evidence base of practice in a variety of healthcare setting.

What is Care giving?

Providing care or care giving often time brings to mind the word “nurturing” or “comforting”. Care giving is the interactions between a trained person in either psychotherapy or medical line and another person who is need of help on a regular or occasional basis with tasks that are necessary for independent living and adjustment to life. A relationship develops into care giving when individuals in need become dependent on another’s help to complete tasks. Care giving involves taking on practical supportive tasks, although to care for someone that has obvious emotional connotations. It is the weaving together of these elements that can make care giving such a challenge (Akinade, 2008; Bond, 2013; Family Caregiver Alliance, 2005)

Care giving plays a unique and valuable role in our society, which helped to facilitate individual self-understanding and self-development. Importantly, it helps youths explore their own thoughts and feelings about their present situation, about the options open to them and about the consequences of those options. As the number of caregivers grows, the issues surrounding care giving have gained national attention from a variety of sectors. However, care giving has received increased attention as an important public health issue as it helps people navigate difficult life situations.

What is Wellbeing?

Wellbeing is a multi-dimensional concept, which describes positive and negative emotions, worries and stress, life-satisfaction and optimism (Ayodele & Ogunsanwo, 2018). Psychological wellbeing serves as an umbrella term for many constructs that assess psychological functioning (Kämpfi, Välimaa, Ojala, Tynjälä, & Kannas, 2012). Well-being is about lives going well. It is the combination of feeling good and functioning effectively. Sustainable well-being does not require individuals to feel good all the time; the experience of painful emotions (e.g. disappointment, failure, grief) is a normal part of life, and being able to manage these negative or painful emotions is essential for long-term well-being. Psychological well-being is, however, compromised when negative emotions are extreme or very long lasting and interfere with a person’s ability to function in his or her daily life (Adenuga & Ayodele, 2010; Huppert, 2009).

Psychological well-being is the overall satisfaction and happiness or the subjective report of one’s mental state of being healthy, satisfied or prosperous and broadly to reflect quality of life and mood states (Ogunsanwo, 2016). Psychological well-being refers to living life in a full and deeply satisfying manner (Deci & Ryan, 2008). According to a study conducted by Ryff (2017) psychological wellbeing is a reliable predictor of health and long-term positive adjustment. People with higher levels of well-being suffer fewer illnesses, have an increased life expectancy and engage in healthier behaviour.

Wellbeing can therefore be defined as a state that emerges from feeling of satisfaction with one's close interpersonal and intrapersonal relationships combined with life situations (Ayodele, 2014). In this study, it is defined as a combination of happiness, life satisfaction and depression. Happiness is an emotional state whereas life satisfaction addresses a more global cognitive evaluation of one's life (Ogunsanwo, 2016). Whereas happiness and life satisfaction are positive effects, depression is a negative effect. Both affects tell us the wellbeing of the individual.

Caregivers and the use of Psychotherapy

Psychotherapy is fully known as psychological therapies. Psychological therapies employ verbal and nonverbal communication rather than drugs or other physical means in the treatment of mental health problems (Akinade, 2008; Ayodele, 2012; Harris, Nagy & Vardaxis, 2010). This section examines two theoretical approaches: the psychological and socio-cultural approaches.

Researches have shown that mental health problems and psychological explanations to it can be traced to eighteenth century, and this focuses on maladaptive behaviours that are based on irrational patterns of thinking and perceiving. A therapeutic approach is the lens through which a professional caregiver addresses their clients' problems. Broadly speaking, the therapeutic approaches of professional caregivers fall into two categories, which are Humanistic, psychological and behavioural.

1. **Humanistic Approach:** This recognises the uniqueness of every individual, and assumes that everyone has an innate capacity to grow emotionally and psychologically towards the goals of self-actualization and personal fulfilment. Humanistic caregivers work with the belief that problems are not caused by life events themselves, but how we experience them. Our experience, in turn, will affect and be affected by how we feel about ourselves, influencing self-esteem and confidence. The humanistic approach to care giving therefore encourages the individual to learn to understand how negative responses to life events can lead to psychological discomfort. The approach aims for self-acceptance of both negative and positive aspects of our characters and personalities (Akinade, 2008; Ayodele, 2014, Sternberg, 2000).
2. **Behavioural Approach:** It focuses on the assumption that the environment determines an individual's behaviour. How an individual respond to a given situation is the result of past learning, and usually behaviour that has been reinforced in the past. Behavioural approaches are usually short-term and address your behaviour and thought patterns. **Behaviourists believe that that behaviour is 'learned' and can therefore be unlearned.** Behaviour therapy focuses on individual behaviour and aims to help people to modify unwanted behaviours. Unwanted behaviour is defined as an undesired response to something or someone in the environment. Using this approach, a counsellor would identify the unwanted behaviour with a client and together they would work to change or adapt the behaviour (APA, 2018, Fisher, 2011, Holmes, 2001).

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3. **Psychological positions** provide a set of instructions to the individual about how to think, feel, and act. These deeply rooted decisions are the mental filters through which we make meaning (mind movies) of ourselves, others, and the happenings in the world around us. It is rooted in exploring and understanding past experience to identify repressed issues that are affecting current behaviour. Psychological positions is therefore a long and ongoing process, and is mainly used when people are experiencing severe problems that are not resolved using other methods (APA, 2018, Fisher, 2011, Holmes, 2001).

Therapeutic approaches and Psychotherapy

Some of the therapeutic approaches and methods used in fostering citizens wellbeing are:

1. **Psychoanalysis:** This psychotherapeutic method was developed by Sigmund Freud with a goal of assisting clients to achieve insight into their source of unresolved unconscious conflicts. Psychoanalytical theorists interpret behaviour in terms of mostly intrinsic and often unconscious drives and motives (Holmes, 2001; Sternberg, 2000). Psychoanalytic theorists make use of various methods such as free association, dream analysis, and the likes that can help clients resolve their problems.
2. **Behavioural Psychotherapies:** The behavioural perspective focuses on the role of learning in explaining both normal and abnormal behaviour. These behaviourists operate within a positivist paradigm, arguing that the causes of abnormal behaviour must be sought in only empirically observable behaviour. Thus, they do not accept psychoanalytic views of the unconscious motivation of behaviour because this is not observable and measurable. They argue that behaviour can be manipulated through positive reinforcement and that maladaptive behaviour is learned and can, therefore, be unlearned. Operant conditioning, modelling, shaping and positive and negative reinforcement are processes for learning or unlearning behaviour (Holmes, 2001; Sternberg, 2000).
3. **Rational Emotive Behavioural Therapy (REBT):** This is a cognitive-behavioral approach to psychotherapy pioneered and developed by Albert Ellis. In addition to being a comprehensive approach to the emotional and behavioral aspects of human disturbance, REBT places a great deal of emphasis on the thinking component. The primary goal of Rational Emotive Therapy and Rational Emotive Education is to help people lead non-self-defeating, happier, self-actualizing lives so that they can truly get better, rather than simply feel better because emotions are understood and expressed. REBT emphasize the directive role of thought in the guidance of behavior as well as the use of behavioral experiences in influencing thought. Thus, in many respects, the rational emotive system is similar to Piaget's assimilation and accommodation theory in which cognitive schemata may be modified or changed to match the outer reality through concrete experiences (William, 2010, Ayodele, 2014).

4. **Person-Centred Therapy:** Carl Rogers (1902–1987) developed this therapy, which focused on the therapist employing unconditional positive regard and sincere empathic understanding, as a means to assist the process of self-actualization. Akinade (2008) rightly noted that the theory expects therapists to let clients air their word view and ability to be responsible for change to take prominence.
5. **Cognitive Behavioural Therapy:** Cognitive theorists focus on how reality is coloured by our expectations, attitudes and values, and how inaccurate or biased processing of information about the world can give rise to mental illness. Cognitive theorists believe it is our interpretations of events in our lives, and not the events themselves, that determine our emotional states. Maladaptive behaviour and mental illnesses are viewed as distortions or problems with the input (based on perception), storage, retrieval, manipulation and output of information. Cognitive distortions or errors in thinking can also cause problems (Fisher, 2011).
6. **Humanistic Psychotherapies:** These theorists hypothesize that behaviour is due to conscious choices aimed towards achieving personal fulfillment (self-actualization) that are based on the individual's perception of a situation (Holmes, 2001; Sternberg, 2000). Akinade (2008) asserts that humanistic psychotherapies tend to free clients' tendency towards self-actualization by a growth inducing therapeutic relationship.

The Therapeutic Roles of Caregivers

The basis of therapeutic relationship in care giving centres on the development of a therapeutic relationship with the client/patient and good interpersonal skills, positive attitudes and self-awareness (Australian College of Mental Health Nurses Inc., 2010; Fisher, 2011). Depending on the needs of client, caregivers commonly adopt an eclectic approach integrating bio-medical, psychological, and socio-cultural frameworks into their care giving practice (Fortinash & Woret, 2004).

However, psychodynamic theory has influenced the therapeutic role of caregivers through the belief that the unconscious is a determinant of behaviour and through the importance of early childhood experiences on the wellbeing and mental health of individuals. Care giving within this framework focus on accessing unconscious material through the use of therapeutic techniques such as free association, dream analysis and analysis of transference and counter-transference (Corey, 2001). Care giving within a behavioural framework utilize a variety of relaxation training, systematic desensitization and assertiveness training, with an emphasis on the interplay between the environment and the individual.

Care giving within a humanistic framework relies on the development of a personal relationship between the caregiver and the client. The role of the caregiver is to help the client identify what they want and how they need to grow to achieve it. Thus, the client leads and decides the direction and focus of the therapy (Corey, 2001), whereas

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care giving within a cognitive behavioural framework employ directive techniques such as teaching, persuasion and setting homework tasks in order to change a client's beliefs about themselves (negative thinking). The focus is on demonstrating how dysfunctional beliefs held by the client lead to negative emotional and behavioural results (Corey, 2001). The emphasis is on practicing new behaviours and thoughts/beliefs to replace old dysfunctional habitual ways of thinking and behaving. Cognitive Behavioural Therapy (CBT) has been well researched and has become the therapy of choice for the treatment of depression, anxiety and to teach skills aimed at reducing the severity of delusions and hallucinations.

Psychological therapies are increasingly recognised by health care management, practitioners and researchers as important in the treatment of maladaptive behaviour and mental illness and are suitable for incorporating into the therapeutic role of caregivers. There is a significant body of research highlighting the effectiveness of psychological therapies in treating the symptoms of major mental illness and the likes (Buckley, Pettit & Adams, 2007; McIntosh et al., 2006). For instance, Rational Emotive Behaviour Therapy (REBT) is a treatment that has been used with recorded success among youths and adults (Ayodele, 2014, Ladipo, 2000). REBT has been notably used in stamping out or reducing to the barest minimum most of the confusions, disturbances and lack of progress in any task that often confront individuals. Several studies have suggested that REBT based on its tenets can alter the anxiety and fear associated with speech, examination, feeling of indulgencies, low self-esteem and interpersonal encounters (Ayodele, 2012, Froggatt, 2005).

CBT has also been proved by many researchers and scholars in helping to reduce both the negative symptoms such as social withdrawal and the positive symptoms such as hallucinations that are associated with schizophrenia, and that these effects are long lasting (Grant, 2004, Tarrier, 2005). Similarly, reviews of the literature have shown the effectiveness of CBT for the successful treatment of the symptoms of mood disorders and anxiety disorders, and again these effects are shown to be long lasting (Butler, Chapman, Forman & Beck, 2006).

Challenges of Care giving in Nigeria

Nigeria is a nation with multi-cultural background, and the care giving services to be rendered effectively in enhancing wellbeing of Nigerians and sustainability of the nation, some fundamental issues attached to caregiver and care giving by the entire society have to be resolved. The problem care giving is facing is not completely different from that of guidance and counselling in Nigeria.

- a. Issue of newness: Modern techniques of care giving are relatively new. Due to its newness, it meets a lot of resistance from a lot of people, even the practitioners themselves. As earlier mentioned, care giving programme is meant to make individual clients discover who they are, identify their problems, and make them explore possible means of solving them. In a nutshell, care giving activities are seen to be contrary to the virtues tenaciously held by the cultural settings.

- b. Some people still doubt the efficacy of care giving. Psychology has really not attained the degree of precision found in the physical sciences. People, especially adults are therefore skeptical about reliance on its use.
- c. The ethical issue of confidentiality is pertinent in care giving. Clients and their families or relative expect their secrets or privileged information to be kept secret or confidential and not exposed to others. However, revealing clients' secrets will lead to loss of faith in care giving and caregiver on one part will lose clients and friends of such clients. Yet, all these are happening.
- d. Blurred role of the caregivers: The most recognized among the caregivers are those in the medical line. Several people in the society do not know the specific roles of other caregivers like counselling psychologists, social workers, and the likes. Even in formal settings such as schools, industries, where awareness is expected to be high, people still misconstrue the functions of the caregivers.
- e. Issue of confidentiality of given information is very paramount in care giving. Citizens need to be assured that; their secrets will not be unveiled. However, some families and relatives of the counselee expect the caregivers to divulge this information when they are required; this is absolutely against the ethics of the profession. In this case, the caregiver finds himself between two opposing forces.

It should be noted also that caregivers are faced with other serious challenges like lack of acceptance, economic, cultural and language barriers, lack of instruments for psychological tests for appraisal and placement purposes, and lack of openness from masses, rivalry from other similar professions.

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