

**THE EFFECT OF GROUP COUNSELING USING OHLSEN'S
THEORY ON SELF-ESTEEM OF THE ELDERLY WOMEN IN
DONLAN HOME FOR THE AGED AT PHAKHAI DISTRICT,
AYUTTHAYA PROVINCE**



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THE EFFECT OF GROUP COUNSELING USING OHLSEN'S THEORY ON SELF-ESTEEM OF THE ELDERLY WOMEN IN DONLAN HOME FOR THE AGED AT PHAKHAI DISTRICT, AYUTTAYA PROVINCE

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ABSTRACT

This study concerns the effect of group counseling, using Ohlsen's theory, on self-esteem of the elderly women in Donlan Home for the Aged, at Phakhai District, Ayutthaya Province. The elderly group was eight elderly women. Purposive sampling was designed to select the elderly women who presented low self-esteem characteristic. The inventory used in this study was planned group counseling using Ohlsen's theory, of which content accuracy was verified by a professional. An interview was set up on the first day of group participation. Group work for counseling was done five times a week. Each meeting lasts one and a half hours, totalling eight meetings. Outcome was evaluated by observing the elderly behavior, expression, and speech related to self-esteem including competence, power, and virtue.

Result demonstrated that after participating in group counseling the elderly women in Donlan Home for the Aged, showed higher self-esteem than before the counseling.

The results from the elderly lead to suggestion that group counseling using Ohlsen's theory promotes self-esteem; therefore a general guideline to improve self-esteem in the elderly can be developed.

KEY WORDS : GROUP COUNSELING USING OHLSEN'S
THEORY/SELF-ESTEEM/ELDERLY WOMEN

95 p.

ผลของการให้คำปรึกษาแบบกลุ่มตามแนวของโอลเซนต่อการเพิ่มความรู้สึกมีคุณค่าในตนเองของผู้สูงอายุหญิงในสถานสงเคราะห์คนชราดอนลาน อำเภอผักไห่ จังหวัดพระนครศรีอยุธยา
(THE EFFECT OF GROUP COUNSELING USING OHLSEN'S THEORY ON SELF-ESTEEM OF THE ELDERLY WOMEN IN DONLAN HOME FOR THE AGED AT PHAKHAI DISTRICT, AYUTTHAYA PROVINCE)

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บทคัดย่อ

การศึกษานี้ เป็นการให้คำปรึกษาแบบกลุ่มตามแนวของโอลเซนต่อการเพิ่มความรู้สึกมีคุณค่าในตนเองของผู้สูงอายุหญิงในสถานสงเคราะห์คนชราดอนลาน อำเภอผักไห่ จังหวัดพระนครศรีอยุธยา กลุ่มผู้สูงอายุคือ ผู้สูงอายุหญิงในสถานสงเคราะห์คนชราดอนลาน อำเภอผักไห่ จังหวัดพระนครศรีอยุธยา จำนวน 8 คน เลือกกลุ่มผู้สูงอายุที่มีการเห็นคุณค่าในตนเองต่ำ แบบเฉพาะเจาะจง แนวทางปฏิบัติการพยาบาลใช้แผนการให้คำปรึกษาแบบกลุ่มตามแนวของโอลเซน ซึ่งผ่านการตรวจสอบความตรงตามเนื้อหาโดยผู้ทรงคุณวุฒิ การดำเนินการให้คำปรึกษาเริ่มโดยวันแรกเป็นการสัมภาษณ์ก่อนเข้ากลุ่ม จากนั้นดำเนินการให้คำปรึกษาแบบกลุ่มตามแนวของโอลเซนทุกวันเป็นเวลาทั้งหมด 8 ครั้ง ๆ ละ 1.30 ชั่วโมง ประเมินผลปฏิบัติการพยาบาลโดยการสังเกตพฤติกรรม การปฏิบัติตน การแสดงออก คำพูด ที่แสดงถึงการมีคุณค่าในตนเองสูงขึ้น โดยประเมิน 3 ด้านในด้านการมีความสามารถ การมีอำนาจ และการมีคุณค่า

ผลการศึกษา พบว่า ผู้สูงอายุหญิงในสถานสงเคราะห์คนชราดอนลาน อำเภอผักไห่ จังหวัดพระนครศรีอยุธยา มีความรู้สึกมีคุณค่าในตนเองสูงขึ้นภายหลังให้คำปรึกษาแบบกลุ่มตามแนวของโอลเซน

ผลการการศึกษานี้มีข้อเสนอแนะว่า การให้คำปรึกษาแบบกลุ่มตามแนวของโอลเซนสามารถเพิ่มการเห็นคุณค่าในตนเองของผู้สูงอายุได้ ดังนั้นควรนำมาเป็นแนวทางเพื่อเสริมสร้างการเห็นคุณค่าในตนเองของผู้สูงอายุ ในสถานสงเคราะห์อื่น ๆ ต่อไป

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CHAPTER I

INTRODUCTION

BACKGROUND AND SIGNIFICANCE OF THE PROBLEM

As part of the changes in the structure of the global population, the group of the elderly has been growing rapidly. The United Nations (UN) predicted that the percentage of elderly aged 65+ years would increase to 9.9% in 2025 (Porapakkham & Adhipoti, 2000: 1). Therefore, the elderly is a more important population group than ever before.

In 2003, Mahidol University studied the gender and age structure for the elderly population in Thailand. The findings demonstrated that the average age of elderly Thai women was 75 years, and of elderly Thai men 67.9 years. The elderly population aged 60+ numbered about 6.28 million in December 2002. It is possible that the elderly population group could increase to 7.4 million people in 2008, and 13.9 million in 2025 (Chooprapawan, 2000: 175). For Ayutthaya Province, the 2003 Annual Report, calculated from the population-based data of the provincial registration office, comparing them with data from a population survey in Ayutthaya Province, (Buyapisanjarean, 2003: 9). The findings showed that the proportion of elderly in Ayutthaya Province was 13.22%, which was more than the National Social and Economic Development Plan Committee had predicted. In addition, compared with other groups, the elderly group was the largest.

The elderly people who used to create benefits for society. In addition, they are human resources who have worth, experience, and knowledge. They are assets to the community. The elderly can play a vital role as counselors for children. In other words, they can impart knowledge and experience to youth. They bring cherished possessions and impart cultural heritage to the next generation. Nevertheless, many elders have suffered from isolation. They have spent their lives alone without any care from their children. Some have been left in the government Home for the Aged. They

suffer from frail physical health and from diseases such as hypertension, diabetes, osteoporosis, and heart diseases. In this case, they also suffer from mental health problems. They often feel worthless and unwanted by anybody. Information from the Department of Mental Health, about older people living in 3 homes for the aged in Bangkok (Department of Mental Health, 1999: 188) showed that about 37.6% faced mental health problems. The report of Boonyanupong (Boonyanupong (1996) cited in Tun-ekkun, 2002: 1), about the reasons for the large numbers of older people in the Homes for the aged, found that most elders lacked dwellings and supporters, and they could not get along well with their families. Some elders did not want aid from their relatives, since they were afraid of making difficulties for their families.

Currently, there are 11,832 elders living in government homes for the aged in Thailand (Department of Public Welfare, 2001 cited in Yingsakmongkol, 2001: 1). Bunditchat (Bunditchat, 1999: 154) conducted a study of the mental health statuses of elders living in government homes for the aged in Bangkok, and found that most elders lacked knowledge on how to spend lives happily. They suffered from isolation and depression, as when moving to a new residence. While the way of life had changed, older people faced mental health problems. For instance, the elderly population group faced depression, which was being pessimistic, distressed, desolated, and unhappy in life. In this case, mental health was weakened, resulting in low self-esteem. Theoretically, changes among the aged group lessen the perception of self-esteem, with the result that older people feel pessimistic, for example, lacking in competence and confidence. Consequently, the aged feel depressed with life, and their physical and mental health is weakened (Ebersole & Hess, 1995 cited in Yingsakmongkol, 2001: 3). Groh and Whall (Groh & Whall, 2001 cited in Yingmongkolsak, 2001: 2) studied factors that affected self-esteem in the aged, and reported that gender had an influence on self-esteem. Women tended to have lower self-esteem than men when they grew older, as women's physical and mental health was weakened simply by chronic illness. Limitations in taking care of themselves lessened women's ability, which was the key part inducing depression; they felt themselves to be worthless and unable to control changes. Consequently, they would have low self-esteem.

From the counselor's experience in taking care of the aged at Donlan Home in Phakhai District, Ayutthaya Province, most of the aged felt distressed, worried, and

depressed. They lacked self-confidence and had low self-esteem in themselves. That they felt themselves worthless to the community seriously affected their mental health. Now, it is time for the community to take a hand to promote self-esteem for the aged. Actually, older people are valuable for our community. They possess assets for their own families and for society. The most important thing is that the community encourage older people to view themselves optimistically. They should also be convinced to help other people and support themselves, so that they can spend their lives worthily and happily. Realizing this issue, as a counselor, I would like to promote the self-esteem of women living at Donlan Home for the Aged in Phakhai District, Ayutthaya Province, by using Ohlsen's theory. The most important goal is to encourage elderly people to be well-adjusted individuals who can sustain themselves and others, persons who can offer and accept love, and who can develop good relationships with people. This process will enable elderly people to see their real selves. Ohlsen's theory can create congruence between the Real Self and the Ideal Self. It enables an individual to find the way to change the Real Self into the Ideal Self. It can solve intrapersonal and interpersonal problems, making a person have self-reliant and responsible. The ability to solve problems enables feelings of self-respect and self-esteem (Ohlsen, 1977: 89; Ohlsen et al., 1988: 144-145 cited in Sintu, 2003: 4).

In conclusion, group counseling using Ohlsen's theory enables elderly people in the Home for the Aged to spend their lives optimistically, with self-confidence and happiness. It can also arouse the competence, power and virtue of older people, which are vital psychological principles creating self-esteem for the aged (Coopersmith, 1981 cited in Yingsakmongkol, 2001: 7). Self-esteem helps older people to love and respect themselves. The elderly people will find that they are still worthy and helpful to the community. Consequently, they will have enough courage to show their ability and potential.

Objectives

The purpose of this study was to promote the self-esteem of the elderly women living at the Home for the Aged by using Ohlsen's group counseling theory.

Expected Outcome

1. This study will lead the way for using Ohlsen's group counseling theory to promote the self-esteem of women living at the Home for the Aged at Phakhai District, Ayutthaya Province and the other home for the Aged.

Definitions

1. **Self-esteem** is defined as the thoughts and feelings of the elderly towards themselves. Self-esteem depends on the harmony of the physical, mental and spiritual natures of the aged. It induces the aged and the community to perform goodness. Because of self-esteem, older people respect themselves and other people. They accept individual differences. They believe in their competence. The elderly's worthiness can be evaluated by their accomplishments. According to Coopersmith's concept, the elderly's self-esteem arises from three aspects--competence, power, and virtue.

1.1 Competence means the elderly's ability to possess optimistic thoughts towards themselves, for example the aged have to believe that they already achieved success in learning for their lives and they have to learn for a new life, how to solve problems, so that they can spend the remainder of their lives happily.

1.2 Power means the elderly's thoughts towards themselves and towards their circumstances, belief in the power to control and take care of themselves, discipline and goals in life, including self-confidence and self-control to fight anxiety and depression. Power hereby also refers to the elderly's physiological strength, which can be expressed openly.

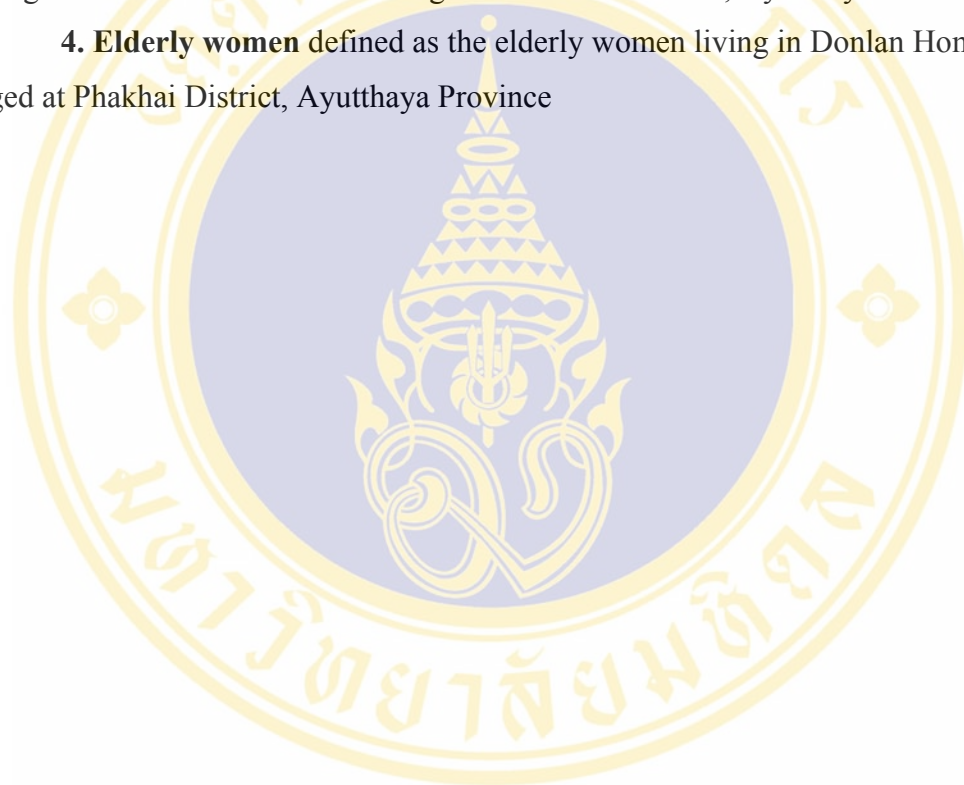
1.3 Virtue means the elderly's thoughts and feelings that follow religious or moral rules, elderly self-respect and forgiveness. In this case, elderly people must create the Ideal Self with optimism. They have to develop a good relationship with other people, as well. They have to love and take care of other people; consequently, they will feel that they are loved by others. Virtue hereby also means spiritual calm, sympathy, and charity towards the public.

The elderly women got to assess from the self-esteem instrument that have nine items. This assessment form was designed by counselor.

2. Ohlsen's group counseling theory is defined as the group process of helping group members solve problems successfully. Interviews are set up to help group members understand their expectations from group counseling. Advice is given in order to create good clients and good helpers. Group members have to believe that they will again a new, better life if they change their behavior by accepting group counseling. This acceptance creates self-esteem in the aged.

3. Counselor is defined as the nurse who gives counsel to the elderly women living at the Donlan Home for the Aged in Phakhai District, Ayutthaya Province.

4. Elderly women defined as the elderly women living in Donlan Home for the Aged at Phakhai District, Ayutthaya Province



CHAPTER II

LITERATURE REVIEW

From the study of “The effect of group counseling using Ohlsen’s self-esteem theory of the elderly women in Donlan Home for the Aged at Phakhai District, Ayutthaya Province”, the researcher/counselor reviewed the related literature and research for this study, as follows:

1. The elderly
 - 1.1 Definitions and groups of the elderly
 - 1.2 Physical, physiological, social changes and their effects on the elderly
 - 1.3 The elderly living at Home for the Aged
2. Self-esteem
 - 2.1 Definition of self-esteem
 - 2.2 Components of self-esteem
 - 2.3 Factors that affect self-esteem
 - 2.4 Characteristics of people who have self-esteem
 - 2.5 Development of self-esteem
 - 2.6 How to increase levels of self-esteem
 - 2.7 Self-esteem in the elderly
3. Ohlsen’s group counseling theory
 - 3.1 Definition of group counseling theory
 - 3.2 Ohlsen’s group counseling theory
 - History of Ohlsen’s group counseling theory
 - Definition of Ohlsen’s group counseling theory
 - Objectives of Ohlsen’s group counseling theory
 - Process of Ohlsen’s group counseling theory
 - Key principles of Ohlsen’s group counseling theory

- How to treat clients according to Ohlsen's group counseling theory

3.3 The effect of Ohlsen's group counseling using theory on self-esteem

1. The elderly

1.1 Definitions and groups of the elderly

Definitions

The elderly means a person aged 60 years and over. This is a common definition that specifies the initial age for the elderly. The elderly person experiences life development from start to end. They generally face physical, physiological, emotional, and environmental changes (Department of Mental Health, 2003: 1, 4)

According to Gress & Bahr (Gress & Bahr 1984: 36 cited in Tunsiri, 1992: 11), definitions of the elderly varied. For example, a biologist defined the elderly as a person with physical changes at the molecular and cellular levels. A psychologist defined the elderly as an individual changing to approach old age. For a sociologist, the elderly was a process of change in roles and responsibilities.

Tuntipalacheeva (1981: 2) referred to the Elderly Club of Thailand, which was established in 1963; "the elderly", as defined by Pol. Lt. Gen. Attasit Sittisoonthorn was:

1. a person aged 60 years and over
2. a person naturally weakened in physical and psychological condition
3. a person who required support
4. a person who suffered from diseases and required treatment

Salyacheevin (1983: 54) stated that although age was used for defining the elderly, it depended on each community how old the elderly should be. For instance, the retirement age for Malaysians and Africans was 55, while for Danish and Swedish people it was 70, since the average age of people was high. For the United States of America, the retirement age was 65.

In conclusion, definitions and standards for indicating the initial age of the elderly depend on each community. However, it is required that all people in the

community decide on the standard for elderly age, to communicate with people in other communities. In Thailand, people aged 60 years and over are the elderly.

Group of the elderly

Alfred J. Kahn (Alfred J. Kahn cited in Tunsiri, 1992: 12) explained that the elderly varied from calendar age, described as follows:

1. The “young” elderly meant the elderly aged between 60-74 years.
2. The “middle-aged” elderly meant the elderly aged between 75-84 years.
3. The “old” elderly meant the elderly aged 85 years and over.

Yurick et al. (Yurick et al., 1980: 31 cited in Tunsiri, 1992: 12) referred to group of the elderly as defined by the United States’ National Institute of Aging:

1. The “young old” elderly, which meant the elderly aged between 60-74 years. The young old elderly were working people as they still had good physical and physiological statuses.
2. The “old-old” elderly which meant the elderly aged 75 years and over. The old-old elderly was the real elderly.

To define groups of the elderly, each community has to use a common standard to indicate the initial age of the elderly to communicate with people in other communities. Therefore, as a counselor, the researcher decided to use the standard of the United States’ National Institute of Aging, since the young-old elderly group, aged between 60-74 years, was still able to work and participate in activities without health problems.

1.2 Physical, psychological, social changes and their effects on the elderly

Old age is a later part of life, bringing with it physical weakness and disease for the elderly. Different people undergo different physical changes. However, physiological and social change are important in the elderly (Kriangchaipreuk, 2000 cited in Yingsakmongkol, 2001: 14), which may be described as follows:

1.2.1 Physical Change: Physical change is a change in the structure and functions of the elderly's organs, which causes weakness and disease, for example:

- **Skin system:** the elderly's skin and tissues become dry, wrinkled and scaly as the elderly's skin immunity is weak, so that it is easily affected by the surroundings. Cuts usually take a long time to heal. Moreover, the elderly's hair becomes gray, dry and falling, and the blood circulation to the head is reduced.

- **Muscular and skeletal system:** the elderly's bones become weak and fragile. Bone-building is difficult, causing loss of weight in elderly women. As the elderly bones become thin and more likely to break, the cartilage around the joints become pitted and muscle strength is impaired. As a result of these muscular and skeletal problems, the elderly have accidents easily, such as slipping and falling.

- **Respiratory system:** the respiratory, blood circulation and cardiac systems change, causing low blood pressure. When moving, the elderly heartbeat might become irregular, causing high blood pressure and fat accumulation in the blood vessels.

- **Digestive system:** the salivary glands become abnormal, producing less saliva in the mouth and reduced digestive enzymes. Cells only barely build the teeth and tooth enamel becomes thin. Digestion is difficult, causing occasional vomiting and pains in the chest. Reduction in nutrient and vitamin absorption could cause lack of nutrients.

- **Nervous system:** the brain and autonomic nervous system get weak. Reduction in the blood circulating to the brain makes the elderly black out and faint. In addition, half of the Thai elderly have eyesight problems. Older people normally have long sight and irritated eye membranes (Jongwattana et al., 1998 cited in Yingsakmongkol, 2001: 14), causing communication problems.

- **Urinary system and sex organs of the human female:** in elderly females, the ovaries reduce producing estrogen and progesterone, causing physiological problems such as increased stress, which might result in loss of sexual interest.

1.2.2 Psychological Change

Psychological change is also concerned with physical and social change, as the weakness of the organs actually influences the physiological condition of the elderly. Other factors affecting the elderly's mental states (Kriangchaipreuk, 2000: 21) include:

- **Changes in perception:** generally, the elderly accept new perceptions with difficulty, resulting from the low capacity of the sensory receptors. Memory and thoughts in elderly people may be guessed from their acts. All memory support for the elderly depends on their satisfaction in improving their health and their satisfaction in participating in social activities (Cherry & Lecompte, 1999 cited in Yingsakmongkol, 2001: 15).

- **Changes in emotional states:** for the elderly, changes in emotional states are a mechanism of response to mental health needs related to social status changes. For example, the elderly might feel bad-tempered, lonely, and distressed to become separated from what they love.

- **The elderly's needs for their ways of life:** from one study, elderly people need to become self-supportive. From the experiences of the elderly, it has been shown that social, family, and neighborhood support are needed, and actually affect the elderly's emotional calm and privacy to perform activities continuously (Bondevik & Skogstad, 1998 cited in Yingsakmongkol, 2001: 15).

As for Erikson's Epigenetic theory explained the life development of human beings from delivery to the end. Elderly life was in the 8th step, where the senses of integrity and despair developed together. It was the final step in the human life cycle. According to this theory, elderly adjustment depended on successes or failures that occurred at the beginning of their lives. If life proceeded with confidence and self-reliance, the elderly physical and psychological condition would finally be strong. On the contrary, if the elderly felt unsuccessful in life, they would certainly suffer from depression, believing that life was worthless and that they had lost dignity, because they could not solve problems.

1.2.3 Social Change

Social change is inevitable for the elderly. It is a reduction in the responsibilities and roles in the community. As they grow old, people have limitations in their physical condition, so they lack activities for thinking, behaving, and communicating with other people. With regard to the limitations of social relationships, there is a distance between people in the same community. People hardly accepted “Aging”. The community would evaluate elderly people by their practical ability, although some people try to show that aging cannot impede them in their responsibilities and social roles. The effects of social change on elderly people may be summarized as follows:

1. The change from an agricultural to an industrial society has resulted in the movement of youths and laborers from their homes to other regions in order to work or study. The change from an extended family to a nuclear family has caused despair for the elderly.
2. The departure of the spouse causes desolation and distress, especially for the elderly who never participated in social activities.
3. Family stability depends on how the elderly lived with their families. The elderly’s family should be economically stable, such as having homes and self-supporting children. If individuals were not successful in life, for example if they were disappointed with their children or with their occupations, or if they could not adjust themselves with their spouses regarding sexual intercourse, problems might be exacerbated as they grow older.
4. Elders mostly change residence when their spouses have departed. Some people live with their children, while others might live in government homes for the aged. The need for changing residences causes the elderly to readjust themselves for new life experiences.
5. Fear of disease and death affect the elderly’s physiological health. The deaths and illnesses of their spouses, friends, and relatives cause anxiety and fear for the elderly unless the children take care of them well.

Change in social status, from being parents to being grandparents, from being family supporters to being family dependants, causes the elderly to be entirely

separated from society. The loss of social and economic status reduces the elderly's social roles as the elders have to resign from their jobs and their social relationships decrease. Having no responsibility and no communication with people in the community makes the elders feel worthless to society (Boonket et al., 2002: 205).

From a study of elderly status and role found that the important problems for the elderly that affected their families and communities were concerned with health, finance, and welfare. The elderly felt upset and discontented when they could not do as they liked. They thought they were worthless as they could not support their families and they had no property (Oopayokin et al., 1998: 80).

As, the research of Yaowalak Mahasittiwat (1986) studied the relationships between the perception of changes in physical, psychological, social, self-esteem and healthcare behaviors of the elderly in Amphur Muang, Saraburi Province. The sample groups were 200 people aged 60 years and over in Saraburi Province. The findings showed that self-esteem was positively related to elderly healthcare behavior at a significant level.

Kamolphan Homnan (1996) studied the relationships between self-esteem, self-efficacy and health care behaviors of the elderly, and found that that self-efficacy and self-esteem were significantly positively related the elderly healthcare behaviors. Health status was positively related to self-esteem, healthcare behavior and self-efficacy. Self-esteem and educational level could predict the healthcare behaviors of the elderly. The counselor suggested that nursing should be promoted to encourage the elderly to attain self-esteem and self-efficacy, to inspire them to develop their potential for taking good care of themselves in the future.

Ward (1977 cited in Meriden et al., 2001) studied 323 people aged 60-92 years as elderly volunteers reporting self-esteem and aging in the elderly. The findings showed that the elderly with negative attitudes towards aging had low self-esteem levels. The elderly with high self-esteem levels had positive attitudes towards aging and treated themselves as though they were still in their middle years.

1.3 The Elderly living in Home for the Aged

Moving to the Home for the Aged is a big change in the life of the elderly,

causing physical and psychological depression, as the elders have to separate from their own families. The environmental change causes depression in the elderly. For the elderly, adjustment is important, as bad adjustment can harm their physical and psychological health. Most elders living at the Home for the Aged tend to have mental health problems and they need good treatment from helpers and other authorities in order to achieve satisfaction with their lives (Sinchai, 1989). The study of Jaikla (1994) found that health and economic status were important problems for the elderly in the Home for the Aged. Such problems really affected the elderly's lives. Usually, the elders faced problems when entering the Home for the Aged, as they had to adjust themselves to the social order, the environment, and the community. Regarding their beliefs, most elders give importance to religious beliefs and morality, such as one's past deeds, gratitude to the benevolence of other people, etc.

From the study, it was shown that the mental problems of the elderly in the Home for the Aged could be described as follows:

1. The elderly initially felt depressed when they moved to the Home for the Aged, since they had to adjust themselves to the society's rules. On the other hand, when they stayed for a long time, they might experience problems of losing a favorite friend or feeling isolated after leaving their own families. Meeting their relatives rarely, the elderly felt distressed. They would not take part in social activities. They tended to have increasing mental health problems the longer they stayed at Home for the Aged (Bunditchat et al., 1999: 47).

2. The elderly in the Home for the Aged needed social acceptance. They believed in their own benefits and virtue to the community (Tunchaisawas & Wongchaowat, 1985 cited in Yingsakmongkol, 2001: 20).

3. The study of the Department of Mental Health found that, in 1999, 37.6% of the elderly who were living at the three public Homes for the Aged in Bangkok had developed mental health problems (Department of Mental Health, 1999; Yingsakmongkol, 2001: 20).

Like lots of other people at different ages, elders need good care, especially today, when the numbers of older people are increasing greatly. Elders tend to have long lives, whilst the change from an extended family to a nuclear family

causes them depression. Mental health problems in the elderly may relate to other factors, such as personality, self-concept, way of life, etc. However, physical, psychological, emotional, and social changes affect the elderly's mental condition. Low self-esteem may result in depression for the elderly living at the Home for the Aged.

2. Self-Esteem

2.1 Definitions of Self-Esteem

There are various definitions of self-esteem, for instance:

Branden (Branden, 1994: 2) defined self-esteem as an experience of reality that one could learn so as to spend life worthily.

Rosenberg (Rosenberg, 1987: 31) defined self-esteem as an individual judgment of his or her value, generally based on an attitude towards the self.

Stanwych (Stanwych cited in Norris & Connell, 1985: 5) stated that self-esteem was generally considered the evaluative component of the self-concept.

Ammattayakul (2000: 13) stated that self-esteem was a sense for a kind of sensitive-minded person. It showed high development of the physiological condition, that an individual was able to control his or her self by transcending the influence of lower needs, finding values or abilities in the self, being proud of his or her identity, and believing in self-dependence.

Emery et al. (Emery et al., 1993 cited in Thaisungkom, 2002: 12) defined the term self-esteem as an individual self-assessment in evaluating his or her value in three circumstances--peers, family, and school.

Coopersmith (Coopersmith, 1981: 15) explained that self-esteem was the perception of an individual's importance, competence, virtue, and power. It was related to other factors, such as individual identity and environmental condition of interaction.

The variety of self-esteem definitions presented here may be summarized as an individual acceptance or respect towards the self, the belief and confidence in one's competence, and positive attitudes towards the self. It also refers to an individual judgment of his or her value resulting from evaluating his or her competence, power,

and virtue. Such evaluation is related to an individual identity and an environmental condition of interaction.

2.2 Components of Self-Esteem

Many researchers have studied the components of self-esteem. According to Gates (Gates cited in Barry, 1989 referred in Thaisungkom, 2002: 14), self-esteem is composed of:

1. The Body Self: an individual's sense towards his or her body, the functions of the body, and the capability of the basic functioning of the body.
2. The Interpersonal Self: the way one thinks and feels about creating and sustaining good relationships with other people, no matter who they are, intimate friends or unknown people.
3. The Achieve Self: an individual's sense towards his or her competence that could bring about success in life, family, education, and career.
4. The Identification Self: An individual's self-concept, which develops from the strictly concrete to the more abstract as one grows, the psychological interest in moral and spiritual behavior.

Coopersmith (Coopersmith, 1981: 236) stated the basic components of self-esteem as follows:

1. Significance: an individual's sense of value and acceptance towards the self; the status of being loved; the status of being of benefit to society.
2. Competence: an individual's sense of value towards the self that his or her value has resulted from the success of past deeds, the ability to solve problems with self-confidence and the ability to adjust oneself
3. Virtue: good behavior in line with cultural, social, moral and traditional values; the perception of an individual's value, optimism, and self-satisfaction.
4. Power: an important component of self-esteem that affects the individual and the environmental conditions; the belief in individual deeds that enable humans to achieve success.

2.3 Factors that affect self-esteem

The sense of self-esteem in each individual varies. The study of Coopersmith (Coopersmith, 1981: 120-142) showed that two factors affected the sense of self-esteem, individual identification, which was related to self-esteem in many ways, and environmental condition, which was an external factor relating to self-esteem.

1. An individual's identification is the individual characteristics that affect self-esteem differently. The components of individual identification can be described as follows:

1.1 Physical Attributes: in reality, physical condition is inevitably related to sense of self-esteem. Some physical conditions increase the power of self-esteem. For instance, in women, a physically attractive condition has a greater influence on self-esteem than for men. On the contrary, in men, a strong physical condition affects the feeling of self-esteem more than for women. In men, self-esteem tends to have a closer relationship with strength and courage than women. Self-esteem can bring about life success if an individual understands its value. How physical conditions affect the sense of self-esteem depends on social values and individual standards. However, people with a good physical condition will certainly have higher self-satisfaction and self-esteem than people who have a worse physical condition (Coopersmith, 1981: 120-123).

1.2 General Ability, Capacity, and Performance: the three factors are related to an individual's success. When people achieve success, their sense of self-esteem increases. On the other hand, when they fail, their sense of self-esteem decreases markedly. Therefore, an individual's achievements really affect self-esteem for they show the frequency of an individual's success (Coopersmith, 1981: 123-125).

1.3 Affective State: an affective state is a sign of pleasure and gratification. An individual sense of anxiety mostly results from an evaluation of circumstances and interaction. Positive evaluation brings about contentment and joy, whilst pessimism decreases the sense of self-satisfaction. Pessimistic people will be unsatisfied with their current state. In addition, they believe they are unable to achieve success in the future (Coopersmith, 1981: 130-134).

1.4 Self-Values: normally, people assess themselves by evaluating what they give significance to. For example, people who emphasize educational success will have a lower degree of self-esteem if they fail an examination. The degree of self-esteem increases when an individual sense of value conforms to social values, which means that if self-values are different from social values, the degree of self-esteem will decrease, too. Moreover, if people have an occasion to present some behavior that conforms to self-values, their sense of self-esteem will increase (Coopersmith, 1981: 138-142).

1.5 Aspiration: an individual judgment of value partially depends on the comparison of performance and competence with the achievement of targets, since the successful experience will lead the way from aspiration to achievement in the future. Besides, achievement of a target is a factor that brings about a sense of self-esteem.

2. An external factor related to self-esteem is the environmental condition of interaction. Different circumstances cause different senses of self-esteem in an individual. An external environment is composed of:

2.1 Family Relations: relations and atmosphere in the family affect the development of self-esteem in humans. In a warm, stable family, in which parents and children usually communicate closely, the sense of self-esteem in children is high. Besides, parents respect the rights of all members of the family and accept the Real-Self of children by showing justice, expressing care and love, giving broad principles and boundaries for children's behavior, taking care of the children's situations, such as with friends and school, making punishment reasonably, which result in a sense of stability and safety for the young. They will therefore have self-confidence and self-esteem (Coopersmith, 1981: 236). This conformed to Anchalee Liengprom (1999) studied "The Effect of Group Counseling on Self-Esteem of Students in Mattayom 1-3 from Divorced Family, Nong Sang Wittayasuksa School, Nong Sang District, Udonthanee Province". The research emphasized self-esteem in 4 separate circumstances: 1) general individual, 2) social individual; peers, 3) home; parents, and 4) school; education. The findings showed that the experimental group had a higher degree of self-esteem than before being tested, at a significance level of .01, in all circumstances; general individual, social individual, home and school.

2.2 School and Education: the atmosphere of school, and the instructors, influence self-esteem in the young. In a school where the instructors provide activity opportunities for students that are not contrary to school rules, where instructors are assistants to students in solving their problems, students will possess self-confidence and be capable of self-help. In addition, they can easily create a sense of esteem in themselves, which produces good performance. In short, the good atmosphere of the school is an important component behind educational success, since it encourages students to have self-assurance, self-help and self-esteem.

2.3 Social Status: successful people mostly come from “high society”. With reference to occupation, income and residence, people who coming from high social status tend to receive treatment that encourages them to increase their sense of self-esteem more than people of lower social status (Coopersmith, 1981: 84-87).

2.5 Peers: peer interaction and peer acceptance stimulate an individual to develop a sense of self-esteem, especially for taking part with groups of people the same age. If a person has been rejected, insulted or blamed regularly, he/she will have a low level of self-esteem (Coopersmith, 1981-94).

As, the research of Sujai Tangsongsawas (1991) studied “The Effect of Peer Education on Increasing Self-Esteem of the Students in Mattayom 5, Suratpittaya School, Suratthanee Province”. Populations were divided into 2 separate groups: experimental group and control groups. Two students were trained in the basic skills of counseling as leaders for the two groups, using the Coopersmith Self-Esteem Inventory to evaluate self-esteem. The findings demonstrated that students in the peer education group increased their self-esteem levels more than the students who did not participate in the group. Besides, the scores of the high self-esteem students increased more after peer education than before.

2.4 Characteristics of people who have self-esteem

People who have a high level of self-esteem are able to perceive their own value as conforming with the Real Self. They are open-minded, able to realize their potential, prompt to accept uncomfortable facts, possess good behavior, enthusiastic to be leaders, have their own styles of expressing ideas, and are confident in life success.

They are able to confront problems, have creative ideas, are optimistic, have self-satisfaction and self-respect, responsibility for the family and society, and are able to create good relationships between people and the environment (Coopersmith, 1981: 345 cited in Nirassiri Rojjanadhammakul, 1992: 22).

Finding self-esteem is essential for achieving life success with contentment. People with a high level of self-esteem tend to be able to confront difficulties with acceptance. They can accept uncomfortable situations and create a new objective instead. On the contrary, people with a low level of self-esteem are rarely self-confident. Mostly, they are pessimistic, likely to feel useless and worthless, and often depressed. They have no patience for confronting difficulties, trying to avoid solving problems, being stressed, unable to adjust themselves to their circumstances, and trying to avoid associating with people. Because of these characteristics, people with low levels of self-esteem mostly feel embarrassed to refuse other people, being afraid to know the others' feelings towards them, being likely to feel inferior, avoiding social gatherings, and caring too much about the opinions of other people. They often think with regret that they are unaccepted by their peers (Coopersmith, 1981: 131-134; Hamachek, 1985: 180; Rosenberg, 1965 cited in Pienvichit, 1999; 33 referred in Kwancheun, 2001: 24).

Thompson et al. (Thompson et al., 1986 cited in Kwancheun, 2001: 32) summarized the feelings of people who had a low level of self-esteem; they felt hopeless, worthless and useless, powerless, depressed and isolated. Sometimes, they attempted to commit suicide because of their disappointment, depression, anxiety, and anger. Patients complain of their fatigue. They feel too anxious about their abnormal physical states, being pessimistic, doubtful about their competence, terrified of change, unable to make a decision, afraid of showing emotional states or creating a relationship with other people, etc. The most common physical symptoms found in the patients are depression, lethargy, bradykinesia, anorexia, etc. The patients felt isolated, unwanted to participate in social activities or create relationships with other people, unable to express their needs, having less sexual interest, having no inspiration, unable to confront difficulties, having attempted to commit suicide, having no creative ideas, unable to finish work on time, unable to take care of themselves, too sensitive to

criticism, avoiding self-revelation situations, tending to be lethargic, having a wrong perception of the Real Self, avoiding treatment, having no eye-contact.

Narisa Jitsomneuk (1997) studied “The Effect of Group Counseling on Self-Esteem of the Young Offenders at Juvenile Observation and Protection Center, Khonkaen Province”, and found that the young offenders in the experimental group had higher levels of self-esteem than the young offenders in the control group at a significance level of .05. After a month of follow-up the findings were the same.

Satir (1991: 28 cited in Jitsomneuk, 1997: 25-26) compared the characteristics of people with a low level of self-esteem with people with a high level of self-esteem, as follows:

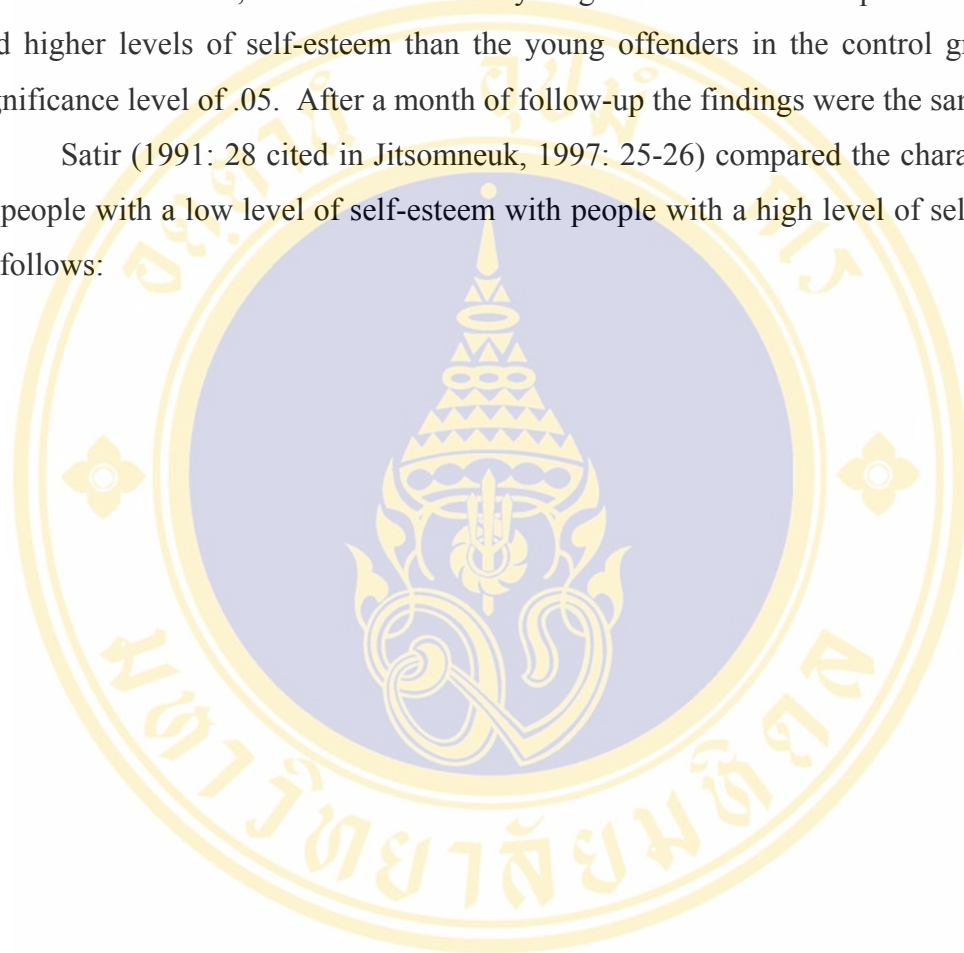


Table 1 Comparison of people with high self-esteem and those with low self-esteem

Low Self-Esteem People	High Self-Esteem People
Way of Life: Want to be loved	Way of Life: Want to love oneself and other people
Having no conformity in speech, body language and emotional condition Likely to blame or humor other people Having a preference for reasonability to pretence Unlikely to express innermost feelings	Having conformity in the way of life Having right action Able to accept differences between individuals and environmental conditions
Having no flexibility in making a criticism Having no humor	Being reasonable Having the power of competence Having self-assurance
Having conceded to the power of other people or the family	Realizing various life opportunities
Having an ability to protect oneself mechanically Likely to hide emotions Having a preference for old circumstances	Able to accept the differences between oneself and other people Having honesty Able to take a risk in new situations
Putting emphasis on the past Unwanted for the renewable life	Putting emphasis on the present Want to make a difference in life

2.5 Development of Self-Esteem

The Sullivan Psychoanalysis Theory (Sullivan cited in Meisehelder, 1985 referred in Thaisangkom, 2002: 13) stated that self-esteem resulted from the state of being loved during early childhood. Higher satisfaction and contact for children were the foundations of self-esteem. Children who were loved, cared for and accepted by other people would develop a sense of self-esteem. Low self-esteem in children

resulted from rejection or withdrawal of love in the family. Hence, family relations are essential for developing self-esteem (Kosier, Erb, & Bufalino, 1989 cited in Thaisangkom, 2002). Moreover, other factors affect self-esteem, such as raising children properly and creating a good atmosphere in the family. A friendly atmosphere in the family, such as respect for individual rights, reasonable penalties, and limits to independence, help induce a sense of self-esteem (Coopersmith, 1981: 5).

2.6 How to increase the level of self-esteem

Coopersmith (Coopersmith, 1984: 12-13) summarized the requirements for increasing levels of self-esteem, as follows: 1) self-esteem and admiration from other people, 2) successful achievement as intended, 3) behaviors that conform to self-value and innermost desires, and 4) an ability to protect self-esteem without caring for other factors that destroy an individual's sense of self-esteem, such as criticism by other people. Besides Coopersmith, Bruno (Bruno, 1983 cited in Thaisangkom, 2002: 18) suggested ways to increase levels of self-esteem, as follows:

- 1) Giving direct suggestions: this is a way to give useful information that helps encourage people to have mind-power and self-esteem.
- 2) Trying to achieve more success.
- 3) Decreasing expectation levels.
- 4) Ending self-assessment, believing that an individual has self-esteem without the need for undertaking self-assessment.

Sasse (1978: 48 cited in Kwancheun, 2001: 23) offered methods for creating self-esteem, as follows:

1. Creating self-assurance by realizing future achievement.
2. Giving significance to oneself, rewarding and admiring oneself: this is meaningful for helping an individual to feel better and to create a sense of self-esteem.
3. Collecting records of successful achievement: recording successes in a diary for several weeks or months, such as the successes of various projects that are meaningful, to be remembered.

Humanistic psychologists believe that all humans have a sense of self-esteem, but unfortunately, few people realize them. However, all people can realize the value

of self-esteem in good circumstances, interacting with other people by using a group counseling process. Such a method provides an opportunity for group clients to accept each other. When all clients feel that the group sincerely accepts them, they will be self-confident and able to confront difficulties. This helps them create a sense of self-esteem. As for Thidarat Srisukho (2000) studied the effect of group counseling on self-esteem of the elderly at Dhammapakorn Home for the Aged, Amphur Muang, Chiangmai Province. The findings showed that after participating in the group counseling process mean scores for self-esteem of the elderly in the experimental group differed from the pre-test, at a significant level of .000.

2.7 Self-Esteem in the Elderly

Thai social values include respect and gratitude for the benefits of the elderly. Since the elderly used to make benefits for society, they possess value, knowledge, and experience. They are efficient counselors, who can teach and raise children with love and care. They are beloved and admired by family members. Self-esteem in the elderly means the elders' feelings that they are worthy, beloved, and useful to society. It is also the feeling of realizing competence in the Real Self during a change in the later part of life. Such change affects the perceptions of self-esteem in the elderly. Chronic illness is a cause for a decrease in the levels of self-esteem in the elderly, because it reduces the role of competence which affects the levels of self-esteem (Ebersole & Hess, 1995 cited in Yingsakmongkol, 2001: 37). Society's high expectations, and finding the elderly worthless results in reduced self-esteem among the elderly. On the other hand, elders with high self-esteem will be optimistic, self-satisfied and well-adjusted to their states of aging. The elderly who lack self-confidence, independence, healthiness, or good environmental conditions, will have low levels of self-esteem (Bunditchat et al., 1999: 25). The research into self-esteem in the elderly found that most realized self-esteem at a moderate level. The percentages of high-self-esteem elders and low-self-esteem elders were equal (Boonthai, 1996 cited in Yingsakmongkol, 2001: 38). As one can see, the realization of self-esteem is often related to several circumstances, such as the rituals for the elderly, especially for the elderly living at the Home for the Aged.

Sustaining self-esteem for the elderly in the latter part of their lives depends on individual personality, successful achievement in his/her occupation, and the efficacy for adjusting to environmental conditions. The fact of being dependent causes difficulties for the elderly, because they are reluctant to accept loss of self-image. This actually affects their self-support ability, which results in reduced self-esteem. In addition, the treatment by the nursemaid in the Home for the Aged influences self-esteem. The elderly who receive bad treatment, such as impolite speech or inappropriate body language, always lose self-esteem. Low pride decreases the sense of self-esteem as it causes the perception of loss of control of regular situations among the elderly. It is a feeling of losing the ability to control life, which results in reduced self-esteem levels. It also affects the quality of decision making, competence levels, health, and physical efficiency (Ebersole & Hess 1995; Maridean, 2001 cited in Yingsakmongkol, 2001: 38).

3. Ohlsen's group counseling theory

3.1 Definition of group counseling

Gazda, Duncan & Meadows (1967: 305) defined group counseling as a process of changing the attitudes and behaviors of the service receiver due to experience gained in member-group interaction. The important factor is the atmosphere that aids cognitive development, such as, trust, acceptance, listening, encouragement, and sincere exchange of ideas and thoughts.

Shertzer and Stone (1974: 352-353) suggested that group counseling refers to the provision of counseling services to at least two counsees at same time. The counsees not only have psychological interaction with their counselor, but need to interact with other group member, as well. Therefore, they will be helpreceiver and counselor in different respects. Normally, group counseling almost exclusively emphasizes problem prevention and self-development ability more than therapy, including emphasizing exchange and disclosure of their experiences, more than using intellectual logic. The emphasis is on listening, rather than advising or teaching.

Watcharee Submee (1990: 22) defined group counseling as a process of individuals having the same problem coming into a group and helping each other

to solve that problem by having a counselor involved. The group members will have the opportunity to exhibit their feelings, thoughts, ideas, and to investigate themselves, practicing self-acceptance, daring to cope with problems and improve themselves. This includes listening to others' feelings and thoughts, and realizing that other people have problems, too.

The Nursing Department Ministry at Public Health (1997: 323) said that group counseling refers to a group that is organized by service providers, having two counsees or more. The objectives are to enable the counsees to investigate themselves, understand themselves and become capable of finding their own potential and using it to solve the problem they are facing, or becoming able to adjust themselves to the crisis situation effectively. Aside from this, they will be able to plan to cope with future problems. The counselors will use their skills, together with the group process, to create an atmosphere of sympathy, understanding, trust, that leads to the members opening themselves up and learning from each other.

Therefore, it may be said that group counseling is a counseling service to counsees in terms of a group having at least two members, aiming to enable the group members to have opportunities to investigate themselves, understand themselves, explore their potential and use it to solve the problem they are confronted with, or adjust themselves to the crisis situation effectively, including the ability to plan for coping with a problem that might happen in the future. Each group member will be able to express their thoughts, ideas, and practice accepting themselves. They will dare to cope with problems or adjust themselves, and will be prepared to listen to other people's feelings and thoughts in an atmosphere of trust, acceptance, and encouragement.

3.2 Background of Ohlsen's group counseling theory

Merle M. Ohlsen was a counseling psychiatrist in 1945. After graduating with a Ph.D., he began to work with group counseling. He was a leader in group counseling, combining the concept and practice of gestalt process, behavioral process, client-centered group counseling, and rational/cognitive behavioral processes to utilize in

appropriate counseling based on himself. Ohlsen has been recognized as one of the counselors who has studied group counseling with students most constantly. His group provided direction, to help members solve and eliminate the problems confronting them. Ohlsen's methodology emphasized the significance of talking and interviewing before participating in the group. The purpose of this is to inform the members about what they can expect from the group, and how to be good clients and good helpers. Thus, they themselves can change to new desired behaviors, knowing that they will have a better life by themselves (Ohlsen, 1970: IX; Ohlsen et al., 1988: 48-78)

Definition of group counseling using Ohlsen's theory

Ohlsen (Ohlsen, 1977: 1-2; Ohlsen, et al., 1988: 1-2) suggested that group counseling is a helping process started from building relationships of acceptance, trust, and security with the counsees. This is to enable them to disclose their depression and anxiety, and to explain their goals clearly. In the group process, the clients learn to help other people, and at the same time, they learn to accept help from other group members, as well. Then they will find that their friends in the group have tried to be considerate and generous to him or her, while providing feedback. Therefore, they can release the thing they have been trying to hide and about which they have been unable to reveal verbally. Moreover, it helps to stimulate other members to take a risk and do so, too. During the process, the counselor will provide additional information to the members to clarify the expectations of the members, and to teach them to be good clients and good helpers. When the group has become more empowered in the role of helping each other to solve the problem, that means there is increased self-respect and self-esteem among the group. That will cause the clients to be able to recognize the differences among individuals, and to accept different ways of solving problems. They will learn that they and the counselor contribute to the therapeutic environment during group counseling.

Purpose of group counseling using Ohlsen's theory

Group counseling using Ohlsen's theory (Ohlsen, 1977: 89; Ohlsen et al., 1988:

144-5) aims to enable counselees to achieve good self-adjustment. Well self-adjusted people possess the characteristics of self-acceptance and acceptance of others. They know what is true, what to change, and how to live with complicated situations that cannot be changed. They gradually find for themselves who they are and what they can do. They know how to please themselves and to manage their own feelings, showing appropriate feelings and living with them happily. Well self-adjusted people will know the real self and have congruence between the real self and ideal self. They are able to change themselves to the ideal self they aspire to be, knowing how to solve intrapersonal and interpersonal conflicts. They are self-independent, dare to show their real feelings and take responsibility for themselves, are able to solve their own problems and that is the way to promote people to increase self-respect and self-esteem.

Stages of Group Development

The stages of development that a group goes through are similar to the stages of development in any meaningful relationship. In general, these stages are: the beginning or initial stage, the work or productive stage, and the termination stage. Stages of development may vary from member to member and from group to group. In some groups, the stages are clear and progress moves in a smooth, linear fashion. In other groups, the process is erratic; the group may move forward in one session and have to begin all over in the next. The leader's role generally varies, as do the goals, objectives, and needs of group members. The stages of development of a group are discussed in the next topic (Ohlsen et al., 1988 : 86-95).

Initial Stage

The first stage involves the group's need for safety, trust, and cohesiveness. At this early stage, group members want the leader to direct and protect them. They are characteristically guarded, uncertain about how much or what to reveal about themselves. Self-disclosure is usually superficial, polite, and generally aimed at keeping things safe. At times, group members can be defensive. In this initial stage, the leader is generally involved in helping members open up, learn to trust one

another, calculate risk, give straightforward and honest feedback, and build an accepting, caring environment. Members learn to take responsibility for their behaviors and to be actively involved in governing the direction the group takes.

Working Stage

In the middle, or working, stages of group development, the group has generally been successful in resolving the issues of trust, openness, and cohesion. In a working group, the curative forces are well-established. Members feel safe about risking openly because they have experienced acceptance of who they are, even when they do not like the things they have disclosed to others about themselves. In fact, the working group characteristically provides a place where members can risk disclosures they have never risked with anyone before. The therapeutic aspects of modeling, interpersonal learning, hope, and a caring group culminate in a sense of family, a way in which members frequently describe the group. The leader's role at the working stages may vary. In general, like the group members, the leader may feel more freedom to experiment with different strategies than in the initial stages, because the group is established and the sense of fragility is gone. A firm sense of trust has been developed. The focus of interpersonal contact in the group is more consistently in the here- and-now, and members have come to value and respect the rights and responsibilities of others to make their own decisions.

Termination Stage

Termination is one of the most significant aspects of the group process. If handled adequately, the process of termination in itself can be an important force in helping individuals develop new behaviors. During a group's closing stages, the leader summarizes with members the progress, or lack of progress, made toward the various individual goals and objectives that each member set. When members have finished sharing the progress made, as well as discussing how to continue working without the group, the leader intervenes to bring the group to the final phase of closing-saying goodbye. The focus, facilitated by the leader, is on life after the

group, how what has been learned and developed in the group can be applied elsewhere.

Elements in the Group Helping Process

Ohlsen (Ohlsen, 1977: 10-19; Ohlsen et al., 1988: 23-33) presented elements of the group counseling process, as follows.

1. Developing the Relationship

The counselor begins developing a counseling relationship at the first contact. When the clients meet the counselor, they should find in that person the personal qualities that enable them to accept and trust the counselor. They must believe that confidences can be kept; that the counselor has the ability to solve problems. During the process of developing the relationship, counselors attempt to convey to prospective clients who they are; what they do to help clients; what they expect of clients in a group; what participants can expect from the group counselor; and how group counseling is likely to help them. The counselor listens to each person, providing individual attention and expressing care and interest in helping all without becoming unwholesomely involved with the client.

2. Beginning the First Individual Conference

For those who volunteer for group counseling, the first private meeting will be the intake interview. During the individual session the counselor attempts to describe the process and what is expected from him. In any case, detecting what the client is experiencing, reflecting accurately what he/she feels, and encouraging him/her, to discuss it and enhance openness. As the client learns to talk openly he/she is helped to accept responsibility for talking about whatever worries and upsets him/her, for defining behavioral goals, and for learning new and more appropriate behaviors. For most clients, but especially adolescents, precise behavioral goals enhance open discussion, and consequently the counseling relationship.

3. Detecting a Client's Feelings

In order to detect what a client is feeling, a counselor must try to sense what the client is experiencing to empathize, to feel what the client feels, and to perceive what is happening as the client perceives it. The sources of data are the client's struggle for self-expression about certain topics, the way approach-avoidance to them is exhibited, speech patterns, the communication of emotions by facial expressions, laughing, crying, and use of emotionally loaded words. Moreover, different clients may use similar behaviors to express very different emotions. In any case, the counselor recognized that, in order to understand a client's behavior, cognizance must be taken of everything learnt about that particular client. Every client has their own life style, and consequently their own unique ways of revealing their true inner feelings. Thus, the counselor realized that a client may even wish to convey something very different from what mere words communicate. Clients may mask their real feelings because of being ashamed of how they feel or of what they have done, or from uncertainty that they can trust the counselor some of their fellow clients.

4. Reflecting a Client's Feelings

In order to reflect a client's feeling, a counselor must understand the client's behaviors, feelings, thoughts, environment, history, and be able to communicate these understandings accurately to the client. In group counseling, if the counselor notices a member becoming uneasy or uncomfortable in response to the counselor's use of reflections, that does not mean that reflections should be ceased. Rather, the counselor should try to detect and reflect the client's underlying feelings, explain the purpose of reflective statements, and what the reflection reveals about the counselor's or fellow clients' feelings and understanding about the client.

5. Relating Discussion of Feelings to Behavioral Goals

As the counselor listens to those being counseled in the group discuss what worries and upsets them, the counselor tries to decide when clients have talked sufficiently and obtained adequate feedback from the counselor and other group

members to be ready to define specific goals. If clients feel pressured to define goals before they have talked about their feelings, they may conclude that fellow clients either do not care or that they have not obtained enough data to be helpful. Therefore, the counselor must consider when and whether a client is ready to define specific goals for behavioral change. Sometime, however, a counselor may allow clients to wallow needlessly in painful material. Such a counselor may permit clients to achieve catharsis to the point they lose of their motivation to change.

6.Helping Clients Define Mini-goals

Once clients have defined their goals, most profit from breaking up their goals into mini-goals, or at least from deciding what they feel most confident with, to begin implementing desired new behaviors. Some like to break their long-term goals into steps and put those steps into a hierarchical order.

7.Teaching Clients Good Client and Helper Behaviors

Basically, a part of group structuring is the teaching of new skills for behavior change; and this is begun when the counselor first tells a prospective client about group counseling, answers any questions about the process, and states what will be expected from the client. The better a client understands what is expected before beginning the group, the more eager the clients to learn to function effectively as a client, and as a helper of others in the group. Nevertheless, most clients at one time or another will exhibit some uncertainty about how to act. When this occurs, the counselor tries to detect and reflect what the clients want to know, encourages a fellow client to explain what is expected and, better still, demonstrate it.

8. Teaching Clients Interpersonal Skills

Films and video recordings can be used to teach clients the interpersonal skills necessary to learn new ways of interacting. Most counselor tend to prefer the use of role-play to teach these skills. This helps both the group member and the other members understand the situation, and this assists other clients in the group to provide helpful feedback.

9. Teaching Clients to Communicate their Goals to Significant Others

Usually, clients want to practice in their counseling groups what they want to say to their families, friends, or co-workers. Frequently, they prefer to select actors, to role-play the scene, and to solicit feedback from fellow clients before they attempt either oral or written communication with significant others. In any case, they require and appreciate assistance in formulating and communicating the precise message they require.

10. Sharing Successes

Clients in group counseling select precise activities to do between sessions. They learn quickly how to share with the group the successes they experience in implementing change. Gradually, they learn to differentiate between bragging to impress someone and sharing real successes, first with fellow clients and then, eventually, with those significant others who care deeply about helping the client implement desired changes. Increasingly, they learn to celebrate successes; they also learn to admit their failures and analyze them for the purpose of deciding how to revise unsuccessful tactics and try other approaches.

11. Termination

Termination of a series of group-counseling sessions can teach clients how to conclude a temporary relationship, appraise its worth, identify each one's unfinished business, and plan for individual sessions; how they will decide on termination; and how the counselor will provide for those who are not ready to terminate counseling when their group disbands.

12. Follow-up and Encouragement for Continuing Growth

The counselor may still be able to complete an evaluation of the group which will be helpful both to the counselor and to the group members. Each client's goals from the initial intake can be grouped into a behavior inventory that each member can complete, both for the individual client and for each member of the group,

immediately following the termination session. The purpose of a follow up session is to review the degree to which each has maintained the goals made during counseling and the degree to which each has finished any business left undone at the end of the counseling group.

Therapeutic Forces in a Counseling Group

Ohlsen said (1977: 59-82; Ohlsen et al., 1988: 107-124) that every effective leader tries to understand the forces within the group that contribute to or interfere with the group achieving its goals. Therapeutic forces are discussed in the following topic.

1. Leadership

The counselor is a powerful therapeutic force in a counseling group, and one which must be seen by the clients as a source of support. He/ She is the observer-participant in the group. He/She is the historian. He/She notes and connects events that occur over the life of the group. He/She remembers the individual's goals and helps each discover the connection between those goals and the material with which the client is currently struggling. He/She moves the focus from outside the group to inside, from abstract to specific, and from generic to personal. This therapeutic relationship emphasizes positive feelings and interpersonal attitudes, reciprocally held by counselor and client; feeling of liking, trust, and respect. Once achieved, it can serve as a powerful force in facilitating client's openness, communication, and willingness to change.

2. Expectations

Clients profit most from group counseling when they understand what will be expected from them and what they can expect from others prior to contracting for group counseling. When clients know what to expect, and feel secure in asking questions concerning expectations, spontaneity is limited. They come to counseling better prepared to help the counselor establish therapeutic group norms, to participate more effectively, and to use the therapeutic resources within their group.

3. Client Commitment

Those who profit most from group counseling recognize their need for assistance and are committed to talk openly about their problems, to implement desired new behaviors, and to help others learn desired new behaviors. If clients fail to disclose and become meaningfully involved in the therapeutic process early in the life of the group, they either lapse from treatment or become non-client members. Therefore, clients must accept therapeutic norms, accept considerable responsibility for making their group a safe place and for coping with their own resistance, and expect to be helped. The intake interview and the approaches used by the counselor to help clients learn to recognize and deal with lack of commitment during counseling reinforce clients' commitment.

4. Attractiveness of the Group

A group's attractiveness is determined by the importance of its perceived goals, the extent to which it meets its members' need. Whether its members are liked, and whether it includes prestigious members. A group is attractive when (1) its members are valued and accepted (2) its members are similar (3) it is small enough to enable members to communicate and relate effectively (4) it provides opportunities for social life and close personal association; and it provides at least two of these three sources of satisfaction: personal attraction, task attraction, and prestige from membership.

5. Belonging

Both those who are to be change and those who influence change must sense a strong feeling of belonging in their group. When a client feels that she belongs to a counseling group, she feels accepted, needed, and valued; she accepts the group's norms, makes a commitment to learn new behaviors; and gives of herself genuinely.

6. Client Readiness

The more clients understand what is expected, adopt the expectations accept the responsibility for convincing themselves and the counselor that they are committed to discuss their problem openly, to define specific behavioral goals, to learn and implement their desired new behaviors and , where necessary, to pressure follow clients to implement new behaviors, the more need they feel for group counseling. Although a counselor can facilitate this readiness, he must convey to prospective clients that it is their responsibility to get themselves ready. When a counselor achieves this objective, clients not only increase their readiness for counseling but increase their self-esteem. They also come to feel more potent and optimistic maid.

7. Clients' Acceptance of Responsibility

Increase responsibility for themselves and the therapeutic process increase clients' chances for growth within a counseling group. When prospective clients are allowed to decide whether to participate and are expected to ready themselves for treatment, they feel respected and encouraged to improve themselves. They learn to help others, as well as to obtain help for themselves.

8. Counselor's Acceptance of Responsibility

Important as it is for the counselor to encourage client participation in establishing group norms, and in maintaining them during counseling, the counselor must accept and use wisely his special status in the group. He is a qualified professional with a reputation for helping his clients. He makes the presentations to prospective clients', selects the clients , helps them define their therapeutic goals, arranges for a place for them to meet, schedules session, monitors their progress, and helps them to decide when to terminate.

9. Security

When clients come to feel reasonably secure within their counseling group, they can be themselves, give up their facades, discuss their problems openly, accept other persons' frank reactions to them, and express considerately their own

genuine feelings toward others. The counselor's reputation as a helper, a keeper of confidences, a selector of clients who are helped, and a manager of threat and conflict among clients facilitates development of a feeling of security within the group.

10. Self-disclosure

Successful clients self-disclose. Perhaps nothing is as powerful in encouraging self-disclosure, especially for clients to discover that they are a member of an attractive group in the which everyone seems to accept the idea to self-disclose problem openly, to learn new behaviors, and to help each other change. They have good peer models for self-disclosure, for exhibiting willingness to change, for developing specific behavioral goals out of their confusion and pain, and for observing others implement desired new behaviors. When they are able to talk openly they sense increased personal acceptance and as they listen they discover that these fellow clients whom they admire have problem as difficult to solve as their own and that they are not giving up. They are discussing their problems and doing something to solve them.

11. Client Participation

When clients are given a chance to decide whether they participate in group counseling, to demonstrate their own readiness for counseling, to define their own behavioral goals, to develop criteria which they can use to appraise their own progress, and to develop operational guidelines, they recognize that they are given real responsibility and they like it. Clients' participation in developing and in revising group norms is one of the most effective elements in producing group cohesiveness. Moreover, those who most readily accept responsibility for helping other, as well as themselves, tend to profit most from the therapeutic experience.

12. Communication

Effective communication among member is essential in a counseling group. In order for good communication to be achieved :(1) the message sender (source) must be reasonably congruent; (2) she must formulate a clear message; (3)

the receiver of the message must be reasonably congruent and listen carefully to the message;(4) when in doubt , the message receiver must be taught to clarify rather than challenge and/or make inferences from the sender's nonverbal behavior; (5) the observers'(counselor and fellow clients) role is to help clarify the message, detect incongruence, and help either and/ or both parties manage incongruence.

13.Feedback

Feedback is designed to help the source send a clearer message. Effective feedback encourages a client to listen, to explore its implications for learning new behaviors, to define new behavioral goals, to clarify what was communicated, to react to the feedback, and to solicit further feedback with reference to new goals and proposed actions. Feedback may be thought of as a message to the source conveying knowledge of the effectiveness of a previous communication. Positive feedback informs the source that the intended effect of a message was achieved, while negative feedback informs the source that the intended effect of a message was not achieved. Such negative feedback is disruptive of the source- receiver relationship, and it can generate hostility between source and receiver. However, clients profit most from feedback from others whom they trust and believe are motivated to help them. They profit most from feedback from those who previously have exhibited genuine caring for them. When they learn to accept and apply the feedback they receive from fellow clients, clients also can be taught to solicit and accept feedback from significant others outside their counseling group.

14. Therapeutic Tension

Clients must experience some tension and dissatisfaction with their present state to be motivated to learn desired new behaviors. When the counselor is most effective, clients also learn to detect and reflect therapeutic material, and thereby help each other recognize their problems, own them, and solve them. Clients recognize that helping each other face their problems, can be painful, but they also realize that it is essential in order to change. Furthermore, they learn to give each other the support required to discuss their problems and take the risks required to implement

desired new behaviors. They discover the real difference between a quality support system and a rescue service. On the other hand, excessive anxiety and tension can debilitate clients to such an extent that they cannot use their own resources to learn their desired new behaviors.

3.3 The Effect of Group Counseling Using Ohlsen's Theory on Self-Esteem

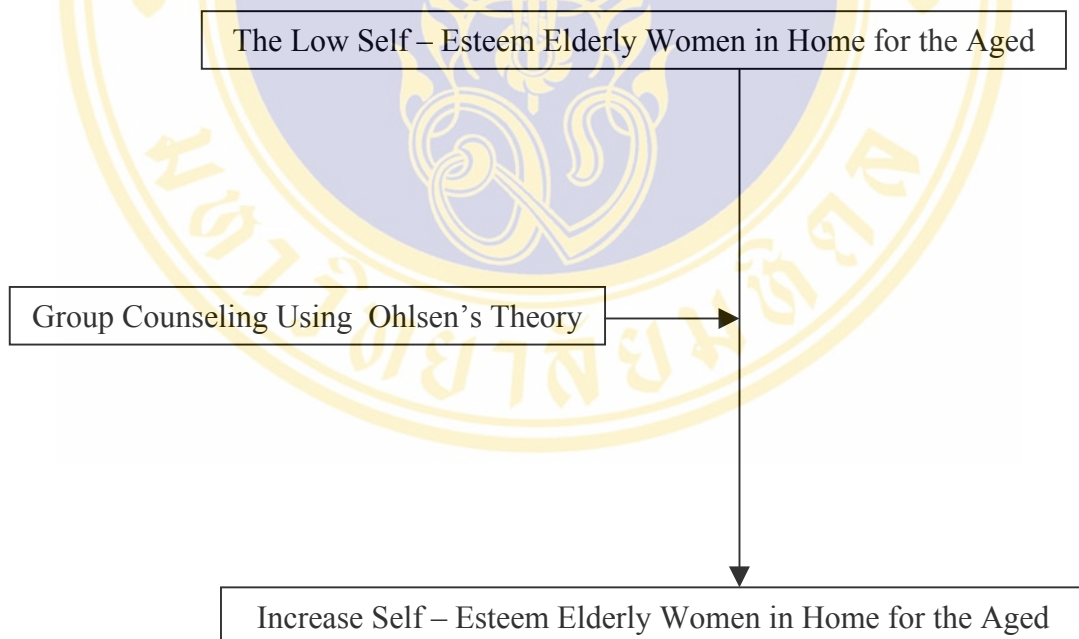
While they are alive, all humans are capable of increasing the sense of self-esteem (Trangkasombat, 2000: 50). There are two ways to increase self-esteem levels: individual counseling and group counseling (Mruk, 1999: 197, 227), but Ohlsen's self-esteem theory includes a kind of group counseling. The process of group counseling aims to promote individual development and improvement. It encourages individuals to know how people evaluate themselves and other people, to become more aware of how others perceive them, to have self-confidence, to accept their mistakes, to confront difficulties and to learn new behaviors (Ohlsen, 1977: 177-178). Besides, group counseling also helps individuals accept their problems and find solutions before they are too serious. Experience from group counseling induces self-awareness and understanding among members, leading to enhanced well-being and their being in all kinds of relationships (Ohlsen, 1977: 31-33). Group counseling helps its members become more aware of how other people perceive and will encourage individuals to change their ideas and adjust themselves, so that they will consequently learn new things and perceive themselves more accurately. Clarity in perceiving themselves is a power that encourages individuals to find solutions for their problems and promotes their sense of self-esteem (Ohlsen, 1977: 1-8; Tratzer, 1979 cited in Leeprasert, 1992: 34-35). The research of Rojanadhammakul (Rojanadhammakul, 1992), who studied "The Effect of Group Counseling Using Ohlsen's self-esteem theory of the Elderly Women in the Home for the Aged", showed that scores for self-esteem among the elderly women increased after group counseling. The self-esteem increase in the counseling group was significantly higher than the control group. The research of Leeprasert (Leeprasert, 1993), who studied "The Effect of Group Counseling Using Ohlsen's Self-esteem Theory of Students in Mattayom 3", showed that the pupils' self-esteem scores had increased after the experiment. Statistics suggested that the increase

in self-esteem among pupils in group counseling was significantly higher than the control group, which concurred with Sintu (2003), who studied “The Effect of Group Counseling Using Ohlsen’s Self-esteem Theory of Assaulted Youths”. The findings demonstrated that the assaulted youths in the counseling group had significantly higher average scores for self-esteem than the control. In addition, statistical analysis suggested that the scores for self-esteem among the assaulted youths before the experiment were lower than the scores after the experiment. In summary, group counseling using Ohlsen’s theory can increase self-esteem levels.

The research indicated that self-esteem was positively related to healthcare behaviors, self-efficacy, and the social activities of the elderly. In addition, self-esteem could be induced by the use of group process. The findings demonstrated that group counseling using Ohlsen’s theory increased levels of self-esteem. Some researchers studied sample groups of women at public welfare centers, school teenagers, assaulted youths, etc. There was no study regarding the elderly at the Home for the Aged. The counselor, therefore, was interested in using Ohlsen’s theory of group counseling to promote self-esteem among the elderly women at the Home for the Aged.

Conceptual Framework of the Study

Social change has immense psychological effects upon the elderly at the Home for the Aged, resulting in decreased self-esteem among them. For each individual life, self-esteem is essential, as it is the power for living. Ways to encourage patients to create self-esteem, by using Ohlsen's group counseling theory, which is a process that supports self-awareness and self-assurance for clients to confront difficulties and solve them, induce change to new behaviors. Such a change promotes the achievement of self-esteem in individuals. It is expected that the process of group counseling using Ohlsen's theory will positively affect the self-esteem of the elderly women at the Home for the Aged, as shown in the Conceptual Framework diagram below:



CHAPTER III

MATERIAL AND METHODS

The study was designed using Ohlsen's group counseling theory to increase self-esteem for elderly women living in Donlan Home for the Aged in Phakhai District, Ayutthaya Province.

Target Group

The target group in this study was elderly women living in Donlan Home for the Aged in Phakhai District, Ayutthaya Province.

Qualifications of the Elderly Group

1. Age 60-74 years
2. Healthy
3. Capable of managing daily life and self-help
4. Fully conscious
5. Willing to participate in the study
6. Able to join the group until the study's termination stage

Elderly Group Selection

Purposive selection of the elderly group was used to select eight people to participate in this project. The elderly group was evaluated by low self-esteem evaluation interview and behavior observation. They feel inferior, lacking in self-confidence, unable to denial. likely to gratify other people, unable to express opinions, feeling downcast and regretful, having no flexibility, adhering firmly to the past, and trying to avoid solving problems.

Setting

Donlan Home for the Aged, Phakhai District, Ayutthaya Province established to help the aged people in terms of healthcare, education, and physical and physiological conditions. Donlan Home for the Aged is under the supervision of Donlan Subdistrict Administration Organization. There are 20-30 elderly women aged 60 years and over living at Donlan Home for the Aged. The elderly must be local Donlan people, or people in other provinces nearby, having no chronic illness or dangerous diseases. They must not be disabled or insane. They must be people who are lacking in accommodation and support. The service of Donlan Home for the Aged includes three meals a day, clothing, and other necessities. The budget comes from Donlan Subdistrict Administration Organization. There is a healthcare service for the elderly patients, and they are given a National Health Insurance Card to receive treatment at the government hospital. Besides, Donlan Home for the Aged can send a trained worker to take care of them.

Procedures

The counselor conducted a study from March to April 2005, as follows:

1. Coordinating the work with the Governor of the Home for the Aged; informing about the purpose of this nursing practice; requesting permission to collect data for the study; and getting lists of the elderly, to make an appointment to select the elderly group.

2. Informing about the purpose of this project; asking the prospective elderly about their willingness to participate in this project.

3. Initiating group work. The elderly women were given group counseling eight times in all, five times a week, and 1.5 hours per session.

- 3.1 Individual interviews were conducted before group counseling to create good relationships and to prepare members before grouping, to inform the group about the purposes of the group, descriptions of group work, benefits to be gained, and expectations of members.

- 3.2 Phases of group counseling: grouping was performed a total of 8 times, each time consisting of three steps, as follows:

- **Initial Stage:** the time for creating good relationships and familiarity, and for creating an atmosphere of warmth and acceptance among the members.
- **Working Stage:** the time for the counselor to give counsel to members on how to create self-esteem using Ohlsen's theory.
- **Termination Stage:** the time to close the group and make a future appointment; the last time for grouping. This stage emphasized the importance of applying knowledge and experience from grouping to daily life.

Instrument in this study

Instruments used in this study consisted of;

1. Self-esteem evaluation designed by the counselor to interview and to observe behavior the elderly group. There were 9 items, which consisted of three aspects of primary description of self-esteem; competence, power, and virtue.

Competence: evaluation in item no.3, 6, 9

Power: evaluation in item no. 1, 4, 8

Virtue: evaluation in item no. 2, 5, 7

Points

Yes receives 1 point

No receives 0 point

Judgement: Low self-esteem points are seven points and over in the evaluation table considered as 77%. Other points lower than seven were considered as higher self-esteem.

2. The Plan of Group Counseling Using Ohlsen's Theory.

The plan of group counseling using Ohlsen's theory was taken from particulars of Ohlsen's theory in order to create self-esteem for the elderly women in Donlan Home for the Aged. The quality was made by the scholar with accuracy of substance, precision of language, and appropriation of hierarchy in the matter.

The Plan of Group Counseling Using Ohlsen's Theory

Group counseling was conducted a total of 8 times, 5 times per week, to create self-esteem for the elderly. Each session lasted 1.5 hours. The group consisted of 8 members. All members were included to the following procedures:

Individual Interview before Group Counseling: interviews were conducted individually so as to create good relationships and to prepare members before participating in group counseling. Participants were informed of the purposes of a group, given descriptions of group work, the benefits to be gained, expectations of members, and the protection of individual rights. The counselor asked for their consent to participate in the group. The techniques of Ohlsen's theory that were used in this paper aimed to create relationships at first meeting.

Phases of Group Counseling: grouping was conducted a total of 8 times. Each time consisted of 3 steps, as follows:

1. **Initial Stage:** an initial period for creating relationships and familiarity among members, and between members and counselor. The counselor needed to aid, suggest, and protect members in order to create the feelings of security and trust in the group. Simultaneously, she had to create an atmosphere of warmth and acceptance between the members. In the first participatory session, the counselor needed to make all members understand the group description, objectives, phases of group counseling, and rules. Afterwards, she made general discussion, reviewed and followed up the last consultation. The technique of Ohlsen's theory was used in this stage to create relationships among members.

2. **Working Stage:** a period for the counselor to give counsel to members on how to increase self-esteem. Members were given the opportunity of being self-aware, finding values and benefits in the individual, learning how to create good relationships among members, encouraging self-assurance, solving problems being confronted, releasing emotions and feelings freely, adjusting and changing themselves to the desired behavior, practicing the desired behavior before applying it to real life, and sharing experience of success from having applied the group concept to real life. The experiences and learning gained by all of the members from the group encouraged

individuals to become aware of their potential for achieving a better life. This perception brought about self-pride. Ohlsen's techniques used in this stage aimed to expose members' feelings, reflect on those feelings, discuss feelings related to the behavioral target, help members specify minor targets, introduce members to helping other people and to be good members, instruct the group how to create good relationships among members, teach each member how to communicate her target to important persons, and share success.

3. **Termination Stage:** the period for ending the group. The counselor motivated members and provided the opportunity to summarize important issues that had been raised during group counseling. There would be a further appointment. At the end of the group session, the counselor encouraged members to express what they had learnt from participation in the group, particularly the important issue of applying experience and learning from the group work to real life.

During group participation, members were required follow 5 rules, as follows:

1. Join the group on time
2. Ask permission before leaving the group
3. Stay with the group until the group work was over
4. Do not talk to each other during group meeting /Do not interrupt while another person is talking
5. Keep secret what members talk about in the group

The following tables summarize the process of group counseling used in this paper.

Table 2 Summary of Individual Interviews before Group Counseling

Objectives	Methods
<ol style="list-style-type: none"> 1. To create relationships between the counselor and group members 2. To prepare and select group members who are ready to join the group for the duration of the program 3. To inform group members about the group process and expectations of members 4. To enable group members to determine appropriately their purposes and expectations from group counseling 	<ol style="list-style-type: none"> 1. The counselor gave advice to group members, making appointments, addressing the group meeting, and referring to group participation 2. The counselor informed group members of the benefits of group counseling <ul style="list-style-type: none"> - rules for group participation - ways of giving opinions during group meeting - phases of group participation - importance of participating in group meeting regularly 3. The counselor informed group members of about the protection of their rights, and asked for members' consent to participate in the group 4. The counselor provided an opportunity to ask questions 5. The counselor summarized the important issues in the session

Table 3 The First Counseling Issues in the session were particulars of grouping, introducing group members in order to create trust and to examine individual feelings and concepts. During this stage, the group would not begin solving problems.

Objectives	Methods
<p>-To introduce group members, to create relationships, familiarity, and friendship among members</p> <p>-To make group members understand descriptions and purposes of group in order to create feelings of trust and security for future group work</p> <p>- To create an atmosphere of warmth, trust, and acceptance among members</p> <p>-To understand the members’ feelings towards the first participation</p>	<p>Initial Stage</p> <p>-The counselor addressed the group meeting and introduced herself to the group</p> <p>-The counselor encouraged group members to introduce themselves. The counselor informed group members of group descriptions, purposes, schedules, and rules for group participation, for instance “Group work will last one hour and a half. Grouping will be done 5 times a week from Monday to Friday from 9.00 am to 10.30 am, a total of 8 times. It will take 2 weeks from beginning to end.”</p> <p>-The counselor provided an opportunity to ask questions and express opinions</p> <p>Working Stage</p> <p>-All members have been introduced</p> <p>-The counselor motivated members’ group interaction, providing an opportunity to express opinions and ask questions</p> <p>Termination Stage</p> <p>-The counselor inquired about the feelings of all members individually in terms of their attitudes towards friends</p>

Table 3 The First Counseling Issues (Cont.)

Objectives	Methods
<ul style="list-style-type: none"> - To sum up group's learning 	<ul style="list-style-type: none"> and group participation -The counselor summarized important issues from the group discussion -The counselor additionally summarized with careful listening, concentration, and acceptance among group members - The counselor closed the group meeting and set an appointment time for the future

Table 4 Second Counseling Session This group work emphasized the importance of realizing an individual sense of value and potential. It was intended to make group members realize that an individual was able to create self-esteem for his or her self.

Objectives	Methods
<p>-To create relationships before grouping</p> <p>-To encourage all members to believe in their self-esteem</p> <p>-To encourage all group members to realize individual differences and their worthiness</p>	<p>Initial Stage</p> <ul style="list-style-type: none"> -The counselor addressed the group meeting and made some general discussion -The counselor reviewed the previous group meeting <p>Working Stage</p> <ul style="list-style-type: none"> -The counselor explained self-esteem by suggesting realization of individual virtue -The counselor let all members talk individually about their virtue -Each member was asked about what his/her interests -The counselor asked about the feelings of group members when they talked about their self-esteem -The counselor inquired the feelings of a group member who felt depressed -The counselor encouraged group members to compare low and high self-esteem people and decide which was better -The counselor referred to individual differences in value and virtue

Table 4 Second Counseling Session (Cont.)

Objectives	Methods
-To make all members believe in individual self-esteem	-The counselor motivated individuals to discuss how to create virtue
-To sum up what they had learnt from the group	<p style="text-align: center;">Termination Stage</p> -The counselor inquired about the feelings of group members -The counselor summarized the issues from the group discussion -The counselor included the concepts of peceiving and considering oneself positively -The counselor closed the group and set up the next appointment

Table 5 Third to Seventh Consultation Group work was similar for five days. Issues of for discussion were how to release individual feelings freely. Mostly, the counselor emphasized the realization of problems or difficulties being confronted. In every group work session, the counselor enabled group members to express only one problem, uncover the issue involved, and find the solution before termination of the group. When the next group work began, during the initial stage, the counselor would strive for progress and encourage group members to achieve the desired target.

Objectives	Methods
<p>-To address the group meeting and create good interaction among members</p> <p>-To enable group members to examine themselves, and to solve problems using the group process</p> <p>-To encourage group members to learn how to adjust their views from mental distress to finding solutions, and to create new learning for individuals skills</p>	<p>Initial Stage</p> <p>-The counselor addressed the group meeting, instigated general discussion, and reviewed the previous group meeting</p> <p>Working Stage</p> <p>-The counselor talked about depression or mental distress among the elderly women</p> <p>-The counselor encouraged group members to tell her a story of mental distress, its details, and their need to solve the problem</p> <p>-The counselor applied counseling principles and techniques (how to find one’s feelings, reflection of feelings)</p> <p>-The counselor provided the opportunity to ask questions to enable group members to understand the story better, to solve problems using the group process by exchanging experiences and opinions among members</p> <p>-The counselor let the member who owned the problem determine the</p>

Table 5 Third to Seventh Consultation (Cont.)

Objectives	Methods
<p>-To create understanding, sympathy, and optimism among the members</p> <p>-To encourage group members to create learning, to understand themselves, to understand the problem, and to increase problem solving skills so as to be able to readjust themselves</p>	<p>behavioral target, particularly problem solving (using a technique for connecting a discussion on feelings to the behavioral target, and a technique for helping group members to determine minor targets)</p> <p>-The counselor let group members practice the new desired behavior before applying it in real life; the members helped each other practice and reversed roles</p> <p>-When group members applied the new behavior to real life, the counselor followed up the progress. When targets were achieved, the group members had to share the resultant success from applying group concepts to practice. If the application of the new behavior to real life was not successful, the counselor had to motivate the group to modify something and find a new solution.</p> <p style="text-align: center;">Termination Stage</p> <p>-The counselor inquired about the feelings of a member who owned the problem while she was telling a story of her mental distress and again when the story ended. Other members in the group had to pay attention to the story.</p>

Table 5 Third to Seventh Consultation (Cont.)

Objectives	Methods
	<ul style="list-style-type: none"> -The owner of that story summarized the suggestions and found a solution -Other members of the group were asked about their feelings, and how they had gained benefit from the story -The counselor summarized what the members had learnt from the group, and encouraged them to modify their behavior -In counseling, the counselor summarized every issue differently, depending on the description of the true story. She emphasized giving ideas, inclining members to grasp the value, potential, and virtue in individuals, encouraging them to continue solving the problem

Table 6 Eighth Consultation: The End of Grouping. All members were to apply the learning experiences gathered from the group meeting to real life.

Objectives	Methods
<p>-To create good relationships before ending the group</p> <p>-To enable group members to review again what they had learnt and how they felt towards themselves</p> <p>-To create feelings of impression and self-esteem among members</p> <p>-To enable group members to gain experience from group learning, to create an understanding among members, and to encourage them to apply what they had</p>	<p>Initial Stage</p> <p>-The counselor addressed the group meeting, informing the group members of the group termination</p> <p>Working Stage</p> <p>-The counselor reviewed what all group members had learnt from the beginning to the end</p> <p>-The counselor encouraged members to review whether the group could or could not respond to their needs, and in what way</p> <p>-The counselor let all members summarize the changes that occurred to them in the group</p> <p>-The counselor invited all members to express their impressions as it was the last group session. Each of them had three flowers in a hand (it may be any flower), giving to any other members who impressed them, and telling them why</p> <p>Termination Stage</p> <p>-The counselor summarized what they had learnt from the beginning to the end, asking about the members' feelings and the benefits gained from the group, and</p>

Table 6 Eighth Consultation (Cont.)

Objectives	Methods
learnt for their benefit	emphasizing the importance of applying experience and learning from the group to real life -The counselor bade farewell and ended the group

Evaluation

At the end of the group counseling using Ohlsen's theory to increase the self-esteem of the elderly women living in Donlan Home for the Aged in Phakhai District, Ayutthaya Province, the elderly women were evaluated by low self-esteem evaluation interview and behavior observation. The evaluation regarding the elderly's behavior, expression, and speech, demonstrated that the elderly's self-esteem had increased after group participation. They became optimistic, with improved human relations and increased self-assurance. They felt love and compassion towards themselves and other people. They believed in their own ability to be of benefit to society. In the future, they would spend life happily, and with self-esteem.

CHAPTER IV

RESULTS

This study concerned the effect of group counseling using Ohlsen's theory on the self-esteem of elderly women living in Donlan Home for the Aged in Phakhai District, Ayutthaya Province. The elderly group comprised elderly women living in Donlan Home for the Aged in Phakhai District, Ayutthaya Province, recruited by purposive sampling. Data were collected in March 2005. Data analysis and evaluation were done by interview and behavior observation, to evaluate the elderly's behavior, expression, thoughts and speech at the end of group counseling. In all, there were 14 elderly women with low self-esteem, of whom 8 were selected using the concepts of Ohlsen's theory of group counseling, as the individuals with the lowest self-esteem.

The evaluation of the elderly women's self-esteem for each aspect and totally was shown at the table 7. After group counseling the elderly women's self-esteem increase from 83.88% to 38.50% by totally and each aspect. And for the individual, self-esteem could be describe for each aspect as following.

Table 7 Evaluation of the elderly women’s self esteem

The Elderly Women no.	Competence		Power		Virtue		Self-Esteem	
	Before Group Counseling No. of questions (percent)	After Group Counseling No. of questions (percent)	Before Group Counseling No. of questions (percent)	After Group Counseling No. of questions (percent)	Before Group Counseling No. of questions (percent)	After Group Counseling No. of questions (percent)	Before Group Counseling No. of questions (percent)	After Group Counseling No. of questions (percent)
1	3 (100)	3 (100)	2 (66)	1 (33)	3 (100)	1 (33)	8 (88)	5 (55)
2	3 (100)	1 (33)	2 (66)	1 (33)	2 (66)	1 (33)	7 (77)	3 (33)
3	2 (66)	0 (0)	3 (100)	1 (33)	2 (66)	0 (0)	7 (77)	1 (11)
4	3 (100)	2 (66)	2 (66)	2 (66)	3 (100)	1 (33)	8 (88)	5 (55)
5	2 (66)	0 (0)	3 (100)	0 (0)	2 (66)	1 (33)	7 (77)	1 (11)
6	2 (66)	1 (33)	3 (100)	2 (66)	3 (100)	1 (33)	8 (88)	4 (44)
7	3 (100)	1 (33)	2 (66)	2 (66)	3 (100)	1 (33)	8 (88)	4 (44)
8	3 (100)	2 (66)	2 (66)	2 (66)	3 (100)	1 (33)	8 (88)	5 (55)
Total	-	-	-	-	-	-	83.88	38.50

The elderly woman no.1: After group counseling, the elderly self-esteem increased (55%). It had been found that the elderly had more self-esteem in power as appeared in her behaviors, speech, and self-representation. She had more courage in speaking and inquiring. For virtue, she helped her friends take care of the other elderly who were elder than her. She brought foods and cleaned their bodies. For competence, she was unchanged.

The elderly woman no.2 : After group counseling, her self-esteem increased (33%). For competence, she was able to make suggestions and gave knowledge to other elderly people. For power, she could control her mind not to feel depressed and anxious. For virtue, she helped her friends in home for the aged, particularly the ones who were elder than her to manage daily life.

The elderly woman no.3 : After group counseling it increased (11%). It had been found that she had more competence. She changed herself, from the one who did not go to the hospital alone to have a medical check-up for diabetes, to the new one who could travel alone. She had happiness in managing daily life. For power, she could control her mind not to be stressed, able to relieve her anxiety, and felt more comfortable. For virtue, she loved and helped her friends. She could find virtue in herself and in her friends. She helped them wash dishes, clean the home, make merit. She also forgave every one.

The elderly woman no.4: After group counseling, it increased (55%). Evaluation's outcome demonstrated that for competence, the elderly admitted that she was helpful to other people. She could help think, express views, and cheer up. For virtue, she could forgive other people. She was not angry with the past. For power, she had no change.

The elderly woman no.5: After group counseling, she had higher self-esteem (11%). For competence, she knew that she was helpful to other people. For instance, she could bring her friend to see the doctor. She could make a suggestion to solve her friend's problems. She could help her friends increase their incomes using their capabilities i.e. make artificial flowers. For power, she had more courage to speak and more self-representation. She could help her friends discuss and seek the way for

relieving distress. Her face began to fill with smiles. For virtue, she helped prepare foods before the meals. She had good interaction with other people.

The elderly woman no.6: After group counseling, her self-esteem increased (44%). It had been found that for competence, the elderly told the researcher that she felt proud to have a chance to cheer her friends up. Normally, everyone lived separately. No one cared each other. Helping her friends, she felt comfortable. She could bring her capability to impart to her friends i.e. making artificial flowers. They had more incomes to pay for the expenses. For power, she had more courage to speak and more self-representation. She did not feel upset to life. She was refreshed, able to control her mind, reduce stress and anxiety. For virtue, she intended to be the first one who entered the group and prepared the place for other people. She had good interaction with other people. She was willing to take care and help others. She yielded to clean the home.

The elderly woman no.7: After group counseling, her self-esteem increased (44%). It had been found that for competence, the elderly communicate with others more. She was not sitting alone at the corner of the building like ever before. She had more courage to express. She could tell her story to others. She helped her friends express views. For virtue, she helped clean the home and sweep the floor. She felt sympathetic to inferior people who could not help themselves. She always told herself to think positively. She became optimistic. For power, there was no change.

The elderly woman no.8: After group counseling, she had higher self-esteem (55%). For competence, she brought her capability to teach her friends i.e. make a bamboo-leaves basket, invented a vase and helped the elderly woman no.6 to increase her incomes. She had more interaction with other people. For virtue, the elderly was willing to help other people. Her mind was calm. She felt optimistic to every person including herself. She learned to forgive other people, forgot the bitter past that made her unhappy.

So group counseling using Ohlsen's theory to increase self-esteem of the elderly women living at Donlan Home for the Aged, Phakhai District, Ayutthaya Province, demonstrated that most of the elderly women had more self-esteem in three

aspects; competence, power, and virtue. The highest level of self-esteem of the elderly women concerned virtue, followed by competence and power.



CHAPTER V

DISCUSSION

This study was designed to promote the self-esteem of the elderly women living in Donlan Home for the Aged at Phakhai District, Ayutthaya Province by using Ohlsen's group counseling theory.

The result of the study regarding the effect of group counseling using Ohlsen's theory can promote self-esteem of the elderly women in the Home for the Aged Phakhai District, Ayutthaya Province. According to Ohlsen's theory, the counselor developed the group in three stages; an initial stage of creating relationships, a working stage, and a termination stage. In the initial stage of creating relationships, the counselor created an atmosphere of friendliness, enabling feelings of security and acceptance among members. The counselor united the group, as a kind of response to individual emotions and feelings. This helped develop self-esteem in individuals (Thaisungkom, 2002: 44). This agreed with Branden (1996) and Coopersmith (1981), who stated that individual self-esteem could be changed by circumstances and the places of events. Participating in the group process or having been cared by other people made individuals feel that they were a part of a group. Feeling that they were worthy and meaningful enabled feelings of security, confidence, and esteem (Peerawannakun, 1998: 80). During the working stage, the members revealed themselves more. They helped their friends solve problems and exchange experiences, which produced a sense of self-esteem. An individual sense of self-esteem is created when a person chooses his/her own solution and helps other people understand and solve problems (Maeem, 1978 cited in Thaisungkom, 2002: 45).

In the termination stage, the counselor asked the members to state their impressions of their friends. This activity encouraged an individual sense of self-esteem and enabled individuals to find virtue in themselves (Samittikrai, 1987: 64).

The elderly women living in Donlan Home for the Aged participated in group counseling using Ohlsen's theory, which resulted in an increase in self-esteem, as follows:

Competence This word meant that the elderly people thought and felt they achieved success in learning, living, familiarizing themselves with the modern world, and solving the problems of daily living. They had the ability to modify themselves in their daily lives. They could help friends or people who needed help, and they were supporters for people who were in difficulty or distress.

Coopersmith (1981) suggested that high self-esteem people realized all of their own potential. They expressed themselves appropriately with confidence; this conformed to Ebersole & Hess (1997), who stated that elderly self-esteem resulted from promoting competence in three aspects--a stable personality, daily-life success, and self-representation, as shown in the elderly statement:

“After participating in the group, I feel better. I can help my friends. Previously, I used to believe that I was too old to help other people. But now, I feel that there are many things I can do for them. I can help them think or cheer them up.”

(Elderly Woman no. 4)

“I feel myself helpful to other people. I can help people and they can help me too. I'm happy. My eyes are opened. I feel contented.”

(Elderly Woman no. 5)

“I feel proud of cheering other people up. Usually, I'd never done like this before. Everybody lives separately. Now I feel glad to make them happy.”

(Elderly Woman no. 6)

“It makes me speak more, and know how to behave myself properly, how to make other people love me. I've more friends.”

(Elderly Woman no. 7)

Because the members relied upon the group, it enabled them to reveal their problems freely. Revealing problems or depression, and exchanging feelings or experiences, induced members to learn and adjust themselves. This helped them to modify themselves in a positive and appropriate way. The interaction of members in exchanging ideas and feelings in the group process resulted in self-awareness, including an increase in realization of potential and esteem in individuals (Schutz, 1967: 104). This concurred with Coopersmith (1981), who stated that relief was revealing oneself; the courage to inform other people of one's feelings without difficulty, which was characteristic of people with high levels of self-esteem. Before participating in the group, the members thought that they were unable to help other people. After enrolling in the group, the elderly women knew that they were helpful to other people. They had the opportunity to make suggestions and help one another. This increased the self-esteem level of every member (Kaewkhiew, 1997 cited in Rangjing, 2003: 64).

Power This word meant the elderly people's thoughts and feelings towards themselves and their circumstances in daily life, the belief in individual power or influence to control and take care of oneself in terms of food, taking exercise, spending their daily life, determining the rules of life, finding life objectives, and controlling one's mind not to feel depressed or worried. Power also referred to self-confidence, self-representation, and mental power, as shown in the elderly women's statements:

"I'm glad that you arranged the group here. We, the elderly people, have gained many benefits. Previously, I felt distressed and depressed. I thought I was alone, and never knew that other people also had depression. Now I'm strong."

(Elderly Woman no. 5)

"I feel more confident. I dare to speak and ask when I have a question. I understand better. Previously, I was afraid of being blamed so I never spoke."

(Elderly Woman no. 1)

“I’m glad to listen to and participate in your group. I’ve learned how to get rid of stress, how to behave myself. I feel a lot better.”

(Elderly Woman no. 3)

Trotzer (Trotzer, 1977) stated that individuals realized esteem in themselves where they lived in good circumstances and possessed individual interaction using group process that developed an atmosphere of acceptance among members. When individuals felt that they were genuinely accepted by group members, they consequently accepted themselves, which produced esteem in their individual selves. The group process using Ohlsen’s theory emphasized the importance of developing and improving oneself, enabling members to evaluate themselves and other people, create self-awareness and self-confidence, learn from their own mistakes, be brave in confronting difficulties, including learning to develop their behaviors (Ohlsen, 1977: 177-178). Clearance gained in individuals encouraged them to solve their problems successfully, resulting in realization of self-esteem (Ohlsen, 1977: 33). This conformed to the view of Coopersmith (1981), who stated that people with high levels of self-esteem relied and depended on themselves. They adjusted themselves well to the circumstances and had less stress than people with low self-esteem, which was consistent with Miller (1992), who stated that self-esteem was common sense immune system resulted from concentration of present behavior, self-consciousness, admission of one’s ability, admission of others’ feelings, and courage for self-representation. Self-esteem level could be increased by removing negative feelings using common sense and thinking of oneself positively, reminding oneself repeatedly of one’s virtue. All of these helped individuals create the power to control themselves.

Virtue This word meant the elderly’s thoughts and feelings that conformed to moral and ethical behaviors, admission of the real-self, feelings of forgiveness, the repetition of thinking and imagining positively, a belief in optimism, a good perception of one’s self, good interaction, positive feelings that one was loved and cared for by other people, self-satisfaction with one’s image, feelings of being considerate of other people, willingness to sacrifice something for the public good, mental calmness, and purity of view towards oneself and others.

Participating in group counseling using Ohlsen's theory affected the self-esteem of the elderly women in the Home for the Aged in terms of virtue, as stated by the elderly women themselves, as follows:

"I love myself more than ever before. Previously, I never looked after myself."

(Elderly Woman no. 2)

"It lessens a lot of stress. I'm not filled with distress anymore. Other people feel better too."

(Elderly Woman no. 5)

"That our friends look only upon our good side makes us love and help each other more."

(Elderly Woman no. 3)

"I receive many good things. I have more power to participate in the group."

(Elderly Woman no. 6)

"This morning, we helped our friends clean the room, sweep the floor, and put the chairs in a circle."

(Elderly Woman no. 7)

"Our friends told me to free up my mind, and I did it already. I forgive everyone. I'm not getting angry again."

(Elderly Woman no. 4)

Meridean (2001) stated that elderly self-esteem resulted from feelings of one's esteem from others' viewpoints, as most people learnt about themselves from individual interactions and from communicating with people using speech and body language to increase self-esteem level. This was based on the feelings that individuals were successful, worthy, admired, and helpful to the community they lived in (Ebersole & Hess, 1995).

From the nursing practice, it could be summarized that group counseling using Ohlsen's theory increased the self-esteem levels of the elderly women living in Donlan Home for the Aged in Phakhai District, Ayutthaya Province, characterized by an increase in competence, power and virtue in self-esteem of the elderly women, as mentioned above.



CHAPTER VI

CONCLUSION

CONCLUSION

This study is group counseling using Ohlsen's theory. The purpose is to increase self-esteem level of the elderly women in Donlan Home for the Aged, Phakhai District, Ayutthaya Province. The elderly participation in the group counseling were women living in Donlan Home for the Age, Phakhai District, Ayutthaya Province. They were aged between 60 and 74 years, full-consciousness and healthy, capable of self-help, able to join group until termination stage, and having low self-esteem level. Those elderly people feel inferior and depressed, lacking for self-confidence, being afraid of expressing opinion, keeping away from society, feeling that they lose power, unable to support and create relationship with other people. Inventory used in this nursing practice is a plan of group counseling using Ohlsen's theory of which the content accuracy verified by a scholar. The process of study begins after a purposive those group selection, the explanation of objectives, method of nursing practice, and participant right protection, and an individual interviews which is done before entering group. Group work consists of giving counsel to eight members five times a week, each time uses one hour and a half, taking totally eight sessions. After group counseling using Ohlsen's theory ends, the counselor evaluates self-esteem in the elderly women from behavior, way of conduct, self-representation, and speech, all of which express a higher level of self-esteem evaluated in three aspects: competence, power, and virtue. Referring to competence, the elderly feel that they achieve life success, being able to solve daily-life problems, having more self-assurance and self-representation, feeling that they can be of benefit to other people. Referring to power, the elderly have more self-support ability and self-assurance. They can control their minds not to be stressed and anxious too much. They have more powerful minds to spend life without depression. They can get rid of negative feelings

and always promote positive feelings inside themselves. Referring to virtue, the Elderly believe in optimism. They forgive themselves and other people for the past mistakes. They respect and follow moral rules, willing to give assistance and make benefits for the society. They feel that they are worthy, beloved and useful to the society.

Conclusion from study demonstrated that the elderly women in Donlan Home for the Aged, Phakhai District, Ayutthaya Province, have a higher self-esteem level after participating in group counseling using Ohlsen's theory.

Suggestion for a study

1. This suggestion for a study, the plan of group counseling using Ohlsen's theory is used for increasing self-esteem for the elderly women in Home for the Aged. The counselor should have knowledge and understanding of Ohlsen's concept, and able to apply counseling plan instantly without changing it. Moreover, group counselor should have been trained skillfully in order to be an efficient counselor who can adjust members' behaviors appropriately to encourage them to apply knowledge from group participation to daily life.

2. The plan of group counseling using Ohlsen's theory is the guideline for nursing practice at the other Homes for the Aged in order to increase self-esteem at the elderly. It is needed to prepare the place, the group elderly, and the counselor, who have knowledge, training skills, and understanding about Ohlsen's theory. In addition the counselor needs to prepare time for managing the nursing practice from the beginning to the end of the plan. Besides, it is needed to follow up the plan evaluation regularly.

BIBLIOGRAPHY

- Brander, N (1994). *Working with self–esteem in Psychotherapy*. New York : The Hatherleigh.
- Coopersmith, S. (1981). *The antecedents of self-esteem*. (2nd ed). California : Consulting Psychologist. Press.
- Coopersmith, S. (1984). *SEI : Self-esteem inventories*. California : Consulting Psychologist. Press.
- Ebersole, P. & Hess, P. (1997). *Toward healthy aging : Human needs and nursingresponse*. 4th ed. Missouri ; Mosby year book.
- Gazda, G.M., Duncan, J.A & Meadus, M.E.(1967). *Group counseling and Group procedures- report at a survey counselor Education and Supervision*, 9, 305.
- Ginzburg, N.M. & Macdonald. (1986). M.G. The pidemiology of human T-cell Lymphotropic virus Type III (HTLV-III Disease). *Phychiatric Annals*. (16 (3) : 153-156.
- Klose, P. Tinius, T. (1992). A self–esteem group at on inpatient Psychiatric hospital. *Journal of Psychosocial Nursing*. 30 (7), 5-9.
- Meridean L. M, et al. (2001). *Nursing care for older adults : Diagnosis Outcome & intervention*. Mosby, Inc. St. Louis.
- Miller, A.C. (1995). *Nursing care of older adults : theory and practice 2nd ed*. Philadelphia : J.B. Lippincott.
- Ohlsen, M.M. (1970). *Group counseling* .New York : Hoit, Rinehart and Winston.
- _____. (1977). *Group counseling* . 2nd ed. New York : Hoit, Rinehart and Winston.
- Ohlsen, M.M. Home, A.M. & Lawe, C.F. (1988). *Group counseling* . 3rd . New York : Hoit, Rinehart and Winston.
- Roach, S,S (2001). *Introductory gorotological. Nursing*. Philadelphia : Lippincott William & Wilkins.

- Rosenberg, M. (1979). *Conceiving the self*. New York Basic Books.
- Schutz, W.C. (1967). *Joy*. New York : Grove Press.
- Schutz, W.C. (1971). *Here come everybody*. New York : Harper and Row.
- Shertzer, B & Stone. SC. (1968). *Fundamental of counseling* . New York : Houghton Mifflin Company.
- Trotzer, J.P. (1997). *The counselor and the group, integration Training and practice*. Montry, California : Brooks.
- กมลพรรณ หอมนาน (Hamnan, K.). (2539). *ความสัมพันธ์ระหว่างการเห็นคุณค่าในตนเอง การรับรู้สมรรถภาพในตนเอง กับพฤติกรรมการดูแลตนเองของผู้สูงอายุ*. วิทยานิพนธ์ปริญญาโท สาขาการพยาบาลอายุรศาสตร์ บัณฑิตวิทยาลัย มหาวิทยาลัยเชียงใหม่.
- กรมสุขภาพจิต กระทรวงสาธารณสุข (Department of mental health). (2542). *“ข่าวน่ารู้ การส่งเสริมสุขภาพจิตที่ดี”*. วารสารสุขภาพจิตแห่งประเทศไทย กรมสุขภาพจิต กระทรวงสาธารณสุข 7(3) : 188-190.
- กฤษยา ดันดีผลาชีวะ (Tuntipalacheeva, K.). (2524). *การพยาบาลผู้สูงอายุ*. กรุงเทพมหานคร : โรงพิมพ์เจริญผล.
- กองการพยาบาล (The Nursing Department). (2540). *การจัดบริการที่ส่งเสริมการดูแลตนเอง โดยใช้กระบวนการกลุ่ม*. นนทบุรี : กองการพยาบาล สำนักปลัดกระทรวงสาธารณสุข กระทรวงสาธารณสุข.
- จันทร์เพ็ญ ชูประภาวรณ (Chooprapawan, C.). (2543). *สถานะสุขภาพคนไทย*. กรุงเทพฯ : อุษากการพิมพ์.
- จันทร์นั ระเบียบโลก (Rabeabloke, J.). *สภาวะประชากรโลกปี 2541 : วัยรุ่นกับผู้สูงอายุ*. วารสารวางแผนครอบครัวและประชากร 2 (มกราคม-มิถุนายน 2542) : 7-14.
- จิรนาถ ยิ่งศักดิ์มงคล (Yingsakmongkol, J.). (2544). *ผลการสอนโดยใช้กิจกรรมตามแนวคิดนี้ โออิวิแมนนิสต์ต่อการเห็นคุณค่าในตนเองของผู้สูงอายุหญิงในสถานสงเคราะห์*. วิทยานิพนธ์ปริญญาโท สาขาการพยาบาลศึกษา จุฬาลงกรณ์มหาวิทยาลัย.
- ชนิกรรดา ไทยสังคม (Thaisungkom,C.). (2545). *การใช้จิตบำบัดกลุ่มในการเพิ่มพูนความสำนึกในคุณค่าแห่งตนของผู้ติดยาเสพติด*. หลักสูตรปริญญาพยาบาลศาสตรมหาบัณฑิต,บัณฑิตวิทยาลัย มหาวิทยาลัยเชียงใหม่.

- ชนิดา สุวรรณศรี (Suwannasri, C.). (2542). **ผลของกิจกรรมกลุ่มที่มีต่อการเห็นคุณค่าในตนเองของเยาวชนผู้ติด สารเสพติด**. วิทยานิพนธ์วิทยาศาสตรมหาบัณฑิต, บัณฑิตวิทยาลัย มหาวิทยาลัยรามคำแหง.
- ชยาพร ลีประเสริฐ (Leeprasert, C.). (2542). **ผลการศึกษาเชิงจิตวิทยาแบบกลุ่มที่มีต่อการเห็นคุณค่าในตนเองของนักเรียนชั้นมัธยมศึกษาปีที่ 3**. วิทยานิพนธ์วิทยาศาสตรมหาบัณฑิต จุฬาลงกรณ์มหาวิทยาลัย.
- ทวีเกียรติ บุญไพศาลเจริญ (Bunyapisanjarann, T.). (2546). **รายงานประจำปี สำนักงานสาธารณสุขจังหวัดพระนครศรีอยุธยา**.
- ธิดารัตน์ ศรีสุโข (Srisukho, T.). (2543). **ผลการใช้กระบวนการกลุ่มต่อการเห็นคุณค่าในตนเองของผู้สูงอายุใน สถานสงเคราะห์คนชราบ้านธรรมปกรณ เชียงใหม่**. วิทยานิพนธ์ จิตวิทยาคลินิก, บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล.
- นงลักษณ์ บุญไทย (Boonthai, N.). (2539). **ความรู้สึกรู้สึกคุณค่าในตนเองของผู้สูงอายุและความสัมพันธ์กับปัจจัยอื่น ๆ**. วิทยานิพนธ์ปริญญาโทมหาบัณฑิต สาขาเอกอนามัยครอบครัว คณะสาธารณสุขศาสตร์มหาวิทยาลัยมหิดล.
- นริสา จิตรสมนึก (Jitsomneuk, N.). (2540). **ผลของการปรึกษาเชิงจิตวิทยาแบบกลุ่มที่มีต่อการเห็นคุณค่าของเยาวชนที่กระทำผิด ในสถานพินิจคุ้มครองเด็กและเยาวชน**. วิทยานิพนธ์วิทยาศาสตรมหาบัณฑิต สาขาจิตวิทยาการให้คำปรึกษา มหาวิทยาลัยรามคำแหง.
- นันทนา แรงจริง (Ranging, N.). (2546). **การใช้กิจกรรมกลุ่มเพื่อพัฒนาความตระหนักในคุณค่าทางวัฒนธรรม และการเห็นคุณค่าในตนเองของนักเรียนชาวเขาเผ่าม้ง**. วิทยานิพนธ์ศึกษาศาสตร์มหาบัณฑิต สาขาจิตวิทยาการศึกษาและแนะแนว มหาวิทยาลัยเชียงใหม่.
- นันทวัน ใจกล้า (Jaikla, N.). (2537). **สภาพความเป็นอยู่ของผู้สูงอายุในสถานสงเคราะห์คนชรา**. วิทยานิพนธ์ปริญญาโทมหาบัณฑิต ภาควิชาสังคมวิทยาและมนุษยวิทยา คณะมนุษยวิทยา จุฬาลงกรณ์มหาวิทยาลัย
- นาดยา วงศ์เหล็กภัย (Wongleekpai, N.). (2532). **ผลของจิตสัมพันธ์ที่มีต่อการเห็นคุณค่าในตนเองของวัยรุ่น**. วิทยานิพนธ์ปริญญาศิลปศาสตรมหาบัณฑิต ภาควิชาจิตวิทยา, บัณฑิตวิทยาลัย จุฬาลงกรณ์มหาวิทยาลัย.
- นิตยา สินธุ (Sintu, N.). (2546). **ผลทำให้คำปรึกษาแบบกลุ่มตามแนวของโอดเซนต่อการเสริมสร้างความรู้สึกรู้สึกคุณค่าในตนเองของเด็กที่ถูกทารุณกรรม**. วิทยานิพนธ์พยาบาลศาสตรมหาบัณฑิต สาขาการพยาบาลจิตเวช และสุขภาพจิต, บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล.

- นิราศศิริ โรจนธรรมกุล(Rojjanadhammakul, N.). (2535). **ผลการศึกษาเชิงจิตวิทยาแบบกลุ่มที่มีต่อการเพิ่มการเห็นคุณค่าในตนเองของสตรีในสถานสงเคราะห์หญิงบ้านเกร็ดตระการ**. วิทยานิพนธ์ ปริญญาศาสตรมหาบัณฑิต ภาควิชาจิตวิทยา, บัณฑิตวิทยาลัย จุฬาลงกรณ์มหาวิทยาลัย.
- นุชจรี ฉายีเนตร (Yaneenetra, N.). (2538). **ผลของการฝึกทักษะในการดำเนินชีวิตที่มีต่อการเห็นคุณค่าในตนเองของคนพิการที่เข้ารับการฟื้นฟูสมรรถภาพในศูนย์ฟื้นฟูสมรรถภาพคนพิการ จังหวัด ปทุมธานี**. วิทยานิพนธ์ วิทยาศาสตรมหาบัณฑิต สาขาจิตวิทยาการให้คำปรึกษา มหาวิทยาลัยรามคำแหง.
- บรรลุ ศิริพานิช (Siripanit, B.).(2542).**ผู้สูงอายุไทย**.กรุงเทพมหานคร : สำนักพิมพ์หมอชาวบ้าน. ประชาสงเคราะห์, กรม (Department of Public Welfare.). (2543). **การสงเคราะห์คนชราของกรมประชาสงเคราะห์ กระทรวงแรงงานและสวัสดิการสังคม**. มปท.
- ปรีชา อุปโยคิน และคณะ (Oopayokin, P.et al.). (2541). **ไม้ใกล้ฝั่ง สถานภาพและบทบาทผู้สูงอายุไทย**. กรุงเทพมหานคร : เจริญดีการพิมพ์.
- พรประภา แก้วกล้า (Klawkla, P.). (2533). **ผลการศึกษาเชิงจิตวิทยาแบบกลุ่มตามแนวพิจารณาความเป็นจริงต่อการลดการเสพติด**. วิทยานิพนธ์ปริญญาศิลปศาสตรมหาบัณฑิต ภาควิชาจิตวิทยา, บัณฑิตวิทยาลัย จุฬาลงกรณ์มหาวิทยาลัย.
- เยาวรัตน์ ปรปักษ์ขาม และสุพัตรา อติโพธิ (Porapakkam & Adhipotr.). (2543). **สภาวะสุขภาพและแนวโน้มของประชากรผู้สูงอายุ แผนการศึกษาและวิจัยสุขภาพประชาชาติ พ.ศ. 2543**.สถาบันพัฒนาการสาธารณสุขอาเซียน มหาวิทยาลัยมหิดล.
- วัชรีย์ ทรัพย์มี (Submee, W.). (2546). **ทฤษฎีและกระบวนการให้คำปรึกษา**. ภาควิชาจิตวิทยา คณะครุศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย.
- วันเพ็ญ วงศ์จันทร์ (Wongchantra, W.). (2539). **แบบแผนสุขภาพของผู้สูงอายุในสถานสงเคราะห์คนชรารูปแบบกรม เชียงใหม่**. การค้นคว้าแบบอิสระ ปริญญาวิทยาศาสตรมหาบัณฑิต บัณฑิตวิทยาลัย มหาวิทยาลัยเชียงใหม่.
- ศรียรรณา ต้นศิริ (Tunsiri, S.). (2535). **ผลของการใช้กิจกรรมกลุ่มต่อการลดความซึมเศร้าของผู้สูงอายุหญิงในสถานสงเคราะห์คนชราวาระเวศน์ จังหวัดพระนครศรีอยุธยา**. วิทยานิพนธ์ ปริญญาวิทยาศาสตรมหาบัณฑิต (สาธารณสุขศาสตร์) สาขาวิชาเอกพยาบาลสาธารณสุข บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล.

- ศิริวรรณ สินไชย (Sinchai, S.). (2532). **ปัจจัยที่มีความสัมพันธ์กับความพึงพอใจในชีวิตของผู้สูงอายุในสถานสงเคราะห์คนชรา กรมประชาสงเคราะห์**. วิทยานิพนธ์ปริญญาโทมหาบัณฑิต ภาควิชาพยาบาลศึกษา คณะครุศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย.
- สมบูรณ์ ศาลยาชีวิน (Salyacheevin, S.). (2526). **จิตวิทยาเพื่อการศึกษาผู้ใหญ่**. เชียงใหม่ : ลานนาการพิมพ์.
- สุใจ ตั้งตรงสวัสดิ์ (Tangsongasawas, S.). (2534). **ผลของการใช้เพื่อนผู้ให้การช่วยเหลือเพื่อนในกลุ่ม เพื่อเพิ่มความรู้สึกมีคุณค่าในตนเองของนักเรียนชั้นมัธยมศึกษาปีที่ 5**. วิทยานิพนธ์ ปริญญาศิลปศาสตรมหาบัณฑิต ภาควิชาจิตวิทยา, บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล.
- เสาวนีย์ พงผึ้ง (Pongphung, S.). (2542). **ผลการฝึกสมาธิต่อความรู้สึกมีคุณค่าในตนเอง การมองโลกในแง่ดีและภาวะสุขภาพในผู้สูงอายุ**. วิทยานิพนธ์ปริญญาวิทยาศาสตรมหาบัณฑิต (สาธารณสุขศาสตร์) สาขาวิชาเอกพยาบาลสาธารณสุข บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล.
- เสาวภา วิจิตวาฬ (Wichitwan, S.). (2534). **ความสัมพันธ์ระหว่างความรู้สึกมีคุณค่าในตนเอง การสนับสนุนทางสังคม กับพฤติกรรมการดูแลตนเองในผู้ป่วยที่สูญเสียแขนขา**. วิทยานิพนธ์ วิทยาศาสตรมหาบัณฑิต สาขาพยาบาลศาสตร์, บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล.
- อนุรักษ์ บัณฑิตยชาติ และคณะ (Bunditchat, A. et al.). (2542). **การสำรวจภาวะสุขภาพจิตผู้สูงอายุในสถานสงเคราะห์คนชราของรัฐในกรุงเทพฯ 3 แห่ง**. นนทบุรี : กองแผนงาน กรมสุขภาพจิตกระทรวงสาธารณสุข.
- อัครพรรณ ขวัญชื่น (Kwanchuen, A.). (2544). **ผลการให้คำปรึกษาแบบกลุ่มที่มีต่อการเห็นคุณค่าในตนเองของผู้ต้องขัง**. วิทยานิพนธ์สังคมสงเคราะห์ศาสตรบัณฑิต สาขาการจัดการ โคร่ง การสวัสดิการสังคม, บัณฑิตวิทยาลัย มหาวิทยาลัยหัวเฉียวเฉลิมพระเกียรติ.
- อังคณา ดันท์เอกคุณ (Tunekkun, A.). (2545). **คุณภาพการดูแลตามความคาดหวังของผู้สูงอายุที่พักอาศัยในสถาน สงเคราะห์คนชรา**. วิทยานิพนธ์ปริญญาพยาบาลศาสตรมหาบัณฑิต สาขาพยาบาลศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย.
- อาภา จันสกุล (Jansakun, A.). (2535). **ทฤษฎีและวิธีการให้คำปรึกษา**. ภาควิชาจิตวิทยาการศึกษา และการแนะแนว
- อุมาพร ตรังคสมบัติ (Trangkasombat, U.). (2543). **Evertest. พาลูกค้าหาความนับถือตนเอง**. กรุงเทพฯ : ชันด้าการพิมพ์



APPENDIX A

Right Protection for Participants in This study

Dear The Elderly Women

My name is Nonglak Kantasiri. I am a master student of Nursing Science Program, Psychiatric-Mental Health Nursing, Faculty of Medicine, Ramathibodi Hospital, Mahidol University. I am doing a Thematic Paper on “The Effect of Group Counseling Using Ohlsen’s Theory on Self-Esteem of the Elderly Women in Donlan Home for the Aged at Phakhai District, Ayutthaya Province. At present, I am working at the stage of selecting the elderly women group for participating in the nursing practice. Therefore, I would like to ask for your cooperation in participating in this nursing practice. You will have an occasion to join group counseling totally eight times. Each time lasts one hour and a half. The counselor will keep all of your information a secret. Your name and your personal description that can lead to acquaintance are unrevealed and will be presented in the form of nursing practice outcome only. This participation depends on your willingness and you always have a right to stop participating in group whenever you want.

I hope to receive your cooperation and thanks for your kind assistance in this matter.

Nonglak Kantasiri

Counselor

For Participants in This study

I have been informed of all information mentioned above with understanding and pleasure participating in this study.

Signature.....

(.....)

DD/MM/YY.....

APPENDIX B**Evaluation Format for Low Self-Esteem People**

TEXT	ANSWER	
	YES	NO
1. Unable to express opinion		
2. Keep away from society		
3. Lack for self-confidence		
4. Feel so powerless		
5. Unable to create relationship with other people		
6. Unable to be a supporter for anybody		
7. Feel inferior		
8. Often feel depressed in what one is doing		
9. Feel that one has lower competence than other people		

APPENDIX C

Results of the 1st-8th Counseling Sessions

Individual Interviews before Group Counseling

The counselor met the elderly women by appointment, greeting them and asking them about their experience of group participation. Three of the elderly women participated in the group three times. These three people came from Vatsanavet Home for the Aged, in Ayutthaya Province. Vatsanavet was a government home for the aged under the supervision of the Department of Public Welfare, where full service was provided for more than 200 elderly people living there. Most of the elderly people living at Vatsanavet used to participate in group counseling. Inquiring of the three elderly women from Vatsanavet, the counselor was informed that the general discussion among the group participants at Vatsanavet was about elderly illness and self-care. The other elderly people in this group were from homes for the aged in another area of Ayutthaya Province, and nearby. They had just moved to stay in Donlan Home for the Aged for the first time, and had never previously had group counseling or group treatment.

The counselor informed the group members of the advantages in participating in group counseling, descriptions of the group process, what the group expected from them, their expectations from the group process, the importance of participating in the group regularly, the protection of human rights, and their willingness to participate in the group.

The elderly paid attention to what they had been told. The counselor provided an opportunity for questions. One elderly woman said “I want to join the group very much. After listening to you, I want to join the group, but I’m moving to Lopburi Province next week. I’ll be staying there in the temple for half a month, so I can’t participate in your group.” Having talked to this elderly woman, the counselor agreed

with her that the appointment could not be postponed. So, it was appropriate for her to follow the plan. It would be possible to talk later on.

Results from Individual Interviews before Group Counseling

At the first meeting, all of the elderly women lived quietly on their beds, on the floor, under a tree, at the corner of a building, etc. They looked at the counselor and asked “Nurse, are you coming here to prescribe something for an illness?” Some people said nothing and just watched the counselor. After a short discussion creating an atmosphere of trust, the counselor could induce the elderly to understand the purpose of the group and finally could select group participants. After having been interviewed, the other elderly were willing to join the group. They wanted to know about the group activities and the advantages of group participation. The counselor made an appointment on 21 March 2005, at 9.00 a.m.

First Counseling Session

As it was the first occasion for group participation, the counselor introduced herself to the group and let the elderly women introduce themselves individually. Later, the counselor informed the group of the objectives, group descriptions, programs, group sessions, and rules of group participation. The elderly named the group “Dok Khune Home Group”. Individuals were asked to tell their stories to assist the group to know them better. At first, nobody dared to start telling her story. The counselor had to motivate the group again until the first elderly woman started.

Elderly Woman no. 5: “I used to live at Amarit before. I’ve come to stay here for my wellbeing. I’ve no relative to be worried about. My younger brother and his wife look after my mother. My husband and I have stopped our relations for thirty years. We’ve got a daughter and a son. My son travels a lot. I don’t want to disturb him. Staying with him is like living alone. My daughter is poor. I’m concerned about imposing myself on her because her husband committed suicide by hanging himself. I don’t want to be a burden for her.”

Elderly Woman no. 4: “I used to live at Klong Neung, Pathumthanee, but the house has been sold. My husband left me alone thirty years ago; he’s living with

another wife. My only son also left me. I was brought here by neighbors. I haven't seen my son for three or four years. I don't know where he is. I've got no money. I miss him."

Elderly Woman no. 3: "I was married. We had no children. My husband died in a car crash more than thirty years ago. My relatives are in Visetchaichan. They brought me to Vatsanavet five months ago. Then, the public welfare agency brought me here. I've been staying here for six months. Nobody comes to see me. Sometimes, I go to be ordained and observe religious precepts."

Elderly Woman no. 6: "My house is at Kilo Sam, Ram Intra. My husband died. We've got one daughter. She's ill with a brain disorder. My relatives felt annoyed and they sent us to Vatsanavet."

Elderly Woman no. 7: "My house is in Suphanburi. My husband left me a long time ago. Later on, he got a second wife. We have no children. I stayed with my relative's child. He took my money and my car to make a living. Twenty-seven thousand Baht he didn't return. I couldn't support myself. He made me distressed. I was brought here by neighbors. For eight years nobody has cared for me."

Elderly Woman no. 8: "My husband has many wives. We have a child but he left home when he was grown up and I haven't seen him for three years. I couldn't support myself. Since the government will give me three hundred Baht a month, I must stay here."

Elderly Woman no. 2: "My husband has a second wife. We stopped our relations after having a son. My son died of drowning at twenty-eight. He was drunk and nobody helped him. I used to beg to stay at the temple, but there was no empty house. Neighbors advised me to live here. I've been here for four years. Now, I have no relatives."

Elderly Woman no. 1: "I lived in Ang Thong. My husband has a second wife. We gave up our relations long ago. My two children live in Bangkok and Rayong. They're poor. I don't want to burden them."

While each individual narrated her story, the others paid attention to her. They were interested in what they heard. Most of the stories were about their husbands who had a second wife, their children and their grandchildren who never looked after them.

At the beginning, nobody asked about the story, but later on, when the first elderly woman began with a question, the others did the same. Many of them ask a question at first; nevertheless, they paid complete attention to what was being said. The number of questions increased after all of the elderly had told their stories. There was an atmosphere of revealing the individual self, and feelings of familiarity, security, and trust among the elderly.

The counselor encouraged the elderly to summarize what they had talked about on that day. The elderly helped their friends to make an accurate summary. Then, the counselor added: “This is a good start for our meeting, as it helps us to know each other better. Although this place is small, and there are only twenty people, we still didn’t know every member. Today, we have had a talk that has made us know, care, and feel concern for one another. We have paid attention while our friends have told their stories, and have shown our interest in our friends and remember their outstanding personalities, which have impressed us and created a good relationship among us.”

Second Counseling Session

In the second counseling session, the counselor found that the elderly had already prepared their places by putting the chairs in into a neat circle. Having arrived, the counselor saw that some members were already sitting on their chairs, so she had one of them call the others. After no more than five minutes, all members had assembled with the name cards they had received last time.

In the initial stage, the counselor started the meeting and reviewed the meeting rules, but the elderly could not remember. The counselor had to let them read the chart that had been prepared before. The elderly read it together and began to memorize its content. Later, two of the elderly people could answer the question, whilst the others remained silent.

In the working stage, the counselor presented an introduction regarding virtue and vice in the individual self, and let the elderly relate their inner individual good feelings. The room was quiet. The elderly narrated their stories one by one, paying attention to their friends. Sometimes, members helped their friends by giving

opinions. Some speakers wandered off the subject, and others helped them by making suggestions and discussion. Some of the elderly were quiet during every session, so the counselor had to motivate them every time. Finally, they could express their views.

The elderly started talking about their own virtue.

Elderly Woman no. 3: “I like helping people. Helping them means merit. I help weak people wash dishes, clean the home, and sweep leaves.”

Elderly Woman no. 8: “When I have money, I support my younger sister.”

Elderly Woman no. 2: “I like helping weak people but I can’t do much.”

Elderly Woman no. 7: “When I was young, I helped my mother sell goods and feed pigs. I’ve never seen my father. I also support my grandchildren; when they need some money, I give them some. I’ve been here for eight years, but I’ve never made merit.”

Elderly Woman no. 5: “I’m sincere with everybody. I like helping other people, grandchildren, brothers, sisters, and close friends.”

Elderly Woman no. 1: “I always help other people. I bring them water and food.”

Elderly Woman no. 4: “I like donating money and making merit at the temple.”

Mostly, the elderly talked about their virtue of helping their grandchildren and other people, doing activities at home for the aged, making merit and making donations. After the elderly had realized the individual virtue inside themselves, the counselor encouraged them to discuss what one feels after realizing the virtue inside oneself. One of the elderly answered: “I feel proud, contented, glad, and happy.” The counselor added: “If one finds oneself full of vices and always looking for badness in oneself, what does one feel?” The elderly helped their friends discuss feelings of depression, distress, and unhappiness. Then, the counselor encouraged the elderly to make a comparison between good and bad feelings and decide what to choose. The elderly replied that they should choose only good things.

The counselor pointed out that virtue could be increased, and let the elderly discuss how to create good things in the individual self. The elderly thought about it

together. Most of them agreed that they ought to help people who need help whenever they could. Having no money, they could do other things--for example, participating in religious rituals, sweeping the home, etc.

Third to Seventh Counseling Sessions

The 3rd-7th counseling groups were discussions that provided an opportunity for the elderly to describe their stories that caused them to feel discontented, distressed, and pained. Most of the discussions related to the elderly's family, husband, children, grandchildren, and physical illnesses caused by aging.

Third Counseling Session

Elderly Woman no. 6: "What makes me feel uneasy is that I've been here for one month with my daughter. She's thirty-nine years old but she's abnormal because of her illness with convulsions. She spends two hours to take a bath, eats so slowly, and only knows a little bit. I'm afraid that everybody feels annoyed and is getting bored. My elder sister dislikes her. I've no place to live. Vatsanavet sent me here." While telling this story, the elderly woman wept and sobbed all the time. "I'm so worried", she said.

The counselor asked "Where did Khun..... (The daughter of Elderly Woman no. 6) graduate from?"

Elderly Woman no. 6 replied: "She finished Mattayom 3 from Non-Formal Education. She's made every effort to study. She's good at traditional Thai massage. She's worked for hire and gives me her wages. Sometimes, she bought sweets for our neighbors here. She's always considerate of others."

The counselor said (to the daughter of Elderly Woman no. 6) "I really appreciate your careful consideration of previous benefactors, mother and other people living here."

All the elderly in the group paid attention to this. Elderly Woman no.6 expressed her opinion. Some of the elderly people had tears in their eyes. Every member helped by asking questions, offering some ideas, and cheering them up.

Elderly Woman no. 7: “I feel sympathetic towards her. I forgive her for coming late every time. Nobody expects such a thing to happen.”

Elderly Woman no. 6 said: “I try to help her not to burden others. I’ll let her decide to be the first one or the last one going to the bathroom, and help her.”

Elderly Woman no. 5: “I hope you’re happy here. I’m not getting annoyed with your daughter. She doesn’t mean to disturb anybody. I feel very sympathetic towards her.”

Elderly Woman no. 3: “I forgive her, too. She just spent a long time on the toilet, so I moved to another room. I’m not angry with her slow-moving.”

Elderly Woman no. 4: “Take it easy. Don’t worry.” She raised both hands up to her chest.

Elderly Woman no. 7: “I feel very sympathetic. I don’t blame her at all. Living here, we have to feel sympathetic towards each other.”

The counselor then asked questions and talked about the treatment that Elderly Woman no. 7 was worried about. Elderly woman no.6 was informed of drug use in addition. Later on, the counselor inquired about the feelings of Elderly Woman no. 6. She answered “I felt very distressed. I was worried sick about many things. I’d been thinking too much. But as soon as I told my story to our friends, I felt better. Everyone encouraged me to endure. Thank you so much.” She “waied” and showed her gratitude to every member. The other elderly people waied too, and said “Not at all” to her. Some touched her hands and blessed her in order to make her feel free of distress.

In the closing group, the counselor instructed the elderly women how to practice meditation to release their stress. All the elderly women told the counselor that they would practice meditation every day at 7.30 pm, beginning from that day.

Fourth Counseling Session

Initial Stage: the counselor created good relationships between members and reviewed the rules of the group. Three or four elderly women could remember more than before. For any rules the elderly could not remember, the counselor let them read

from the chart. Later, the counselor reviewed the previous counseling session. Elderly Woman no. 3 and no.5 could answer properly.

Working Stage: the counselor raised the issue of examining oneself for distress and had each member reveal her story to the other women in the group. Later, the counselor provided an opportunity to exchange opinions and solve problems.

Elderly Woman no. 3: "I feel distressed because I'm getting ill. I see the doctor every month. The doctor said my brain had been affected by Alzheimer's disease. I go to a hospital in Visetchaichan because I've got a health insurance card there."

Elderly Woman no. 3 had to receive her drugs at Visetchaichan Hospital, because she had a health insurance card there. The town was a great distance off, so she spent 100 Baht on traveling expenses. Traveling took many hours and the elderly woman found it difficult to travel and collect drugs at the hospital far away. In addition, she was worried about her illness.

The counselor suggested transferring her treatment by registering a new national health insurance card at Phakhai Hospital, so she would feel more comfortable with the traveling aspect, and no additional expense would be necessary. In this case, the counselor would contact Donlan Subdistrict Administration Organization and Donlan Health Station to help her.

Elderly Woman no. 3: "How can I travel? I don't know the way."

Elderly Woman no. 2: "It's easy to go. It's more comfortable and nearer than Visetchaichan."

Elderly Woman no. 5: "I can take you there. The traveling expense is only thirty-two Baht. It's much cheaper than going to Visetchaichan. It doesn't waste your time."

Elderly Woman no. 4: "Take it easy. Don't think too much. You'll be safe from illness. We're getting older; forgetfulness is normal."

Elderly Woman no. 3: "I'll work all the time so that I don't think too much. I'll find something to do, taking more exercise so that I haven't got a headache. That's what the doctor always suggests to me."

Termination Stage: after listening to the elderly group's views regarding practices for the symptoms of Alzheimer's disease and headache, including the elderly's anxiety about spending money and traveling to Visetchaichan Hospital, in Ang-Thong Province, the counselor managed the problem by registering the new patient for treatment at Phakhai District, which was free of charge, comfortable, and nearby. The elderly woman felt more relaxed at this moment, and became much happier than ever before. There were many friends beside her and one of them offered to accompany her to see the doctor. The elderly woman did not have to go alone anymore. She promised to take it easy and not to worry too much again.

Fifth Counseling Session

This counseling session concerned the distress of Elderly Woman no. 4.

Elderly Woman no. 4: "I feel so sad that I've been left without any care. I'm a mother." While talking, she had tears in her eyes. The counselor's assistant touched her arm and cheered her up.

Elderly Woman no. 4: "My husband left me and he had a second wife since I was pregnant. After delivering a son, I raised him alone until he was three. I had many problems supporting him. I was poor. My aunt didn't have a baby, so I asked her to bring him up at Wang Noy (Ayutthaya Province). Then, I worked for wages at Bangkok. I met my son once a year. After growing up, he married a woman and I lived with them. My daughter-in-law didn't care for me. She didn't give me any money. I almost had no food to eat. My son won first prize in the lottery, but he gave me nothing. Then, he moved to the South; I don't know where. So, I lived with my neighbors and worked for wages. They gave me eight hundred Baht a month. Later, they brought me here. I haven't seen my son for four or five years."

Her friends helped by making suggestions.

Elderly Woman no. 5: "Maybe your son can't find you. He didn't mean to leave you."

Elderly Woman no. 6: "You should contact those neighbors so that your son knows you are here."

Elderly Woman no. 4: “He won’t care for me. He believes his son and his wife. He told me that he did not support me because I did not raise him.”

Elderly Woman no. 1: “Forget him, please. Let him go. You’ll be fine living here.”

Elderly Woman no. 2: “You’ll have to make up your mind. If we don’t think too much, we won’t be sad. Staying here, you can work for hire, such as washing clothes. You’ll have some money for your expenses.” (Elderly Woman no. 2 worked for hire by washing clothes for the other elderly people. She earned a little daily, a total of 200 Baht a month.)

Group work consisted of the questions, suggestions, and views of the elderly group, including their understanding and sympathy towards Elderly Woman no. 4. The counselor asked about the feelings of Elderly Woman no. 4. She replied that she felt very sad after having been left so uncaringly. But, at this moment, she could make up her mind not to think too much and she would live here forever.

Elderly Woman no. 7: “You’re right. Don’t think too much. It will make you unhappy. Forgive him.”

Elderly Woman no. 4: “I forgave him already. I’m not angry anymore. I’ll stay here. I won’t be sad again.”

Elderly Woman no. 8: “I have some stories like this too. I have a child but haven’t seen him for three years. I miss my grandchildren. Sometimes I sit crying when I think of him. My husband has a second wife. He left the child. I brought him up until he got married and had two children; then he moved to Bangkok with his family. He didn’t come; he didn’t look after me. I have nobody. I can’t support myself. So, I’ve been here. When I miss my grandchildren, I cry.”

Elderly Woman no. 4: “You shouldn’t cry for them. They live more happily than we do. They have parents taking care of them.”

Elderly Woman no. 3: “Thinking too much can make you sick. They must be fine.”

Elderly Woman no. 5: “He was born here. One day, he’ll come back. If not, it means he’s fine.”

Elderly Woman no. 7: “Whatever will be, will be. When you feel lonely, come to watch T.V., watch Khon together (Thai drama enacting scenes from the Ramayana performed by dancers wearing masks).

The group atmosphere was good on that day. Every elderly person paid attention to the stories. They helped express opinions better than the last session. Before the closing group, the counselor asked about the feelings of Elderly Woman no. 4 and Elderly Woman no. 8.

Elderly Woman no. 4: “I feel glad to tell this story. I’ll make up my mind not to be angry with him. I forgive him. I don’t expect him anymore. Living here is better. I’ll stay here forever.”

Elderly Woman no. 8: “After telling you my story, I’m so glad that everyone feel sympathy towards me, pays attention to me, and cheers me up. I won’t think too much. I won’t miss my grandchildren. I’ll believe they are fine. But sometimes my tears may flow.”

Sixth Counseling Session

This counseling session was a story from Elderly Woman no. 5, who told the group about her distress with her daughter and her granddaughter. Many years ago, her son-in-law committed suicide by hanging himself because he was fired from his job. It was during the time when the Thai economy was bad and many workers were sacked. Her daughter had to bring up the child alone. She rented lodgings that did not permit outsiders to stay there. When she missed her daughter, the elderly woman could only visit her, but could not lodge with her.

Elderly Woman no. 5: “I feel depressed about my granddaughter. She finished Mattayom 6 and had no idea where to continue. And what will my daughter do to pay for her daughter’s education fees? Now, they’re anxious.”

The counselor asked: “Has your granddaughter made any plans for her studies?”

Elderly Woman no. 5: “She told me she could study whatever. Now she’s waiting for the results. She’s had examinations everywhere. The problem is what her mother can do to pay her educational fees. Today, she’s selling sweets. Earning one hundred or two hundred Baht a day is not enough for the cost of the educational fees

and rent. I want to live with my daughter and my granddaughter, but the owner of the lodgings has refused to allow me.”

Elderly Woman no. 6: “Yesterday my former boss called me. He persuaded me to sell bakery goods. I used to sell bakery goods before. It’s very good. He gave me a salary and free lodging. It’s a brick row building. Now I’m getting older. I can’t do it. He needs an honest person. The earnings are very good. What do you think?”

Elderly Woman no. 5: “Where’s the building?”

Elderly Woman no. 6: “Amornphan Market, around Sena; it’s very developed.”

Elderly Woman no. 5: “Thank you so much. I’ll ask them first. It’s very interesting. I want to go.”

The counselor (to the other elderly people) “What do you think about this?”

Elderly Woman no. 3: “I think it’s good. She can live with her daughter. He lets her stay free.”

Elderly Woman no. 5: “I think it’s good too. I want to live with my daughter. If I get a job that makes more income than ever before and free lodging, I will live with her and help her sell goods.”

Group work consisted of inquiries and discussions about location, income, and place of study, including lodging. The group paid close attention to the story. The elderly people occasionally raised questions. Not all the elderly people expressed opinions as Elderly Woman no. 5 looked very interested in the proposal of Elderly Woman no. 6. After group termination, Elderly Woman no. 5 informed her friends that she felt very happy after telling her story to them. Previously, she used to be distressed all the time. She missed her daughter but could not live with her. Moving to a new lodging needed more money. The present rent was very cheap. When her friend made a suggestion, she felt very glad that she was able to live with her daughter. The job did not look hard. She could help her daughter. She also felt that the elderly group was interested in her story and paid close attention to it. She felt impressed with every member. (The elderly woman waived and showed gratitude to every member.)

Seventh Counseling Session

This was the story of Elderly Woman no. 3, who felt distressed and offended by her husband and her fate.

Elderly Woman no. 3: “Now I have nobody else. My husband has left me. He has a second wife. I raised my son alone. He died when he grew up. He usually got drunk like his father and he died of drowning.”

The counselor: “I feel very sympathetic towards you. Please continue.”

Elderly Woman no. 3: “Then, I had another husband. He had knowledge. He worked as a Japanese teacher. But he’s a widower. When living together at home, his children looked insultingly at me. I wasn’t there long, and moved to Wat Ton-Son. I went there to be ordained and was there for a long time, but now I’m getting older and can’t help as much in the temple. Then they brought me here.”

Elderly Woman no. 7: “Does your second husband know that you are here?”

Elderly Woman no. 3: “Yes, he has my phone numbers. I call him monthly. He sends me one thousand Baht a month. He’s rich. Giving me only one thousand Baht is not enough.”

The counselor: “How much are your monthly expenses?”

Elderly Woman no. 3: “I have to pay for medical treatment. I often have a pain in my knees. I don’t like going to the hospital so I ask other people living here to buy some drugs for me at the drugstore.”

The counselor: “You can use the national health insurance card. Going to the health station or to the hospital where it is free of charge.”

Elderly Woman no. 3: “I feel that he gives me too little. Now he gets five hundred Baht per hour for teaching Japanese. He earns a lot.”

The counselor “Do you feel offended that your husband gives you not enough money?”

Elderly Woman no. 3: “Yes, I do.”

Elderly Woman no. 4: “You’ve got as much as one thousand Baht a month. I never get a Baht from my husband. You look a lot better off than me.”

Elderly Woman no. 1: “One thousand Baht is good. It’s a lot.”

Elderly Woman no. 8: “I only get 300 Baht a month from the government.”

Elderly Woman no. 7: “I think (Elderly Woman no. 3) is a lot better off than other people who don’t get anything and better than the other elderly people in this Home for the Aged.”

The counselor: “What do you think about your friends’ opinions?”

Elderly Woman no. 3: “I agree with them. I’m better off than other people. Many people get nothing. Thinking like this makes me happy. Anyhow, he still gives me something every month.”

In this group work, the elderly paid attention to one another. They made suggestions, making the elderly woman who revealed her problem feel less concerned, and lessening the feelings of being offended by her husband and perceiving herself as a high self-esteem person, who was receiving monthly income from her husband.

Before group termination, the counselor let the elderly group summarize what they had learnt and the benefits of the study on that day. The elderly answered the questions. Later, the counselor played a cassette tape to reduce their stress and encouraged them to practice relaxation together. The elderly women practiced it together and informed the group that they felt more comfortable and that their bodies were relaxed, so that they would practice it regularly.

Eighth Counseling Session

This was the last group session. At the beginning, the counselor informed the group that it would end. The elderly group acknowledged her. In the initial stage, the counselor had the elderly review what they had learnt from the beginning to the end of the group work, the benefits gained, and the individuals’ changes after having been in group counseling 7 times. The elderly thought for a while, and began to speak one by one, with smiles.

For the benefits gained from group counseling:

Elderly Woman no. 7: “It makes me speak more, know how to make other people love me, and how to behave myself. I have more friends.”

Elderly Woman no. 5: “I feel that I am helpful to other people. I can help people and they can help me, too. I’m happy. My eyes are opened. I feel contented.”

Elderly Woman no. 2: “Although we’re in a home for the aged and our children or grandchildren never come, we still have a place to eat, sleep, and talk with friends. There are many people who are much worse off than us. In the South, children are very poor. They are still little and have no parents.”

Elderly Woman no. 4: “After participating in the group, I feel better. I can help my friends. Previously, I used to believe that I am too old to help other people. But now, I feel that there are many things I can do for them. I can help them think or do anything.”

Elderly Woman no. 6: “I feel proud of cheering other people up. Normally, nobody did this before. Everybody lives separately. We don’t know each other. Now I feel glad to make them happy and they also help me. I feel relieved and contented.”

Elderly Woman no. 3: “I feel glad to participate in the group with you, Nurse. I’ve learned how to get rid of stress. Listening to the tape, I feel a lot better.”

Elderly Woman no. 1: “I feel more confident than ever before. I dare to speak more.”

Elderly Woman no. 5: “I’m glad that you made this group here. We, the elderly people, have got many benefits. Previously, I felt distressed and depressed. I cried sometimes. I thought I was alone, and never knew that other people also had depression. Now I’m strong.”

Elderly Woman no. 7: “I’ve gained only good things. I have the strength to participate in the group. This morning, we helped each other sweep the floor.”

Elderly Woman no. 4: “I thought of what you told me. I can make up my mind now. I forgive everyone. I’m not getting angry again.”

Elderly Woman no. 3: “It has relieved my stress a lot. I’m not filled with distress anymore.”

Elderly Woman no. 5: “I feel glad to have the group. We can help one another. Previously, we never talked to each other. After participating in the group, I have many friends who can help me. This person (Elderly Woman no. 6) taught me to make artificial flowers, very beautifully. We’ll have more income. Those who feel interested can join us.”

The counselor: “I would like to express appreciation for Elderly Woman no. 6’s help in finding an activity to increase her friend’s earnings. Is there anybody else who can contribute something good from your skills for an activity to increase your earnings?”

Elderly Woman no. 3: “I know how to sew using a sewing machine. I can mend clothes. I used to be a seamstress before.”

Elderly Woman no. 2: “I used to be a seamstress, too. I haven’t done it for ages.”

The counselor: “That’s good. We will develop our abilities together. I feel confident that everybody can do it and we’ll have more income and no free time. We’ll feel happy.”

Elderly Woman no. 1: “I’ll help you, too.”

Talking about the benefits of the group counseling, every elderly person seemed happy. They found advantages in being both giver and receiver. They also found potentials in individuals and got ready to demonstrate them.

Later, the counselor had the elderly women inform the group of their impressions of their friends by giving a bouquet to anybody who impressed them and explaining why.

Elderly Woman no. 3 gave flowers to Elderly Women nos. 5, 6, and 2. The flowers were roses, Dok-Kem (Needle Flower, used in Thai ceremonies such as Wai Khru, an ancient Thai custom which demonstrates respect and gratitude to teachers), and lotus, because Elderly Woman no. 5 was considerate of every member, Elderly Woman no. 6 looked smart and clever, and Elderly Woman no. 1 was senior to her and was the one who could always be relied upon for help.

Elderly Woman no. 5 gave flowers to Elderly Women nos. 2, 3, and 6. They were jasmine, Paper Flower, and Dok-Kem because Elderly Woman no. 2 had a respectable and lovely behavior, Elderly Woman no. 3 was always helpful and considerate of other people, and Elderly Woman no. 6 looked smart, joyful, and clever.

The other elderly people also gave flowers and gave their impressions to the three people they admired. The atmosphere was filled with delight. The elderly women had tears flowing from their eyes. They embraced, blessing each other.

The counselor waited for a while until the moment of delight passed by. Then the members were asked about their feelings after the “impression” activity had ended.

Elderly Woman no. 2: “I feel glad that the other elderly people look at me respectfully and respect me as the senior in the group. I’d like to thank all of you. I wish you success and good luck forever.”

Elderly Woman no. 5: “I feel very glad that everybody admires me.”

Elderly Woman no. 8: “I feel very glad that everybody finds virtue in individuals.”

Elderly Woman no. 6: “I feel that I love all of my friends more. I love myself more.”

Elderly Woman no. 1: “I feel impressed with every member.”

Elderly Woman no. 6: “I feel most impressed with the nurse. You’re very kind to organize the group. You’ve opened our eyes. We love our friends and we love ourselves. We feel that we can be of benefit to other people.”

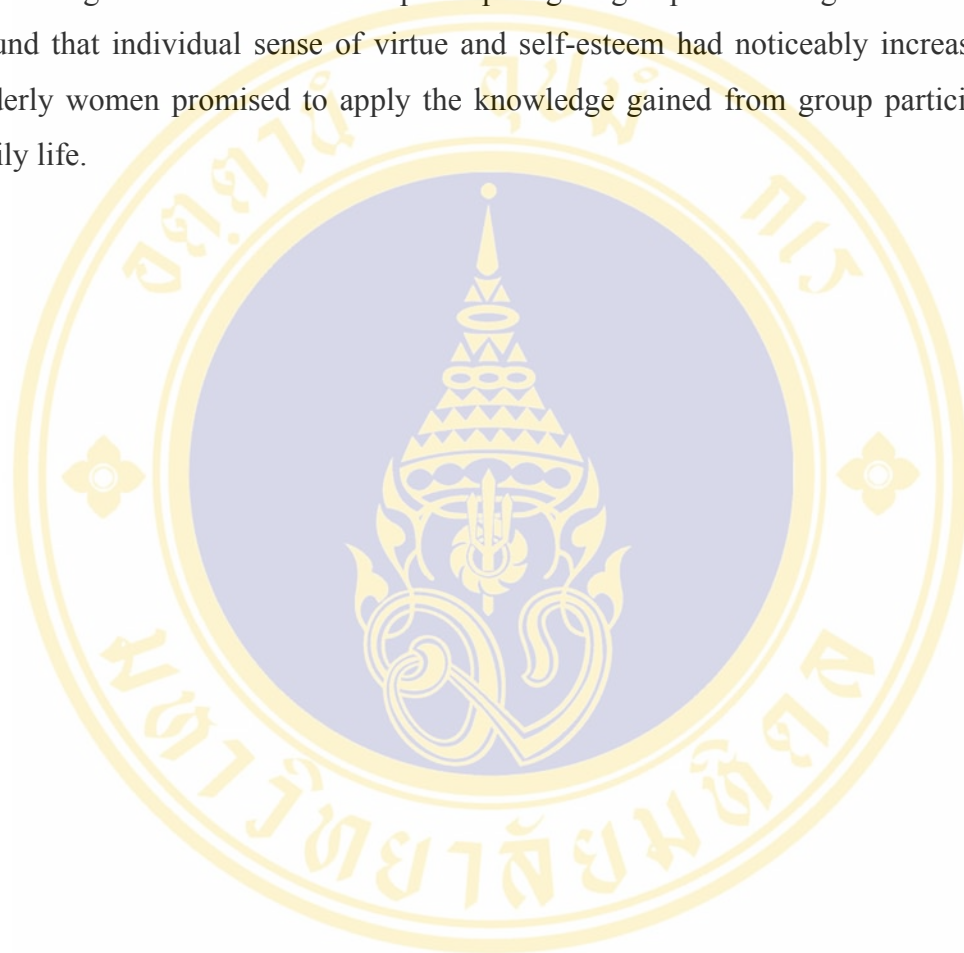
Elderly Woman no. 5: “The nurse helps us find virtue in ourselves. We feel better and happier.”

Later, the counselor summarized the group counseling sessions emphasizing the application of what the elderly had learned to daily life, and then bade farewell.

Results of the 1st-8th Counseling Sessions

Before participating in group counseling, most of the elderly women lived quietly without interfering in other people’s affairs. After the group counseling started, all members had been introduced. The counselor created an atmosphere of friendliness in order to encourage members to describe the stories that caused them distress. At first, all of the members kept quiet. The counselor needed to motivate them again until the first elderly woman began telling her story. All the elderly women paid attention to what was being said; i.e., they were more interested in their friends. The atmosphere began to fill with security, familiarity and trust. The counselor emphasized the importance of keeping secret what members talked about. During the 3rd to 7th counseling sessions, the elderly women described their stories individually, which chiefly concerned family, husband, children, grandchildren, and

physical illnesses caused by aging. The elderly created good relationships by helping their friends solve problems. They understood and cared for other people more than ever before. In the last counseling session, the counselor let the elderly women review what they had learnt from the beginning to the end of the sessions, the benefits gained and changes in individuals after participating in group counseling seven times. She found that individual sense of virtue and self-esteem had noticeably increased. The elderly women promised to apply the knowledge gained from group participation to daily life.



BIOGRAPHY

NAME	Mrs Nonglak Kantasiri
DATE OF BIRTH	14 June 1965
PLACE OF BIRTH	Nakornprathom, Thailand
INSTITUTIONS ATTENDED	<ul style="list-style-type: none">- Bangkok Nursing College, 1983-1987 : Diploma in Nursing (Equivalent of Bachelor of Science in Nursing)- Sukhonthai Thammathirat University, 1987- 1990 : Degree of Bachelor of Public Health (Public Health Administration)- Mahidol University, 2003-2005 : Master of Nursing Science (Psychiatric and Mental Health Nursing)
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