Relationship between Grief and Loss Counselling and Adjustment of Social Behaviours among the Elderly in Sigowet-Soin Sub County of Kericho County

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ABSTRACT

This study aimed to investigate the relationship between grief and loss counselling and the adjustment of social behaviours among the elderly in Sigowet-Soin Sub County of Kericho County, Kenya. The study utilized a person-centered theory and adopted a concurrent mixed methods research design, incorporating both quantitative and qualitative approaches. The quantitative study employed an experimental design, while the qualitative study utilized a case study design. The target population consisted of 60 elderly individuals, with 30 selected for the study group and another 30 for the control group using stratified random sampling. Data collection involved the use of questionnaires and in-depth interviews, with research instruments validated by experts and supervisors. The reliability of the instruments was determined through a pilot study in Sigowet-Soin constituency, employing test-retest method and Pearson correlation coefficient. Quantitative analysis involved descriptive and inferential statistics, presenting findings through frequency distribution tables, diagrams, pie charts, and bar graphs. Qualitative data was analysed thematically. The study revealed no statistically significant differences between the intervention group and control group in terms of grief and loss counselling ($p > 0.05$). Thus, the study concluded that grief and loss counselling interventions did not help improve the social behaviours of the elderly. Grief and loss counselling has no significant effect in enhancing social behaviour of the elderly. The assessment of the grief and loss social behaviour reveals the need for further analysis to understand the effective strategies to assist elderly people cope up with the profound losses. Since the program implemented was not statistically significant. Further studies can help the influential factors on depression, stress management, self-esteem and relationship problems among the elderly.

Keywords: Adjustment, Elderly, Grief and Loss Counselling, Social Behaviour

I. INTRODUCTION

As the world is experiencing a rapid increase in the aging population, there is a growing recognition of the psychological and social needs of older adults. Heisel et al. (2015) asserted that the age process normally comes with different challenges which include decline in physical health, decrease in social interaction and loss of the loved ones. Such factors combined with natural impacts of aging can result to decline on the person's overall psychological well-being and their social behaviour adjustments. Scheibe and Carstensen (2010), noted that the need to identify interventions that are effective in enhancing social behaviour of the elderly population is crucial. Holwerda et al (2014) highlighted that aging is often accompanied by interference in an individual's social roles and relationships and in most cases older adults' experiences decrease in social networks, increase in isolations and reduction in participation in societal activities. Such changes affect their social behaviour adjustment which leads to their feeling of loneliness, sadness and decrease in quality of life. Furthermore, Dickens et al. (2011), argued that older adults are more susceptible passive and non-assertive treatment by others which further escalates their social difficulties.

One common approach to enhance social behaviour adjustments among elderly is grief and loss counselling. According to Bemelmas et al. (2012) the benefits of grief and loss counselling include the ability to communicate an individual's thoughts, feelings and emotions in a clearly defined and respectful approach. This involve expression of one's feelings regarding their loss while considering the feelings and needs of others thus ensuring maintained healthy boundaries and effective navigation of interpersonal situations. Laugeson et al. (2012), highlighted that grief and loss counselling has several positive outcomes which include improved self-esteem, increase in life satisfaction, enhancement in interpersonal relationships and reduced anxiety levels and depression. However, limited studies are

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available that specifically provides the relationship between grief and loss counselling and social behaviour adjustment among the elderly. Gooding et al. (2012), pointed that understanding the relationship grief and loss counselling and social behaviour adjustment is crucial considering the unique challenges that the elderly face in maintaining and establishment of social connections.

Like many countries in the world, the Kenyan elderly population face unique challenges which relate with their social and emotional welfare. Charles and Carstensen (2010), pointed that this population are susceptible to social isolation, loneliness and they lack social support systems which affect their adjustments greatly and their quality of life. These challenges are even more paramount when the elderly are faced with grief and loss. In Kericho county and specifically Sigowet-Soin Sub-County, the elderly population is not an exception from the challenges. As a result, it is crucial to explore grief and loss counselling as one of the interventions proposed to improve the adjustment of their social behaviour. Bemelmas et al. (2012), pointed that grief and loss counselling is a psychological intervention which focuses on training all populations to adjust to grief and loss, however, limited studies is available on its effectiveness on the elderly population. The study aim was to investigate the relationship between grief and loss counselling and adjustment of social behaviour among the elderly.

1.1 Statement of the Problem

In the Sigowet-Soin constituency of Kericho County, the social needs of the elderly remain significant considering that without social support can result to adverse depression. Currently, depression is one of the leading cause of morbidity globally and has been pointed to be a considerable economic burden to the society (Charles and Carstensen, 2010). Holwerda et al (2014), asserted that the elderly who lack social support when facing grief and loss are likely to experience withdrawals and have suicidal tendencies. To address the challenge, intervention strategies effective in addressing these challenges among the elderly. One of the interventions strategies that can be employed is grief and loss counselling, however, its effectiveness on adjustment of social behaviour remains largely has not been investigated in the context of Sigowet-Soin constituency of Kericho County thus the need of the study. Although previous studies explored the impact of psychological counselling on social behaviour adjustments among the elderly, there is significant research gap in understanding the relationship between grief and loss counselling and adjustment of social behaviour among the elderly in the context of Sigowet-Soin constituency.

The study, therefore, aims to assess the relationship between grief and loss counselling and adjustment of social behaviour in the elderly. The study area will focus in Sigowet-Soin constituency in Kericho County and specifically provide an understanding on how grief and loss counselling affect social engagement, communication, conflict resolution and their overall life fulfilment between this vulnerable population and family members. Furthermore, the study will explore the demographics key in influencing the relationships will be explored. This will provide significant insights to the effectiveness of grief and loss counselling in improving social behaviour among the sampled elderly population in Sigowet-Soin constituency thus contributing to development of the well-being and the quality.

II. LITERATURE REVIEW

2.1 Person-Centered Theories

The theory is also known as humanistic theories and is psychological theories that prioritize individual's subjective experience to help them improve their self-growth and personal potential (Howard and Hoffman et al., 2018). Cain (2010), asserted that the theory provides a relevant understanding on how grief and loss counselling helps in social behaviour adjustment among the elderly population. Person centered theories emphasizes on the need to understand and address the unique needs, values and goals of an individual. Client centered therapy by Carl Rodgers is a known person centered theory (Rogers, 2013), and according to Rogers (2013), the theory provides that an individual had the tendency to achieve self-actualization and personal growth where the social adjustment behaviour is subjected to them. In relevance to the research question, it is recognized that the elderly individuals are active participants on their own growth and development (Cooper and McLeod, 2011). Person-Centered theories emphasizes on the role therapy in achieving the desired results and thus provides that where social behaviour adjustment such as grief and loss counselling is adopted, it is crucial to establish support and trust between the trainers and the participants. This will ensure a safe and non-judgemental environment thus promotion of self-exploration and expression thus effective therapy.

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Abram Maslow Hierarchy of needs is another person centred theory that aligns with the research question and the theory asserts that individual's needs are hierarchical which range from psychological to self-actualization (Mustofa, 2022). The theory further explains that when addressing social behaviour adjustments among the elderly population, it is crucial to consider the individual's unique needs and motivation within the hierarchy (Chen & Schulz, 2016). As result, the theory concluded that to facilitate effective social behaviour adjustment such as in case of grief and loss, the trainers need to focus on helping this population achieve their basic needs such as physical comfort and safety (Miller et al., 2011). According to MacLeod et al. (2016), as elderly participants progress with grief and loss counselling which integrate an effective address of their unique needs, trainers will facilitate social engagement and thus achieve social behaviour enhancement which contribute to the ultimate overall adjustment. Geiger et al. (2016), highlighted that the advocacy of the person centered theories is for the use of non-directive approach which allow the participants to take active role in the learning development process. In this context therefore, trainer's role was to encourage and empower the elderly participants to establish their own goals and make choices according to their personal values and preferences.

2.2 Empirical Review

Research by Meichsner (2020), indicated that psychological counselling interventions have had a positive effect on the quality of life and social behaviour of elderly people. Such interventions have been found to be effective in reducing their depression and anxiety levels, thus improving their social functioning. Additionally, Roper-Hall (2023), explained that psychological interventions have been found to reduce feelings of loneliness among elderly people, which is associated with improved social functioning. Moreover, psychological counselling interventions have been reported to enable the elderly to manage their physical and mental health issues in a better and more responsible way. Furthermore, Van Orden et al. (2021), suggests that interventions that focus on developing positive interpersonal relationships in elderly people likewise have a positive effect on their social behaviour. These interventions have been found to enhance the elderly people's sense of connection, closeness, and enjoyment of meaningful conversational activities. Additionally, such interventions have been successful in increasing the elderly people's ability to cope with day-to-day stressors and conflicts.

Study by Saxon et al. (2021) pointed that in regards to bereavement and grief counselling, it has been suggested that it can be an effective tool for helping elderly individuals to cope with and adjust to changes in their social behaviour brought about by bereavement and loss. It involves developing an understanding of the individual's experiences, providing support in the bereavement process, and using a range of therapeutic techniques such as cognitive-behavioural and solution-focused approaches to help them adjust to the new environment created by the death of a loved one and foster healthy social behaviours Cacciatore et al. (2021). The focus of bereavement and grief counselling is often on helping the individual to understand and appreciate the cycle of grief, allowing them to gradually adjust to a new way of life, while also utilizing more traditional methods of psychotherapy such as cognitive-behavioural therapy to assist with the adjustment process (Boelen & Lenferink, 2020).

Based on above empirical analysis suggests that while aging is inevitably associated with certain physiological changes, elderly people can benefit from appropriate psychological counselling interventions and enhance their social behaviour and quality of life. It is therefore recommended that elderly people should seek psychological counselling interventions when needed, and should do so at appropriate intervals as part of their overall health and wellness routine.

III. METHODOLOGY

3.1 Research Design

The study adopted concurrent mixed methods research design in order to bring together the results of the quantitative and the qualitative data analysis so they can be compared or combined (Halcomb & Hickman, 2015). The concurrent design is a mixed methods design in which the researcher collects and analyses two separate databases quantitative and qualitative and then merges the two databases for the purpose of comparing or combining the results. Experimental design was used in the quantitative study. Sixty elders were sampled using stratified sampling methods. The elders were then randomly assigned to experimental and control groups. Case study design was used in the qualitative study.

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3.2 Population and sample of the study

The target population were 60 elderly populations in Sigowet-Soin sub County of Kericho County. Sigowet-Soin Sub County has 1334 Elderly population comprising of 522 men and 812 females. However, since this study used quasi-experimental design, the researcher targeted 30 elderly populations as a study group and another 30 elderly populations as a control group from 10 locations in Sigowet-Soin Sub County.

3.3 Research Instruments

The present study incorporated a combination of qualitative and quantitative methodologies to gather data. This approach was chosen as it allows for a more comprehensive and harmonized utilization of data, rather than carrying out separate quantitative and qualitative data collection and analysis. The data collection techniques employed in the study comprised the use of questionnaires and in-depth interview guides.

3.4 Validity and Reliability

The study used content validity to determine whether the instrument sufficiently covers all of the content that should be covered by the variable. As a result, the researcher distributed research instrument to the phycologist research professionals to confirm that the questions test or measure what they are meant to test or measure. Therefore, the validity of this study was attained through expert's advice. A pilot study was carried out in Sigowet-Soin constituency of Kericho County. The respondents who participated in the pilot study were not involved in the main study. The pilot study was conducted to determine reliability of the study's research instruments.

3.5 Data Analysis

The data was analysed using quantitative and qualitative methods. When conducting quantitative analysis, descriptive and inferential statistics were used which involved assessing frequency, mean, percentage, and standard deviation. Inferential statistics were used to compare the groups attending counselling and those not attending, acting as a control group, and involved t-tests to determine significant differences between the two groups. To ensure accuracy and validity, the questionnaires were systematically checked after the fieldwork was completed. This process was important in establishing reliable and valid results and the findings were presented using frequency distribution tables, diagrams, pie charts, and bar graphs.

IV. FINDINGS & DISCUSSIONS

4.1 Descriptive analysis for Grief and Loss social behaviour

Descriptive analysis for grief and loss social behaviour before and after intervention were obtained. The result obtained were further compared with the results for the control group both before and after the intervention and the results presented below. Descriptive analysis for grief and loss social behaviour was assessed before intervention and the results presented below

Table 1
Grief and Loss Social Behaviour before Intervention

	Mean	Std Dev.
Handling Depression	1.9667	0.31984
Managing stress	1.9667	0.31984
Living alone in some Isolated place	4.8	0.40684
Feeing miserable for no good reason	4.8	0.40684
Feeling emptiness	4.8	0.40684
Losing respect	4.8	0.40684
Having low social status	4.8	0.40684
Lacking independence	4.8	0.40684
Making necessary financial contributions	1.9333	0.25371
I have meaningful Friendships with my peers	1.9333	0.25371
I often feel socially isolated	4.2333	1.35655
Having poor relationships with family members	4.7667	0.43018
attending religious gatherings	1.0667	0.25371

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Visiting friends and family members	1.0667	0.25371
Smoking	2.5333	0.89955
Drinking	2.5333	0.89955
Relating alcohol with friends and family	2.4333	0.67891
I attend community development gathering	2.4	0.67466
Respect people for their accomplishments	2.3667	0.66868
Mediating between people	2.4	0.67466
Abusing young people	3.4333	0.93526
Acting in an intimidating fashion	3.5333	0.81931
Being joyful	1.4333	0.56832
Being merciful	1.3333	0.54667
Respecting grown-up people	2.7	1.23596
Hating people	3.1333	1.25212

Table 1 above outlines how frequently the intervention group displayed certain social behaviour as a result of grief and loss before the intervention. Based on the descriptive statistics provided, it can be noted that handling depression and managing stress shows a relatively low mean value of 1.9667 which suggest that on average the respondents felt inefficient in handling stress and depression. A low standard deviation of 0.31984 means relatively consistent in perception among the respondents. Regarding the variable, Living Alone in Isolation and Negative Emotions has a mean and standard deviation values of 4.8 and 0.40684 respectively suggesting a consistent and higher level of agreement among respondents regarding the challenges associated with the variable. For the variable Social Interactions, the mean value was 1.9333 which indicates positive perceptions. However, regarding feeling socially isolated the mean value is 4.2333 suggest a more widespread sense of social isolation among respondents. The standard deviation is 1.35655 for social isolation which indicates variability in responses. The mean value for poor family relationships is 4.7667 which indicate a prevalent negative sentiment while the standard deviation is 0.43018 which suggest consistency in the response. The mean lifestyle choices related to smoking, drinking, and associating alcohol with friends and family has a mean of 2.5333 and standard deviation values of 0.89955 indicating a consistent moderate level of engagement among respondents.

The mean community engagement and social behaviour indicate the mean values ranging from 2.3667 to 2.7 while the standard deviations imply variability in responses with some respondents expressing differing levels of engagement for the variables. The mean for negative social behaviour which include abusing young people and acting in an intimidating fashion is 3.4333 and 3.5333, respectively which suggest that a relatively variability in the responses while the standard deviations is 0.935 and 0.819 which indicate some variability in perceptions. Regarding emotional states for being joyful and being merciful have a mean values 1.4333 and 1.3333, respectively which indicate generally positive emotional states among respondents. On the other hand, the standard deviations are 0.56832 and 0.54667 which suggest a moderate level of variability in responses. Finally, the mean for respecting people is 2.7 and a higher standard deviation of 1.23596 which indicate variability in agreement among respondents. Hating people on the other hand has a mean value of 3.1333 which suggest a more prevalent negative sentiment and standard deviation of 1.25212 which indicate some variability in responses.

Further, descriptive analysis for grief and loss social behaviour was assessed after intervention and the results presented in Table 2.

Table 2
Grief and Loss Social Behaviour after Intervention

	Mean	**Std Dev**
Handling Depression	4.8	0.76112
Managing stress	4.8	0.76112
Living alone in some Isolated place	1.2	0.40684
Feeing miserable for no good reason	1.2	0.40684
Feeling emptiness	1.2	0.40684
Losing respect	1.2	0.40684
Having low social status	1.2	0.40684
Lacking independence	1.2	0.40684
Making necessary financial contributions	4.9	0.30513

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I have meaningful Friendships with my peers	4.9	0.30513
I often feel socially isolated	1.6	1.03724
Having poor relationships with family members	1.2	0.43018
attending religious gatherings	4.9333	0.25371
Visiting friends and family members	4.8333	0.37905
Smoking	1.8667	1.04166
Drinking	1.8	1.0635
Relating alcohol with friends and family	4.4333	0.67891
I attend community development gathering	4.4	0.67466
Respect people for their accomplishments	4.3667	0.66868
Mediating between people	4.4	0.67466
Abusing young people	1.5667	0.93526
Acting in an intimidating fashion	1.4667	0.81931
Being joyful	4.5667	0.56832
Being merciful	4.6667	0.54667
Respecting grown-up people	4.2333	0.67891
Hating people	1.6667	0.8023

The variables of Handling Depression and Managing Stress has a mean of 4.8 and Standard deviation of 0.76112 which indicate that on average, respondents felt competent in handling depression and managing stress. The low standard deviation implies a relatively consistent response among the participants. The variable Living Alone in Isolated Places and Feeling Miserable has a mean of 1.2 and a Standard deviation of 0.40684. The mean suggest that the respondents do not strongly identify with living alone in isolated places and feeling miserable. The low standard deviation indicates consistency in response. The results for Social and Relationship Factors shows a mean between 1.6 to 4.9 and a Standard deviation between 0.30513 and 1.03724. The results imply that on one positive side, having meaningful friendships and making necessary financial contributions have high mean values. The results on Lifestyle Choices has a mean between 1.8 to 4.9333 and Standard deviation between 0.25371 and 1.0635. The implication is that; the respondents do not engage in these behaviours frequently.

The variables for Behaviour and Emotional Well-being has a mean between 1.4667 to 4.6667 and a Standard deviation between 0.54667 and 0.93526 which indicate a positive emotional well-being. The variable respecting and Hating People has a mean between 1.6667 to 4.2333 and a Standard deviation between 0.67891 and 0.8023 which suggest a positive attitude. However, the standard deviation indicates variability in responses.

The study also assessed grief and loss social behaviour for the control group before intervention and the results presented in the Table 3 below.

Table 3

Descriptive Statistics for Grief and Loss Social Behaviour for Control Group taken before Intervention

	Mean	**Std Dev**
Handling Depression	1.9667	0.31984
Managing stress	1.9667	0.31984
Living alone in some Isolated place	4.8	0.40684
Feeing miserable for no good reason	4.8	0.40684
Feeling emptiness	4.8	0.40684
Losing respect	4.8	0.40684
Having low social status	4.8	0.40684
Lacking independence	4.8	0.40684
Making necessary financial contributions	1.9333	0.25371
I have meaningful Friendships with my peers	1.9333	0.25371
I often feel socially isolated	4.2333	1.35655
Having poor relationships with family members	4.7667	0.43018
attending religious gatherings	1.0667	0.25371
Visiting friends and family members	1.0667	0.25371
Smoking	2.5333	0.89955
Drinking	2.5333	0.89955

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Relating alcohol with friends and family	2.4333	0.67891
I attend community development gathering	2.4	0.67466
Respect people for their accomplishments	2.3667	0.66868
Mediating between people	2.4	0.67466
Abusing young people	3.4333	0.93526
Acting in an intimidating fashion	3.5333	0.81931
Being joyful	1.4333	0.56832
Being merciful	1.3333	0.54667
Respecting grown-up people	2.7	1.23596
Hating people	3.1333	1.25212

Based on the given descriptive statistics, it can be observed that the results for Handling Depression and Managing stress shows a mean of 1.9667 and a Standard deviation of 0.3198 indicating a generally positive response and the standard deviation suggests that responses are consistent among the participants. Living alone in some Isolated Place and other related statements has a mean of 4.8 and a Standard deviation of 0.40684. The mean indicate a negative sentiment or difficulty associated with these aspects. The standard deviation suggests that the participants shows consistency in the responses. Making necessary financial contributions and Meaningful friendships with peers has a mean of 1.9333 and a Standard deviation of 0.25371, indicating positive sentiments while the standard deviation suggests that responses are consistent. Feeling socially isolated has a mean of 4.2333 and a Standard deviation of 1.35655, suggesting more variability in responses implying that the participants have diverse experiences with social isolation. Having poor relationships with family members has a mean of 4.7667 and a Standard deviation of 0.43018 indicating a negative sentiment.

Smoking, drinking, relating alcohol with friends and family has a mean of 2.5333 and a Standard deviation: 0.89955, indicating more variability in responses. Being joyful, being merciful, respecting grown-up people mean values are relatively low which indicate positive sentiments. Hating people has a mean of 3.1333 and a Standard deviation of 1.25212 indicating variability in responses. Finally, the study assessed grief and loss social behaviour for the control group after intervention and the results presented in the Table 4 below.

Table 4

Descriptive Statistics for Grief and Loss Social Behaviour for Control Group taken after Intervention

	Mean	**Std. Dev.**
Handling Depression	1.9667	0.31984
Managing stress	1.9667	0.31984
Living alone in some Isolated place	4.8	0.40684
Feeing miserable for no good reason	4.8	0.40684
Feeling emptiness	4.8	0.40684
Losing respect	4.8	0.40684
Having low social status	4.8	0.40684
Lacking independence	4.8	0.40684
Making necessary financial contributions	1.9333	0.25371
I have meaningful Friendships with my peers	1.9333	0.25371
I often feel socially isolated	4.2333	1.35655
Having poor relationships with family members	4.7667	0.43018
attending religious gatherings	1.0667	0.25371
Visiting friends and family members	1.0667	0.25371
Smoking	2.5333	0.89955
Drinking	2.5333	0.89955
Relating alcohol with friends and family	2.4333	0.67891
I attend community development gathering	2.4	0.67466
Respect people for their accomplishments	2.3667	0.66868
Mediating between people	2.4	0.67466
Abusing young people	3.4333	0.93526
Acting in an intimidating fashion	3.5333	0.81931
Being joyful	1.4333	0.56832

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Being merciful	1.3333	0.54667
Respecting grown-up people	2.7	1.23596
Hating people	3.1333	1.25212

The results in table 4 indicate that none of the elderly participants in the control group never carried out any of the behaviour related to grief and loss when the intervention began. However, after the intervention, it was found that they seldom, occasionally, frequently, or always adopted one or more of the behaviours.

Based on the descriptive statistics provided, it can be observed that certain social behaviours related to grief and loss are present before any intervention takes place. Handling Depression and Managing Stress has a mean of 1.9667 and a Standard Deviation of 0.31984 indicating a relatively consistent response in these areas. Living Alone in Some Isolated Place, Feeling Miserable for No Good Reason, Feeling Emptiness, Losing Respect, Having Low Social Status, Lacking Independence has a mean of 4.8 and standard Deviation and 0.40684 suggesting that respondents consistently perceive these aspects with a high level of agreement. Making Necessary Financial Contributions and Having Meaningful Friendships with Peers has a mean of 1.9333 and a standard Deviation of 0.25371 which indicate a consistent response for both positive aspects. Feeling Socially Isolated has a mean of 4.2333 and a Standard Deviation of 1.35655 indicating more variability in responses. Having Poor Relationships with Family Members has a mean of 4.7667 and a Standard Deviation of 0.43018 which suggests a consistent perception of poor relationships with family members among respondents. Attending Religious Gatherings and Visiting Friends and Family Members has a mean of 1.0667 and a Standard Deviation of 0.25371 indicating a consistent response in these areas.

Smoking, Drinking, Relating Alcohol with Friends and Family has a mean of 2.5333 and a Standard Deviation: 0.89955 suggesting more variability in responses regarding these behaviours. Attending Community Development Gatherings, Respecting People for Their Accomplishments, and Mediating between People has a mean of 2.4, 2.3667 and 2.4 which indicate a consistent response for these factors. Abusing Young People, and acting in an Intimidating Fashion has a mean of 3.4333 and 3.53 and a Standard Deviation of 0.93526 and 0.81931 which suggest more variability in responses to these negative behaviours. Being Joyful, Being Merciful, Respecting Grown-Up People and Hating People has a mean of 1.4333, 1.3333, 2.7, and 3.1333 indicating a diversity in responses to these emotional and behavioural aspects.

H_{01}: There is no significant difference between the mean of social behaviour scores of elderly people who have received grief and loss counselling and those who have not.
This null hypothesis was tested using t-test of independent groups and the results presented in tables below.

Table 5
Comparison of Grief and Loss Counselling Scores

Category	n	Mean	SD	*p*
Intervening group	30	77.467	0.479	0.051
Control group	30	78.000	0.591	

Since the p-value of 0.051 is greater than 0.05, we do not reject the null hypothesis. Therefore, there is no significant difference between grief and loss counselling and mean social behaviour scores of elderly people who have received grief and loss counselling and those who have not.

V. CONCLUSIONS & RECOMMENDATIONS

5.1 Conclusion

Before undertaking the program, a range of social behaviours related to grief and loss were noted from the participants. While participants exhibited normal behaviours and engaged in beneficial activities such as attending religious gatherings and maintaining connections with friends and family, others were noted to engage in problematic problems such as substance abuse, intimidation actions and isolations. The study findings pointed out the effect of grief and loss on social behaviour thus highlighting the need interventions that promotes healthy coping mechanism. Based on the results, the interventions implemented on the elderly participants was not successful improving social

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behaviours after grief and loss thus no notable significant decrease in depressive and stress related behaviour, increase in self-esteem and improvement in respect for other was noted after intervention program. Furthermore, the t-test results revealed that the p-value was higher at 5% significance level which implied that although there was a positive association between intervention and social behaviour adjustment, the relationship is not statistically significant.

5.2 Recommendation

The assessment of the grief and loss social behaviour reveals the need for further analysis to understand the effective strategies to assist elderly people cope up with the profound losses. Since the program implemented was not statistically significant. Further studies can help the influential factors on depression, stress management, self-esteem and relationship problems among the elderly. Positive supports, including gifts, family time, meaningful relationships, and engaging activities, can contribute to emotional and spiritual well-being. Healthy coping strategies, such as writing, reading, and leisure activities, should promoted, discouraging destructive behaviours like smoking and drinking. Building trust and respect is crucial for providing empathetic care and support to help individuals manage their grief and loss effectively.

REFERENCES

Boelen, P. A., & Lenferink, L. I. (2020). Symptoms of prolonged grief, posttraumatic stress, and depression in recently bereaved people: Symptom profiles, predictive value, and cognitive behavioural correlates. *Social psychiatry and psychiatric epidemiology*, *55*, 765-777.

Cacciatore, J., Thieleman, K., Fretts, R., & Jackson, L. B. (2021). What is good grief support? Exploring the actors and actions in social support after traumatic grief. *PloS one*, *16*(5), e0252324.

Cain, D. J. (2010). *Person-centered psychotherapies*. American Psychological Association.

Charles, S. T., & Carstensen, L. L. (2010). Social and emotional aging. *Annual review of psychology*, *61*, 383-409.

Chen, Y. R. R., & Schulz, P. J. (2016). The effect of information communication technology interventions on reducing social isolation in the elderly: a systematic review. *Journal of medical Internet research*, *18*(1), e4596.

Cooper, M., & McLeod, J. (2011). Person-centered therapy: A pluralistic perspective. *Person-Centered and Experiential Psychotherapies*, *10*(3), 210-223.

Dickens, A. P., Richards, S. H., Greaves, C. J., & Campbell, J. L. (2011). Interventions targeting social isolation in older people: a systematic review. *BMC public health*, *11*(1), 1-22.

Geiger, P. J., Boggero, I. A., Brake, C. A., Caldera, C. A., Combs, H. L., Peters, J. R., and Baer, R. A. (2016). Mindfulness-based interventions for older adults: A review of the effects on physical and emotional well-being. *Mindfulness*, *7*, 296-307.

Gooding, P. A., Hurst, A., Johnson, J., & Tarrier, N. (2012). Psychological resilience in young and older adults. *International journal of geriatric psychiatry*, *27*(3), 262-270.

Halcomb, E. J., & Hickman, L. (2015). Mixed methods research. *Nursing Standard: Official Newspaper of the Royal College of Nursing 29*(32), 41-7.

Heisel, M. J., Talbot, N. L., King, D. A., Tu, X. M., & Duberstein, P. R. (2015). Adapting interpersonal psychotherapy for older adults at risk for suicide. *The American Journal of Geriatric Psychiatry*, *23*(1), 87-98.

Holwerda, T. J., Deeg, D. J., Beekman, A. T., Van Tilburg, T. G., Stek, M. L., Jonker, C., & Schoevers, R. A. (2014). Feelings of loneliness, but not social isolation, predict dementia onset: results from the Amsterdam Study of the Elderly (AMSTEL). *Journal of Neurology, Neurosurgery and Psychiatry*, *85*(2), 135-142.

Howard, M. C., & Hoffman, M. E. (2018). Variable-centered, person-centered, and person-specific approaches: Where theory meets the method. *Organizational Research Methods*, *21*(4), 846-876.

Laugeson, E. A., Frankel, F., Gantman, A., Dillon, A. R., & Mogil, C. (2012). Evidence-based social skills training for adolescents with autism spectrum disorders: The UCLA PEERS program. *Journal of autism and developmental disorders*, *42*, 1025-1036.

MacLeod, S., Musich, S., Hawkins, K., Alsgaard, K., & Wicker, E. R. (2016). The impact of resilience among older adults. *Geriatric Nursing*, *37*(4), 266-272.

Meichsner, F., O'Connor, M., Skritskaya, N., & Shear, M. K. (2020). Grief before and after bereavement in the elderly: An approach to care. *The American Journal of Geriatric Psychiatry*, *28*(5), 560-569.

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Miller, G. E., Chen, E., & Parker, K. J. (2011). Psychological stress in childhood and susceptibility to the chronic diseases of aging: moving toward a model of behavioural and biological mechanisms. *Psychological bulletin*, *137*(6), 959.

Mustofa, A. Z. (2022). Hierarchy of Human Needs: A Humanistic Psychology Approach of Abraham Maslow. *Kawanua International Journal of Multicultural Studies*, *3*(2), 30-35.

Rogers, C. R. (2013). Client-centered therapy. *Curr Psychother*, *95*, 150.

Roper-Hall, A. (2023). Working systemically with older people and their families who have 'come to grief'. In *Working with the dying and bereaved* (pp. 177-206). Routledge.

Saxon, S. V., Etten, M. J., Perkins, E. A., & RNLD, F. (2021). *Physical change and aging: A guide for helping professions*. Springer Publishing Company.

Scheibe, S., & Carstensen, L. L. (2010). Emotional aging: Recent findings and future trends. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *65*(2), 135-144.

Van Orden, K. A., Bower, E., Lutz, J., Silva, C., Gallegos, A. M., Podgorski, C. A., Santos, E. J., & Conwell, Y. (2021). Strategies to Promote Social Connections Among Older Adults During "Social Distancing" Restrictions. *The American journal of geriatric psychiatry: official journal of the American Association for Geriatric Psychiatry*, *29*(8), 816–827. https://doi.org/10.1016/j.jagp.2020.05.004

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