



## Empowering the Elderly: Psychoeducation as an Effort to Prevent Loneliness

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### ABSTRACT

The elderly population in Malang City is projected to reach 114,334 individuals, presenting various challenges related to health, cognitive function, and socio-emotional well-being. This study explores the role of psychoeducation in preventing loneliness among the elderly. According to Erik Erikson's theory, elderly individuals face the stage of "Integrity versus Despair," where successful navigation leads to life satisfaction, while failure results in hopelessness. Loneliness, exacerbated by reduced social roles and interactions, negatively impacts mental and physical health. Psychoeducational interventions aim to enhance understanding and provide coping strategies to address loneliness. This research, conducted in RT 02 Losari, Malang, utilized a quasi-experimental design with pretest and posttest measurements on 18 elderly participants. Data collection involved interviews and observations, highlighting limited social support and interaction among the elderly. The results demonstrated a significant increase in knowledge about loneliness, with the pretest average score of 70.56 improving to 86.11 post-intervention. The paired t-test confirmed the effectiveness of psychoeducation in reducing loneliness. Discussion emphasizes the importance of integrating psychological and educational aspects to enhance social skills, cognitive restructuring, and stress management. Recommendations include developing elderly-friendly community programs, leveraging technology for remote interventions, and fostering multidisciplinary approaches to improve mental health care access for the elderly. Future research should focus on expanding psychoeducational interventions and involving families and social environments to promote positive interactions and support for the elderly.

**Keywords:** *Elderly, Loneliness, Psychoeducation*

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## INTRODUCTION

Data presented by the Central Statistics Agency of Malang City, the results of the projections show that the number of elderly residents in the city is predicted to reach 114,334 individuals. This information is based on data taken from the Population Census, a survey that comprehensively collects demographic and statistical information from the

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population represented by the Central Statistics Agency. This projection is important because it provides an overview of the changes in the demographic composition in Malang City, which has important implications in planning and developing policies related to health, social, and infrastructure services for the elderly population (Central Statistics Agency of Malang, 2024).

The increase in the number of elderly populations has a complex impact, with various challenges arising from different aspects of life that this group has to face (Sari, 2023). One important aspect of senior life is health, where individuals are likely to experience specific challenges, such as an increased risk of developing chronic diseases, cognitive impairments such as dementia, and decreased physical function [3]. When reaching the age of 60 and above, an individual's mobility may be limited due to weight loss due to decreased muscle count, but physical activity can help reduce possible physical disorders [4]. In addition, the decline in cognitive function in the elderly can occur naturally according to the aging process, but sometimes more significant cognitive changes can occur, although not to the point that interferes with daily activities [5]. Socioemotionally, older age tends to involve reflection on the past, which can bring life experiences together in a positive way, while socioemotional selectivity theory explains that individuals tend to prefer to have relationships with people they know, with a lot of interaction in the surrounding environment and the ability to manage emotions well [6].

In the advanced stage, according to the theory of psychosocial development proposed by Erik Erikson, the individual goes through a stage called "*Integrity versus Despair*" (Integrity versus Despair). This stage generally occurs in old age, starting from around the age of 65 until the end of life. In this stage, the individual is faced with a re-reflection on the individual's life and tries to achieve a sense of integrity or wholeness. Individuals assess and evaluate an individual's life journey, recalling the achievements, experiences, and relationships that the individual has. Individuals who successfully overcome this stage feel satisfied with the life they are living, accept themselves and the choices they have made, and have a deep sense of peace and satisfaction. However, individuals who fail to overcome this stage may experience feelings of hopelessness. Individuals feel disappointed with their lives, have a lot of regrets, and feel that the time that individuals have to achieve goals or repair relationships has been reduced. Individuals may also experience a sense of loss and fear of death [3].

The quality of socioemotional relationships, especially with a life partner or close family member, can have a significant impact on life expectancy. Losing a life partner, lack of social interaction, and feelings of marginalization are all factors that contribute to feelings of loneliness in the elderly. People who feel lonely often experience a lack of social support that is essential for the well-being of individuals. Lack of social interaction and lack of a strong support network can make it difficult for seniors to face life's challenges and feel supported in coping with them [7]. Life expectancy is a description of how long a person is expected to live, based on factors such as demographics, health, and

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environment, as well as the average time a person spends in their life, from birth to the end of life [3]. Seniors who have a high life expectancy are often more active in social activities and have a wider support network, these factors can improve the overall well-being of individuals. Positive social interactions, including with family members, have been shown to have a positive effect on the general health and well-being of the elderly. This can help maintain cognitive function, improve mood, and reduce the risk of depression [8].

Each form of social interaction has its own role and impact in shaping relationships, meeting social needs, and influencing the well-being of individuals and society as a whole. In middle-aged adults, the number of close relatives and relationship status are associated with loneliness. Social interaction can distract from feelings of loneliness and help individuals focus on positive relationships and constructive activities (Child, Stephanie & T. Lawton, 2019). Loneliness in the elderly is caused by various factors. Loneliness is caused by reduced social contact, loss or reduction of social roles, loss of attention and support from the social environment, etc. Social bonds are relationships that are established between a person and another or more people. Some elderly people experience incidents that cause some of them to be reluctant to interact with others because they feel that no one understands them. Loneliness among the elderly is caused by a reduced social role in the family and society. Loss of attention and support from the social environment can also cause feelings of loneliness in the elderly [10].

This feeling of loneliness can have a negative impact on a person's mental and physical health, such as an increased risk of depression, anxiety, and various physical health problems such as heart disease. Intervention is one of the methods to overcome loneliness that aims to improve the quality and quantity of individual social relationships. Cognitive-behavioral interventions (CBT) and interventions that focus on improving social connections/connections appear to be most effective in reducing loneliness. Interventions given individually and in a group format are equally effective in reducing loneliness [11]. Effective interventions to address this problem include home visit programs, peer support groups, joint activities, and the use of technology to facilitate social connections. Joint efforts from governments, community organizations, and communities are needed to create an age-friendly environment and promote social participation [12]. Psychoeducational interventions, which provide information about loneliness and teach coping strategies, have also been shown to be effective in reducing loneliness [13].

The influence of psychoeducation on loneliness can be very significant [14]. Psychoeducation is an approach that combines psychological aspects with education to provide a better understanding of various aspects of life, including loneliness. Psychoeducational interventions focus on teaching health education to increase knowledge, and take good care of the elderly. Psychoeducation can provide individuals with the social skills necessary to build and maintain positive interpersonal relationships.

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This can include effective communication skills, the ability to build intimacy and trust, or the ability to handle conflict constructively (Supratic, 2011)

## **Methodology**

### ***Research Design***

The research design used is Quantitative research uses the quasi-experimental method, which is a form of experimental design that has treatment, impact measurement, experimental units, but does not use random assignments to create comparisons in order to conclude changes caused by treatment. Research design *One Group Pretest and Posttest Design* This is measured using *pretest* given before treatment and *posttest* given after treatment was given for each research series [16].

### ***Research Location***

The research in RT 02 Losari, Malang, was selected with careful consideration based on several factors relevant to the research objectives. RT 02 Losari is one of the neighboring pillars located in Losari village, Malang city. This location was chosen because it is relevant to a research topic that may focus on social dynamics. RT 02 Losari lacks community programs or specific challenges for the elderly that can provide valuable insights.

### ***Research Subject***

This study uses nonprobability sampling with *Purposive Sampling*. ***Purposive Sampling*** is a sampling method in which participants are selected based on certain criteria that are relevant to the research objectives [16]. In the research of the elderly, *Purposive Sampling* used to ensure that the selected participants meet the specific characteristics required for the study. The research focused on the elderly in RT 02 Losari, Malang, involving participants who were elderly residents from this area. Participants are individuals aged 60 years and above. Subjects with characteristics of living with extended family, couples, or living alone.

### ***Data Collection Methods***

Data collection methods in quasi experiments can include surveys, observations, interviews, which are relevant to the variables being studied. Conducting in-depth interviews with a number of elderly people aims to obtain qualitative data about the subject's life experiences, challenges, and expectations. Observation aims to observe the daily activities of the elderly in the community environment to understand their social interaction and participation.

### ***Data Analysis***

The collected data will be analyzed using *Paired T-Test* (paired t-test) to evaluate whether there is a significant difference between the pre-test and post-test scores in the dependent variables. *Paired t-test* It is used because it involves measurements on the same

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subject under two different conditions (before and after the intervention). The paired t-test is used when researchers want to compare two groups that are interconnected, such as before and after treatment on the same subject, or a pair of similar subjects. Using the SPSS statistical tool to perform data analysis *Paired T-Test* [17].

## **Finding and Discussion**

Based on the results of the interventions that have been carried out, there are changes from before and after the intervention, where individuals who are given psychoeducation can better understand the material related to loneliness and also skills in improving the quality of life of the elderly. This can be seen from the increase in pre-test and post-test scores given to individuals, namely the elderly, and PKK cadres.

<b>Descriptive participant</b>	<b>Age (years)</b>	<b>Sum</b>	<b>Percentage</b>
PKK Participants	<59	8	44%
	60-69	5	28%
	70-79	3	17%
	>80	2	11%

Based on the table above, it shows that PKK participants consist of 8 non-elderly women (44%), 5 young elderly (28%), 3 intermediate elderly (17%) and 2 elderly (11%).

## **Paired Sample t-test**

Measure 1	Measure 2	t	Df	p	Mean difference	SE Difference
Psychoeducation-Pre	Psychoeducation-Post	-6,710	17	0,000	-15.556	2.318

## **Descriptive**

	<b>N</b>	<b>Mean</b>	<b>SD</b>	<b>ONE</b>
Pre Test	18	70,56	8.726	2.057
Post Test	18	86,11	6.077	1.432

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The results of the analysis showed that there was a difference in the results before and after psychoeducation  $t(17)=-6.710$ ,  $p < 0.000$ . Before psychoeducation showed a low pretest ( $M = 70.56$ ,  $SD = 8.826$ ), compared to after psychoeducation ( $M = 86.11$ ,  $SD = 6.077$ ), the average score of *the pretest* was 70.56, while the average result of the post test score obtained was 86.11 so that it increased by -15.556. This has an underlying understanding that there is a change in the individual's knowledge of loneliness in this psychoeducation. In this intervention, individuals who are given psychoeducation stated that there is a change in understanding between before and after the intervention is given, where individuals realize that this problem of loneliness should not be underestimated because it has an impact that can affect physical and mental health. Some individuals have also tried to perform the skill.

Loneliness is an emotional condition that is felt when a person experiences a lack of meaningful social relationships or does not have the desired social bonds. Conceptually, loneliness can be defined as a subjective experience that arises from the individual's perception that there is a mismatch between the social relationships they have and the desired social relationships [18]. Solitude is a state in which a person deliberately separates himself from others for a while. Solitude is an individual choice and does not always cause negative feelings such as loneliness [19]. Meanwhile, social isolation refers to an objective condition where a person has little or no social contact with others. Social isolation can occur voluntarily or involuntarily, such as due to health, geographical, or environmental conditions [20].

Gender differences in loneliness and social support in the elderly can be largely explained by widow/widower status. Elderly women tend to have a higher level of loneliness than elderly men, and elderly women also tend to have greater family support than older men. Widow/widower status plays a confounding factor in the relationship between gender, loneliness, and social support [21].

Psychoeducation is one of the interventions that can be used to overcome the problem of loneliness in individuals. A psychoeducational approach is an intervention that integrates psychological and educational aspects in an effort to help individuals improve their knowledge, skills, and strategies to overcome specific problems, including loneliness [22]. The way psychoeducation works in overcoming loneliness includes, providing information and understanding about loneliness, its causes, impacts, and how to overcome it. This helps reduce stigma and increase self-awareness. Teaches social skills, such as effective communication, building relationships, and increasing confidence in social situations. Carry out cognitive restructuring to change negative thinking patterns and encourage a more positive assessment of social situations. Practice stress management strategies and emotional regulation, such as relaxation, mindfulness, and promoting pleasurable activities. Encourage participation in social activities and develop a wider social network [23].

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After being given psychoeducational interventions, the elderly experienced several positive changes, among others, increased social interaction and involvement in group activities can reduce feelings of loneliness, the elderly learn new strategies to overcome feelings of loneliness and improve their quality of life. Recommended activities in psychoeducation often include physical and mental exercises that can improve overall health [24].

An indicator of psychoeducational success is the increase in the individual's knowledge and understanding of the condition or problem being discussed [25], effective psychoeducation can change an individual's attitude and perception of the condition or problem being discussed, reduce stigma, and increase self-acceptance [26], psychoeducation A good one can help individuals develop coping skills more effectively to manage the condition or problem they are facing [27], psychoeducation can improve an individual's adherence to recommended medications and therapies [28], the long-term success indicator of psychoeducation is the improvement of the quality of life of individuals, both physically, psychologically, and socially [29].

Levels of responsibility for possible interventions for loneliness in people with mental health problems at any level. At the individual level, interventions such as digital approaches, psychoeducation, social skills training, supported by socialization. At the local community level, group activities can be carried out to overcome loneliness, social prescriptions, social support, awareness, empathy, proac approach, communication. At the community level, public health priorities (which are enshrined in policies), engagement with the media, public education and awareness of social relationships and cross-age 'social convoys', funding relevant research, promoting primary prevention throughout the life journey, and measuring the impact of loneliness in a wider range of relevant interventions[30].

Psychoeducation, providing information to the public to understand the psychology of the problem, has also been incorporated into loneliness interventions. Programs that include psychoeducation and social skills training help people experience loneliness in several ways. This includes an increased understanding of the importance of social relationships, i.e. the link between loneliness and broader mental health problems and improving social and conversational skills. These programs can be delivered through face-to-face or group settings and not only support the formation of meaningful relationships and nurturing, but also increase one's stamina to fight through loneliness [30], social skills training and psychoeducation are promising enough to help people who are experiencing loneliness.

The concept of an age-friendly city is important to ensure an environment that supports the welfare of the elderly, including indicators of an age-friendly city covering physical, social, psychological, and cultural aspects. The community plays a role in creating a friendly environment for the elderly, including accessibility and participation in

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social activities. Community organizations can provide programs that involve the elderly, such as recreational, educational, and empowerment activities, and the community also plays a role in eliminating stigma and discrimination against the elderly, as well as promoting active and dignified aging [31].

In addition, the use of remote intervention is an effective and practical alternative to overcome loneliness in the elderly, especially when access to face-to-face services is limited. Remote intervention (*Remote*) can be a solution to overcome access and reach constraints in dealing with loneliness in the elderly. Technology-based interventions (such as *Video Conference*, mobile apps, and *Online Platform*) has a greater effect on reducing loneliness than non-technology-based interventions [32]. Interventions that involved components of social interaction and emotional support had a greater effect on reducing loneliness than interventions that did not involve these components.

From various sectors of life, it is expected to create advances in detection and assessment such as, the development of screening and assessment tools tailored to the elderly, emphasis on multidimensional assessments that include physical, cognitive, functional, and psychosocial aspects, development of an elderly-friendly online platform and app to support mental health. Emphasizing the importance of a multidisciplinary and collaborative approach in improving access and quality of mental health care for the growing elderly population (Reynolds et al., 2022).

## **Conclusion**

Loneliness is an emotional feeling when a person experiences a lack of meaningful social relationships or does not have the desired social bonds. Loneliness in the elderly is caused by reduced social contact, loss of social roles, and lack of support from the environment, which can negatively impact mental and physical health. Psychoeducational interventions have been shown to be effective in reducing loneliness in the elderly by providing the necessary understanding, social skills, and coping strategies. In the next study, it is expected to improve elderly-friendly programs and services at the community level to encourage social participation and reduce isolation. Develop broader and more accessible psychoeducational interventions for the elderly, both individually and in groups, to address loneliness and involve families and the social environment in an effort to increase support and positive interactions with the elderly.



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