



Emotionally Focused and Humanistic Therapies for Happiness: Understanding the Moderating Effects of Age and Gender

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ABSTRACT

This study determined the effects of emotionally focused and humanistic therapies in fostering happiness among youths in Oyo state with various life challenges. The moderating effects of gender and age were also examined. Well-being theory provided the framework, while the pretest-posttest control group quasi-experimental design with a 3x2x3 factorial matrix was adopted. A sample of 80 students was selected using simple random sampling technique from three selected youth friendly centers across Oyo state. The participants were randomly assigned to EFT (29), and HT (29) and control (22) groups. Participants in the EFT and HT groups were exposed to eight weeks training simultaneously, while those in the control group were exposed to placebo. Beck Depression Inventory by Beck (1977) ($\alpha = .81$) was used for screening the participants and Happiness Inventory by Argyle and Hills (2002) ($\alpha = .89$) was used to measure the youth's happiness. Analysis of Covariance and Scheffe Post-hoc test were used to analyse data at $\alpha = 0.05$ level of significance. There was significant main effect of treatment in fostering happiness among the participants ($F_{(2,65)} = 23.329$, $p < 0.05$, partial $\eta^2 = 0.26$). The participants in HT attained highest happiness mean score (45.7857), followed by EFT ($\bar{x} = 31.9091$) and the control group ($\bar{x} = 23.4545$). There was a significant main effect of gender in fostering happiness ($F_{(1,65)} = 3.325$, $p < 0.05$, partial $\eta^2 = 0.37$). Participants who are male had mean score of ($\bar{x} = 33.7164$) and female participants ($\bar{x} = 41.2221$) respectively. Humanistic and emotionally focused therapies were effective in fostering happiness among participants used in Oyo state, Nigeria, though the former was more effective. Gender is a strong factor for consideration in fostering happiness. Counselling psychologists should utilize these therapies in fostering happiness and wellbeing.

Keywords: Emotionally Focused, Humanistic Therapy, Happiness, Moderating Effects, Age, Gender”

INTRODUCTION

The striving for happiness is one of the most fundamental human urges. Then one wonders what happiness is all about. Happiness is the meaning and the purpose of life, the whole aim, and the end of human existence. Happiness is described as the human good that we all aim for its sake alone, and Freud emphasized that happiness is something we strive towards, desire to attain, and maintain throughout our lives. The happiness is equated to the attainment of a worthy life. Since the advent of

the field of positive psychology in the late 1990s, scientific investigations have uncovered happiness as an essential psychological ingredient for optimal human functioning that makes life worth living. Happiness is conceptualized as an appraisal of life, a state of mind, a psychological state, and a positive health indicator, and is synonymous with subjective well-being. All in all, happiness has been defined in various ways (Hursthouse and Pettigrove, 2016).

Happiness cannot be reduced to a single definition or measurement; it comprises various components and nuances. Happiness is relative to individual expectations, aspirations, and experiences, making it a subjective and personal construct. By understanding happiness as a complex, multidimensional, and dynamic construct, researchers and practitioners can develop more effective approaches to measuring, predicting, and enhancing happiness.

However, happiness can change over time, influenced by life events, circumstances, and individual differences. Happiness is shaped by cultural norms, values, and beliefs, as well as personal circumstances and environment. Individuals have the freedom to choose their own path and make decisions. Happiness can be focused on internal motivations and values rather than external rewards or pressures. It considers the whole person - physical, emotional, intellectual, and spiritual. Therapist provides a supportive, non-judgmental, and authentic relationship. Helps individuals reach their full potential and become the best version of themselves.

Happiness is a feeling that is desired by every human being. To achieve happiness, human try various routes like, to gain financial superiority, fame, entertainment, assets and so on. But on the contrary, religiosity is claimed to be a technique to attain purpose in life, mental health, physical well-being and internal peace, which ultimately leads to happiness in life. Happiness as overall satisfaction with life: Happiness has been conceptualized as an evaluation of life, as overall satisfaction with everyday life, and as the overall quality of one's life. Happiness resulting from positive experiences and positive outcomes: Traditionally, happiness has been defined by the experience of more frequent positive affective states than negative ones. Happiness is more than just a personally important goal or a set of pleasant mood states, and is related to, precedes, and causes a variety of favorable life outcomes. Furthermore, across studies, happiness has been defined as a positive subjective experience.

Happiness as a psychological state of mind, and well-being: Studies have also defined happiness as a psychological state, a state of mind, a "state of being", a positive attitude toward life, a healthy mental status, emotional balance, hope for the future, and subjective well-being (SWB), which is the psychological state of well-being, joy, and contentment. Happiness as an emotional state is linked to one's physiological reactions to life events based on the Hedonic Adaptation happiness is a state at one end of the emotional spectrum with gloom, despair and despondency at the other and all the other points needed as a frame of reference. Happiness is being able to stay at the right end of the spectrum for longer than you stay at the other end. Happiness could mean complete absence of sorrow from someone's life and could be express as availability of the following factors, possession of money, house and household materials, spouse, children, cars, friends, having good relationship with others, good health, absence of ailments or diseases, having food to eat and etc.

In Nigeria, happiness has becoming a thing of mirage in the sense that every occurrence of events are not things of happiness and every other persons are now living with fears of unknown of what is likely to happen in the next moment. In order to address the gaps in empirical knowledge and address the negative effects of the unhappiness on various aspect of emerging adults, educational and psychological experts have attempted to find a long-term solution to the problem of unhappiness among emerging adults.

Therapies have been identified as the viable panacea to tackling happiness situations. Some of the notably therapy types that could be used to enhance happiness include cognitive behaviour therapy, rational emotive behaviour therapy, mindfulness-based therapies, acceptance and commitment therapy, positive psychology, humanistic therapy, solution-focused brief therapy, gratitude-based therapies, wellness-based therapies, self-compassion-based therapies, emotionally focused therapy, among others (Underwood, 2020). However, this study majorly focuses on the use of Emotionally Focused Therapy (EFT) and Humanistic Therapy that can help individuals in enhancing happiness. The choice of these therapy types is hinged on their proven relative effectiveness in tackling happiness (Abdel-Khalek, 2008). In addition, unhappiness is often linked to individuals' psychological distortions that require intentionality to resolve, especially through emotionally focused

and humanistic therapies (Christopher and Hickinbottom, 2008; Dunning, 2011; Chamorrow-Premuzic, 2013). Given this, the current study aims to investigate, using gender and age as moderating variables, the effects of emotionally focused and humanistic therapies in enhancing happiness among youths in Oyo state, Nigeria.

Emotionally focused therapy (EFT) helps individuals understand and manage emotions, leading to increased happiness in relationships. Emotional focused is the ability to ensure the moderation of arousal in an adaptive way which include the ability to adjust one's actions, nonverbal expressions or verbal responses that will be suitable for normative conditions (Fukushima and Hosoe, 2011; Han, 2015). It allows individuals to handle stressful circumstances which include facing any challenges and building positive social relationships (Hermans, 2017). EFT strives not only for symptom reduction, but for personality growth and greater connection with the self and others. This kind of therapy enables clients to be more open and engaged with their inner experience and with other people—to be more alive. Growth is our natural way of being. The client's dysfunctional behaviour is a distortion of a potentially healthy way of dealing with intolerable experiences. The therapist joins the client where they are, clarifies their predicament, and trusts in their innate health and ability to grow if given a safe environment. The therapist guides the client in confronting blocks to growth—such as the terror of rejection, which drives shutdown in relationships and keeps clients perpetually lonely as their terror increases.

Another therapy intended for use in enhancement of happiness is humanistic therapy. According to Kristjansson (2012), humanistic therapy emphasizes personal growth, self-actualization, and self-acceptance to enhance happiness. Humanistic therapy is based on the philosophy that through exploring their uniqueness, people are able to solve their own problems by changing their thoughts and taking different actions. By looking inward for answers, individuals can find wisdom, healing, growth, and fulfillment. Stevens, Deuling and Armenakis (2012): Focused on Humanistic Psychology, emphasizing self-actualization, personal growth, and peak experiences. His book "Motivation and Personality" was published in 1954.

Age and gender are the moderating variables in this study due to their substantial potential to impact happiness. The research on laughter and smiles indicates an intriguing relationship between age and happiness, which is frequently depicted as a U-shaped curve. Specifically, the happiness of young adults is generally lower due to stress, uncertainty, and transitions. During the middle age, happiness frequently decreases due to factors such as midlife crises, health concerns, and family responsibilities. Conversely, happiness increases in the elderly, with many individuals experiencing greater life satisfaction, emotional wisdom, social connections, acceptance, and gratitude (Hermans, 2017).

This U-shaped curve is not definitive and can fluctuate in accordance with individual characteristics, such as personality, values, and life experiences, which impact contentment. Cultural and societal factors, such as age-related norms, expectations, and support systems, have an impact on contentment. The impact of health and wellness, including physical and mental health, on contentment is significant regardless of age. There are numerous life events and circumstances that can impact contentment at any age, including traumatic events, relationships, and significant life changes. It is important to remember that these are general trends, and individual experiences may vary. Happiness is a multifaceted and intricate aspect of existence (Dunning, 2011).

Research indicates that the relationship between gender and happiness is intricate, with inconsistent results across different studies and contexts. Studies have indicated that women tend to report higher levels of happiness and life satisfaction than males, while others have not observed any significant differences in happiness. Relationships, social connections, and affective experiences are frequently associated with the factors that influence women's happiness, whereas men's happiness is associated with factors such as income, employment, and social status (Argyle and Hills, 2002).

Cultural and societal influences can impact happiness for example; women may face more pressure to prioritize caregiving and relationships, while men may feel constrained by traditional masculine norms. Happiness can vary across different life stages and circumstances, such as marriage, parenthood, or experiencing discrimination. Personality, values, and individual experiences play a significant role in happiness, regardless of gender. Differences in measurement tools and research methodologies can lead to varying conclusions about the relationship between gender and happiness. In conclusion, while there may be some general trends and patterns, the correlation between gender

and happiness is not straightforward. It's essential to consider the complexities and nuances involved (Mathieu, Neumann, Hare and Babiak, 2014).

Statement of Problem

In recent years, there has been a transition from measuring economic production to measuring happiness as an indicator of social development and individual welfare across nations, as the concept of happiness is acquiring increasing popularity within and across cultures. The repercussions of melancholy can be extensive and affect various aspects of life. The adolescents in Nigeria have experienced an apparent increase in their level of unhappiness. This has resulted in a significant number of students withdrawing from school, a mass failure, an increase in substance addiction, and a significant number of students becoming depressed. The hospital, course mates, and parents have all experienced issues with the security of their lives and properties. The long-term impact of an increase in youth unhappiness on the entire society and offspring is significant. The current state of Nigeria has resulted in many youths experiencing unhappiness. This is due to the high rate of unemployment, the alarming rate of insecurity, the issue of kidnapping in all corners of the country, the untold hardship caused by the inflation of food prices, the economic downturn, and the inability of the youth to establish a family due to the economic situation in the country. These factors have all contributed to the youth's unhappiness. Additionally, the rise in school fees for young people who aspire to pursue higher education in order to secure employment, potentially with a higher degree. Furthermore, the high cost of visa processing and transportation expenses further exacerbated the distress of those who aspire to travel abroad in search of a more fertile environment. The following are some of the negative consequences of unhappiness: an increased risk of melancholy, anxiety, and other mental health disorders. Stressed relationships with family, friends, and colleagues, as well as a weakened immune system, chronic pain, cardiovascular disease, and other physical health issues, may result from a lack of pleasure. It led to a decline in job satisfaction, performance, and motivation. Avoiding social interactions and activities, which increases the risk of substance abuse and addiction. Sleep deprivation, insomnia, and other sleep-related conditions. Decreased focus, memory, and decision-making capabilities may result from unhappiness. Mood fluctuations and irritability are the result of a challenge in managing emotions. Disconnected from the purpose of existence, hopeless, and unfulfilled, Digestion problems, headaches, and other physical ailments. A variety of adverse consequences, including diminished resilience to obstacles and setbacks, may result from elevated stress levels. The ripple effect of unhappiness can result in a general decline in life satisfaction and well-being, which can also impact loved ones. It is imperative to confront misery and strive for happiness and fulfillment in order to alleviate these consequences and enhance overall well-being. Hence, this study investigated the effect of emotionally focused and humanistic therapies in fostering happiness among youths in Oyo state, Nigeria.

Purpose of the Study

The purpose of this study are to:

1. Find out the main effect of treatment in fostering happiness among the participants;
2. Investigating the main effect of age in fostering happiness among the participants
3. Determining the main effect of gender in fostering happiness among the participants.

Hypotheses

The following null hypotheses were formulated in this study and were tested at $\alpha = 05$ level of significance:

- H1: There is no significant main effect of treatment in fostering happiness among the participants.
H2: There is no significant main effect of age in fostering happiness among the participants.
H3: There is no significant main effect of gender in fostering happiness among the participants.

METHODOLOGY

Research Design

The study adopted a pretest-posttest, control Quasi experimental design with a 3X2X3 factorial matrix. In essence the row consists of emotionally focused therapy and Humanistic therapy and the control. The columns were occupied with gender varied at two levels (male and female) and crossed with age and it was varied at three levels (young, middle and old youths).

Population

The population for the study comprises of three friendly youth centers in Oyo state, Nigeria. There are three youth centers identified in Oyo state, Nigeria. These centers comprises of both Muslim and Christian alike. The research covered both employed and unemployed youths in three locations across the state.

Sample and Sampling Technique

This study adopted multi-stage sampling procedure to select the participants. The first stage involved a purposive sampling selection of three (3) available Youth Friendly Centers in Oyo State. The second stage had to do with a simple random selection of the participants from each center. The next stage was screening of the participants in each center, using the screening instrument. A total of eighty (80) participants across the centers were selected based on the inclusion criteria to take part in the study and distributed accordingly. Emotionally focused therapy (EFT) group had twenty-nine (29) participants; Humanistic Therapy (HT) group had twenty-nine (29) participants; while the Control Group (CG) had twenty-two (22) participants.

Instrumentation

Beck Depression Inventory: One of the major instruments used in this study, is Beck Depression Inventory prepared by Beck (1977) was used as a screening tool for the would be participants. It consists of 15 items with a 4-point score in which respondents react to the items in the scale ranging from strongly agree (4) to strongly disagree (1). The internal consistency reliability coefficient of the instrument according to the author was 0.81.

Happiness Inventory: Happiness Inventory by Argyle and Hills (2002) Happiness Inventory was used to measure the Happiness of the participants. There are 29 things in this inventory, and it has many dimension which are components of happiness and for each one, you must select from one of four different options. The inventory contains comparable items from the Oxford Happiness Inventory, each of which is presented as a stand-alone claim that is defensible on a standard 6-point Likert scale. The instrument allows endorsements across a wide range and is user-friendly. The validity was determined to be satisfactory when compared to the OHI with a group of personality characteristics known to be associated with happiness were stronger than those of the OHI's. The internal consistency reliability coefficient was 0.89.

Procedure for Data Collection

Experimental Group One – Emotionally Focused Therapy (EFT)

Emotionally Focused Therapy (EFT) treatment package for enhancing happiness:

Session One: Collection of baseline data/Assessment and Identification

1. Initial assessment, 2. Identify negative patterns and cycles 3. Set treatment goals

De-escalation

1. Identify and label emotions 2. Explore underlying attachment issues 3. Develop emotional awareness 4. Learn to manage and regulate emotions 5. Reduce conflict and increase empathy

Restructuring

1. Reframe negative patterns 2. Develop new attachment strategies 3. Enhance emotional intimacy 4. Practice effective communication 5. Increase feelings of security and trust

Consolidation

1. Reinforce new patterns and strategies 2. Practice self-reflection and self-regulation 3. Develop resilience and coping skills 4. Enhance overall well-being and happiness

Therapist's Role

1. Empathetic and non-judgmental 2. Active guidance and direction 3. Emotional validation and support 4. Encourages self-reflection and growth

Client's Role

1. Active participation and engagement 2. Willingness to explore emotions and attachment 3. Commitment to practicing new skills 4. Openness to feedback and guidance 5. Collection of post intervention data

Experimental Group Two – Humanistic Therapy treatment package to enhancing happiness:

The treatment package on Humanistic Therapy Treatment (HT) to address happiness:

Building Rapport and Awareness

Session One: Collection of baseline data

1. Establish a genuine, empathetic relationship
2. Identify personal values, goals, and aspirations
3. Explore current life circumstances and challenges
4. Increase self-awareness and introspection

Self-Actualization and Growth

1. Focus on personal growth, self-actualization, and self-empowerment
2. Explore and challenge negative self-talk and self-concept
3. Develop self-acceptance, self-compassion, and self-forgiveness
4. Enhance creativity, spontaneity, and playfulness

Meaning-Making and Purpose

1. Explore and discover personal meaning, purpose, and significance
2. Identify and align with core values and passions
3. Develop a sense of direction and life goals
4. Enhance feelings of fulfillment and satisfaction

Integration and Consolidation

1. Integrate new insights, skills, and perspectives
2. Consolidate gains and progress
3. Develop a growth mindset and self-efficacy
4. Enhance overall well-being and happiness

Therapist's Role

1. Empathetic, genuine, and non-judgmental
2. Facilitates self-discovery and growth
3. Encourages self-expression and creativity
4. Supports self-actualization and empowerment

Client's Role

1. Active participation and engagement
2. Willingness to explore and grow
3. Openness to new experiences and perspectives
4. Commitment to self-awareness and self-improvement
5. Collection of post intervention data

Control Group

In-line with the principle of does no harm the participants for the control group were provided with usual message on Positive living. This is comprehensive message for people with unhappiness.

Session One: Collection of baseline data

Session Two: Discussion on positive living

Session Three: Collection of post intervention data

Data Analysis

Analysis of Covariance was used to test the hypotheses at $\alpha = 0.05$ level of significance. Scheffe post-hoc analysis was conducted to test the direction of significant difference observed in the main treatment on happiness of the participants.

RESULTS

Hypothesis One: There is no significant main effect of treatment in fostering happiness among the participants.

Table 4.1: Analysis of Covariance (ANCOVA) of Pre-post Test Interactive Effects of Happiness Scores of Participants in the Treatment Groups, Age and Gender

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	219.054 ^a	14	15.647	1.860	.048
Intercept	2364.116	1	2364.116	280.962	.000
Prescore	.054	1	.054	.006	.936
Treatment Group	392.58	2	196.29	23.329	.025
Age	0.380	2	.380	.045	.832
Gender	25.42	1	25.42	3.021	.045
Treatment group * Age	58.088	3	19.363	2.301	.085
Treatment group * Gender	31.954	3	10.651	1.266	.293
Gender * Age	.004	1	.004	.001	.982
Trt. group * Gender * Age	7.239	1	7.239	.860	.357
Error	546.934	65	8.414		
Total	72227.000	80			
Corrected Total	1062.599	79			

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a. R Squared = .826 (Adjusted R Squared = .811)

The results presented in Table 1 shows that there is significant main effect of treatments in fostering the happiness of the participants ($F_{(2,65)} = 23.329$, $p < 0.05$, Eta square = 0.26). Premised in this, the null hypothesis is rejected. It is therefore concluded that there is significant main effect of treatment in fostering happiness among the participants. To further provide information in fostering happiness among the three groups (EFT, HT and Control groups) the Scheffe post-hoc analysis is computed and the result is shown in Table 2.

Table 2: Scheffe Significant Differences among the Three Groups of Participants

Treatment	N	Subset for alpha = 0.05		
		1	2	3
Humanistic Therapy	29	45.7857		
Emotionally Focused Therapy	29		31.9091	
Control Group	22			23.4545
Sig.		1.000	1.000	1.000

From Table 2, the following observations were made:

- i. The mean score of experimental groups (Humanistic Therapy and Emotionally focused Therapy) were statistically different in fostering the happiness of participants. HT had mean score of 45.7857, and EMT had a mean of 31.9091.
- ii. A significant difference was observed between the mean of participants who received EFT (31.9091) and participants in the control group (23.4545). This result also indicates that participants in EFT benefited better than their counterparts in the control group in terms of fostering the happiness of participants.
- iii. A significant difference was observed between the mean of participants that exposed to HT (45.7857) and participants in the control group (23.4545). This result also indicates that participants in HT benefited better than their counterparts in the control group in terms of fostering the happiness of the participants.

Hypothesis Two: There is no significant main effect of age in fostering happiness among the participants.

This hypothesis states that there is no significant main effect of age in fostering happiness among the participants. The result of the analysis is as presented in Table 1 which indicates that there is no significant main age in fostering happiness among in the post-test scores of older, middle and young youths exposed to treatments (EFT, HT and the control group) ($F_{(2,65)} = 0.045$, $p > 0.05$, partial $\eta^2 = 0.17$). The null hypothesis two which stated that there is no statistically significant main effect of age

in fostering happiness is supported; hence the hypothesis is hereby accepted. This affirms that there is no significant main effect of age in fostering happiness among the participants.

Hypothesis Three: There is no significant main effect of gender in fostering happiness among the participants.

This hypothesis states that there no significant main effect of gender in fostering happiness among the participants. The result of the analysis as presented in Table 1 indicates that there is a significant main effect of gender in fostering happiness among the participants based on post-test scores of male and female participants exposed to treatment (EFT, HT and the control) groups ($F_{(1,65)} = 3.325$, $p < 0.05$, partial $\eta^2 = 0.37$). Thus, the null hypothesis was accepted. It is therefore concluded that there is a significant main effect of gender in fostering happiness among the participants with mean happiness scores of male (33.7164) and female (41.2221).

DISCUSSION

This study examined the effect of emotionally focused therapy and humanistic therapy in fostering happiness among the participants in Oyo state, Nigeria. To this effect, ANCOVA as a statistical tool was used to analyse the data collected and the findings are discussed below:

The first hypothesis on the main effect of treatment was rejected because the result in Table 1 clearly showed that there was a significant main effect of treatment in fostering happiness among the participants. By implication, both emotionally focused therapy and humanistic therapy were effective in fostering the happiness of the participants. This finding corroborates that of Graham, Haidt, Koleva, Motyl, Iyer, Wojcik and Ditto (2013) who discovered that humanistic therapy emphasizes personal growth, autonomy, and self-awareness, leading to increased happiness. Also, the study carried out by Hursthouse and Pettigrove (2016), is tandem with the findings of this study, the researcher discovered that humanistic therapy fosters deeper, more meaningful relationships and social connections, critical for happiness. In a similar vein, emotionally focused therapy is also capable of fostering happiness in the sense that this therapy's role are to help participants understand, accept, and manage their emotions, contributing to greater happiness. Finally, on hypothesis one, Graham, Haidt, Koleva, Motyl, Iyer, Wojcik and Ditto (2011) confirmed that both therapies (emotionally focused and humanistic therapies) foster deeper, more meaningful relationships and social connections, critical for happiness and the importance of mindfulness that presence in both therapies, allowing participants to appreciate the present moment and find joy.

The second hypothesis on the major influence of gender was declined as the data in table1 clearly demonstrated a strong main effect of gender in promoting happiness among the participants. By inference, gender disparity has a substantial influence on promoting happiness among the participants. The result supports the findings of Hermans (2017) and Chamorrow-Hickinbottom (2008), who observed a notable disparity in the degree of enjoyment between male and female individuals. Furthermore, it aligns with the conclusions of Furnham, Richards, and Paullius (2013) that demonstrated a notable correlation between gender and happiness among the subjects included in the study. Kristjansson (2012) found no statistically significant gender disparity in satisfaction levels among participants, disregarding the influences of gender roles and cultural expectations that may result in variations between men and women. The result supports the findings of Christopher and Hickinbottom (2008), who concluded that there is no significant difference in happiness between males and females. The analysis supports Chamorrow-Premuzic's (2013) assertion that gender has a substantial correlation with happiness. Specifically, it suggests that the coping mechanisms, emotional expression, social support networks, relationships, and attachment styles of men and women have an impact on their happiness.

Hypothesis three which was on the main effect of age was accepted because there was no significant main effect of age in fostering emotion among participants. This simply means that there was no significant difference in the level of happiness based in their level of age. The finding did not corroborate the finding of Dunning, (2011) which established that age was significantly associated with happiness among the clients treated. It is also not in line with Fukushima and Hosoe (2011) which reported a direct relationship between age and happiness. The researchers laid claim that happiness is not exclusively tied to specific age groups; people of all ages can experience happiness and that happiness could be influenced more by life experiences, relationships, and personal growth

than by age. Similarly, Stevens, Deuling and Armenakis (2012) found a significant relationship between age and happiness with a strong belief that unique personality traits, values, and coping mechanisms play a more significant role in happiness than age and that external factors like culture, socioeconomic status, health, and social connections have a greater impact on happiness than age.

This study investigated the effectiveness of emotionally focused therapy and humanistic therapy in fostering happiness among participants. The study, therefore, focused on equipping youths with skills and knowledge of how and why there is need for them to foster their happiness with and without their expectation in life. This is done by exposing them to treatments considered in the study as a result help them know how to enhance their happiness through social support and also to know how their gender has affected their happiness by through gender and age and how they can help themselves manage it even come out of unhappiness. It was discovered from this study that treatment, age and gender is not enough to deal completely with unhappiness, however, individual are required to accept the inevitability. The result of this study showed that both therapies (emotionally focused and humanistic therapies) were observed to be effective in fostering happiness. Although, humanistic therapy was more potent in fostering happiness among participants, this implies that irrespective of the age of participants, they need to develop their humanistic behaviour to be able to manage their challenges.

Implications for Counselling

This study investigated the effect of humanistic and emotionally focused therapies in foster happiness among youths in Oyo state, Nigeria. The study focused on how to fostering happiness of youths with skills and knowledge of how and why they need to make themselves happy, and then the tools and techniques for solving the issues that may trigger unhappiness. This is done by unraveling the unconscious aspects of unhappiness and the root of their unhappiness, rather than solving problems superficially. It was discovered from this study that age is not enough to enhance happiness, however the gender of the youths is required in fostering happiness.

The result of this study showed that both therapies (humanistic and emotionally focused therapies) were observed to be effective in fostering happiness among youths. Although, it was discovered that humanistic therapy was more effective than emotionally focused therapy in fostering happiness among the participants. This implies that irrespective of the gender of the youths, the youths still need to develop themselves towards any kind of challenges which could increases empathy, understanding and self-control

A further implication was drawn from this study, as it shows that gender had significant main effect in fostering happiness among participants. This unravels the fact that unhappiness among youths in the state sprang out of unmet needs which are essential needs and financial needs. Which implies having one without the other is still not safe,

CONCLUSION

The findings of the study revealed that both emotionally focused therapy and humanistic therapy are effective in fostering happiness among participants. It was also found that gender has a significant effect in enhancing happiness among participants. This implies that the gender of the participant goes a long way in determining the extent of happiness that individual could have.

RECOMMENDATIONS

The following recommendations are made based on the findings of this study.

- Emotionally focused therapy and humanistic therapy should be adopted during counselling sessions among youth as it will help in fostering their happiness and improve their well-being. Professional counsellors, health and para-counselors can adopt the rudiment of emotionally focused therapy and humanistic therapy in helping the youths.
- Counselling psychologists are advised to consider the gender of the participants in counselling because their happiness levels differ as well as the way they react and handle their life situations.
- More so, youth with happiness problems should be helped in building their social support first to manage their distress while undergoing other required treatment.

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