

The impact of therapeutic group therapy on the life purpose of elderly people suffering from loneliness

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ABSTRACT

The elderly face a variety of psychological issues, including loneliness, as they reach the end of their human development stage. Some external stimuli are required to overcome loneliness because it affects the life goals of the elderly, which differ from those of younger people. Therapeutic group therapy (TGT) is one of the stimuli provided, and it trains the elderly to adapt to changes in their lives, including their life goals. A quasi-experimental study was used to evaluate the effect of therapeutic group therapy on the sense of purpose in life among lonely elderly people. Following the assessment of loneliness, 86 elderly people experiencing loneliness were recruited for this study and divided into two groups. The intervention group received health education on the development of the elderly as well as therapeutic group therapy. Only health education was provided to the control group. When compared to the control group, the elderly who experienced loneliness in the intervention group had a higher score on purpose of life.

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1. INTRODUCTION

In the twenty-first century, population aging is a significant topic that both industrialized and developing countries must deal with. In a year, over 58 million people celebrate their 60th birthday, entering the elderly phase [1], [2]. According to United Nations (UN) data on World Population Aging, there were 901 million senior persons worldwide in 2015. This figure is expected to continue to rise until 2050 when it will reach two billion people [3]. Like other countries throughout the world, Indonesia is dealing with an aging population. The number of elderly Indonesians is expected to rise to 27.5 million in 2019, or 10.3%, and 57.0 million in 2045, or 17.9% [4]. Meanwhile, there are 79,261 senior persons in Bogor City [5]. The growing number of elderlies will have an impact on their life expectancy.

Life expectancy in Indonesia is rising year after year. Life expectancy in Indonesia is 70.90 years old in 2016 and 71.34 years old in 2019 [4]. The elderly has a developmental responsibility to achieve total self-integrity. According to Erikson's development theory, the elderly who can adapt to their life's successes and failures will achieve the development of integrity, whereas the elderly who fail will experience despair [6], [7]. Healthy elderly is those who can make changes in their own lives. Elderly people who fail will be depressed. Physical health is one of the factors that influence the changes that occur in healthy elderly people.

Physical changes that occur in the elderly include a loss of physical and motor strength, the inability to maintain some organ functions, and a general decline in health, resulting in frequent illness [8], [9]. In addition to physical changes, the elderly experience psychological changes, such as the emergence of

loneliness, reduced social contact, a desire to tell stories from the past, improved religious worship activities, and a readiness to face death [8], [10], [11]. Loneliness is one of the psychological shifts that happen.

The elderly is lonely because, on one side, they wish to be able to undertake things as they did previously, but they are unable to do so due to their restricted physical function. In this situation, the elderly can only silently reflect on their condition and feel alienated from the environment in which they are [12]. Lonely elderly people often feel bored with their lives and hope that death will come to take them away soon. He didn't want to be a bother to his family or the others around him, so he did this [13], [14]. Every senior person has varied life goals as they get older.

The elderly's life goals are influenced by a variety of factors. For example, Levine *et al.* [15] discovered that the meaning of life affects psychological well-being, which can affect individual perceptions in terms of meaningful goals or events, which can affect health conditions, psychological adjustment, and the level of the individual's well-being. Meanwhile, according to the findings of a study conducted by Gracia-Alandete [16], the purpose of life becomes a strong feeling felt by the individual. A meaningful existence can be defined as a sense of worth and reason, satisfaction with one's accomplishments, and a sense of purpose in one's life. In other circumstances, if someone lives a meaningful life and achieves a life goal, his or her quality of life will improve and he or she will be able to live a better life. This can also happen to older people who are lonely.

Loneliness is a situation in which the elderly feels alone, isolated, and as if they have no one to turn to in an emergency, as well as a lack of time to participate in their social environment, whether at home or in the community [10], [13], [17]. As a result, individuals require assistance from others to overcome their loneliness.

Elderly people require assistance from their families or communities to adjust to their new stage of life. The Indonesian Ministry of Health started a series of health initiatives for the aged, including preventive, curative, and rehabilitative activities [18]. One method of prevention is to provide instruction through the formation of therapeutic therapy groups. This exercise is used to assist the aged in dealing with the biological, psychological, and social changes that they confront. Health issues aren't the only problem that the elderly face in general. Implementing therapeutic group therapy can help with one of these issues.

Therapeutic group therapy is treatment provided to a group of people who are in a connection with one another, are dependent on one another, and have common values [19]. Maintaining homeostasis is the purpose of therapeutic group therapy. It helps people deal with emotional stress, physical disease, developmental crises, and social adjustment by focusing on the dysregulation of feelings, thoughts, and behavior. This therapeutic group therapy can be given to people of all ages, depending on their developmental stage, and can be done in groups or one-on-one. In developed the stages of this therapeutic group therapy, which Townsend refined into three steps of therapeutic group therapy consisting of an orientation phase, a work period, and a termination phase [19]–[21].

Healthy old individuals are provided therapeutic group therapy to help them maintain balance and adapt to changes related to their growth and development processes to improve self-integrity and feel less lonely [22], [23]. This study aimed to examine the effect of therapeutic group therapy on the purpose of life of the elderly in Tanah Sareal, Bogor, Indonesia.

2. METHOD

From February-July 2020, this study was conducted in Cibadak Village, Tanah Sareal, Bogor City, using a quasi-experimental approach with pre-and post-intervention assessments. In terms of age categories, adults made up the bulk of Cibadak Village residents, followed by teenagers and a total of 145 elderly people [5]. After being briefed about the study, 86 elderly volunteers signed a written informed consent form. A loneliness assessment was carried out for the initial screening of the elderly prior to the intervention. After the screening of feelings of loneliness, then an assessment of the purpose of life for the elderly was carried out before and after therapeutic group therapy is carried out in the elderly as the pre and post-test.

Data was gathered twice: once before and once after the intervention. The UCLA Loneliness Scale was used to assess older people's emotions of loneliness. The purpose in life test (PIL) test instrument was used to examine the elderly's sense of purpose in life. Based on the results of the loneliness evaluation, participants were randomly assigned to the intervention and control groups (43 individuals for each group) after the initial assessment. Both the treatment and control groups received health education about the development of the elderly. The intervention group, on the other hand, received health education followed by a series of therapeutic group therapy sessions.

The therapeutic group therapy established by Universitas Indonesia's Faculty of Nursing was conducted in four meetings within a two-week period. Each meeting consisted of two sessions. The participants were expected to attend a total of eight sessions consisting of a pre-test, six therapy sessions, and a post-test. The therapy sessions were: i) stimulation of adaptation to changes in biological and sexual aspects; ii) stimulation of adaptation

to changes in cognitive aspects; iii) stimulation of adaptation to changes in emotional aspects; iv) stimulation of adaptation to changes in social aspects; v) stimulation of adaptation to changes in spiritual aspects; and 6. monitoring and evaluating the benefits of exercise Figure 1. This implementation can be used to assess the life goals of older persons who are lonely [24]. The therapy was given to a group of healthy elderly to help them adjust to changes in biological, sexual, cognitive, emotional, social, and spiritual elements of their lives. The control group's post-test was conducted immediately after the health education, while the intervention group's post-test was conducted after the sixth session Figure 1. The study was approved by the Ethics Committee Faculty of Nursing, Universitas Indonesia (Reference No.: SK-42/UN2.F12.D1.2.1/ETIK 2021).

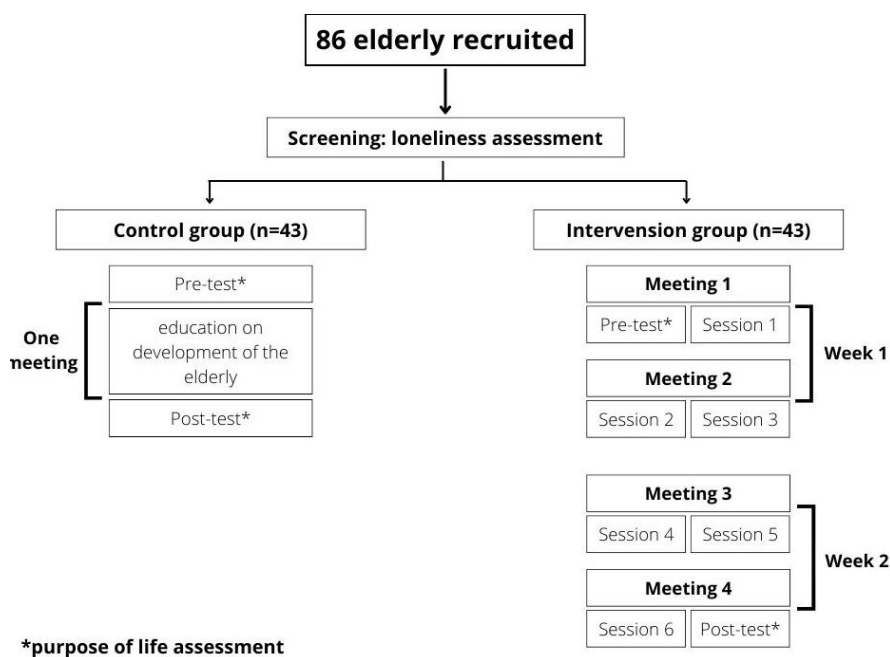


Figure 1. Study procedure

Statistical analyses were performed using R software [25]. Frequency and percentages were calculated for categorical variables, while mean and standard deviation were calculated for continuous variables as appropriate. Paired t-test was used to compare the mean of the score of the PIL test to examine the purpose in life before and after the intervention with significance level was set at <0.05 .

3. RESULTS AND DISCUSSION

3.1. Results

Table 1 reveals that overall, the majority of the participants were females (30.23%), Sundanese (86.05%) aged 60-64 years (54.66%), held a formal occupation (52.33%), and had completed elementary school (26.75%). There is no statistical difference in the demographic characteristics among the intervention and control groups ($p>0.05$) Table 1.

Table 2 shows the outcomes of early detection of feelings of loneliness in elderly who are part of the control group. It shows that among the control group, all participants felt lonely. The majority had moderate loneliness (60.47%), followed by mild and severe loneliness (23.26% and 16.27%, respectively). After obtaining some health education measures, the result of early detection of feelings of loneliness showed that five participants were not lonely (11.62%). Nearly half (44.19%) had moderate loneliness, followed by mild (34.89%) and severe loneliness (9.30%).

Table 3 shows that, initially, among participants in the intervention group, the majority had moderate loneliness (60.47%), followed by mild and severe loneliness (23.26% and 16.27%, respectively). After attending a health education and therapeutic group therapy, it was found that there were changes in the elderly who experienced loneliness with the following results: majority reported not feeling lonely (60.47%), one-third had mild loneliness (30.23%), and only a few had moderate loneliness (9.30%). Additionally, no respondent reported having severe loneliness.

The results of the pre-post action goal of life in the control group are shown in Table 4. Prior to obtaining education on the development of the elderly, the mean score was 88.19, increasing to 108.21 after obtaining the education (p -value <0.05). Table 5 shows the results of pre-post intervention assessment for the life goals in the intervention group. After attending a six-session of therapeutic group therapy, the mean score of purpose in life increased significantly from 95.42 to 126.81 (p -value <0.05).

Table 1. Characteristics of the respondents (n=86)

Characteristics	Overall n (%)	Intervention n (%)	Control n (%)	p-value
Gender				1
Male	26 (30.23)	13 (30.23)	13 (30.23)	
Female	60 (69.77)	30 (69.77)	30 (69.77)	
Age (year)				0.124
60-64	47 (54.66)	21 (48.84)	26 (60.47)	
65-69	25 (29.07)	13 (30.23)	12 (27.91)	
70-74	8 (9.30)	7 (16.28)	1 (2.33)	
≥ 75	6 (6.97)	2 (4.65)	4 (9.30)	
Ethnicity				0.756
Sundanese	74 (86.05)	36 (83.72)	38 (88.37)	
Others	12 (13.95)	7 (16.28)	5 (11.63)	
Education				0.763
No formal education	13 (15.12)	6 (13.95)	7 (16.28)	
Dropout from elementary school	14 (16.28)	6 (13.95)	8 (18.60)	
Elementary school	23 (26.75)	13 (30.23)	10 (23.26)	
Junior high school	12 (13.95)	7 (16.28)	5 (11.63)	
Senior high school	16 (18.60)	6 (13.95)	10 (23.26)	
Higher education level	8 (9.30)	5 (11.63)	3 (6.98)	
Occupational status				0.755
Employed	45 (52.33)	19 (44.19)	26 (60.47)	
Unemployed	29 (33.72)	18 (41.86)	11 (25.58)	
Retired	12 (13.95)	6 (13.95)	6 (13.95)	

Table 2. Feelings of loneliness in elderly (control group) (n=43)

Category of loneliness	Pre	Percentage	Post	Percentage
No feelings of loneliness	-	-	5	11.62%
Mild loneliness	10	23.25%	15	34.89%
Moderate loneliness	27	62.79%	19	44.19%
Severe loneliness	6	13.96%	4	9.30%
Total	43	100.00%	43	100.00%

Table 3. Feelings of loneliness in elderly (intervention group) (n=43)

Category of loneliness	Pre-intervention	Percentage	Post intervention	Percentage
No Feelings of loneliness	-	-	26	60.47%
Mild loneliness	10	23.26%	13	30.23%
Moderate loneliness	26	60.47%	4	9.30%
Severe loneliness	7	16.27%	-	-
Total	43	100.00%	43	100.00%

Table 4. Purpose in life in elderly (control group) (n=43)

Purpose in life	n	\bar{x}	Sd	df	t	95% CI	p-value
Pretest	43	88.19	11.37	42	10.554	16.19 to 23.85	<0.05
Posttest	43	108.21	11.35	42			

Table 5. Purpose in life in elderly (Intervention Group) (n=43)

Purpose in life	n	\bar{x}	Sd	df	t	95% CI	p-value
Pretest	43	95.42	14.06	42	16.285	27.51 – 35.29	<0.05
Posttest	43	126.81	14.91	42			

3.2. Discussion

3.2.1. The elderly characters

The group of elderly people were given health education and therapeutic group therapy (TGT) measures. The elderly living in Cibadak Village, Tanah Sereal, Bogor City are male and female Table 1. With

an age range above 60 years. This is in accordance with the statement from the World Health Rankings that in Indonesia the life expectancy of women is higher, namely 69.4 years compared to men, which is 73.3 years [26]. Meanwhile, according to the Indonesian Statistics Agency, the life expectancy rate for women is higher, namely 73.19 years, while it is 69.30 years for men [4]. This is also in line with existing data in the student practice area that there is more female elderly than male elderly.

The education level of elderly members of the elderly group is as many as eight people (9.30%) have graduated from higher education level and 13 people (15.12%) have no formal education. The author assumes that this is in line with research by Jack *et al.* [27] who said that education is a measure of individual ability to interact and communicate effectively. Individual education can also affect the ability to hear and absorb information obtained, solve problems, and change behavior and lifestyle [28], [29]. Therefore, the higher the education of these individuals, the faster they will absorb knowledge and knowledge that can increase self-training to achieve appropriate developmental tasks for the elderly and have high life goals.

The majority of the participants were employed 45 people (52.33%). They relied on income from their income, their children and other families. So, this elderly person depends on other families to make ends meet. Work can cause stress for the elderly. Apart from decreasing physical and psychological conditions, it will also affect the decrease in productivity in the elderly [30], [31]. However, the elderly in the group do not have a job at this old age because their family does not allow them to work or because the elderly themselves do not prepare for their old age to work. So that their daily needs have been met by their children or other families.

In terms of ethnicity, our participants were majority Sundanese, as the study was conducted in West Java. This study, therefore, recruited participants who were similar with the general population in the study area where the majority is Sundanese. Majority of participants were females (69.77%), as the life expectancy of women is older than men. In addition, most elderly who were available to take part in this activity were women, as the men had other activities to do. As the study was located in rural areas, most elderly had activities outside their houses. Similar to a previous study, the elderly needed assistance in transportation, information on activities, and assistance as well as accessibility [32]. This might increase the chance of the elderly taking part in the activities to be carried out.

3.2.2. Providing health education to elderly experiencing loneliness

The elderly who experiences loneliness in Bogor City shows that 10 elderly (23.25%) experience mild loneliness, 27 elderly (62.79%) experienced moderate loneliness and six elderly (13.69%) experienced severe loneliness. Loneliness is a feeling of being lonely, lonely, lonely, not busy living in isolation because of loss. Besides that, loneliness is a strong feeling of emptiness and loneliness [33], [34]. This is also in accordance with the research of Huang *et al.* [35] which found that the elderly tends to experience loneliness compared to other age stages. In addition, Beach and Bamford [36] say that male elderly is more likely to experience loneliness than elderly women. In this study, it cannot be compared to loneliness in elderly women and elderly men because indeed the respondents who were involved in nursing care were not elderly women.

Preventing loneliness in the elderly have been undertaken by the government and outlined in the Elderly Law number 13 of 1998. The government's promotional efforts in disseminating information, especially to the elderly, are the formation of the Integrated Development Post (*Posbindu*) program. *Posbindu* includes health promotion efforts through various community groups that have been active in the village-to-town arrangements. The activities in *Posbindu* are promotional, preventive, curative, and rehabilitative activities [37]. Promotional and preventive efforts are part of nursing services, especially mental care. To carry out this activity, there needs to be a special approach called Community Mental Health Nursing (CMHN) services.

In mental health, health efforts are carried out through community empowerment to achieve health service management, especially community-based mental health services. This community-based treatment approach is oriented to three areas, namely, healthy areas, risk areas, and disturbance areas [38]–[40]. Through this CMHN service, mental nurses have carried out various mental health service activities starting from community mental health education, early detection of mental disorders in the community, and implementation of mental nursing therapies for healthy, risk and sick clients.

Promotional and preventive efforts that can be carried out in healthy groups, especially the elderly, is one of them by conducting health education at *Posbindu*. This activity is in accordance with their duties, namely disseminating information for healthy elderly people. However, due to the COVID-19 pandemic, *Posbindu* activities in Cibadak Village have not been carried out until an undetermined limit. With this condition, the activity of providing health education is done online or online between the therapist and group members.

The activity of providing health education to the elderly is carried out simultaneously with health cadres. This is important because health cadres are the spearhead who are in the community and know the field's conditions. This is in accordance with the role and function of health cadres, namely as a driving force for the community to be involved in health activities [41], [42]. The activities carried out here are conducting

health education online and the material provided is the process of developing the elderly with the changes that occur in the elderly using posters and question and answer media.

This activity of providing health education to the elderly has an impact on behavior change in the elderly. In this study, it was found that the elderly who experienced loneliness after being given health education related to the growth and development of the elderly had a change in understanding related to changes in the age of the elderly. This is in line with Azana *et al.* [43] who state that there is a significant effect on elderly visits to *Posbindu* after health education interventions are carried out.

3.2.3. Providing elderly health education and therapeutic group therapy to the elderly experiencing loneliness

Therapeutic group therapy is one type of group therapy that allows members to share experiences, help one another find ways to solve problems and anticipate problems that will be faced by teaching effective ways to control stress [44]. Therapeutic groups focus more on relationships within groups, and interactions between group members and consider selective issues [45]. Therapeutic group therapy provides solutions and enhances the interaction between its members. This therapeutic group therapy can be given to all ages according to the stage of development and can be done in groups or individually. On this occasion, the researcher will describe the therapy in the elderly group.

3.2.4. Changes in the life purpose of the lonely elderly in the control and intervention groups

In this study, before health education was carried out related to the growth and development of the elderly, it was found that the elderly had a low life goal of 27 people (62.79%); middle 15 people (34.88%), and a high as much as one elderly (2.33%). Then after health education was carried out in this group, a review was carried out and it was confirmed that there was low life goal is 14 people (32.56%) and there was an increase in middle and high life goals respectively 23 people with a percentage of 53.48% for middle of life goals and 13.96% for high life goals (six people). On this occasion, the researchers also concluded that the provision of health education to the elderly can improve their life goals of the elderly. This is also in line with research by Fatmah [46] which shows that there is an effect of health education on changes in the behavior of the elderly for visits to *Posbindu*. It can also be applied that educational education can also be carried out in *Posbindu* as a place to disseminate information as widely as possible to its members, especially to the elderly. As stated in the Elderly Law number 13 of 1998 related to the role of the *Posbindu*.

The provision of health education and therapeutic group therapy for the elderly to the elderly group of 43 people found that the level of life goals for the elderly who experience loneliness has changed. The first assessment found that there were 23 elderly (53.48%) who had low life goals, then 17 elderly (39.54%) had middle life goals and three elderly people had high life goals (6.98%). Then after the intervention of health education and the therapeutic group therapy, it was found that the life goals of the elderly increased to middle and high, for the low category no longer existed. The increase in each of the life goals after the intervention is as follows, the low category from 23 people to no one who has a low life goal, then for the middle category from 17 people to 11 people, it fell to (25.58%) while for the high category it increased which initially three people became 32 people with a percentage of 74.41%. This proves that therapeutic group therapy for the elderly is successful in practicing adaptation to self-change in the elderly.

Research related to elderly therapeutic group therapy shows that there is something similar and carried out with the same intervention, described as follows. Research shows that therapeutic group therapy can increase the ability of the elderly to achieve self-integrity in the elderly [47]. In addition, the research by Keliat *et al.* [48] also shows that therapeutic group therapy can improve the adaptability and self-integrity of the elderly. Lestari *et al.* [49] found that therapeutic group therapy can improve the achievement of the tasks of the development of the elderly. From the description above, it can be concluded that therapeutic group therapy can help fulfill the needs of the elderly for their developmental tasks and improve the adaptation process for changes in the elderly themselves. In addition, the provision of health education and therapeutic group therapy can increase the value of the life goals of the elderly and make adaptive behavior changes in changing aspects of the elderly.

4. CONCLUSION

The findings of this study indicated that there was a change in the purpose of life among the elderly after receiving health education and therapeutic group therapy. Both activities significantly increased the purpose in life among the elderly, however, the increase was slightly higher among those who attended the therapeutic group therapy than those who were in the control group. We recommend collaboration between mental health nurses and CMHN nurses to provide comprehensive nursing care for families with elderly

relatives, as well as providing mental health service facilities based on family needs, particularly for the elderly, at primary healthcare services in community settings.

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