



**THE EFFECTS OF GROUP PROCESS ACTIVITIES ON THE  
REDUCTION OF LONELINESS IN THE ELDERLY  
AT KHAOBORKAEW HOME FOR THE AGED,  
NAKHONSAWAN PROVINCE**

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**A THESIS SUBMITTED IN PARTIAL FULFILLMENT  
OF THE REQUIREMENTS FOR  
THE DEGREE OF MASTER OF SCIENCE (PUBLIC HEALTH)  
MAJOR IN PUBLIC HEALTH NURSING  
FACULTY OF GRADUATE STUDIES  
MAHIDOL UNIVERSITY**

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2000  
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2000

ISBN 974-665-123-4

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.i 12942662 C.2

Thesis  
entitled

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was submitted to the Faculty of Graduate Studies, Mahidol University  
For the degree of Master of Science (Public Health)  
Major in Public Health Nursing  
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## ACKNOWLEDGEMENT

I would like to express my sincere gratitude and deep appreciation to Associate Professor Charuvan Hematorn my major-advisor for her guidance in valuable advice and encouragement throughout. She was never lacking in kindness and support. I am equally grateful to my co-advisor, Associate Professor Somchai Toonkool and Associate Professor Wilai Kusolvisitkul for their constructive guidance and encouragement. I really feel fortunate to be associated with them.

I am very grateful to Associate Professor Suree Chanthamolee who provide valuable comments during my thesis defense that were most beneficial.

Grateful acknowledgement is due to experts for their assistance in validation of research instruments.

I would like to thank the staff of Khaoborkaew home for the aged for their co-operation and generous assistance. In particular my gratitude is given to the elderly in the study area, for their kind co-operation.

A acknowledgement is also made to all those who help me in many ways and whose name which were not mentions but contributed much to the completion of my study.

Finally, special thank to my parents, my aunt, my younger brother and sister, Miss Aroon Nasoad, Mr. Phimarun Khonroo for their moral support, encouragement and assistance during my study.

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KEY WORDS : GROUP PROCESS ACTIVITIES/ LONELINESS / ELDERLY /  
HOME FOR THE AGED

WARISA MATTHAYA : THE EFFECTS OF GROUP PROCESS  
ACTIVITIES ON THE REDUCTION OF LONELINESS IN THE ELDERLY AT  
KHAOBORKAEW HOME FOR THE AGED, NAKHONSAWAN PROVINCE. THESIS  
ADVISOR : CHARUVAN HEMATORN, B.Sc., M.A., M.P.H., SOMCHAI TOONKOOL,  
B.Sc., M.S.N., WILAI KUSOLVISITKUL, B.A. (1ST CLASS HON.), M.Sc.  
(BIOSTATISTIC) 110 P. ISBN 974-665-123-4

Loneliness is a common and severe problem in the elderly, especially in the elderly at the home for the aged who experience loss of family relationships, the conflict of adaptation to unfamiliar surroundings, and establishing relationships with new friends. Thus, this research was based on McClelland's Activity Theory and aimed at studying the effect of group process activities on the reduction of loneliness in the elderly. This research was a quasi-experimental study (One Group Pretest-Posttest Design), and was done between November 1999 to May 2000. The sample of 38 elderly persons who lived in Khaoborkaew home for the aged in Nakhonsawan province, Thailand, was selected through a set of criteria. They were requested to attend the group process activities program, designed by the researcher, for 6 weeks, twice a week and for 1 - 2 hours for each session. The program was composed of games, group discussion and role-playing. The loneliness was assessed by interview according to the questionnaire that was adapted from UCLA Loneliness Scale (Reliability 0.86). Percentage, arithmetic mean, standard deviation, and paired t-test were used to analyze the data.

The main results of the study were as follows:

1. After intervention, the loneliness of the elderly was significantly lower than before intervention. (P-value < 0.001)
2. One month after intervention, the loneliness of the elderly was significantly lower than before intervention. (P-value < 0.001)
3. The loneliness of the elderly after intervention and one month after intervention were not significantly different.
4. During and after intervention, the positive social interaction among the elderly was observed resulting in self-esteem, social relationships, a sense of belonging to the group, appropriate social adaptation, satisfaction with their relationship and social approval for the elderly.

The results of the study indicated that the group process activities can effectively reduce loneliness in the elderly at Khaoborkaew home for the aged. Therefore, the group process activities can be applied to decrease the loneliness of the elderly who live in the home for the aged. This research suggests further study on the effects of the group process activities on the reduction of loneliness in other groups of elderly.

4136881 PPHM/M : สาขาวิชา : เอกพยาบาลสาธารณสุข ; วท.ม. (สาธารณสุขศาสตร์)

วริศา มัทยา : ผลของการจัดกิจกรรมกระบวนการกลุ่มต่อการลดความว้าเหวของผู้สูงอายุในสถานสงเคราะห์คนชราบ้านเขาบ่อแก้ว จังหวัดนครสวรรค์ (THE EFFECTS OF GROUP PROCESS ACTIVITIES ON THE REDUCTION OF LONELINESS IN THE ELDERLY AT KHAOBORKAEW HOME FOR THE AGED, NAKHONSAWAN PROVINCE) คณะกรรมการควบคุมวิทยานิพนธ์ : จารุวรรณ เหมะธร, วท.บ., ศค.ม., M.P.H., สมใจ ทุนกุล, วท.บ., M.S.N., วิไล กุศลวิศิษฏ์กุล, ศค.ม. (เกียรตินิยมดีมาก), วท.ม. (ชีวสถิติ) 110 หน้า. ISBN 974-665-123-4

ความว้าเหวมักเกิดร่วมกับความสูงอายุ และเป็นปัญหาที่รุนแรงในผู้สูงอายุ โดยเฉพาะอย่างยิ่งผู้สูงอายุในสถานสงเคราะห์คนชรา ซึ่งต้องประสบปัญหาการขาดสัมพันธ์ทางกับครอบครัว และการปรับตัวกับสิ่งแวดล้อมใหม่ โดยเฉพาะสัมพันธ์กับเพื่อนใหม่ ซึ่งก่อให้เกิดความว้าเหวได้ ดังนั้นผู้วิจัยจึงได้นำแนวคิดทฤษฎีกิจกรรมของ McClelland มาเป็นแนวคิดหลักในการศึกษาวิจัยครั้งนี้ โดยมีวัตถุประสงค์เพื่อศึกษาถึงผลของการจัดกิจกรรมกระบวนการกลุ่มต่อการลดความว้าเหวของผู้สูงอายุในสถานสงเคราะห์คนชรา การวิจัยนี้เป็นการศึกษาวิจัยกึ่งทดลอง แบบกลุ่มเดียว วัดผลก่อนและหลังการทดลอง (One Group Pretest-Posttest Design) และวัดผลซ้ำหลังการทดลอง 1 เดือน ทำการศึกษาระหว่าง วันที่ 1 พฤศจิกายน พ.ศ. 2542 ถึงวันที่ 30 พฤษภาคม พ.ศ. 2543 กลุ่มตัวอย่างเป็นผู้สูงอายุซึ่งเข้ารับบริการในสถานสงเคราะห์คนชราบ้านเขาบ่อแก้ว จังหวัดนครสวรรค์ โดยคัดเลือกตามเกณฑ์คุณสมบัติที่กำหนด จำนวน 38 ราย เข้าร่วมโปรแกรมกิจกรรมกระบวนการกลุ่มที่ผู้วิจัยสร้างขึ้น ซึ่งประกอบด้วย การเล่นเกม การประชุมกลุ่ม และการแสดงบทบาทสมมติ เป็นระยะเวลา 6 สัปดาห์ สัปดาห์ละ 2 ครั้ง ครั้งละ 1-2 ชั่วโมง ความว้าเหวประเมินได้จากการสัมภาษณ์ตามแบบวัดความว้าเหวซึ่งผู้วิจัยดัดแปลงจากแบบวัดความว้าเหวของมหาวิทยาลัยแคลิฟอร์เนีย (UCLA Loneliness Scale) มีความเที่ยง 0.86 ข้อมูลที่ได้นำมาวิเคราะห์ด้วยสถิติ ร้อยละ ค่าเฉลี่ย ส่วนเบี่ยงเบนมาตรฐาน และ Paired t-test

#### ผลการวิจัยพบว่า

1. ความว้าเหวของผู้สูงอายุหลังการทดลองน้อยกว่าก่อนการทดลอง อย่างมีนัยสำคัญทางสถิติ ( $P\text{-value} < 0.001$ )
2. ความว้าเหวของผู้สูงอายุหลังการทดลอง 1 เดือน น้อยกว่าก่อนการทดลองอย่างมีนัยสำคัญทางสถิติ ( $P\text{-value} < 0.001$ )
3. ความว้าเหวของผู้สูงอายุหลังการทดลองและหลังการทดลอง 1 เดือน แตกต่างกันอย่างไม่มีนัยสำคัญทางสถิติ
4. การจัดกิจกรรมกระบวนการกลุ่ม ก่อให้เกิดปฏิสัมพันธ์ทางสังคมด้านบวก ซึ่งทำให้ผู้สูงอายุเห็นคุณค่าของตนเอง มีสัมพันธ์ทางสังคม มีความรู้สึกเป็นส่วนหนึ่งของกลุ่ม มีการปรับตัวทางสังคมที่เหมาะสม พึงพอใจในสัมพันธ์ทาง และพึงพอใจในสังคม

จากผลการวิจัยครั้งนี้พบว่า กิจกรรมกระบวนการกลุ่ม สามารถลดความว้าเหวของผู้สูงอายุในสถานสงเคราะห์คนชราบ้านเขาบ่อแก้ว จังหวัดนครสวรรค์ได้อย่างมีนัยสำคัญทางสถิติ ( $P\text{-value} < 0.001$ ) และก่อให้เกิดปฏิสัมพันธ์ทางสังคมด้านบวก ดังนั้นกิจกรรมกระบวนการกลุ่มจึงสามารถนำมาประยุกต์ใช้ เพื่อลดความว้าเหวของผู้สูงอายุในสถานสงเคราะห์คนชราได้ และควรทำการศึกษาถึงผลของการจัดกิจกรรมกระบวนการกลุ่มต่อการลดความว้าเหวในผู้สูงอายุกลุ่มอื่นๆ ต่อไป

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## CHAPTER I

### INTRODUCTION

#### **Background and Important of Research Problem**

Nowaday there are many changes in society, economics and culture. These have lead to a decrease in the elderly's social status and roles in the family, but an increase in their being abandoned. (Siripanich, B., 1997: 178) The elderly tend to be abandoned increasingly. According to the research report of the Social Research Institute there were approximately 10 percent of families who were not capable of looking after the elderly. (Sub-committee of research study and long-term planning for the elderly, n.d.: 8) As a result homes for the aged have become more necessary and other welfare services have been more needed. (Boonchuay, U., 1993: 56).

However homes for the aged preparation is an alleviating measure but it seems not to be compensation for their psychosocial needs. (Saihoo, P., 1981: 93) If possible, the elderly would prefer to live with their own offspring. A separation from the family would be their last choice. (Nor-Suwaporn, W., 1975: 29) Leaving a family to stay in the home for the aged creates a great sadness. The elderly feel as if they are incompetent, abandoned and driven away to live with strangers. They lose the usual relationship with their family and become unemployed and irresponsible. This loss of their roles and duties results in their having more spare time and easily causes loneliness. (Kaewkangwal, S., 1987: 253-254) Furthermore, facing a new community in the home for the aged, initiates problems of adaptation. As Cruz (1986: 24) stated relocation to an institution, whether voluntary or not, produces a conflict in the elderly. The conflict between the desire to remain in familiar surroundings and be independent and the fact the institutionalized environment will be different and will probably require the curtailment of independence. The conflict leads to loneliness.

Loneliness is an emotional and mental problem. Lonely people have bad family relationships (Berg, et al., 1981: 344), bad social relationships and little social activity participation. (Nuntachai, S., 1991: 50; Creecy, et al., 1985: 491) It causes individuals to feel impotent, to segregate himself or herself from others, and a decrease in self-esteem. (Cruz, 1986: 24) This victim cycle of loneliness, powerlessness, social isolation and decreased self-esteem may go on indefinitely unless interrupted. (Cruz, 1986: 23-25) Without a remedy these problems would definitely intensify gradually, which finally lead to suicide. (Creecy, et al., 1985: 487) Loneliness normally occurs in the elderly. (Cruz, 1986: 22) It is a severe problem found in 12-40 percent of elderly who are older than 65. (Creecy, Et al., 1985: 487) According to another study, it is also found that almost 50 percent of the elderly are facing loneliness. (Siriboon, S., 1995 cited by Taechamahachai, C., 1997: 94)

In old age, people often demand social activities and social relationships for creating positive attitudes towards themselves, social activities and life satisfaction (Hogstel, 1995: 23; McClelland, 1982: 731) The social activities could decrease loneliness in the elderly. (Liang, et al., 1980 cited by McClelland, 1982: 724) Having social activities and high self-esteem prevents people from loneliness. (Longino, et al., 1980 cited by McClelland, 1982: 731) Parrent and Whall (1984: 8-11) discovered that activity participation of the elderly in a home for the aged was greatly related to an increase in self-worth. Consequently an increase in the level of social activity could decrease loneliness in the elderly in homes for the aged. Loneliness is related to social isolation (Berg, et al., 1981: 342) People who maintain a level of social relationships until the end of their lives would feel lonely the least. (Thurmall, 1977 cited by Esberger & Hughes, 1984: 290)

Group process activities is a method applied to develop social activity. Through it promotes relationships among group members. It also provides an opportunity for the elderly to exchange their knowledge and experiences which helps the group members to be able to solve the problems shared among them. The benefit of group process activities is to improve the physical and mental health of elderly. It

helps to give them a better understanding about themselves and others. It also responds to their desires to have social participation and group acceptance. (Ketkham, W. & Chatrasupakul, K., 1979: 14-22) The study conducted by Buangam, C. (1996: 53), group process activities and exercise were statistically significant in the reduction of loneliness in the elderly who suffered loss in typhoon Gay in Chumporn province ( $P\text{-value} < 0.001$ ). Therefore group process activities should be appropriate for the reduction of loneliness in the elderly living in homes for the aged, and they could increase social participation. This encourages the elderly to create good relationships with friends to compensate for those losses.

According to the study of Setaluk, K. (1999: 50-51), The majority of the elderly in Khaoborkaew home for the aged (55.38%) had no contact with outsiders and 21.53 percent of them had negative attitudes towards their families. A pilot study done by the researcher during November 26 to December 9, 1999 found quarreling among residents, poor relationships, and dissatisfaction with other residents' personal behaviors. Although there were many activities, most elderly were unappreciative because the activities mainly emphasized entertainment such as singing and Thai dancing. Eighteen elderly felt uninterested in and inactive about attending those activities because they preferred spending time relaxing or resting alone. This was consistent with the study of Setaluk, K. (1999: 50-51) which reported that some of the elderly in Khaoborkaew home for the aged (22.69%) preferred to spend their time lounging and resting alone. Lack of social activities such as group discussions, friendship and relationship with the family are the main cause of loneliness in the elderly at Khaoborkaew home for the aged.

Therefore the researcher is interested in studying if the group process activities, organized by the researcher are useful or not in enabling a reduction of loneliness in the elderly at Khaoborkaew home for the aged, Nakhonsawan province. The activity theory is applied as an idea for this study by conceptualizing that group process activities raise social activities and create communication and thus encourage relationships of the elderly in the home for the aged. The process supports the elderly

to participate in social activities that reduce and prevent social isolation, which lead to social satisfaction and finally reduce loneliness.

Group process activities applied in this research comprised of games, group discussions and role-playing. The main purpose of this research was utilizing games in creating relationships among the elderly and supporting them to understand themselves and others, and increase their self-esteem. Group discussion offered opportunities for the members to exchange knowledge, ideas and experiences so that they could solve the problems together (Chandaramoree, S., 1984: 100-101). This leads to enhanced relationships and acceptance among members. The role-playing aimed to reflect the relationship problems that occurred among the elderly in the home for the aged. This could make the elderly expose themselves freely through their role, help them understand themselves and other people, and learn to find a way together to solve relationship problems (Kethkam, W. & Chatsuppakul, K., 1979: 163-166). The research problems and objectives were as follows:

### **Research Questions**

1. Could group process activities reduce loneliness in the elderly at Khaoborkaew home for the aged?
2. One month after group process activities, is there a continuation of the effect of reduction of loneliness in the elderly?
3. How do group process activities result on the changes in social interaction among the elderly?

## **Research Objectives**

### **General objective**

To study the effect of group process activities and continuation of the effect on reduction of loneliness in the elderly at Khaoborkaew home for the aged, Nakhonsawan province. And to study the result of group process activities on the changes in social interaction among the elderly.

### **Specific objectives**

1. To compare the loneliness of the elderly before and after intervention.
2. To compare the loneliness of the elderly before and one month after intervention.
3. To compare the loneliness of the elderly after intervention and one month after intervention.
4. To study the result of group process activities on the changes in social interaction among the elderly.

## **Research Hypotheses**

1. Loneliness of the elderly after intervention will be lower than before intervention.
2. Loneliness of the elderly one month after intervention will be lower than before intervention.
3. There will be no difference in loneliness of the elderly after intervention and one month after intervention.

## Scope of the Study

This study was conducted among ordinary residents of Khaoborkaew home for the aged, Nakhonsawan province, during November 1, 1999 to May 30, 2000.

## Research Variables

1. Independent variable: Group process activities comprise of the following activities;
  - 1.1 Games
  - 1.2 Group discussions
  - 1.3 Role-playing
2. Dependent variable: Loneliness

## Limitations of the Study

Confounding variables were found. Uncontrolled confounds, such as health status, visits of relatives, and the work of practical students from various institutes, affected the loneliness of the elderly.

## Definition of Terms

1. **Loneliness** refers to an emotional and mental problem linked with social stresses. (Tantiphalachewa, K. & Tantiphalachewa, K., 1985:33) It results from the lack of meaningful relationships with other people, especially the close relationship with people living around them. (Peplau & Perlman, 1979 cited by Laksanawongri, C., 1993: 32). It also results from the lack of feeling of being member of society. (Weiss, 1973 cited by Lunt, 1991: 27) It causes individuals to feel impotent, and to segregate

themselves from others, and it leads to decreasing self-esteem. (Cruz, 1986: 24)

In this research, loneliness refer to the feeling of the elderly occurring from the lack of relationships or having emptiness in their relationship with a close person in the matters of conversation, counseling, taking care, sympathy, acceptance, and the participation in activities together. This causes the elderly to feel low self-esteem, to feel no one loves and cares for them, and to feel unaccepted. Finally, they want to separate themselves from society. This loneliness could be assessed by the loneliness scale that the researcher modified from the University of California Los Angeles Loneliness Scale (UCLA Loneliness scale) of Russel, et al. (1980: 472-480).

**2. Group process activities** refer to doing activities together among group members with good communication and relationships under the enjoyable and relaxed circumstance. (Tarapoch, T., 1980: 5) It creates social interaction among members and encourages them to share knowledge and experiences. They could find out how to solve problems with a satisfying relationship with each other. The benefit of the group process activities is to promote physical and mental health. It would also help a member to understand himself, to realize the feeling of others and be accepted. (Ketkham, W. & Chatsuppakul, K., 1979: 14-22)

In this research, the group process activities refer to the joining together of members who were the elderly in a home for the aged to do activities. The purpose was to create social interaction among the elderly, encourage them to share knowledge, ideas and experiences on working and finding problem solving method in an enjoyable and relax atmosphere. These would promote mental health, understanding of themselves and others more, and create of good relationships with others. Then, they would achieve acceptance. Finally, it could lead a decrease in loneliness in the elderly. This research was composed of 3 activities: games, group discussions, and role-playing.

**2.1 Games** refer to one type of recreational activity. It did not have many rules and regulations. The playing was under joyful, entertaining circumstances. It also promotes both physical and mental health (Taneerat, C., 1976: 64-65). The game was used to create social interaction among members, to enhance of understanding themselves and others, and sense of belonging to the group. It also creates good relationships. The games in this research were the "The joined heart game", "The tree of life game", "The partner selection game", "The miracle square game", "The acting game", "The lovely doll game", "The communication game" and "The flower for you game"

**2.2 Group discussions** refer to the activities that encouraged members to share knowledge, opinions and experiences, to express their feeling, and to consider the issues together in order to find the problem solving method to apply in daily life. (Chanthamolee, S., 1984: 100-101). The topics for the group meeting in this research were "The life impression", "The kindness", and "The warm home"

**2.3 Role-playing** refers to the acting out of issue related to the problems or situations about human relations. This would help group member to realize the fact, to expose themselves freely through their role play, to understand themselves and others, and to learn about problem analysis and problem solving (Katkham, W. & Chatsuppakul, K., 1979: 163-166). In this research, the role-playing was about the relationship problems among the elderly in the home for the aged. Its objective was to create learning together in order to finding out how to solve the relationship problems that occurred in the home for the aged.

## **CHAPTER 2**

### **LITERATURE REVIEW**

This research studied the results of group process activities on the reduction of loneliness in the elderly at Khaoborkaew home for the aged, Nakhonsawan province. The researcher studied and searched for information from documents, concepts, theories and relevant research in order to obtain basic information for conducting this research which included:

1. Basic concepts about the elderly
  - 1.1 Definition of the elderly
  - 1.2 Changes in the elderly
2. Loneliness in the elderly
3. Regular activities provided and problems of residents in Khaoborkaew home for the aged
4. Concepts and theories related to the study
  - 4.1 Activity theory
  - 4.2 Group process activities
5. Related research

#### **1. Basic Concepts about the Elderly**

##### **1.1 Definition of the elderly**

The definitions of elderly are various. They vary in each country depending on average working age, physical conditions, and social, economic and cultural conditions. The World Assembly on Aging held in Vienna in 1982 defined the elderly

as a person of 60 years old or more, both male and female. Thailand has also defined the elderly as the person of 60 years old or more as be in accordance with The World Assembly on Aging and with the retirement law (Sangkhachart, K., 1993: 1; Jenoprom, S., 1991: 3-4)

The elderly in each age group are different. The age interval of the elderly has also been classified differently. The researcher has classified the elderly's age interval based on the criteria of Hoffman, et.al. (Cited by Kaewkangwan, S., 1995 : 593-594). It is, thus, classified to be 4 intervals as follows:

1. The young old. That is 60-69 years old. The elderly in this age group face with many crisis changes in life such as retirement, loss of close relative or spouse, decreased income, and loss of social roles. Generally, the elderly in this age group is healthy and still has much capability but many persons sometimes depend on others. The adjustment in this age group is the engagement procedure in that the elderly still participate in activities both inside and outside their family.

2.The middle age old. That is 70-79 years old. There is more death among close friends and relatives. The participation in social activities has decreased. The adjustment of this age is the disengagement procedure in that the elderly will stop participating in other activities.

3. The old old. That is 80-89 years old. The elderly in this age need more help from others than the previous group. The adjustment to surroundings is more difficult. The elderly should be in the surrounding that encourages their capability. Their suitable surrounding shall be more private.

4. The very old old. That is 90-99 years old. The elderly in this age group face more health problems. They should have activities that satisfy them and that they want to do but the activity should not require competition. The elderly in this age group have passed well many of the crises of life. This period of life is peaceful and includes self-satisfaction.

This research selected 60-80 year old elderly as the sample of the elderly in Khaoborkaew home for the aged, Nakhonsawan province. Because the elderly of this

age from the young old to the middle age old are still healthy and could adjust themselves to surroundings, therefore they could participate in the group process activities.

## **1.2 Changes in the elderly**

The elderly have to face a variety of unavoidable changes include: physical change, social and cultural change, and Psychological change . The 3 obvious changes are as follows: (Jenoprom, S., 1991: 11-12)

### **1.2.1 Physical change**

The elderly have unavoidable physical changes. The changes are increasing consecutively and impact every part of their body. Such changes, not only brings health problems to the elderly, but also create a negative image for them. This would caused conflict, social isolation and finally loneliness (Goldman, 1987: 78; Lunt, 1991 : 31)

### **1.2.2 Social and cultural changes**

The present changes in society and culture affect the elderly as follows:  
(Jenoprom, S., 1991: 21-22)

1.2.2.1 The change in social status. The physical deterioration causes the Elderly to change their role as family leader to be only dependent on offspring. The loss of their power and role, makes them feel unimportant and creates problems of being a burden to others. The above mentioned losses also cause the elderly to have plenty of spare time and they, therefore, feel lonely.

1.2.2.2 Being abandoned. The social change from the original society to the new era society and the production system change from the agriculture to industrialization, has created the mobilization of labor force to urban areas and also the

abandonment of the elderly in hometowns. The trend of becoming nuclear families together with the economic crisis caused families to be unable to afford the elderly. It has caused an increase of the elderly left alone. These have lead to loneliness in the elderly.

1.2.2.3 The elderly have been less respected. The way of life in Thailand has changed from original Thai style to be a more western style. The value of seniority respect has become decreased. The value of gratefulness and paying back for previous kindness to the elderly by nurturing them has been more abandoned, while the attitudes, the values and the interests of the elderly have not changed. The exhibits of the elderly, thus, are like the original Thai style and they act against the changes. This has created the image toward the elderly that they are out of date, and they are not respected and finally are abandoned. All of these has caused the elderly conflict and loneliness.

These social and cultural changes lower the family and social status of the elderly. This tends to cause the elderly the problem of not having caregivers, or support persons and leads to homelessness. There is increasing trend of the abandoned elderly. Therefore, the need for homes for the aged has increased.

### **1.2.3 Psychological changes**

The mentality changes are related to the physical and social changes because the deterioration of organisms affect elderly' s psychological well being. It also obstructs inter-personnel communication and adjustment to surroundings. The psychological changes of the elderly are caused by the follows: (Jenoprom, S., 1991: 19-20; O-Tralenl, A., 1974:28-34)

1.2.3.1 The loss of meaningful persons such as friends or close relatives of the same age who have died or moved to an other place causes the elderly to feel isolated. Especially, the death of a spouse is a crucial factor for the elderly' s loneliness (Christ & Hohlock, 1988:32)

1.2.3.2 The loss of economic and social status caused by retirement from work. While the social relationship has been decreasing, they feel loss of role, income, self-worth, friends and relationship in society.

1.2.3.3 The lack of family relationship. Because the offspring of the elderly have own family and the trend is to become a more nuclear family, the relationship between the elderly and their offspring has become less. The role of the elderly as a consultant or advisor has become less. Then the elderly have to live alone and feel low self-esteem.

1.2.3.4 Sexual restriction. The change in chemicals in the body causes the elderly to have no capability for sexual activity even it is desired. In addition, the social attitude was that the elderly should not have sexual activity, because it is an inappropriate behavior. These obstruct the elderly's sexual needs, which much affect their mentality.

The losses make the elderly change their self-concept and self-esteem for the worse. Therefore, the elderly have unstable emotions, have more anxieties and irritations. Burn side (1977:56-59) stated that the elderly' s emotions were anxiety, depression, loneliness and paranoia.

**Conclusion:** The changes in the elderly' s physical, mental and social aspects are the phenomena that elderly have to face unavoidably and they cause conflicts in the elderly' s mind. The elderly, eventually therefore, have loneliness (Cruz, 1986: 24)

## **2 Loneliness in the Elderly**

Loneliness is an emotional and mental condition that is difficult to clearly explain. It is a severe problem in the elderly. It was found occurring in 12-40% of the elderly of 65 years old up. (Creecy, et.al. 1985:487) It often occurs together with aging in the elderly, especially in the elderly who have poor physical and mental conditions (Cruz, 1986,22). Loneliness have been defined by many peoples as follows:

Tantiplacheewa, K. & Tantiphacheewa, K. (1985:33) defined loneliness as the expression of the mentality and emotional abnormality related to the stress caused by the lack of meaningful relationships with others. (Sesenwein, 1964 cited by Mahon & Yacleski, 1990: 45) The dissatisfaction or the relationship that is not as required especially the relationship about intimacy which is a human basic need (Peplau & Perlman, 1979 cite by Laksanawongsri, C., 1993: 32) would occur when the relationship with others in society had been restricted in both quantity and quality (Ryan & Patterson, 1987:7-8). Loneliness is the representative of the defective relationships of both as actually happened or as felt (Weiss, 1973:9). It was also the obscured reaction that causes discouragement for with no clear reason. There would be isolation from others, a feeling of low self-esteem and the feeling that no one loves and cares for them. They would also be isolated from society or stop meaningful or important activities (Francis, 1981 cited by Rogers, 1989: 16)

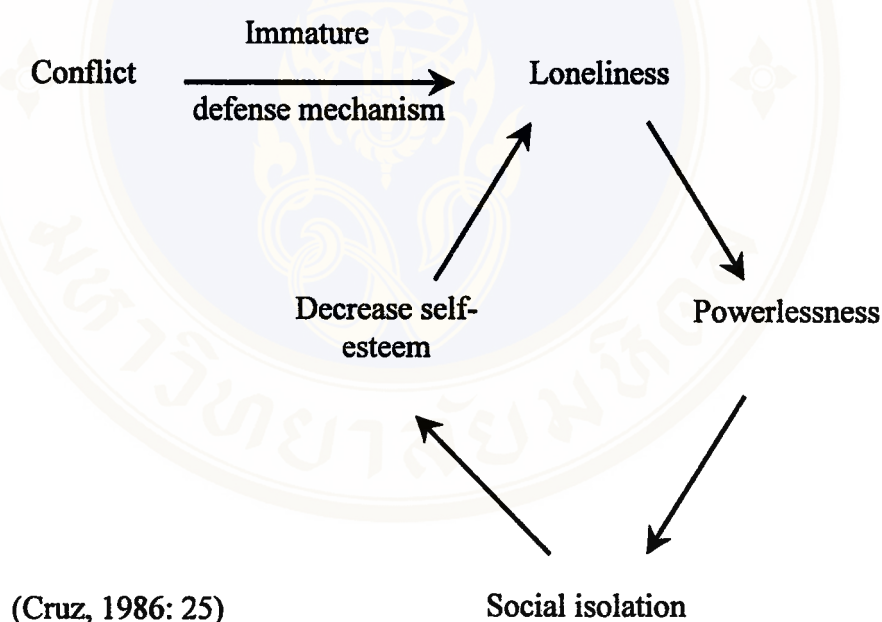
Fromm-Reichann (1959:1-2) stated that loneliness was an emotional or mental problem that was explicitly expressed as a system or feeling of being lonely, miserable, unhappy, unreasonably distressed, and having no energy for any activity or stop doing any activity. There is an isolation from other people and society, and the feeling of less personnel value. These are because of the unsuitable adjustment mechanism toward the conflicts in their mind about the lack of or the dissatisfaction with a meaningful relationship with others. It could be used to measure the individual's psychological condition as a scoring for the feeling of loss, distress, and isolation.

All of above may point to the conclusion that loneliness means an emotional and mental problem caused by the lack of or the dissatisfaction with a meaningful relationship with others or society or it can be caused by the feeling of not being part of society. These caused the feelings of unreasonable distress, low self esteem, no love or care from others, not being accepted by society, being alone, not having support persons, having a preference to be isolated from others or society and stopping meaningful activity.

Cruz (1986: 24-26) explained that loneliness in the elderly is caused by their mental conflicts in facing events. The lonely elderly felt that relationships were now

disrupted and were not within reach. When these happened, the individual was left feeling impotent and segregated him or herself from others. This isolation decreases self-esteem. This vicious cycle of loneliness, powerlessness, social isolation and decreased self-esteem may go on indefinitely unless interrupted. (Figure 1) Loneliness in the elderly tends to be more severe if no care has been performed. (Cruz, 1986: 24). Persons who had loneliness in a severe level tended to injure themselves and it may lead to committing suicide finally (Creecy, et.al. 1985: 487)

**Figure 1: The cycle of loneliness, powerlessness, social isolation and decreased self-esteem.**



Weiss (1973 cited by Lunt, 1991: 27) has divided loneliness into 2 categories :

1. Emotional loneliness. This would be expressed in the feelings of anxious, restlessness and emptiness caused by the lack of a close relationship because of the feeling of their physical unattractiveness.
2. Social loneliness. This would be expressed in the feeling of tiresome and

the marginality society caused by the lack of a meaningful relationship or lack of a sense of being member of society.

For the elderly in a home for the aged, relocation to an institution, whether voluntary or not, produces a conflict in the elderly. The move represents the conflict between the desire to remain in familiar surroundings and be independent, and the fact the institutionalized environment will be different and will probably require the curtailment of independence. The conflict leads to an unchosen state of loneliness. (Cruz, 1986: 24) When the elderly had loneliness, they would feel powerlessness. This caused them isolation from others and lack of social interaction and also relationship with another. Finally, they continue the cycle of loneliness that is social loneliness caused by the lack of relationships and the sense of belonging to a group in a home for the aged.

The major objectives in nursing the lonely elderly are providing encouragements for them to release loneliness through media or activities, creating relationships with others, finding their mental support who might be offspring or friends in order to relieve loneliness, and promoting their optimism and capacity for self-care. These should encourage the elderly to have optimism and the capability of self-care (Fromm-Reichman, 1959 cited by Sresphummirin, R., 1987: 44)

### **3. Regular Activities Provided and Problems of Residents in Khaoborkaew Home for the Aged (Medical Department, 1981: 120-122; Social Aid Department, n.d.: 1-6; Setalux, K., 1999: 30-57)**

Khaoborkaew home for the aged belongs to The Welfare Assistance Division, Department of Public Welfare. This home has been in operation since December 27, 1982. And it is located in NikomKhaoborkaew sub-district, Phayahakere district, Nakhonsawan province. The home provides only services to ordinary residents. There were 107 residents which comprised 34 males and 73 females. There were 5

residences divided into 1 residence for males, 2 residences for females, 1 residence for sick residents and 1 residence for psychiatric or neurotic residents. There were 7 caregivers all together and each caregiver looked after one residence, and 1 social worker, and 1 technical nurse.

**Objectives:**

The main objectives of the home are the following:

1. To provide assistance to the elderly who have nobody to depend, on as well as those who are unable to support themselves or who cannot lead a happily life with their families.
2. To help lessen the burden of poor families who are unable to look after the elderly properly.

Services in Khaoborkaew home for the aged are as follows:

1. Full support: it is provided in terms of shelter, food, clothing, medical aid and treatment. In the case of serious illness, treatment at hospital shall be arranged.
2. Medical services: are provision of a nurse, who would advise, give medical aid to patients and transport the patient to hospital if needed. There was also a medical unit from the provincial hospital to give health examinations every month.
3. Physiotherapy: will be provided within the home with complete modern equipment and the provision of physical exercise every morning for 20 minutes.
4. Social aid service: will be provided consultative individual and group advice will be given by the social worker, the visiting of the elderly' s family and a study tour 1-2 times per year.
5. Pastimes and recreation: facilities provided during the week include musical chair, Pa-Paeng game, close-eye-eat-banana game, singing, dancing. Pei-tong sport is also arranged occasionally.
6. Religious service: sermon service by Budahist monks are arranged along with other religious rites on special occasions. It includes provision of praying and meditation every morning and evening.
7. Other services: there are reading corner, interest group which was arranged

for the elderly to do their hobby according to their capability and interest, and knowledge training twice a year.

#### Daily activities for the elderly

Every day there are activities for the elderly as follows:

- 7.00 a.m. Physical exercise
- 8.00 a.m. National anthem and, praying mediation 20 minute
- 8.30 a.m. Breakfast and rest casually
- 11.00 a.m. Lunch
- 12.00 p.m. Rest casually (Recreation on Wednesday and reading corner on Friday)
- 15.30 p.m. praying, meditation for 20 minutes
- 16.00 p.m. Dinner
- 17.00-22.00 p.m. Take shower, watch TV, rest

The home for the aged is the place where provides services to the elderly who have troubles, or who have no benefactor, no accommodation, no caregiver or who could not live with their family. Leaving a family to live with strangers in a home for the aged causes much misery to the elderly. The elderly feel as if they were incompetent, abandoned and driven away, and they feel decreased self-esteem. The level of feeling depends on the original mental foundation. The study of Chaturongsang, N. (1997: 85-90) found that the elderly in a home for the aged had lower self-concept than outside elderly. The elderly do not like to be a retired person. The elderly would like to be as themselves, and like to be part of society. To live in a home for the aged makes the elderly lower their capability and lose some inside feeling (Jenny, 1972: 31-34). Living in a home for the aged where was an unfamiliar residence made them upset and they wanted to go back home. The elderly like their old place more than this new residence. If possible, the elderly would prefer to live with their own offspring. A separation from the family would be their last choice. (Nor-Suwaporn, W., 1975: 29). It is consistent with Saihoo, P., (1981: 93) who stated that the provision of a home for the aged is a relief measure but it seem unable to compensate for mental loss. Despite the fact that there are the 4 necessary elements of

life. It is incomparable to the love expressed by and cared by their offspring. The facing of losses such as loss a meaningful person, family relationship, or economic and social status results in unstable emotions, loneliness, depression, and hopelessness in the elderly. The study of Vogel (1982:213-216) found that the problems of the elderly in a home for the aged were anxiety, loneliness and depression. At this age, their old friends get sick and died so the elderly want new friendships, especially the elderly in homes for the aged who faced loss of relationships with their family and had less opportunities to communicate with society outside the center. Jerome (1991 cited by Hogstel, 1995: 37) indicated that friendship networks were particularly important to people who had no family support. The relationship with their new friend is uneasily created at this age. Also they must adapt to new friends who were from difference place in a home for the aged. The relationship problem was often found among the residences and leads conflict for the elderly. These caused the elderly loneliness. The study of Ratchanakul, A., (1995: 168-169) found that most of the elderly (75%) in Nakhonpathom home for the aged had a negative attitude towards their fellows. And there are 3 forms of relationship among them: dependence, individuality, and quarrel. The relationship with officers was that they were authoritarian.

The pilot study during November 26 to December 9, 1999 by the observations and interviewing of 30 elderly and officers in Khaoborkaew home for the aged about the home's services, daily life and problems of the elderly, found relationship problems among the elderly. Some of them were living in isolation. It was because they were dissatisfied with other's behavior. Conversation would be made only among close friends. The major of them had no close friend. Eighteen felt tiresome and too tired to participate in the activity held by the center. They preferred to spend spare time relaxing or resting alone. Setaluk, K. (1999: 30-57) had studied the problems and needs of 65 elderly in the Khaoborkaew home for the aged during January to March 1999. The study found mental problems were the cause of entering in the home for the aged (61.54%). During staying in the home, everyone faced problems about mentality and emotions, and about twenty percent of them did not want consultation. The majority of them (55.38%) had never been contacted by other outside persons or relatives because they did not want to depend on anyone and no one had visited them.

About fifteen percent of them had never participated in the activities that were provided in the home for the aged. Finally, About twenty three percent of them spent their spare time resting alone.

#### **4. Concepts and Theories Related to the Study**

##### **4.1 Activity theory**

The activity theory believes that activity is crucial and important to people of every age especially the elderly. The elderly needed much activity and social interactions to enjoy life more fully. This theory is the major concept in viewing the elderly. The activity theorist in the beginning period, namely Burgess, believed that the absence of roles in the elderly would not be beneficial to themselves or society. The one who had no role would not be supported by society. The consequent result was that they would not have participation in social activity (Barrow & Smith, 1970: 53). Some elderly voluntarily reduced their role while some still maintained their role for life. The decision depended on each individual's way of life (Havighurst, 1986: 29)

The successful elderly were the ones who maintained their life and behavior close to their activity during adult hood. One who maintained the same level of social activity would have high level of satisfaction. But one who had less activity would face difficult events in life every day. (Watson 1982 cited by Esberger & Hughes, 1982: 29)

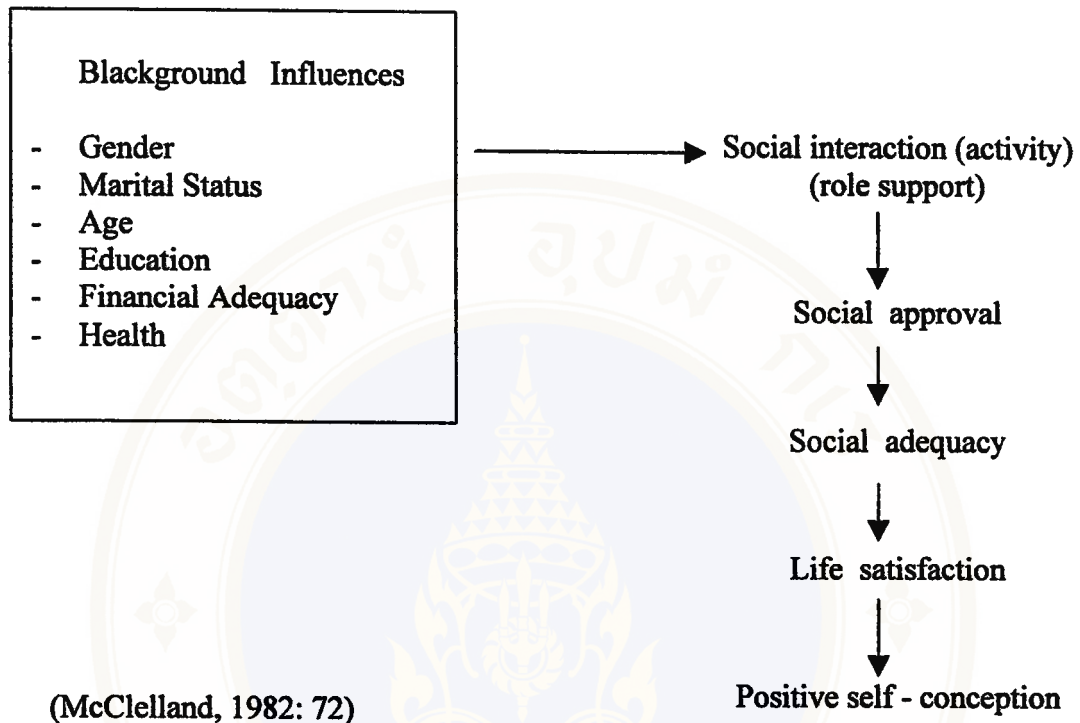
Barrow and Smith (1979: 53) mentioned that the elderly who could maintain their level of social activity would achieve high life satisfaction. They would have a good image. The elderly who could live happily had to be the one who could maintain social activity and was not isolated from activities.

Liang et al. (1980 cited by McClellan, 1982: 724) had researched and found that social activity was the only factor that affected elderly life's satisfaction and loneliness.

McClelland (1982:730-732) studied the activity theory and found that each individual's social activity could create social satisfaction and life satisfaction. And to have a positive attitude about oneself in self-concept, the only way was to have interaction by the Role Support type as shown in figure 2

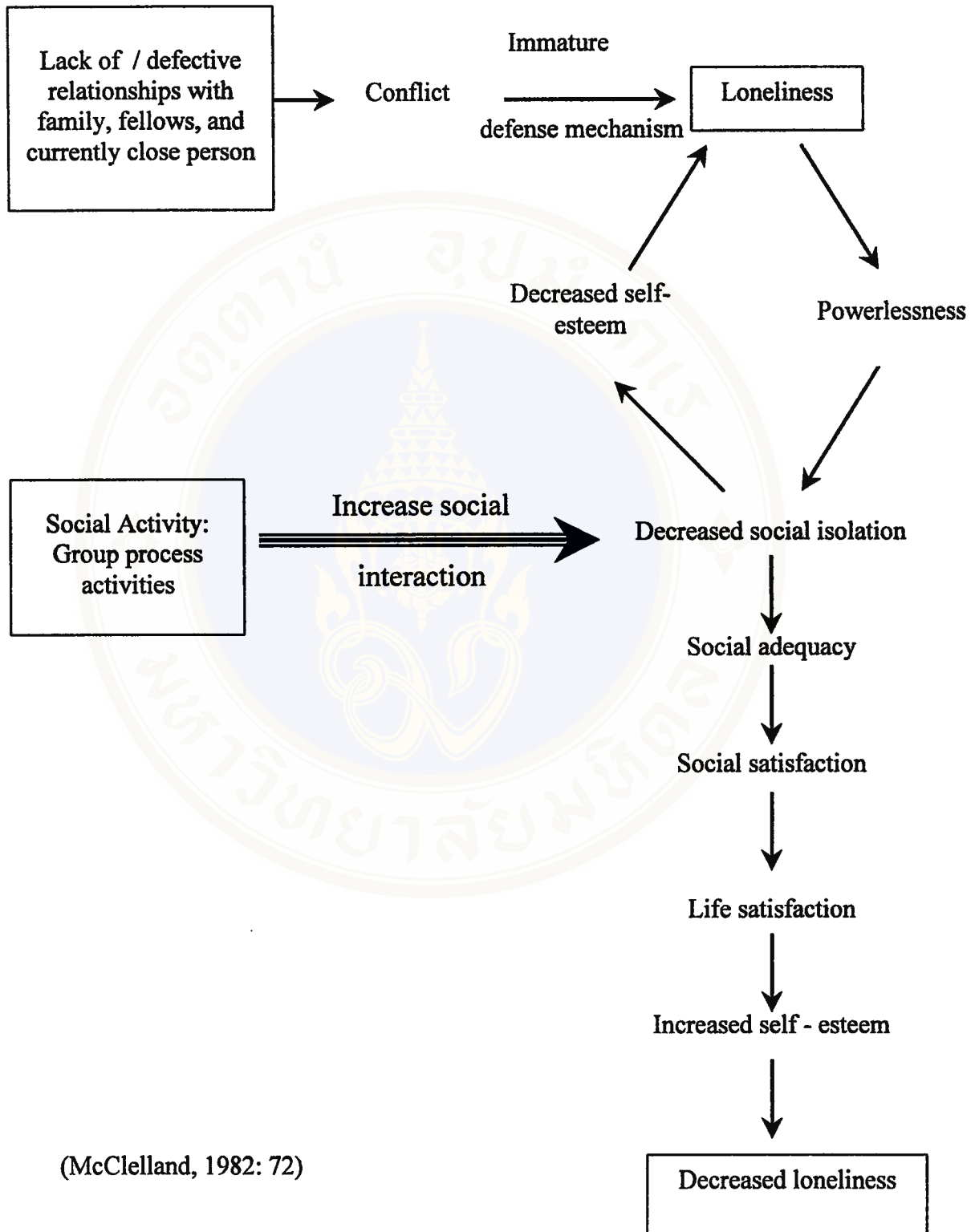
The participation in social activities of the elderly by being members of clubs, having conversations with friends would make them feel that they still had self-value. Sheldon (1948 cited by Ryan&Patterson, 1987: 8) studied and found that the elderly who had been restricted to be only within their houses for any reasons would have more loneliness. It depends also on the individual adjustment. Berg et al. (Berg, et.al. 1981: 342-349) found that less participation in social activity, the lack of meetings and conversations with other people and the difficulty in transportation and communications were the factors that influenced loneliness in the elderly. Thijssen (1983: 271-284) had researched 2,324 Netherlands elderly and found that the frequency of participation in social activity, the long distance from the city to home and the status of widows, sorted by high to low influence level, created loneliness in the elderly. According to the Thai elderly survey by the Social Research Institute, it was found that Thai elderly had little participation in social activity (The Sub-Committee of Research and Long Term Planning about the Elderly, n.d.: 8)

Friendship was the crucial support for the elderly, especially for those who lacked relationship and support from their family (Jerome, 1991 cited by Hogstel, 1995: 37) Social activity with friends would reduce sorrows caused by the loss of a spouse. When people get elderly, their close or old friends had passed away one by one, therefore, it was essential to create relationships with new friends (Mullins & Mushel, 1992 cited by Hogstel, 1995: 37)

**Figure2: McClelland Social Theory Model**

It could be concluded that the activity theory believes that the elderly would live happily when they had enough roles or enough social activity. Ones who maintained their social activity would feel a sense of worth, of being accepted by society and would high life satisfaction. The researcher, therefore, used the activity theory as a guideline concept in conducting this research to study the result of the group process activities on the reduction of loneliness in the elderly at home for the aged. This study had the concept that the proceeding of Group process activities would increase social interaction among the elderly. This would help elderly to have enough social activity to promote relationships among them, to get satisfaction in social relationships and life satisfaction and to have positive self-attitude. Therefore, it reduced loneliness in the elderly as shown in figure 3

**Figure3: Social theory on reduction of loneliness in the elderly at a home for the aged**



When the elderly lack or were not satisfied with their relationships with family, friends and close persons, they would feel low self-esteem, they were not accepted. And they felt distress, loneliness, lacking of someone to care for them so they isolated themselves from society and finally they suffered loneliness. An increased level of social activity in the elderly would make them have social interaction. Then they decrease social isolation, have relationships among them, feel satisfaction with society and life, promoted self-esteem and eventually decrease loneliness.

#### **4.2 Group process activities**

In the literature review, the words "Group process activities" had been mentioned in many ways such as group dynamic, and group therapy. The group process activities have been, defined as follows:

Group process activities means the activities that group members do to solve problems or to do things together for the purpose of self-learning. (Khemmanee, T., 1979: 10) They have contacts, make relationships, work and solve problems together under joyful and relaxing circumstances. (Tharaphot, T., 1980: 5) The group was the source that combined experiences of group members together with the feeling of satisfying relationships. These called social interaction. It created the unique and satisfying solution for problems. The group members would have chances to exchange knowledge and experiences. (Ketcham, W. & Chatsuphakul, K., 1979: 14) The use of many methods such as role playing, group discussion, observation and reflection of group process activities behavior and group discussion would widen the concepts, create skills in consulting training and the creation of interrelationships with people. (Cartwright & Lander, 1986 cited in Tharapot, T., 1980: 5) The group power was the driving force created from 2 or more persons who joined together with relationship, communication and the adjustment to the other. (Bonner, 1959: 10) This would make members have a development in attitudes, values and behaviors because it was the activity that lead to the actual performance, lead to analysis and made members understand more about themselves and others. It allowed members to accept their

defects or mistakes and be ready to make corrections. It also made members have experience in democratic living, to be responsible for their role, to know how to solve problems, to have a logical mind, to realize other's feelings and to know how to work with others (Mukto, C., 1982: 15).

**All of above defined:** Group process activities means activities that are done together among group member under joyful and relaxed circumstances. The activities would be ones that created interaction among members, gave chances to members to exchange knowledge, experiences and find the way to solve problems together. This could be applied for use in daily life appropriately. The benefits of group process activities would also help members to understand themselves, know how to live with others, create skills in making relationships with others and serve the needs of being members of society.

### **The benefits and value of group process activities**

Ketkham, W. & Chatsuphakul, K. (1979: 18-22) had summarized the benefits of group process activities as follows:

1. Benefits in their development
  - 1.1 Serve the basic needs of individuals as follows:
    - 1.1.1 Sense of belonging to a group
    - 1.1.2 Need for safety
    - 1.1.3 Need for acceptance
    - 1.1.4 The creation of emotional and social development
  - 1.2 Development in attitudes, capabilities and social norms.
2. Benefits in the analysis aspect. It helps ones discover and know about oneself.
3. Benefits in the medication aspect. One could know how to control oneself and how to create satisfaction in contact with others, and have the habit of self-development.

The study of Roger & Diamon (1970: 121-122) that cited the study's result of Gibb, found that the group process activities would yield more realization about self and other's feelings. Persons would accept themselves, develop personal worth, understand themselves, have more stability, have good attitude toward others, accept others more, decrease commanding, control and use of power against others and have a feeling of helping other. The group process activities would also serve the need to avoid the feeling of loneliness.

Therefore, group process activities are suitable to be applied with the elderly in a home for the aged. It increases the social activity, creates interaction among residents, promotes a sense of self-worth and other-worth, creates a sense of belonging to a group, promotes good relationships among residents and compensates for the lack of or defective relationships.

### **Group Size**

The group size should not be too small but also it should not exceed 15 persons, because the appropriate size would give everyone chances to freely participate so the relationship could be clearly seen. The learning would be more effective than in a bigger group. (Ottaway, 1966: 7; Choungchot, C., 1978: 5) If the number of members was too big, the group would be divided into sub-groups immediately. (Thurakham, W., 1982: 87) But Shaw (1971: 4) had the opinion that the number of members was not an important problem but other factors such as relationships among members and the cooperation among members were more important.

In this study, the number of members had been specified to suit each activity. For example, some games required 38 persons for one group in order to have each member had interacting with the others and to have a sense of belonging to the group. The group of 10-15 persons who lived in the same residence was required also. This would be for the suitability of the group discussion, role-playing and some games. The idea was to encourage members took part expressing their opinions, analyze and solve problem. The researcher had the same opinion as Shaw (1971: 4) as mentioned above

that number of group members was not so important but other factor such as relationships among members and the cooperation among members were more important.

### **Time and venue for the Group process activities**

The time suitable for the activity should be the time that every member or the majority of them was free. If there was more than one activity, the date and time should be exactly specified. There should be an agreement in writing or orally that the elderly agreed to be members of the group. The activity had to be started and ended on time (Thurakham, W., 1982: 147).

From one study, it was found that participation in the group process activities for about 12-48 hours would help members create appropriate defense mechanisms. Members had chances to investigate themselves, know more about themselves and understand more about themselves. Members had also personal developments and could realize their self-worth and that of others (Schutz, 1971 cited in Pipitphattanaprab, N., 1990: 85). One study found that the frequency for the group process activities should be 1-2 times per week and it depended also on the group objectives (Thurakham, W., 1980: 147)

The appropriate place should be private, peaceful, have no noisy or anything that distracted the elderly' s interest from the activity and it should not be crowded.

This study had group process activities for 6 weeks, 2 times per week and 1-2 hours per session in the morning. The total was 17 hours. The program was arranged in accordance with the elderly' s daily life schedule and the existing activities of the home for the aged. The venue for the activity was the praying place that was private, peaceful and suitable for the number of members.

### **Group process activities**

The group process activities in this study were the activities that were considered good for group members in decreasing loneliness. There were 3 types of activities which were games, group discussions and role-playing.

#### **1. Game**

A game is one of the recreation activities (Thaneerat, J., 1976: 70-75; Weiskopt, 1975: 231). The recreation activity was directly and beneficial in the promotion of physical and mental health (Thaneerat, J., 1976: 64-65). A recreation activity would help a person to relieve stress from physical and mental aspects and then he or she would be ready to live efficiently and have a perfect life in society.

A game was a recreation activity that helps the elderly to have interaction with each other, have social activity, realize self-worth and promote good relationships with others. These could decrease and prevent loneliness and help the elderly live a meaningful life. But the activity had to be appropriately considered.

One of the important things to be considered in arranging games for elderly was safety. The leader had to stress the accident prevention measures strictly. Below are the above mentioned measures.

1. The player should have a good physical condition, and not be sick.
2. The game's rule and how to play and the accident prevention plan should be explained in detail.
3. The provision of tools, equipment and a place should be considered with regard for safety.
4. While playing, there should be game advice and accident caution advice all the time.
5. While playing, the game should be closely monitored by the arrangers.

This study provided 8 games that were "The joined heart game", "The tree of life game", "The partner selection game", "The miracle square game", "The acting game", "The lovely doll game", "The communication game" and "The flower for you game". The objective of these games were to promote the elderly to have interaction among themselves, to understand themselves and others, to realize self-worth and other-worth, to have good attitude about living in the home for the aged, to have good relationship among the elderly. Then, it decreases loneliness in the elderly.

## **2. Group discussion**

Group discussion helps group members to have chances to exchange their knowledge, opinions and experiences, to release their stress, to find facts together, and to analyze things in detail carefully. These could also be applied in daily life (Chanthamolee, S., 1984: 100-101)

Group discussion procedures are as follows:

2.1 The leader proposed an appropriate problem. This should be of interest to members, and should be discovered by experiences, specialization or the knowledge of members.

2.2 Members analyzed and interpreted the problem.

2.3 Members gave opinions and contributed to the discussion. All their experience came out.

2.4 After getting all information, opinions and experiences, now there were several solutions possible and members had to find the most appropriate one.

2.5 Members then concluded or voted for the final most appropriate solution.

In this study, the problems discussed in the group discussions were the problems of the elderly often found in the home for the aged. The problem topics were "The life impression", "The kindness" and "The warm home". The objective were to make them realize their self-worth and other-worth, accept each other, jointly find a way to solve daily life problems and have good relationships among themselves.

### **3. Role-playing**

Role-playing was acting about the problems or the situations related to human relations. This was the best original method that people can use to build communication among themselves. This would make group members realize the facts and know other person's minds, expose themselves openly from their assigned role, know more about themselves, learn to analyze problems to find solutions and the prevent obstruction from seniority and primitive thinking (Ketkhum. W. & Chatsuppakul, K., 1979: 163-166).

The role-playing was the acting by persons who had been assigned with an assumed role. They had to act realistically in their role in accordance with situations or problems. For example, in the assigned situation and role, they had to think how would one behave, and what was their decision in doing so. The design of roles should include an assumed name and they should try to avoid acting that directly affected anyone in the group.

Procedures for role-playing were in 5 stages as follows:

**Stage 1: Preparation stage.** Preparation of roles, clear problem definition and its broader implications.

**Stage 2: Acting stage.** Selecting persons for the acting, warming up, scene preparation, preparation about observers. Then take action and some session would be skipped if it took too long.

**Stage 3: Stage of analysis and discussion.** The actors expressed their feelings and then the observers discussed the roles impartially by focusing on the situation and the problem. There should not be emotional factors involved.

**Stage 4: Stage of experience exchanges and conclusion.** Members exchange their opinions and jointly made conclusions to get the summarized thinking about the role-playing.

The role-playing in this study was about the relationship problems which occurred among the elderly in the home for the aged. They jointly analyzed and found the way to solve the problems and then applied the result for daily living.

## **Conclusion**

The group process activities were one of the methods that help the elderly feel that they still had social activity. The elderly were at the age when they had more spare time, therefore they needed social activity. The elderly who had high social activity and self-conception would have no loneliness (Longino, et.al., 1980 cited by McClellan, 1982: 731). Social activity was the factor that prevented or decreased loneliness in the elderly. (Liang, et.al, 1980 cited by McClellan, 1982: 724). The monthly participation activity of residents in the home for the aged had a highly positive association with their self-efficacy (Parent & Whall, 1984: 8-11). Therefore, group process activities comprising of games, group discussions and role-playing would increase interaction among the elderly in homes for the aged. It was the promotion of good relationships, compensation for the loss of or defective relationships, creation of satisfaction in social relationships, the decreasing social isolation of the elderly, assistance for the elderly to realize self-worth and then a decreasing loneliness of the elderly in homes for the aged.

## **5. Related Literature**

### **5.1 Related research on loneliness**

Loneliness has been studied as follows:

A studied with 479 basic psychology subject students of Stanford University found that the problem that caused loneliness in people was restrictions in doing social activity (Horowitz & French, 1979: 762-764). Loneliness was the factor that discriminates personality characteristics among people (Hojat, 1982: 37-41). Holmen and his colleagues (Holmen, et.al., 1992 : 43-51) studied 1,725 elderly of 75 years old or more who lived in Stockholm, Sweden. It was found that thirty five percent of them had loneliness. Loneliness was mostly found in females. The loneliness increased until a person reached 90 years old and then it was stable. The level of

loneliness increased in the people with a memory problem. A couple had a little loneliness. Half of the persons who had no close friend had loneliness. Those who thought that they had poor health had loneliness and a statistical association was found between these. The findings were in line with the study of Nanthachai, S. (1991 : 65-71) who found that loneliness had an association with sex, age and marital status of the elderly in Mengrai district, Chiangmai municipality, Chiangmai province. Berg and his colleagues (Berg, et.al., 1981: 342-349) who studied 1,007 elderly aged 70 years upward in Gotenburg, Sweden found that females had more loneliness than males with statistically significance (P-value < 0.001). And widows had a high level of loneliness. Loneliness had an association with isolation from society. Those who have no hobbies had more loneliness than those who had a hobby. This was in line with the study of Creecy et al. (1985: 487-493) who studied 2,797 elderly aged 65 years upward in USA and found that marital status, health condition acknowledgement, income, level of social activity and social satisfaction were the direct factors that could be used to predict loneliness. Especially the social fulfillment factor was the most crucial one. In the adjustment aspect, it was found that loneliness had a negative association with the adjustment. In addition, loneliness, income and marital status could together be used to predict the adjustment of the elderly in Angthong province at a statistically significant level (P-value < 0.001). (Sriram, P., 1996: 58)

Loneliness had negative association with health condition and was used as a predictor for elderly health at a statistically significant level (P-value < 0.001). (Nanthachai, S., 1991: 65-71). Participation in society, social support and loneliness had indirect impacts on death rates and had a relationship with chronic disease and health condition assessment of the elderly in Japan (Sugisawa, et.al.1994: s3-s13)

Regarding the loneliness of the elderly in a home for the aged, it was found that the elderly who stayed in Wasanawes home for the aged, Pranakorn Sri Ayuthaya province had a moderate level of loneliness. And their loneliness had a negative association with their satisfaction with the home's services (Khantisit, T., 1996: 44-45).



From the previously mentioned studies, it could be concluded that females and widowed elderly would have a high level of loneliness. The restriction in participating in social activity, the lack of contact or meeting with others, and isolation from society had a positive association with loneliness. Loneliness had a negative association with health status, personal adjustment, participation in a hobby, participation in social activity, social support and satisfaction level with society. The social fulfillment was a direct and crucial factor in the prediction of loneliness. Therefore, following the activity theory, the group process activities should promote the elderly to have social participation, promote good relationships among the elderly, compensate for lost or defective relationships, create satisfaction in social relationships, decrease social isolation, and then decrease the loneliness of the elderly in home for the aged.

## 5.2 Research related to Group process activities

From the review of literatures, there were studies related to group process activities as follows:

Jinwattana, J., (1998: 63-64) found that the score of health perception and the score of health promoting behavior of menopause women in the study group who participated group process activities and the control group had statistically significant difference (P-value <0.001). This was consistent with Thamcharoen, P. (1993: 74) who study head and neck cancer patients receiving radiotherapy at Radiation department, Siriraj Medical Department, Mahidol University. And found that patients who had been educated by group process activities had better adjustment scores than the the patients who had normally educated at a statistically significant level (P-value <0.001). But it was not consistent with Rasmeeleong-on, J. (1992: 89-91) who studied the head and neck cancer patients receiving radiotherapy at Radiation department of Wachira Hospital during August 1991 to July 1992. It was found that the group of 20 persons who participated in group process activities with self-aid training in addition to normal nursing training had mean score of realization in their self-esteem and self

care which was not statistically significant difference with the control group. This might be because the side effects of the radiation had obstructed the development of their self-esteem and their capability in self-care. This was also because the study group declined to complete the activity program. In addition, it might be because the sample size was so small and the data-collecting tools had no reliability.

The study of 380 elderly who reside in Bangkok found that their self-vision had a positive association with their activity participation (Karnjanapanang, C., 1987: 52). Jitramontree, N. (1996: 93-95) studied the services in Bangkhae home for the aged, in the ordinary residents of females aged 64-79 years. Using a simple sampling method, there were 36 persons and they were divided into 3 groups; 2 study groups and 1 control group. The first study group had only viewed slides. The second study group had viewed slides, played games and been positively reinforced. The study's results were that the score of self-pride after the experiment and at 4 weeks after the experiment of all 3 groups were higher than before the experiment. From the analysis, it was found that all 3 groups were not different. The depression score after the experiment and at 4 weeks after the experiment of all 3 groups were lower than before the experiment. The depression score after the experiment of both studies groups were statistically significant different to the control group ( $P$ -value  $< 0.05$ ). This was consistent with the study of Parent & Whall (1984: 8-11) who found that the participation monthly activity of home for the aged had a highly positive association with self-efficacy and had a negative association with depression of the elderly. The group process activities could decrease distress in the elderly at Wasanawes home for the aged with statistical significance ( $P$ -value = 0.03). (Tunsiri, S., 1992: 88-91). It was found also that the group process activities and physical exercise could decrease loneliness in the elderly who resided in Talaethap, Prathew didtrict, Chumporn province who faced losses from flood and storm disaster from Typhoon Guy with statistical significance ( $P$ -value $<0.001$ ). (Buangam, C., 1996: 139)

According to the review of literature, it could be concluded that group process activities had a positive association with self-concept and self-esteem, had a negative

association with depression. It also influenced changes of knowledge, attitude and behavior that created appropriate personal adjustment for the elderly. These influenced the promotion of self-concept, self-esteem realization, capability in self-care, adjustment and health promoting behavior. In addition, the group process activities could decrease depression and loneliness in the elderly.

### **Summary of the Literature Review**

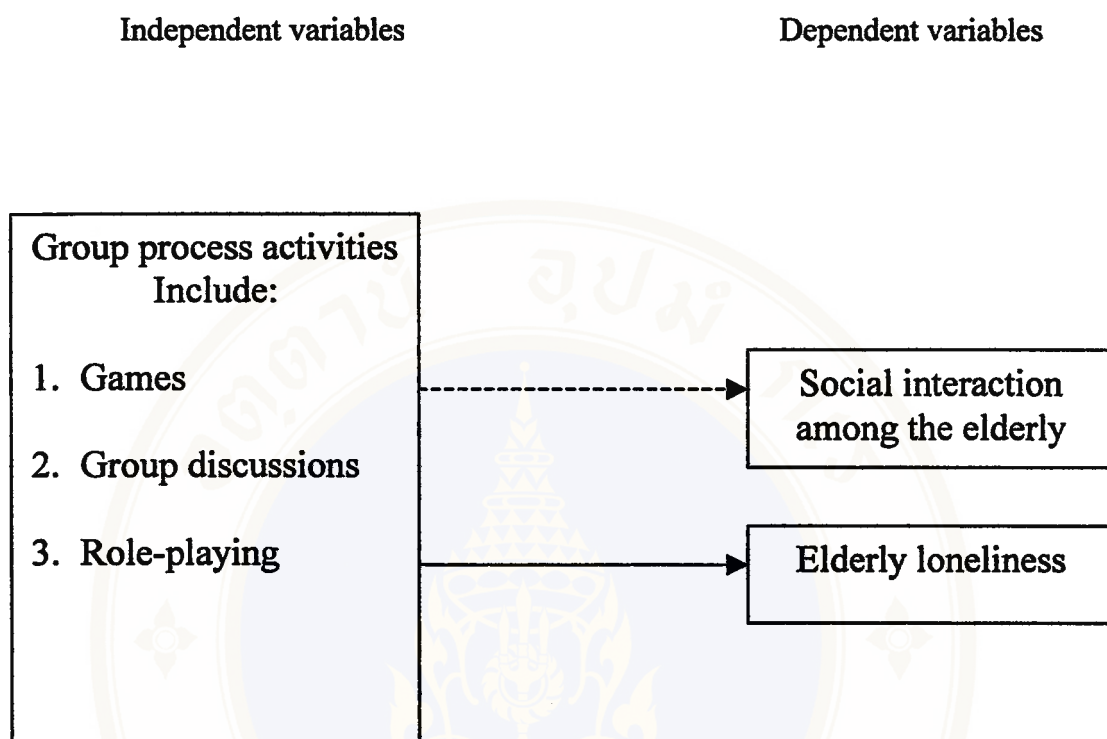
According to the above mentioned studies, it was found that the elderly had more risk of loneliness than others, especially, the elderly in homes for the aged who had been separated from their family. They felt low self-esteem and lack of relationship with families, relatives and friends. They had to face the new and unfamiliar society, and new friends. These made them have more problems about personal adaptation. Therefore, relationship problems were often found among the elderly in homes for the aged. So they had dissatisfaction with social relationships and isolated themselves. These consequences were crucial factors that cause loneliness in the elderly. When the elderly had loneliness, they felt impotent and segregated themselves from others or society, and felt low self-esteem. This was the indefinitely loneliness cycle.

From the activity theory of McClelland and related research, it was shown that if the elderly have enough social activity they would be satisfied with society, be satisfied with their life and have positive self-esteem. Therefore, increasing social activity by proceeding with group process activities comprised of games, group discussions and role-playing would decrease elderly loneliness. The activities had the main objective of increasing interaction and of promoting good relationships among the elderly, compensating for lack of or defective relationships, decreasing and preventing the social isolation of the elderly, creating satisfaction with relationship and satisfaction with society, promoting self-esteem, and finally breaking the loneliness cycle.

From the literature review, there no study of the results of group process activities on the reduction of loneliness in the elderly at homes for the aged. Therefore, The researcher is interested in the study of the above mentioned method in Khaoborkaew home for the aged, Nakhonsawan province to produce a guideline for conducting mental health promoting group process activities for the elderly in homes for the aged.



**Figure 4: Conceptual framework of the study**



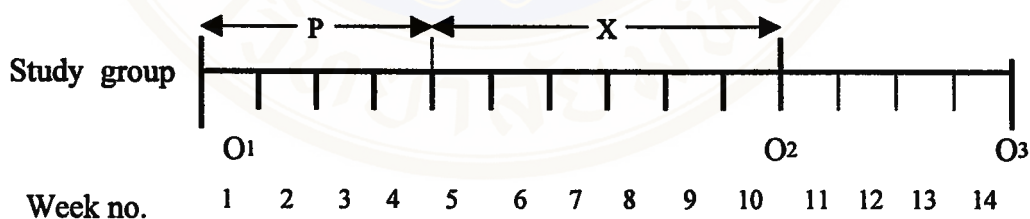
## CHAPTER III

### MATERIALS AND METHODS

This research studied the result of group process activities on the reduction of loneliness in the elderly at Khaoborkaew home for the aged, Nakhonsawan province. The research process was as follows:

#### Research design

This study was a quasi-experimental research, with a one group Pretest-Posttest Design. The schedule of intervention was as follows:



- O<sup>1</sup> The measurement of loneliness in the elderly before intervention
- O<sup>2</sup> The measurement of loneliness in the elderly after intervention
- O<sup>3</sup> The measurement of loneliness in the elderly at one month after intervention
- P The preparation for group process activities that were research assistant selection, research assistant training, preparation of place, material and devices
- X The group process activities comprised of 8 games, 3 group discussions and 1 role-playing. The activities took place 12 times in a period of 6 weeks, that is twice a week, and each time took 1-2 hours.

## **Population and Sample**

### **Population**

The population of this study was the elderly who were living in Khaoborkaewhome for the aged, Nakhonsawan province. The population were 107 males and females.

### **Sample selection**

The samples were selected by setting criteria as follows:

1. Age of 60-80 years old, both male and female.
2. They had good hearing and spoke Thai.
3. They did not have mental disorders or neurotic disorders or have Alzheimer's disease. They could correctly realize time, place, person, and could corresponded to and communicate understandable phraseology in the interviews and during the participation in the group process activities.
4. They were not severely sick and their physical conditions were fit enough to enable them to participate in the group process activities.
5. They were pleased and willing to participate through out this study.

## **Research Instruments**

The instruments of this study were comprised of the data collection instruments and intervention instruments as follows:

### **1. The data collection instruments included:**

1.1 Demographic characteristic data questionnaire which was used to obtain some basic personal information including sex, age, marital status, education, hometown, domicile status, personal disease, income, source of income, reasons for

entering the home for the aged, length of time living in home for the aged, relative visiting, close friend, and the participation in the home for the aged activities

1.2 The loneliness scale which was adapted from the University of California, Los Angeles Loneliness Scale of Russel, et al.(1980: 472-480). The coefficient of the UCLA Loneliness Scale's confidence level was 0.94. The researcher had modified the question details to suit the samples. The questions comprised of 10 positive items and 10 negative items. They were about the feelings of the elderly toward their friends at present and about their relationship with their friends. The answers were on a 4 level rating scale as follows:

Often feel like that means you often or always feel like the question said.

Sometimes feel like that means you sometimes feel like the question said.

Rarely feel like that means you rarely feel like the question said.

Never feel like that means you never feel like the question said.

The scoring was as follows:

Level of feeling	Positive questions	Negative questions
	(Items 2,3,4,7,8,11,12,13,14,18)	(Item 1,5,6,9,10,15,16,17,19,20)
	Score	Score
Often feel like that	4	1
Sometimes feel like that	3	2
Rarely feel like that	2	3
Never feel like that	1	4

Therefore, there is a range of scores from 20 to 80 in loneliness scale as adapted by the researcher

The classification of the loneliness level

The loneliness level was classified into 4 levels according to the score range.

High loneliness means score of 65-80

Rather high loneliness means score of 50-64

Rather low loneliness means score of 35-49

Low loneliness means score of 20-34

### **The quality of data collection instruments**

The quality of data collection instruments was in 2 steps as follows:

#### **Step 1 Content validity**

This was done by the five qualified persons who checked the data collection instruments for the relevance of content, the objectives and content coverage including the suitability of wording used. The qualified persons comprised of: a psychiatrist, psychologist, social worker, associate professor who specialized in the elderly, and associate professor who specialized in tests and measurement.

After the questionnaires were verified by the qualified the experts, they were modified and corrected in accordance with the recommendations. Then the questionnaires were submitted to the research consultant professor.

#### **Step 2 Reliability**

This was done by assessing the modified and corrected instruments, which had been approved by the research consultant professor, on the elderly in Nakornprathom home for the aged, Nakornprathom Province. There were 44 elderly who had the required characteristics. They were been tested during February 7-9,2000. The assessing was in order to discover any wording mistakes and to test the techniques of questioning used to communicate with the elderly. The testing was also used for an assessment of the time needed for interviewing. Estimated the reliability of the loneliness scale by used the method of Cronbach's Alpha Coefficient. The reliability value was 0.86. After the test, the instruments were modified and corrected again.

## **2. The intervention instruments**

The instruments used for the intervention comprised of 2 parts as follows:

- 2.1 A manual for the proceeding group process activities
- 2.2 Group process activities programs

The above parts were created by the researcher using the following procedure:

1. The relevant literature was studied and a pilot study of the elderly at Khaoborkaew home for the aged was undertaken during November 26 to December 9, 1999. The pilot study was the observation and interviewing of the elderly and the officers about services in the home, the roles of officers, the life of the elderly in the home from the aspect of daily activities and participation in activities, meetings and conversation with their offspring and relatives, the social network of the elderly, the relationship among the elderly, and the living problem. This study was used to analyze problems that cause loneliness in the elderly and was to be used in the planning of group process activities and their suitability for the sample.

2. The main concept of group process activities were defined.
3. The objective and group process activities were defined.
4. The group process activities programs and its manual were created for submission to the research consultant professor and qualified persons for checking, then the program and manual was modified and corrected before proceeding with the intervention.

### **2.1 Manual for proceeding group process activities**

The manual for proceeding group process activities comprised content that was related to the activities employed in the group process activities (Appendix C). The activities were as follows:

1. Games consisted of the 8 games named "The joined heart game",

"The tree of life game", "The partner selection game", "The miracle square game", "The acting game", "The lovely doll game", "The communication game", and "The flower for you game"

2. Group discussion comprised of 3 issues that were "The life impression", "The kindness", and "The warm home"

3. Role-playing acted out the relationship problems among residents in the home.

## **2.2 Group process activities programs**

This comprised of the 12 group process activities during 6 weeks which took place 2 times of 1-2 hours each per week. The activities were held between March 20 to April 27, 2000 at 9 a.m. to 11 a.m.

### **The assessment instruments for the group process activities**

The instruments was for interviewing purposes. It comprised of questions about the opinions of the group members in the respect of satisfaction, the benefit of the participation in the activities and recommendations for improving the activities.

### **The quality of the intervention instruments**

The researcher presented the program and manual for holding the group process activities to the research consultant professor and 5 qualified persons who comprised of a psychiatrist, psychologist, social worker, associate professor who specialized in the elderly, and associate professor who specialized in tests and measurement. They checked for the correctness of the program and manual, and its suitability for use with elderly. Then the paper was modified and corrected by the researcher. The updated paper was submitted to the Director-General of the Department of Public Welfare and the Governor of Khaoborkaew home for the aged for consideration and approval for using it with the sample of elderly.

## **Research Process stage**

### **Preparation stage**

1. A letter from the Faculty of Graduate Studies, Mahidol University was requested for submission to the Director-General of the Department of Public Welfare and the Governor of Khaoborkaew home for the aged. The letter presented the objectives and research process and also requested aid and co-operation in the research operation.

2. The governor of the home was met for a personal introduction, to present the objective and the research process, and to ask for co-operation.

3. Relevant officers who were the social aid officer, nurse and officer were met and asked for co-operation.

4. A relationship was created with the population group, and the research objectives were presented and they were asked for co-operation.

### **Data collection and intervention conducting stage**

**Week 1:** The researcher collected data before the intervention with the data collection instruments by interviewing the sample about individual characteristics and in order to measure their loneliness.

**Week 2-4 :** The researcher prepared for group process activities such as: place, materials, and research assistants.

#### **Preparing research assistants**

The research assistant was the leader, and co-leaders who were trained by the researcher. There were 1 general nurse, 1 social worker, 4 caregivers who were officers in Khaoborkaew home for the aged, and 1 elderly in the home whose character was leader oriented, with good human relationships and was accepted by the elderly in the home. The topics of training consisted of knowledge of group process

activities, games, group discussions, role-playing, group process activities program, group process activities of the research, and the roles of leaders and co-leaders.

**Week 5-10 :** To researcher and research assistants proceeded with the group process activities 12 times during 6 weeks, twice a week during March 20 to April 27, 2000 at 9.00-11.00 A.M according to the pre-set program at prayer-building. The elderly were a big group of 38 people and sometimes it was divided into sub-groups of 10-15 people according to residence for the appropriates of the activity. The researcher and research assistants had a group meeting after each group process activities to assess the progress. The group process activities consisted of the following:

### **1. Games**

A game is a recreational activity which proceeded into group process activities. It comprised of 8 games as follows:

1. "The joined heart game": To create relationships, get familiar, and create a good attitude for the elderly in the participation of the group process activities.
2. "The tree of life game": To increase the elderly's perception of the change of their age, let the elderly know the principle of conducting themselves to have good physical and mental health, let elderly realize one personal worth and have a good attitude about living in the home for the aged.
3. "The partner selection game": To encourage the elderly to open themselves to others, realize other-worth, accept differences between individuals especially in the individual needs, learn about sacrifice and realize the group characteristics.
4. "The miracle square game": To encourage the elderly to realize the importance of group co-operation, to be sensitive to other's feeling and needs, and to learn the sacrifice.
5. "The acting game": To encourage the elderly to show their capability and to develop their inherent capability, increase self esteem, to get acceptance, to feel a part of a group and to create group power.
6. "The lovely doll game": To encourage the elderly to realize the importance of group co-operation, to respect and listen to other's opinions, to know how to correct their defects and encourage a sense of belonging to the group.

7. "The communication game": To encourage the elderly to realize the importance of and problems in communications both by verbal and non-verbal, to learn to summarize the content, learn to interpret the meaning and learn to consider whether the received message were correct or true. These could avoid the conflicts caused by mis-communication.

8. "The flower for you game": To encourage love, understanding and realization of self worth and other's worth among residents in the home for the aged.

## **2. Group discussions**

This was a conversation to exchange the knowledge, opinions, experiences and joint consideration of and solving of problems. The issues are as follows:

1. "The life impression": To encourage the elderly to be proud of their past experience and realize their self worth and other-worth.
2. "The kindness": To create motivation in generosity and sacrifice of elderly.
3. "The warm home": To get the elderly to learn and find the way to solve the problems or conflicts arising from living together and jointly define rules and regulations for living together in the home for the aged.

## **3. Role-playing**

This was the acting by the group members about the relationship problems in the home. This would get the elderly to analyze and jointly find the way to solve the problems about relationships among residents.

The general objectives of the group process activities were:

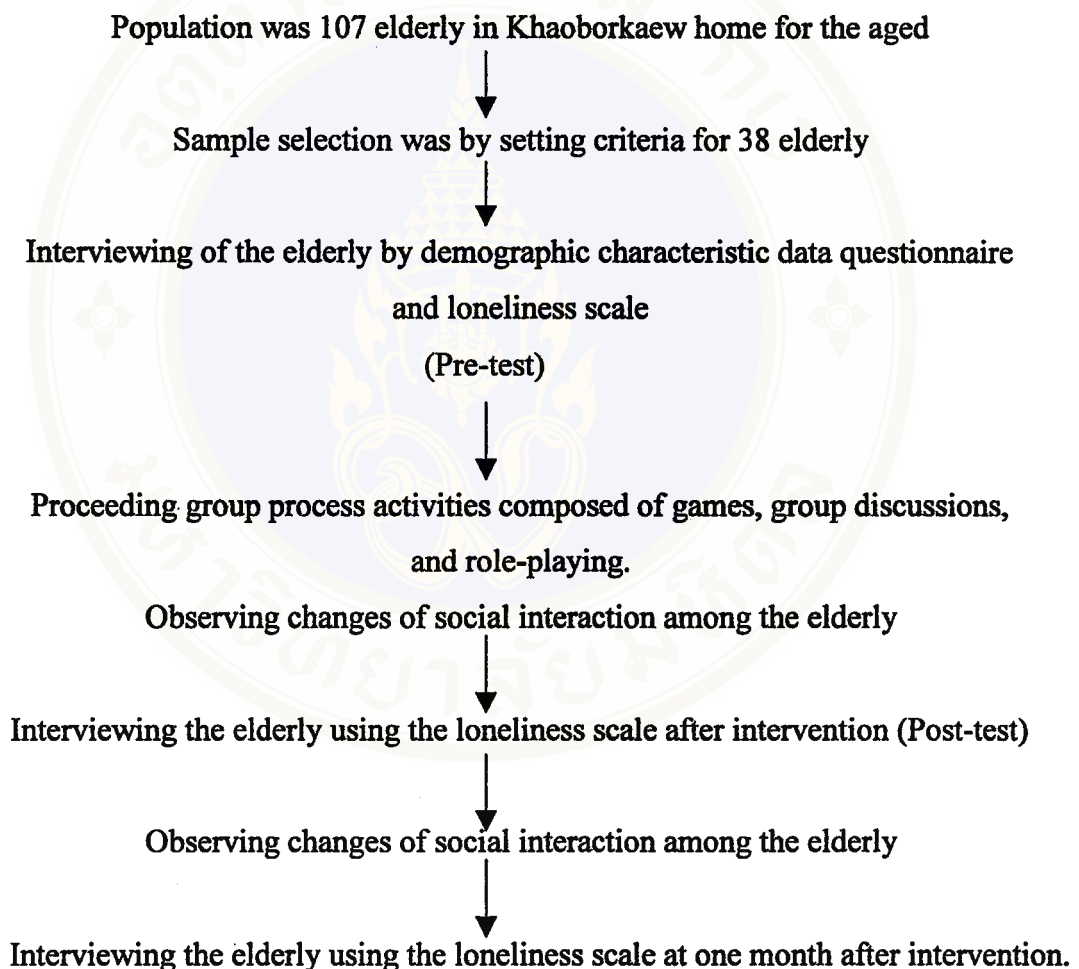
1. To increase interactions and promotes the relationships among residents in the home for the aged.
2. To create fun and relaxation from stresses.

**Week 10:** At the end of proceeding the group process activities, researcher conducted a posttest by interviewing each elderly using loneliness scale. The researcher evaluated the group process activities by group discussion and assessed it by the assessment instruments for group process activities.

**Week 11-13:**The researcher observed the changes of social interaction among the elderly.

**Week 14:** The researcher followed up by collecting data at one month after the intervention using the loneliness scale.

**Figure 5: Summary of the intervention process and data collection**



## **Data Analysis**

The data were analyzed by using the Statistical Package for the Social Sciences for Windows (SPSS/FW) as follows:

1. Descriptive statistics of frequency, percentage, mean, and standard deviation were derived in order to describe the demographic characteristic data and loneliness score of the elderly.
2. Paired t-test was used for comparative analysis before the intervention and after the intervention.

## CHAPTER IV

### RESULTS

This quasi-experimental research of one group pretest-posttest design studied the results of group process activities on the reduction of loneliness in the elderly at Khaoborkaew home for the aged, Nakhonsawan province. The data collection instruments comprised of demographic characteristic data questionnaire and a loneliness scale which was adapted from the UCLA Loneliness Scale. (Russel, et al., 1980: 472-480) The data was analyzed and presented as frequency, percentage, mean, standard deviation, and paired t-test. The results of the data analysis are presented in three parts as follows:

#### **Part I Demographic characteristics and loneliness level of the elderly**

##### **1.1 Demographic characteristics of the elderly**

##### **1.2 Loneliness level**

#### **Part II The comparison of loneliness score**

**2.1 The difference in loneliness mean score of the elderly before intervention and after intervention.**

**2.2 The difference in loneliness mean score of the elderly before intervention and one month after intervention.**

**2.3 The difference in loneliness mean score of the elderly after intervention and one month after intervention.**

**Part III The result of group process activities on the changes in social interaction among the elderly.**

## Part I Demographic Characteristics and Loneliness Level of the Elderly

### 1.1 Demographic characteristics of the elderly

The sample were 38 elderly who live in Khaoborkaew home for the aged, Nakhonsawan province, and were 60-80 years old. They must have good physical and mental status, and had no obstacle to joining in group process activities. Selection of sample was by defined criteria.

Data analysis showed that the majority of elderly (71.1%) were female of 70–80 years old with an average age of 72.61. Before entering the home for the aged they were mostly (57.8%) of widowed status. The largest group of them (47.4%) had no education. The second group (44.7%) had Prathom level. Regarding their hometown, the majority of them (65.8%) lived in other provinces than Nakhonsawan province as shown in table 1.

**Table 1** The number and percentage of the elderly classified by demographic characteristics

Demographic characteristics	Number	Percentage
<b>1. Sex</b>		
Male	11	28.9
Female	27	71.1
Total	38	100.0
<b>2. Age group (Years)</b>		
65 – 69	12	31.6
70 – 80	26	68.4
Total	38	100.0
(Mean 72.61, S.D. 4.65)		

**Table 1 (Cont.)**

Demographic characteristics	Number	Percentage
<b>3. Marital status</b>		
Single	5	13.2
Married	1	2.6
Widowed	22	57.8
Divorced	5	13.2
Separated	5	13.2
Total	38	100.0
<b>4. Education</b>		
No education	18	47.4
Prathom	17	44.7
Mathayom	3	7.9
Total	38	100.0
<b>5. Hometown</b>		
Nakhonsawan	13	34.2
Other provinces	25	65.8
Total	38	100.0

Before entering the home for the aged, the number of elderly who lived alone was equal to the elderly who lived with a family (42.1%). The others (15.8%) lived with their employer. Regarding the reason for entering the home for the aged, the majority of them (65.8%) had no care-giver. Second (26.3%) they had an unhappy family as shown in table 2.

**Table 2** The number and percentage of the elderly classified by domicile status and reason for entering the home for the aged.

Domicile status and reason for entering the home	Number	Percentage
<b>1. Domicile status</b>		
Alone	16	42.1
With family	16	42.1
With employer	6	15.8
Total	38	100.0
<b>2. Reason for entering the home (More than 1 reason could be given)</b>		
Unsupported	25	65.8
Unhappy family	10	26.3
Homeless	7	18.4
Illness	5	13.2
Not wanting to be a burden	3	7.9
Poverty	1	2.6

Regarding disease of the elderly, the interviews present illness by researcher showed that many of them (47.4%) had 1 disease (Table 3). The disease that the largest number of them (30.5%) suffered was osteoarthopathy. Second (16.6%) was respiratory disease, closely followed by circulatory disease (13.9%) (Table 4).

**Table 3** The number and percentage of the elderly classified by the number of diseases

Number of diseases	Number	Percentage
No disease	12	31.6
1	18	47.4
2	7	18.4
4	1	2.6
Total	38	100.0

**Table 4** The number and percentage of the elderly classified by diseases and syndromes (More than one could be chosen)

Disease and syndrome	Number	Percentage
Osteoarthopathy	11	30.5
Respiratory disease	6	16.6
Circulatory disease	5	13.9
Beriberi	3	8.3
Diabetes mellitus	2	5.6
Gastric ulcer	2	5.6
Convulsant	2	5.6
Cataract	2	5.6
Vertigo	2	5.6
Skin disease	1	2.7

Most of the elderly (68.4%) had no income. Furthermore, the majority of them (41.7%) who had income had only 100 baht/month with an average income of 189.17 baht. Their source of income, mostly (91.7%) came from an occupation inside the home for the aged, only one of them got income from a benefactor as shown in table 5.

**Table 5** The number and percentage of the elderly classified by income and source of income.

Income and source of income	Number	Percentage
<b>1. Income</b>		
No income	26	68.4
Income(baht/month)	12	31.6
20	1	8.3
100	5	41.7
150	1	8.3
200	2	16.7
300	2	16.7
600	1	8.3
(Mean 189.17, S.D. 154.77)		
Total	38	100.0
<b>2. Source of income</b>		
Occupation	11	91.7
Benefactor	1	8.3
Total	12	100.0

The largest group of the elderly (28.9%) had lived in the home for less than one year. The average time was 2.7 years. Regarding relatives visiting during last year, most of them (52.6%) had no relative visiting. About sixty one percent of those who had relative visiting, had 1-3 visits. Regarding their close friends currently, fifty percent of them had no close friend as shown in table 6.

**Table 6** The number and percentage of the elderly classified by length of time living in the home for the aged and their social relationships.

Length of time living in home for the aged and social relationships	Number	Percentage
<b>1. Length of time living in home for the aged (years)</b>		
< 1	13	34.3
1 - 2	11	28.9
3 - 4	7	18.4
5 - 9	7	18.4
<b>Total</b>	<b>38</b>	<b>100.0</b>
(Mean 2.74, S.D. 2.50, Range 2 months to 8 years 3 months)		
<b>2. Social relationship</b>		
<b>2.1 The number of relative visits during the last year</b>		
None	20	52.6
Visited (Frequency)	18	47.4
1 - 3	11	61.1
4 - 6	4	22.2
7 - 12	3	16.7
<b>Total</b>	<b>38</b>	<b>100.0</b>
<b>2.2 Closed friend</b>		
None	19	50.0
1	8	21.1
2	10	26.3
5	1	2.6
<b>Total</b>	<b>38</b>	<b>100.0</b>

Regarding participation in activities of the home for the aged, almost all of the elderly had every time participated in physical exercise, praying, and recreation (97.4%, 94.8%, 89.5%, respectively). For participation in handicrafts and gardening, the majority of them (81.5%, 84.2%, respectively) had not participated (Table 7).

**Table 7** The number and percentage of the elderly classified by activity.

Activity	Number	Percentage
<b>Physical exercise</b>		
Every time	37	97.4
Sometimes	0	0.0
Never	1	2.6
Total	38	100.0
<b>Praying</b>		
Every time	36	94.8
Sometimes	1	2.6
Never	1	2.6
Total	38	100.0
<b>Recreation</b>		
Every time	34	89.5
Sometimes	3	7.9
Never	1	2.6
Total	38	100.0
<b>Handicrafts</b>		
Every time	6	15.9
Sometimes	1	2.6
Never	31	81.5
Total	38	100.0
<b>Gardening</b>		
Every time	6	15.8
Sometimes	0	0.0
Never	32	84.2
Total	38	100.0

### 1.2 Loneliness level

The loneliness in the elderly was assessed by a loneliness scale which the researcher adjusted from UCLA Loneliness Scale. It was composed of 20 negative and positive items. Each item was assessed by a 4 level Likert's scale, with 4 scores. The total score of loneliness was from 20-80, and was classified as high, rather high, rather low, and low level as follow:

High level	means	score range of 65-80
Rather high level	means	score range of 50-64
Rather low level	means	score range of 35-49
Low level	means	score range of 20-34

Data concerning loneliness showed that, before intervention, many of them (42.1%) had a high level of loneliness, second (34.2%) was at a rather high level of loneliness. After intervention, the majority of them (52.6%) were at a rather low level of loneliness, second (39.5%) was at a low level of loneliness. One month after intervention, the most of them (55.3%) were at a rather low level of loneliness, second (36.8%) was at a low level of loneliness as shown in table 8.

**Table 8** The number and percentage of the elderly classified by loneliness level.

Loneliness level	Before intervention		After intervention		One month after intervention	
	Number	%	Number	%	Number	%
High	16	42.1	0	0.0	0	0.0
Rather high	13	34.2	3	7.9	3	7.9
Rather low	9	23.7	20	52.6	21	55.3
Low	0	0.0	15	39.5	14	36.8
Total	38	100.0	38	100.0	38	100.0

## Part II The Comparison of Loneliness Score

The intervention instruments were group process activities that comprised of games, group discussions, and role-playing. Group process activities were proceeded with 12 times during 6 weeks, twice a week, 1-2 times hour per time at 9.00 A.m. to 11.00 A.m. Loneliness was estimated 2 times, after intervention and one month after intervention. The analysis of the results for comparison of the different in loneliness scores between before intervention and after intervention were as follows:

### 2.1 The difference in loneliness mean score of the elderly before intervention and after intervention

Before intervention, the loneliness mean score was 59.55 and standard deviation was 11.11. After intervention, the loneliness mean score was 35.86 and standard deviation was 8.81. The comparison of results showed that the loneliness mean score after intervention was statistically significant less than before intervention which was congruent with hypothesis 1 (Table 9).

**Table 9** Comparing the difference in mean score of loneliness before intervention and after intervention

Loneliness	Mean	Standard deviation	Paired t-test	df	P-value
Before intervention	59.55	11.11	16.72	37	< 0.001**
After intervention	35.86	8.81			

\*\*Statistical significance at level 0.01

### 2.2 The difference in loneliness mean score of the elderly before intervention and one month after intervention

Before intervention, the loneliness mean score was 59.55 and standard deviation was 11.11. One month after intervention, the loneliness mean score was 36.74 and standard deviation was 8.35. The comparison of results showed that the loneliness mean score at one month after intervention was statistically significant less than before intervention which was congruent with hypothesis 2 (Table 10).

**Table 10** Comparing the difference in mean score of loneliness before intervention and one month after intervention

Loneliness	Mean	Standard deviation	Paired t-test	df	P-value
Before intervention	59.55	11.11	16.72	37	< 0.001**
One month after intervention	36.74	8.35			

\*\*Statistical significance at level 0.01

### 2.3 The difference in loneliness mean score of the elderly after intervention and one month after intervention

After intervention, the loneliness mean score was 35.86 and standard deviation was 8.81. One month after intervention, the loneliness mean score was 36.74 and standard deviation was 8.35. The comparison of results showed that the loneliness mean score after intervention and at one month after intervention was not statistically significantly different which was congruent with hypothesis 3 (Table 11).

**Table 11** Comparing the difference in mean score of loneliness after intervention and one month after intervention

Loneliness	Mean	Standard deviation	Paired t-test	df	P-value
After intervention	35.86	8.81	16.72	37	0.122
One month after intervention	36.74	8.35			

### **Part III The Result of the Group Process Activities on the Changes in Social Interaction among the Elderly**

The participation of the group process activities in this study created the observable changes of social interaction of the resident (elderly). This is now presented according to the concept of the activity theory on the reduction of loneliness in the elderly at the home for the aged (Figure 3) as follows:

For the self-esteem, the interaction in the group process activities created the increasing of self-esteem in the elderly. It was observed that before intervention, the majority of them stated that elderliness was a period of uselessness and worthlessness but after playing "The plant and life game", they accepted that the elderly will be able to make themselves useful but it depended on their behavior. In the group discussion under "The life impression" issue, everyone talked about their pride in their capability and success in the past. In the group discussion under issue "The kindness", everyone could talk about their experience of giving and generosity. If ones could not recognize their giving and sacrifice, their friend would talk about their behavior instead. This, therefore, made elderly felt proud that their friend could realize their worth. Before the intervention, the majority of them (36.8%) had often felt that "My interests and ideas are not shared by the people around me." But after the intervention and one month after the intervention, many of the elderly (47.4%) never felt like that (Appendix D).

Regarding a sense of belonging to group, before intervention, most of the residents had empty relationships with each other. They did not know each other even by name. They mostly did not have a close friend. Meetings and conversation were made only when it was necessary. In spare times, they preferred to relax, rest or did personal activities alone such as sitting alone in the garden or beside their residence. During the intervention, all the elderly know each other and got more relationship. They, therefore, sensed belonging to a group, and their social isolation was decreased. All of them cooperated and worked as a group in every activity. After "The miracle square game", they summarized that everyone was important to group. In "The acting game", the elderly in each residence had arranged one acting show with the participation of everyone. Even though the one who had relationship problems with another was still accepted. The one who had arthronosos, still played Thai dancing together while one sat on a chair. Before the intervention, the largest group of elderly (47.%) had never felt that they are a part of group and important for the group of elderly at The home for the aged. But after the intervention and one month after the intervention, most of them (55.3% and 44.7% respectively) had sometimes felt that. For the item "I am unhappy being if I did not participate in social activities or did not talk to any body", before intervention, the majority of elderly (52.6%) had never felt like that. But after the intervention and one month after the intervention many of them (34.2% and 39.5% respectively) had sometimes felt like that. Before the intervention, about forty percent of the elderly had often felt that they had no close friend. But after the intervention and one month after the intervention, most of them (63.2% and 68.4% respectively) had never feel like that. For the item "I am no longer close to anyone", before the intervention, about thirty two percent of elderly often felt like that. But after intervention and one month after the intervention, most of them (76.3%) had never felt like that (Appendix D).

Regarding cohesiveness, the elderly had the power to create activities together. This could be seen from the desire to participate in the activities. At the beginning of the intervention, the elderly had to be invited to participation the group process activities, but after a few activities passed, the elderly came to join the activities without invitation. They showed their interests by asking about the details of the next

group process activity. Everyone was permitted to show capabilities, opinions and experience that could be useful to their group. In the group discussion under the issue "The warming home", residents had jointly proposed rules and regulations for living together, such as arranging shift for cleaning toilets, jointly taking care of residents who had psychosis or neurotic and lived in the same residence. Their Thai dancing show in the Song-gran Festival which was not assigned, seems to show that they had unity.

Concerning social relationships, there were the positive changes in social relationships. The assessment of group outcomes by group discussion and by using questionnaires showed that the residents were satisfied with the group process activities. They also stated that they got more friends and could understand others more. In addition, the problems regarding their relationship were decreased and there were able to live together happily. They felt like a home. They helped each other such as when one resident was sick, his friends brought him herbal medicine. The research assistant who was the officer in the home assessed that the elderly had an observable better relationship and suggested that there should be a continuation of the group process activities after the intervention was completed. In "The joined heart game", one pair of elderly who had a conflict with each other had accidentally to be a pair, so they could create a good relationship. Before the intervention, many of the elderly (39.5%) had rarely felt in tune with the people around them. After intervention and one month after the intervention, most of them (50.0% and 52.6% respectively) had sometimes felt like that. (Appendix D)

The elderly had better social adaptation, so when they had problems they would consult with friends. One of the elderly said that he once always fought and had conflict with others when he was not satisfied with the residents' behavior. After the intervention, he felt that he was calmer and understood others more. In the role-playing, the elderly got the summarized guideline to solve problems when they had conflicts. The solution was that they should try to cool down, avoid quarreling and consult officers. In "The lovely doll game", it could be concluded that everyone should



adjust themselves toward other when they live together, they should find their defects and try to improve, they should overlook other's defects, and they should cooperate with each other. In the group discussion issue "The warming home", it could be concluded that everyone in the house should respect the established rules and regulations, and they should be united. In "The communication game", it could be concluded that they should consider the message they received whether it was true or not. If they did not understand, they should ask immediately to prevent the misunderstanding. Regarding to item "I can find people to consult or to ask for help when you have problems. Before the intervention, fifty percent of them had never felt like that but after intervention, many of them (39.5%) were sometime felt like that. One month after the intervention, about fifty five percent of them rarely felt like that. (Appendix D)

The elderly had social approval, life satisfaction and had decreased loneliness. Before the intervention, many of them (31.6%) often felt that they were isolated from others. But after intervention and one month after the intervention, the majority of them (78.9% and 89.5% respectively) had never felt like that. Before the intervention, about forty percent often felt that no one cared for them, but after intervention and one month after the intervention, about sixty three percent of them had never felt like that. And before the intervention, most of elderly (42.1%) had rarely felt alone. Second (18.4%) often felt lonely and sometimes felt lonely. After the intervention and one month after the intervention, the majority of them (86.8 and 76.3 respectively) had never felt like that (Appendix D).

It could be concluded that the group process activities would promote positive social-interaction, good relationships with others, and sense of belonging to the group. Then, they could adjust themselves appropriately to society, be satisfied in their social relationships, have social approval, have social adequacy, have life satisfaction and have positive self-concept.

## CHAPTRE V

### DISCUSSION

This study was a quasi-experimental research to study the results of group process activities on the reduction of loneliness in the elderly at Khaoborkaew home for the aged, Nakhonsawan province. The study was done with a One-group Pretest-Posttest design and the result was follow up at approximately one month after intervention. Samples were the elderly who had complied with the selection criteria. There were 38 samples selected. The period of the activities was 6 weeks. The group process activities comprised of games, group discussions and role-playing.

The instruments used for data collection comprised of demographic characteristics data instruments and loneliness scale. The result are discussed as follows:

#### **Discussion of Research Result**

The interesting points in the research results that should be discussed are as follows:

##### **1. Discussion about general information of the elderly.**

The sample in this research were 38 elderly who received services in Khaoborkaew home for the aged who were in the pre-defined selection criteria. From the data analysis, it was found that the majority of sample were female (71.1%), 70-80 years old (68.4%), widow status (57.8%), no education (47.4%) and lived in

provinces other than Nakhonsawan (65.8%). These were similar to 107 elderly who received services in Khaoborkaew home for the aged (Annual summarized operation result in 1999 of Khaoborkaew home for the aged, copy: 13-17). The elderly in Khaoborkaew home for the aged were mostly female aged between 70-80 (46.7%), widow status (66.3%), no education (64.5%) and lived in provinces other than Nakhonsawan (67.3%).

Before entering the home for the aged, the numbers of elderly who lived alone were equal to the number of them who lived with a family (42.1%). The reasons for entering the home for the aged was that most of them (65.8%) did not have a caregiver, the second rank (26.3%) was that they lived unhappily with their family. This was similar to the study of Boonchuy, U. (1993: 52). It was found that the major reasons for entering into homes for the aged of the elderly was because they did not have caregivers. Ratchanakul, A. (1995: 168-169) found that the major reason that caused the elderly entering into the home for the aged was because they had an unhappy family (45%), the second group (22.5%) was that they did not have a caregiver. The majority of them had disease. The disease the largest group of them suffered (30.5%) was osteoarthopathy. This was consistent with the study of Setalux, K. (1999: 40) who found that most of the elderly (94.5%) in Khaoborkaew home for the aged had disease and twenty two percent of them suffered from osteoarthopathy. About sixty eight percent of them had no income. The elderly who had income got 189.2 bath per month. Their source of income mostly came from an occupation inside the home for the aged, such as handicraft. There was one elderly who got income from their benefactor of 300 bath per month. The largest group of the elderly (34.3%) lived in the home for less than one year. Twenty of them (52.6%) had no relative visiting during the last year and nineteen of them (50.0%) had no close friend presently. These were consistent with the study of Setalux, K. (1999: 52) who found that the majority of the elderly in Khaoborkaew (54.5%) had never contacted other people outside.

Regarding the participation in the activities of the home for the aged, the activities in the home for the aged were divided into 2 categories that were, firstly the

activity that the elderly prefer to do. It was semi-obligatory and officers tried to urge all the elderly to participate. The activities were physical exercise, praying and recreation. It was found that almost all the elderly participated in these activities (97.4%, 94.8%, 89.5% respectively). This might be because the elderly saw the activities as beneficial to their physical and mental health. The second category was the activities depending on the elderly's capability and interests that were the handicrafts, and gardening. The majority of the elderly were not participated in these activities (81.5%, 84.2% respectively).

Regarding loneliness, before the intervention, many of the elderly (42.1%) had a high level of loneliness. Second (34.2%) were at the rather high level. This was not consistent with the study of Khantisit, T. (1996: 44-45) who found that the elderly who stayed in Wassanawes home for the aged, Pranakorn Sri Ayuthaya province had moderate level of loneliness. It should be because of the different between the using criterior for classify of loneliness level.

## **2. Discussion comparing the loneliness scores of the elderly**

**Hypothesis 1** Loneliness of elderly after intervention will be lower than before intervention.

The study result found that before the intervention, many of the elderly (42.1%) had a high level of loneliness. The second group (34.2%) was at a rather high level. After the intervention, most of the elderly (52.6%) had a rather low level of loneliness. The second group (39.5%) was at a low level. No one had a high level of loneliness in this stage (table8). When considering the mean score, it was found that the loneliness mean score after the intervention (Mean=35.86, SD.=8.81) was lower than before the intervention (Mean=59.55, SD.=11.11) (table9). The comparison of statistical difference showed that the loneliness mean score after the intervention was statistically significant (P-value<0.001) lower than before the intervention. It could be summarized that the group process activities reduced the loneliness of the elderly in

the home for the aged which was congruent with the hypothesis no.1. This was because the result from the group process activities could lead to the real life application and could help the elderly to develop their attitude, values and behavior (Mukto, C., 1982: 15) and also create social interaction among the group members (Ketkham, W. & Chatsuppakul, K., 1979: 14). Social interaction creates satisfaction in society and life, and creates a positive attitude (McClelland, 1982: 72). It break the loneliness cycle (Figure 3). The group process activities help the elderly to know, to understand themselves and other people more (Mukto, C., 1982: 15) The elderly got trained in skills in consulting and creating good relationships among each other (Cartwrite & Lander, 1986 cited by Tarapotch, T., 1980: 5). For the elderly in a home for the aged, It also created the good relationship among the residents that could compensate for the lack of or defective relationships. This could help reduce social loneliness caused from the lack of meaningful relationships with people and from the lack of being a member of society. The game would be directly beneficial to physical and mental health. (Thaneerat, C., 1976: 64-65) In this research, games were the media to make the elderly realize their self-esteem and that of others, to have good relationships among themselves, to create relationships and affections and to feel they belonged to the same group. The group discussion helped the elderly to exchange their knowledge, opinions, experiences and to jointly consider a certain matter. These would be beneficial to be applied in daily life. (Chantamolee, S., 1984: 100-101). It would also help the elderly get appropriate behavior and have no conflict when facing difficult situations. The role-playing was acting roles about the problems about relationships among residents that truly occurred in the home for the aged. The actors had to act as if it was a real situation. When the group members had chances to know the facts about the problems, they would try to solve the problems together and accept the result of the outcome. (Lewin Cited by Limarree, P., 1979: 62) The role-playing helped people to freely expose themselves through acting roles. They could understand themselves and others more. It created the learning and skill training in the analysis of and solving problems about human relationships and it help the group to sustain itself. (Ketkham, W. & Chatsuppakul, K., 1979: 165)

In this study, all the elderly gave good participation. They constantly participated in the group process activities all together. They were enthusiastic and much interested in the activity. Everyone had chances to talk and exchange their experience and use their capability in full effort. From the assessment after completion of the activity, all the elderly were satisfied with the group process activities and they thought that it was beneficial to them in the aspect of physical status, mental status, social status and intellectual status. The majority of elderly (78.9%) mostly liked the group process activities. They mostly (97.4%) opined that it was very useful. Everyone opined that the activity was beneficial to society because it helped them understand themselves and others and know how to adapt themselves in living with others. It also helped them get more friends, have chances to meet and consult with friends, create understanding, love and relationships, be united, and show kindness among elderly. The majority of them (97.4%) thought that it was beneficial to their mentality. The activity participation created joy, relaxation, not alone, and encouraged them to increase self-esteem. Many of them (42.7%) opined it was beneficial to their intellect, and about forty percent of them opined it was beneficial to their physical conditions. Regarding the idea sharing part, the majority of them (57.9%) saw that they had chances to share their ideas moderately. The elderly was liked every activity, and the flower-for-you game was the activity that was most liked by the elderly (28.9%). The majority of them (97.4%) thought the duration of the activity was appropriate. In addition, all the elderly wanted to have such activities continuously. Many elderly said that these kinds of activities were more appropriate to the elderly than activities such as singing, dancing, and musical chairs that were tiresome and easily caused accidents.

Therefore, the group process activities could reduce the loneliness of the elderly in the home for the aged. The result corresponded with the study of Buangam, C. (1996: 139) who studied the influence of using the group process activities and physical exercise on the loneliness level in the elderly in Tambon Talaesap, Amphue Pathew, Chumprun province after they faced losses from Typhoon Gay storm. The study found that group process activities and physical exercise could decrease the elderly's loneliness at the statistically significant level ( $p < 0.001$ ). This was consistent

with the study of Saikaew, S. (1996: 92-96). This study found that after being taught and participating in the group process activities, the intervention group who were the Public Gardeners in Bangkok got more correct knowledge and behavior in pesticide use than before the intervention with statistically significance (P-value < 0.001). Civilize, U. (1989: 106) found that after getting social support, the elderly in Bangkae home for the aged had less depression than before the intervention with statistically significance (P-value < 0.001). Goldberg & Joce (1980: 339-343) studied the using of movement therapy by group activity to promote courage and willpower of the elderly in a home for the aged. It was found that the activity played a part in the promotion of courage and willpower of the elderly at a statistically significant level. Jitramontree, N. (1986: 93-95) studied the effect of modelling slides, games and the positive reinforcement on self-esteem and depression of the elderly in Bangkae home for the aged. It was found that after the intervention the depression of elderly in the study group were decreased more than that of the control group at a statistically significant level ( $p < 0.05$ ). The study group's self pride when measured immediately after activities and at 4 weeks after activities, had no statistically significant difference ( $p < 0.05$ ). Tunsiri, S. (1992, 86) studied and found that the group process activities comprising of games, group discussions and a case study could decrease the depression of the elderly in Wasanawes home for the aged with statistically significance ( $p < 0.001$ ).

Hypothesis no. 2: Loneliness of the elderly one month after intervention will be lower than before intervention.

Hypothesis no. 3: There will be no difference in loneliness of the elderly between after intervention and one month after intervention.

The study found that before the intervention, the largest group of the elderly (42.1%) had a high level of loneliness. The second group (34.2%) was at the rather high level. After the intervention, most of the elderly (52.6%) had a rather low level of loneliness. The second largest group (39.5%) was at the low level. No one had a high level of loneliness in this stage. One month after the intervention, the majority of the

elderly (55.3%) had a rather low level of loneliness. The second largest group (36.8%) was at the low level (table8). Comparing the statistical difference between the loneliness mean score, it was found that the loneliness mean score at one month after the intervention (Mean=36.74, SD.=8.35) was lower than the score before the intervention with statistically significant (P-value< 0.001) (table10). The loneliness mean scores after the intervention (Mean=35.86, SD.=8.81) and at one month after the intervention (Mean=36.74, SD.=8.35) had no statistically significance difference (P-value< 0.001) (table11). Therefore, they were congruent with hypotheses no.2 and 3. It could be summarized that after one month from the completion of the activity, the loneliness level in the elderly were still lower than the level before the intervention because the group process activities were activities that could be applied in real life. It helped the elderly to have concentration in analysis and helped the elderly develop their knowledge, attitude and behavior. (Mukto, C., 1982: 151) The experiences the group members got from the activities could encourage them to develop their capability and this could be beneficial to themselves and the group (Ketkham, W. & Chatsuppakul, K., 1973: 16) Group process activities create a picture in one's mind and create the memorization called logical memory. This memory was logical and it has certain criteria. This could help one get long memory that is called long-term memory. (Chanem, S., 1979: 167) In addition, in this research, the research assistants who were the caregivers and a social worker who had direct responsibility in taking care of elderly and were also close to the elderly had participated as the group leader and co-leader. During proceeding group process activities, they had chance to make close and good relationships with the elderly. The participation made them lent, so they had skills in holding the group process activities. They also had a good attitude to group process activities, realized the importance of the group process activities for residents in the home for the aged. After the completion of the intervention, the caregivers and the social worker opined that the group process activities helped the elderly have good relationships and they mentioned that the activities should be continued. Therefore, after the intervention, the group process activities were still going on and these were the regular activities provided in the home for the aged. This yielded the result that there is a continuation of effect of reduction of loneliness in elderly at one month after intervention. Although, there was no statistical significance

in loneliness mean score between after the intervention and one month after intervention, but the trend of the loneliness mean score was higher. So it should be traced for some long-term period such as for 6 months after the intervention.

This research result was consistent with the study of Tunsiri, S. (1992: 86) who found that at before the group process activities, the elderly had a low level of depression but at one month after the participation in the group process activities, they had no depression. When these were compared in statistical difference, it was found that they were statistically significantly different ( $P\text{-value}<0.001$ ). The level of depression after the intervention and one month after intervention had no statistically significantly difference except for the emotional item. Jitramontree, N. (1986: 93-95) studied and found that at one month after the use of modeling slides, games, and positive reinforcement, the self-esteem of the elderly in Bangkhae home for the aged was higher than before the intervention with statistical significance ( $P\text{-value}<0.05$ ). And their depression was lower than before the intervention with statistical significance ( $P\text{-value}<0.05$ ).

### **3. Discussion about the changes on social interaction in the elderly**

The group process activities in this research achieved their objectives. It effected and promoted positive social interaction among the elderly, increased self esteem self concept and acceptance of the worth of others, increased the sense of belonging to a group, and the elderly had good social relationships, had appropriate social adaptation, and had social approval. They were like that because:

Before the beginning of each activity, the group leader informed group members about the activity's objective. This made the members understand the objective of the group. Ketkham, W. & Chatsuppakul, K. (1979: 34) said that the clear understanding of the group objective would make members have good feeling toward group and they would be willing to cooperate. Therefore, this study found that all the elderly give cooperation in participating in all programs. In addition, the group success

was due to the willingness of the elderly that created the importance of group process activities that the member tried to do or had roles to bring their group to achieve its objective. (Ketkham.W. & Chatsuppakul,K., 1979: 25-28). This achieved the meeting of targets for the group process activities in this research. In addition, the understanding of the group objectives also urged members to relieve their feelings and this created the learning experience that everyone had to fight against problems. They would then trust each other. (Marram, 1978: 154-161)

The group process activities created interaction among members with satisfying relationships. (Ketkham.W. & Chatsuppakul,K., 1979: 14) This could be positive social interaction. The activity made members understand themselves and other people more. (Mukto, C., 1982: 15) This was consistent with the study of Roger & Diamon (1970: 121-122) who cited the study of Gibb that the group process activities would affect the changes of attitude toward themselves and others, such as the acceptance of themselves, and the development of their self-worth. The latter were the accepting and understanding others more, and creating more interdependence. Understanding oneself and others creates a good relationship in a group. (Tharapotch, T., 1980: 11) The participation in the group process activities serves the basic needs for the elderly such as the acceptance, and a sense of belonging to the group. These would help members to feel warm and safe. They could express their opinions well. When the group succeeded, they would also feel that they were also part of this success. They would feel confident and they realized their self-worth. The expression of the group member's capability and opinions also created the acceptance and realization of one-worth each other. (Ketkham.W. & Chatsuppakul,K., 1979: 19) When members felt that they were in-group, everyone would have a sympathetic attitude and a good relationship. (Ketkham.W. & Chatsuppakul,K., 1979: 8) Therefore, the participation in this group process activities makes the elderly realize their personal self-worth, possess the sense of belong to a group and to have good social relationships.

The experience gained from the participation in group process activities would promote the members to develop their special capability and this could be useful to themselves and other people. (Ketkham.W. & Chatsuppakul,K., 1979: 16) and it could create group cohesiveness. This power was a drive from the interaction and the adaptation of the group members (Bureephakdee, C., 1994: 2) When group members participate in the group process activities, they would learn about self-conduct in society and they accepted the social norms. This helped members who were from other areas, or other places, to adapt themselves to be in line with society and have suitable behaviors. (Ketkham.W. & Chatsuppakul,K., 1979: 16) The group process activities helped the elderly in the home for the aged to have suitable social adaptation. In addition, the activity would also promote members to develop social behavior. (Ketkham.W. & Chatsuppakul,K., 1979: 17) Therefore, it was found that the group process activities created positive inter-relations as mentioned above.

## CHAPTER VI

### CONCLUSION AND RECOMMENDATIONS

This study was a quasi-experiment research, with One-group Pretest-Posttest design. The study concentrated on the result of the group process activities on the reduction of loneliness in the elderly at Khaoborkaew home for the aged, Nakornsawan province. The sample comprised of 38 elderly who had been specifically selected according to the defined criteria. The group process activities comprised of games, group discussions and role-playing that were conducted during March 20 to April 27, 2000, in total 6 weeks. The activity was held 12 times, twice a week, and for 1-2 hours per time. The objects were to create relationships among the elderly, and encourage good relationships that would decrease loneliness in the elderly. The questionnaires was comprised of 2 parts as follows:

Part 1: Demographic characteristics data questionnaire

Part 2: Loneliness scale

Loneliness was assessed by interview according to Loneliness scale before and after the activity participation, then there was a follow up data collection at one month after the activity. After data had been collected, it was then analyzed by using the SPSS for Windows for frequency, percentage, mean and standard deviation. The analysis of the difference between the loneliness score at the pre-test and post-test was done by the statistical paired t-test.

## **CONCLUSION**

### **1. Demographic characteristics and loneliness level of the elderly**

#### **1.1 Demographic characteristics of the elderly**

The majority of elderly (71.1%) were females, 70-80 years old with an average age of 72.61. Before entering the home for the aged, they were mostly widow status (57.8%). Many of them (47.4%) had no education. The majority of them (65.8%) lived in provinces other than Nakhonsawan. Regarding their life before entering the home, the numbers of elderly who lived alone (42.1%) were equal to the number of them who lived with a family. The reason for entering the home was that almost all of them (65.8%) did not have a caregiver. The largest group of them (47.4%) had one disease. The disease that many of them (30.5%) suffered was osteoarthopathy. The majority of them (68.4%) had no income. Their source of income mostly (91.7%) came from an occupation inside the home for the aged. The largest group of them (28.9%) had lived in the home for less than one year. Twenty of them (52.6%) had no relative visiting during the last year and 50.0% had no close friend at present.

Regarding the participation in the activities of the home for the aged, it was found that the majority of the elderly had every time participated in physical exercise, praying, and recreation (97.4%, 94.8%, 89.5% respectively). But for handicrafts and gardening, the majority of them had never participated (81.5%, 84.2% respectively).

#### **1.2 Loneliness level**

Before the intervention, many of the elderly (42.1%) had a high level of loneliness. The second largest group (34.2%) was at a rather high level. After the intervention, the majority of them (52.6%) had a rather low level of loneliness. Second

(39.5%) was at a low level. And one month after the intervention, the majority of them (55.3%) had a rather low level of loneliness. Second (36.8%) was at a low level.

## **2. The effect of the group process activities on the reduction of loneliness in the elderly**

### **2.1 The difference in loneliness mean score of the elderly before intervention and after intervention**

Before intervention, the loneliness mean score was 59.55 and standard deviation was 11.11. After intervention, the loneliness mean score was 35.86 and standard deviation was 8.81. The comparison of results showed that the loneliness mean score after intervention was statistically significant less than before intervention (P-value <0.001).

### **2.2 The difference in loneliness mean score of the elderly before intervention and one month after intervention**

Before intervention, the loneliness mean score was 59.55 and standard deviation was 11.11. One month after intervention, the loneliness mean score was 36.74 and standard deviation was 8.35. The comparison of results showed that the loneliness mean score at one month after intervention was statistically significant less than before intervention (P-value <0.001).

### **2.3 The difference in loneliness mean score of the elderly after intervention and one month after intervention**

After intervention, the loneliness mean score was 35.86 and standard deviation was 8.81. One month after intervention, the loneliness mean score was 36.74 and standard deviation was 8.35. The comparison of results showed that the loneliness mean score after intervention and at one month after intervention was not statistically significantly different (P-value = 0.122).

### **3. The effect of the group process activities on the changes in social interaction among the elderly**

During and after intervention, the positive social interaction among the elderly was observed resulting in self-esteem, social relationships, a sense of belonging to the group, appropriate social adaptation, satisfaction with their relationship and social approval for the elderly.

## **RECOMMENDATIONS FOR APPLICATION**

1. This study found that the group process activities could reduce the loneliness of the elderly in a home for the aged. Therefore, the group process activities can be applied to reduce loneliness of the elderly in other groups, organizations and communities.

2. There should be application of the group process activities and participation of the elderly in the activities for the daily life of the elderly in homes for the aged. For example, the setting up of a committee for each residence, a monthly group meeting of the elderly in each residence, the application of ideas from the group process activities when there are problems in the center. The activities should be grouped as a set for each problem.

3. There should be groups and clubs for the elderly in homes for the aged and there should be encouragement for the elderly in homes for the aged to be members of groups or clubs both inside and outside the home for the aged. This will encourage the participation of the elderly in social activities and promote better social relationship that can reduce and prevent loneliness in the elderly.

4. All elderly who enter homes for the aged should be assessed for their loneliness level and they should get help about this.

5. In this research, it was found that majority of elderly had osteoarthopathy (table4). Therefore, the activities for the elderly should be considered to prevent any danger to them that may occur. The activities should not have a fast movement such as running. There should be activities that promote the efficiencies of bones and muscles such as exercise and massage.

6. From this study, it was found that the cooperation of group members was crucial to the continuation and efficiency of the group. Therefore, the group leader should have skill in creating relationships, motivation and reinforcement to get the elderly to have full participation.

7. There should be training for every related officer, so they could have knowledge and capability, realize the importance and need of the group process activities for the elderly in any group in order to promote the mental health of the elderly.

## **RECOMMENDATIONS FOR FUTURE RESEARCH**

1. This study had a limitation in the time period for the follow-up of the result. Therefore, in future research, there should be a continuous assessment after the completion of program for a certain period such as 3 months, 6 months in order to study the sustenance of the decrease in loneliness. This will be beneficial to the planing of group process activities held for the elderly later then.

2. There should be a comparative study between each activity that reduces loneliness such as only games, only group discussions or only role-playing. These should discover which type of activity would be most suitable for reducing loneliness.

3. There should be a comparative study between the different time periods of group process activities for the elderly to find out the suitable time period of the program.

4. There should be a study of the satisfaction with group process activities of the elderly.

5. There should be an exploratory research in the elderly at home for the aged all over Thailand to find of loneliness in the elderly.

6. There should be a qualitative research to study the loneliness and the result of the group process activities. The study should be as a case study in each group and it should be a participatory study in order to get close observation.

7. There should be the same research but conducted in communities, groups or other elderly clubs to study how the group process activities will be suitable for the elderly living outside homes for the aged.

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**APPENDIX A****THE EXPERTS WHO REVISED  
THE QUESTIONNAIRES**

<b>Dr.Krich Cheunsiri, M.D., Dip Thai Board of Psychaitry</b>	<b>Deputy Director (Retired) Somdeg Chaopraya Hospital</b>
<b>Assoc.Prof.Pasuwan Snidwongs Na Ayudhaya, M.Ed. (Test and Measurement)</b>	<b>Lecturer (Retired) Public Health Nursing Faculty of Public Health Mahidol University</b>
<b>Assoc.Prof.Chanya Siengsanor, M.P.H. (Social med.)</b>	<b>Lecturer Public Health Nursing Faculty of Public Health Mahidol University</b>
<b>Mr.Morakot Singhakajend, M.S.W.</b>	<b>Social worker Welfare Assistance Division Department of Public Welfare</b>
<b>Miss siriphet Sirivattana, M.A. (Clinical Psychology)</b>	<b>Psychologist Nakhonsawan Psychaitric Hospital</b>

## APPENDIX B

### THE DATA COLLECTION INSTRUMENTS

No.....

Name.....

Residence.....

Date of interview.....

#### Part I: Demographic characteristic data

**Direction:** Put a mark ( ✓ ) in front of the relevant answer in each item

1. Sex
2. Age.....year
3. Marital status before entering the home for the aged  
( ) Single ( ) Married ( ) Widowed ( ) Divorced ( ) Separated
4. Education  
( ) No education  
( ) Prathom  
( ) Mathayom  
( ) Other; please identify.....
5. Hometown  
( ) Nakhonsawan  
( ) Other; please identify.....
6. Domicile status before entering in the home for the aged  
( ) Alone  
( ) With family  
( ) With others; please identify

## 7. Reason for entering the home for the aged

- Unsupported  
 Homeless  
 Illness  
 Not wanting to be a burden  
 Poverty  
 Other; please identify.....

## 8. Disease

- No disease  
 Have disease; please identify.....

## 9. Income.....bath/month (Pass to number 11 for no income)

## 10. Source of income

- Occupation  
 Benefactor

## 11. Length of time living in the home for the aged; please identify.....

## 12. The number of relatives visits during last year.....

## 13. Close friends.....persons; please identify the name of close friend.....

## 14. Participation in activities of the home for the aged

## Physical exercise

- Every time       sometimes       Never

## Praying

- Every time       sometimes       Never

## Recreation

- Every time       sometimes       Never

## Handicrafts

- Every time       sometimes       Never

## Gardening

- Every time       sometimes       Never

**Part II: Loneliness scale**

**Direction:** The questionnaire comprised of 20 items about the feeling toward your current friends at present and relationship with them. Please assess your real level of feeling for 4 levels as follows:

Often feel like that means you often or always feel like the question said.

Sometimes feel like that means you sometimes feel like the question said.

Rarely feel like that means you rarely feel like the question said.

Never feel like that means you never feel like the question said.

Items	Often	Sometimes	Rarely	Never	For researcher
1. *I feel in tune with the People around me.					
2. I have no close friend.					
3. . .					
11. No one care for me.					
12. My social relationship are superficial.					
13. . .					
20.*I can find people to consult or to ask for help when I have problem.					

\* Item should be reversed (i.e., 1 = 4, 2 = 3, 3 = 2, 4 = 1)

## **APPENDIX C**

### **GROUP PROCESS ACTIVITIES**

Group process activities in this study comprised of 8 games, 3 group discussions, and 1 role-playing as follows:

#### **GAME**

##### **The joined heart game**

**Concept:** Knowing about and making relationships with other people.

##### **Objective**

1. To get the elderly to learn and realize the importance of knowing about and making relationships with other people.
2. To promote the relationships among the elderly.
3. To create in the elderly a sense of belonging to the group and having good attitude toward participation in the group process activities.

**Number of participators:** 38 persons

##### **Activity process**

1. Distribute each piece of the heart-shape paper that was cut into 2 pieces to the elderly. The elderly should find the matching piece with another to get a perfect heart-shape paper

2. Each elderly interviews his or her mate and introduces him to another.
3. The elderly join together in a group according to the color of the heart-shape paper.
4. Each group selected 8 representatives to play the egg-picking game.
5. The elderly had the same mate through the group process activities. This would create a close relationship and mutual helping. Then there would be a selection of the best buddy in the flower for you game.
6. The group leader summarized the importance of making good relationships among the elderly by relating it to the activity.

This game was adapted from "The join heart game" in the group process activity (Tasnaina, N., 1995: 17)

### **The tree of life game**

**Concept:** The accepting of changes in the elderly stage and realizing one's personal worth.

**Objectives:**

1. To have the elderly accept the changes in elderly stage of life
2. To have the elderly know the way to conduct themselves to have good physical and mental health in the elderly stage.
3. To have the elderly realize their personal value.
4. To have the elderly get a good attitude toward life in a home for the aged.

**Number of participators:** 10 - 15 persons

**Activity process**

1. The leader divided the elderly into 3 groups of 4-5 persons by using the money pool game.

2. The leader showed the elderly a picture of trees with different ages and assigned each group to exchange their opinions about the following topics.

2.1 What was the difference regarding the special characteristic of the tree in each age?

2.2 What was the difference in the usefulness of the tree in each age?

2.3 Comparing the picture with human age.

3. The representative of each group reported to all the groups about his group's opinions about the above mentioned topics.

4. The leader summarizes that humans of every age have their personal worth by relating to the game.

5. The elderly were assigned to express opinions under the topic "How should the elderly conduct themselves to be beneficial to others?"

6. The leader narrated the changes that occurred in the elderly stage and the principles to be used for a good live in the elderly stage by using pictures. The leader asked members "What were the elderly' s self-conducting principles for a good life in the elderly stage?" and summarized the self-conduct principles in the elderly stage.

### **The partner selection game**

**Concept:** The need for acceptance, the realization of other personal worth, and sacrifice

#### **Objectives:**

1. To get the elderly to expose themselves to other people.
2. To get the elderly to realize the benefit of things and realize other person's worth.
3. To get the elderly to learn and accept the difference between individuals especially the difference about individual's needs.
4. To get the elderly to accept as a human need for acceptance and the need for a sense of belonging to a group.

5. To get the elderly to learn how about the sacrifice.

**Number of participators: 38 persons**

**Activity process**

1. The leader shows the elderly each thing from his pack and told the elderly to select mentally which piece they want.

2. Let each elderly take the things one by one. After all of them have taken the things, the leader asks.

- 2.1 Who has got the desired thing and who has not got the desired thing?

- 2.2 Why does each elderly want the desired things? Why does each elderly get the non-desired things and which thing do they want?

- 2.3 Ask the elderly who have got the things that were desired by the other whether they could change it or not. If they could make a change, the group would give their hand to. Then the leader asks the feeling of the giver and the receiver. The leader summarizes the individual's need and the sacrifice by one in relation to the game.

3. Ask each elderly to raise the things to show to others and assign them to match a pair of things that are considered to match or yield benefit to each other when they were combined. Then the paired elderly sit beside each other. For the elderly who do not complete a pair, let other pairs consider whether they could accept the non-paired elderly or not.

4. Ask each pair about the matched things on how they were related.

5. Start the grouping for 6 persons per group again by the same method but all 6 things should be matched.

6. Finally, gather every member to be one group, the leader summarized about the realization of other's personal worth, the need to be in the same group with others by relating to the game.

This game was adapted from "The matching game" in the manual of group dynamic to create familiarity in training (Chailearswanichkul W., copy: 124-127) and "The matching game" in the lecture document for the training about group dynamic and cooperation project (Bank for Agriculture and Agricultural Cooperatives, 1994:26-29)

### **The miracle square game**

**Concept:** The cooperation in a group, the realization of and the sensitivity to other's Feelings, and sacrifice.

**Objective:**

1. To get elderly to realize the importance of cooperation to the group.
2. To train the elderly to be sensitive to the needs and feelings of other people.
3. To get the elderly to learn about sacrifice.

**Number of participators:** 38 persons

**Activity process**

1. Divide the elderly to be in a sub-group of 6 persons by drawing colored paper. Each group would propose 5 persons for playing the game. There shall be 2-3 observers.
2. Distribute the envelopes containing different parts of square papers to each player. One player gets one envelope. The player should fix the parts to be a complete square paper. The group would complete the game assignment when all 5 persons complete fixing the parts. The regulations were that each person shall fix his own square paper, not help others, not talk, not ask or pick parts from others but each

person can give parts to others. The observer would be the regulator and observe the group working.

### 3. Result discussion

3.1 Let the observer give his/her opinions about the group working method.

#### 3.2 The members discuss about

3.2.1 Who was the most important persons in this work

3.2.2 What does this game want you to express, in your opinion, from the regulation that "The group assignment shall be finished when every one gets a correctly fixed square"

3.3.3 What are the factors that promote the group's work completion and what were the factors that obstruct the group work?

3.3.4 Can this activity be applied to use in living? How?

4. The leader summarizes the cooperation to the group, the realization of the other's needs and the sacrifice by relating to the activity.

This game was adapted from "The communication game" in the activity about the creating of human relations (Sripramong B., 1978:61-69)

### **The acting game**

**Concept:** The realization of self worth, the acceptance from the group, a sense of belonging to the group, and the group power.

#### **Objectives:**

1. To get the elderly to show and to develop their capability and to realize their personal worth.

2. To get the elderly to be accepted by the group, to feel as being a part of the group and to have group power in creating things.

**Number of participators: 38 persons**

**Activity process**

1. The members give opinions about the plays, or shows that they know?
2. The members were divided into subgroups of 10-15 persons according to their residence. Each group had a meeting to create one show or play activity to show in the Songkran day festival. Every member shall participate in the show or play.
3. The leader summarizes that everyone has good capability and creative ideas and this was because the elderly had their own personal worth.

**The lovely doll game**

**Concept:** The cooperation with the group, listening to other's opinions and the mistake or defect correction.

**Objectives:**

1. To promote a sense of belonging to the group.
2. To get the elderly to realize the importance of cooperation to the group.
3. To get the elderly to respect to other's opinions and to correct the mistakes or defects both personal and group.

**Number of participators: 38 persons**

### **Activity process**

1. The elderly were divided into 5 subgroups, 7-8 persons in each group by drawing animal pictures. Each group proposed 6 persons for playing the game and 1-2 persons as observers.

2. Each group got one block of synthetic clay. They divide the clay into 6 portions as per the demand of each player. Then each player crafts the clay to be only one piece of a doll part. The regulation was that they could not glance at other's, work and could not talk. When there was a signal from the group leader, they should put all parts together to be a doll.

3. Each group gets a new block of synthetic clay. Now the group member should plan and share the work in crafting each part of a doll and then put all parts together to be a new doll. Then compare this new doll to the previous one.

4. The observer explains and compares the group working and its result.

5. The leader asked "How is cooperation and the respect for in each other's opinion beneficial in living together? The leader explains and summarizes the topic relation to the activity.

This game was adapted from "The lovely doll game" in the manual of activity to promote morality of primary school leader (Office of the National Education Commission (ONEC), 1986: 55-58)

### **The communication game**

**Concept:** The communication by non-verbal and verbal language and the consideration of the message.

### **Objectives**

1. To get the elderly to realize the importance of communication by body and by verbal language.

2. To get elderly to be trained about the main idea, summarizing, interpreting and the considering whether the received message was correct or not and to what extent it was correct.

3. To get the elderly to know the problems caused by error in communication and the method of correct and clear communication to prevent conflicts.

**Number of participators:** 38 persons

### **Activity process**

1. The elderly were divided into 5 subgroups, 7-8 persons for each group, by the method of number counting. Then each person in each group used body language to communicate the message written in the cards. The card was shown to the first person then the person communicated by body language to the other, one by one, consecutively then the final person guessed the message. All groups were compared to find which group guessed the largest number of messages correctly.

2. The group leader assistant read the message from the message card to the first player of the group. Then the player tells the message to the others consecutively. The last player guessed what the message is. The assistance discloses the message in the message card and compares it with the message that the last person guessed.

3. The group leader summarizes the importance of communication, problems of communication, and correct communication by relating it to the activity.

### **The flower for you game**

**Concept:** The satisfaction with relationships, the realization of self-worth and other's worth.

### **Objectives:**

To create good relationships among members. The member would have affection, understanding, impression and satisfaction with each other regarding

relations. They could realize self-personal value and other's personnel worth.

**Number of participators: 38 persons**

### **Activity process**

1. The pair matched from the join heart game talked about the worth of his mate and answers the mind-guess question. Find the pair that answer the question correctly the most and interview them about how to create good relationships.

2. Each elderly gives one flower to the elderly that they were most impressed with each of the elderly was interviewed about whom he gave the flower to and why. The elderly who got the maximum number of flowers was interviewed about their feelings.

3. All the elderly express their feeling to the researcher and the group process activity participants.

4. The researcher gives a lei of flowers to all the elderly to show her impression on their personal value.

5. The leader summarized the benefits of a good relationship in the group and asked the elderly to give out their affections and good relationship to all elderly in the elderly aid center who did not have a chance to participate this activity.

## **GROUP DISCUSSION**

### **Group discussion: The life impression**

**Concept:** The realization of self-worth and other's worth

**Objectives:**

1. To get the elderly to be proud about their past experience, to realize their self-worth and have satisfaction in life.
2. To get the elderly to be respected by the group.
3. To get the elderly to perceive each other's worth

**Number of participators:** 10-15 persons

**Activity process**

1. Each elderly talked about their impressive past experience to the group members. The topics were about the capabilities, the pride, the success in the past. The leader and the members praised them about their story.
2. The leader summarized that everyone has his own value.

### **Group discussion: The kindness game,**

**Concept:** The generosity and sacrifice

**Objectives:**

1. To get the elderly to express their opinions about giving and sacrifice.
2. To have the elderly talk about their experience about giving and sacrifice.
3. To create motivation for giving and the sacrifice.

**Number of participators:** 10-15 persons

**Activity process:**

1. The elderly explain the meaning of and give examples of giving and sacrifice.
2. Each of the elderly talks about his giving and sacrifice to their friends in the elderly aid center. The group leader asks for his feeling.
3. Each of the elderly gives opinions about how good the giving and sacrifice were.
4. The elderly give opinions on how to give and make sacrifices to friends in the elderly aid center.
5. The leader applauds the elderly who had made giving or sacrifices and summarizes the value of giving and sacrifices.

**Group discussion:** The warm home

**Concept:** The problems of living together. The rules and regulations for living together.

**Objectives:**

1. To have the elderly learn about the problems in living together in the elderly aid center and to jointly find the solutions.
2. To have the elderly to jointly set up the rules and regulations of living together in the elderly aid center.

**Number of participators:** 10-15 persons

**Activity process**

1. Each of the elderly was given one bamboo stick. They shall put the stick together to construct one small house without any consultation to with each other and they could not move other's persons sticks.
2. Each of the elderly was given a stick again, and did the same process but now they could have consultation among each other.
3. Compare the first and second house to see which one was more comfortable to live in and why?
4. The group leader ask members what the characteristics of the comfortable house were.
5. The elderly talk about the conflicts or problems in living together in the elderly aid center that they had faced.
6. The elderly jointly proposed the guideline to solve the problem. The summarized solution was submitted to the officers of the elderly aid center.

**Role-Playing**

**Concept:** The relationship problem among the elderly in the home for the age

**Objectives:**

1. To have elderly freely expose themselves in their role. They could understand themselves more.
2. To have the elderly realize the fact and to perceive other's feelings
3. To have the elderly to jointly learn about the analysis and to find the way to solve the problem about the relationship among the elderly in the home for the aid. These would be applied to use in daily life.

**Number of participators: 10-15 persons**

**Activity process**

1. Each of the elderly talked about their experience regarding the relationship problem and experiences which occurred in the home for the aid by not referring to the name of the related person. Then the member jointly picked the most interesting situation to create the play.
2. Get volunteers to join the play. The rest would be the observers.
3. After the play, the actors were interviewed about their feelings. Everyone jointly discusses the problems and finds the ways to solve the problem. They also discussed about how to apply the solutions to cope with the real life situation.

## APPENDIX D

**Table 12 The number and percentage of the elderly classified by the feeling levels for each item**

Level of feeling	Before intervention		After intervention		One month after intervention	
	Number	Percentage	Number	Percentage	Number	Percentage
<b>1. * I feel in tune people with around me.</b>						
Often.	6	15.8	19	50.0	20	52.6
Some time.	13	34.2	17	44.7	16	42.1
Rarely.	15	39.5	2	5.3	2	5.3
Never.	4	10.5	0	0.0	0	0.0
<b>2.I have no close friend</b>						
Often.	15	39.5	0	0.0	0	0.0
Some time.	12	31.6	4	10.5	2	5.3
Rarely.	7	18.4	10	26.3	10	26.3
Never.	4	10.5	24	63.2	26	68.4
<b>3. There is no one I can consult or ask for help</b>						
Often.	15	39.5	1	2.6	0	0.0
Some time.	8	21.0	4	10.6	4	10.5
Rarely.	15	39.5	11	28.9	11	28.9
Never.	0	0.0	22	57.9	23	60.5
<b>4. I feel alone</b>						
Often.	7	18.4	0	0.0	0	0.0
Some time.	7	18.4	0	0.0	1	2.6
Rarely.	16	42.1	5	13.2	8	21.1
Never.	8	21.1	33	86.8	29	76.3

Table12 (Cont.)

Level of feeling	Before intervention		After intervention		One month after intervention	
	Number	Percentage	Number	Percentage	Number	Percentage
<b>5.* I feel a part of group and important for the group of elderly in the home for the age.</b>						
Often.	1	2.6	8	21.1	6	15.8
Some time.	7	18.4	21	55.3	18	47.4
Rarely.	12	31.6	7	18.4	12	31.6
Never	18	47.4	2	5.2	2	5.3
<b>6.* I have a lot in common with the people around me.</b>						
Often.	3	7.9	15	39.5	7	18.4
Some time.	13	34.3	11	28.9	20	52.6
Rarely.	11	28.9	6	15.8	7	18.4
Never.	11	28.9	6	15.8	4	10.6
<b>7. I am no longer close to any one.</b>						
Often.	12	31.6	0	0.0	0	0.0
Some time.	5	13.2	2	5.3	1	2.6
Rarely.	11	28.9	7	18.4	8	21.1
Never.	10	26.3	29	76.3	29	76.3
<b>8. My interests and ideas are not shared by those around me.</b>						
Often.	14	36.8	1	2.6	0	0.0
Some time.	10	26.3	3	7.9	7	18.4
Rarely.	13	34.3	16	42.1	13	34.2
Never.	1	2.6	18	47.4	18	47.4
<b>9.*I loved to talk and be friend with others.</b>						
Often.	3	7.9	11	28.9	11	28.9
Some time.	4	10.5	11	28.9	7	18.4
Rarely.	17	44.7	14	36.9	18	47.4
Never.	14	36.9	2	5.3	2	5.3

Table12 (Cont.)

Level of feeling	Before intervention		After intervention		One month after intervention	
	Number	Percentage	Number	Percentage	Number	Percentage
<b>10.*There are people I feel close to and trust</b>						
Often.	0	0.0	8	21.1	5	13.2
Some time.	4	10.0	15	39.5	14	36.8
Rarely.	16	42.1	14	36.8	19	50.0
Never.	18	47.4	1	2.6	0	0.0
<b>11.No one care for me.</b>						
Often.	15	39.5	0	0.0	0	0.0
Some time.	10	26.3	7	18.4	5	13.1
Rarely.	7	18.4	7	18.4	9	23.4
Never.	6	15.8	24	63.2	24	63.2
<b>12. My social relationships are superficial.</b>						
Often.	25	65.8	0	0.0	1	2.6
Some time.	9	23.7	15	39.5	13	34.2
Rarely.	4	10.5	9	23.7	11	29.0
Never.	0	0.0	14	36.8	13	34.2
<b>13.No one really know me.</b>						
Often.	27	71.0	3	7.9	2	5.3
Some time.	5	13.2	12	31.6	11	28.9
Rarely.	6	15.8	12	31.6	14	36.9
Never.	0	0.0	11	28.9	11	28.9
<b>14. I feel isolated from others.</b>						
Often.	12	31.6	0	0.0	0	0.0
Some time.	5	13.2	0	0.0	0	0.0
Rarely.	11	28.9	8	21.1	4	10.5
Never.	10	26.3	30	78.9	34	89.5
<b>15.*I can find companionship when I want it.</b>						
Often.	5	13.1	10	26.3	11	28.9
Some time.	9	23.7	25	65.8	21	55.3
Rarely.	12	31.6	3	7.9	5	13.2
Never.	12	31.6	0	0.0	1	2.6

Table 12(Cont.)

Level of feeling	Before intervention		After intervention		One month after intervention	
	Number	Percentage	Number	Percentage	Number	Percentage
<b>16.*There are people who really understand me.</b>						
Often.	0	0.0	7	18.4	5	13.2
Some time.	4	10.5	19	50.0	17	44.7
Rarely.	23	60.6	12	31.6	14	36.8
Never.	11	28.9	0	0.0	2	5.3
<b>17.* I am unhappy being if I did not participate in social activities or did not talk to anybody.</b>						
Often.	0	0.0	11	28.9	11	28.9
Some time.	4	10.5	13	34.2	15	39.5
Rarely.	14	36.9	12	31.6	11	28.9
Never.	20	52.6	2	5.3	1	2.7
<b>18.People are around me but not with me.</b>						
Often.	14	36.8	0	0.0	1	2.6
Some time.	13	34.2	4	10.5	1	2.6
Rarely.	8	21.1	15	39.5	23	60.6
Never.	3	7.9	19	50.0	13	34.2
<b>19.* There are people I can talk to.</b>						
Often.	4	10.5	14	36.8	12	31.6
Some time.	14	36.9	19	50.0	23	60.5
Rarely.	19	50.0	5	13.2	3	7.9
Never.	1	2.6	0	0.0	0	0.0
<b>20.* I can find people to consult or to ask for help when I have problems.</b>						
Often.	0	0.0	8	21.1	5	13.1
Some time.	3	7.9	15	39.5	12	31.6
Rarely.	16	42.1	14	36.8	21	55.3
Never.	19	50.0	1	2.6	0	0.0

## BIOGRAPHY



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