GROUP PLAY THERAPY TO INCREASE SOCIAL CONNECTEDNESS IN THE ELDERLY AT PELKRIS ELIM NURSING HOME SEMARANG

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Abstract

This study aims to test the effectiveness of Group Play Therapy in increasing the social connectedness of the elderly at Pelkris Elim Nursing Home, Semarang. The study used a mixed-methods approach involving 12 elderly individuals (N=12) in a short-term intervention of 4 sessions. Quantitative data were measured using the Social Connectedness Scale-Revised (SCS-R) at pre-test and post-test and analyzed with a Paired-Samples T-Test, while qualitative data were explored through the dynamics of changes in the elderly's connectedness during the Group Play Therapy process. Quantitatively, Group Play Therapy was effective in increasing social connectedness. The participants' average score increased from pre-test (M = 45.67, SD = 14.61) to post-test (M = 70.33, SD = 15.70). The Paired-Samples T-Test results confirmed that this difference was highly significant (t(11) = -8.527, p < .001). A clinically meaningful impact was also evident, where the group's average score successfully shifted to the 'socially connected' category (mean item score = 3.52), and 9 out of 12 participants who were initially disconnected successfully reached this category. Qualitatively, this intervention successfully facilitated group dynamics that supported the development of friendship, affiliation, and connectedness aspects.

Keywords: *Group Play Therapy, social connectedness, elderly, nursing home.*

INTRODUCTION

Indonesia is currently entering an ageing population phase, where the proportion of the elderly population is increasing. In 2023, 29 million people in Indonesia were elderly (Tarmizi, 2024). The number of elderly in Indonesia is projected to continue to increase by 20 percent, or about 50 million people, by 2045. However, this demographic situation will certainly bring challenges, especially in fulfilling psychosocial well-being (Kourkouta, Iliadis, & Monios, 2015). Entering old age is a stage of life characterized by several signs, such as physical decline (Wei, Kabeto, Galecki, & Langa, 2019). mIn addition to physical changes, changes in social roles are also a common sign among the elderly, which will also be a challenge in old age (Newman-Norlund, et al., 2022). These age-related changes are common situations faced by the elderly, including residents of nursing homes (Richardson, Cleary, & Usher, 2022). This situation also applies to nursing homes in general in Indonesia (Yusamah, 2020), (Ningtyas, Tentama, & Situmorang, 2018).

According to Hassan (2023), the changing conditions and situations experienced by the elderly can generally trigger problems such as being disconnected from social relations or low social connectedness. The aging process itself is not a direct cause of a decline in social connectedness, but a series of factors such as changes in independent functioning, declining health, changing needs, and loss of activities that occur in the elderly can make it difficult for them to maintain social connectedness (Choi, Kang, Shin, Chu, & Choi, 2025). This situation can have a detrimental effect on the mental and emotional well-being of residents, as a lack of social connectedness can increase feelings of loneliness, reduce zest for life, and potentially trigger other psychological problems such as anxiety and depression. According to Utomo, Mcdonald, Utomo, Cahyadi, & Sparrow (2019), the lack of social connectedness in the elderly is less than ideal, considering that social connectedness plays an important role in maintaining the quality of life, emotional well-being, and overall mental health of the elderly. Not only related to mental health, but low social connectedness also has an effect on the physical health of the elderly, such as cardiovascular health, and is even related to the mortality rate of the elderly (Courtin & Knapp, 2017). Given the significant negative impact of low social connectedness, interventions focused on increasing social interaction and strengthening emotional bonds are a necessity for the elderly. One approach that can be applied is Group Play Therapy (Kepalaitė, 2014). Through

fun and group-based play activities, this intervention is expected not only to serve as a recreational activity but also as a bridge to rebuild bonds of friendship, affiliation, and a sense of connection among the elderly (Dobbins, Hubbard, Flentje, Dawson, & Leutwyler, 2018), (Seah, 2017)..

LITERATURE REVIEW
Social Connectedness

Social connectedness is defined as a person's subjective evaluation of the extent to which they have meaningful, close, and constructive relationships with others, whether individually, in groups, or in society (Franke, Sims-Gould, Lusina-Furst, & McKay, 2022). Social connectedness is different from social interaction, social engagement, and social isolation, which are objective and external. Social connectedness is subjective and internal. Social connectedness is the opposite of loneliness, which is often experienced by the elderly, especially those living in social institutions or less interactive environments. Haslam (2015) defines social connectedness as a subjective feeling of psychological attachment to the acceptance of an individual by other individuals or their social group. According to Lee and Robbins (1995), the aspects of social connectedness consist of: (1) companionship, referring to the emotional bond with someone to gain a sense of security and a model for forming self-esteem; (2) affiliation, which is the desire to build friendships and function within one's group; (3) connectedness, referring to the feeling of belonging and being accepted by others. These three aspects are still relevant and continue to be used as a frame of reference in various recent studies to measure social connectedness (Kuehne et al., 2022; Rivera, et al., 2022; Shaikh & Pratika 2022; Wheele et al., 2023; Daffa & Purnamasari, 2024). One of the main reasons for its relevance, as stated by Rivera, et al. (2022), is that the aspects of companionship, affiliation, and connectedness form the basis of the social connectedness measurement tool used. The tool has shown high internal reliability and has been proven effective in other studies. Social connectedness has a significant impact on the well-being of the elderly, which is greater than just having many relationships (Ashida & Heaney, 2008). This is because close and meaningful interpersonal relationships not only reduce loneliness but also support the elderly in maintaining emotional stability and improving their quality of life. Relationships formed with deep interpersonal attachment play an important role in preventing social withdrawal and strengthening the elderly's sense of connection with their social environment.

Group Play Therapy

Group Play Therapy is a psychological and social process in which participants, usually children, interact with each other in a play situation and get to know other participants and even themselves better (Landreth, 2024). Although Landreth's definition mentions children, he states that Group Play Therapy is used with the elderly, where play therapy with nursing home residents is described as very effective for addressing common psychological problems in the elderly. In line with Landreth, research by Jamei, Mazlom, Namazinia, Asghari, & Mohajer (2024) also shows that Group Play Therapy can be used with elderly participants. In Jamei's study, Group Play Therapy used with the elderly is called Adult-Centered Group Play Therapy, which uses an adult-centered approach. Games, which are the medium of Group Play Therapy, can be accessed by all age groups, including the elderly, and have the ability to reduce psychological tension and provide a sense of happiness. For the elderly, games are not just entertainment but also have a deeper role in fulfilling physical, psychological, and social needs (Warburton, et al., 2007). As an intervention medium, games can be used in therapy to improve the life balance of the elderly. Although initially developed for therapy with children, play therapy can now also be applied to all age groups, including the elderly. This therapy not only adds fun to the lives of the elderly but also addresses various psychological and social challenges they face, such as social isolation and decreased interaction. Group Play Therapy has been applied to the elderly in several studies (Kil, Ryu, & Yamauchi, 2018), (Jamei, Mazlom, Namazinia, Asghari, & Mohajer, 2024), (Fuss, 2010).

The Relationship Between Play Therapy and Social Connectedness

Group Play Therapy, which can be conducted with many variations of games, demonstrates that the medium of play can support social connectedness. The social process that occurs in group games ultimately increases the social connectedness of the participants (Dobbins S., 2018). The application of Group Play Therapy to the elderly to increase social connectedness is also supported by research by Kepalaitė (2014), which shows that play therapy in the elderly helps strengthen social connectedness. An important element in Group Play Therapy that can engage participants is the presence of competition and consistent social interaction within the sessions (Jamei, Mazlom, Namazinia, Asghari, & Mohajer, 2024). These elements are important because they can relate to the aspects of social connectedness. In Kepalaitė's (2014) study, through interaction in the game medium, participants showed a

strengthening of relationships by becoming close friends, which is relevant to the companionship aspect of social connectedness (Lee & Robbins, 1995). The relationship between group play therapy and the affiliation aspect allows participants to form emotional bonds through the development of cooperation built from the roles of each participant, which supports the formation of self-esteem and a sense of security. According to Dobbins, Hubbard, Flentje, Dawson, & Leutwyler (2018), games provide a sense of connection to the elderly participants, which is related to the connectedness aspect. In addition, the study also mentioned that participants showed an increase in the companionship aspect, where participants positively supported each other. The affiliation aspect in this study was shown by participants through behaviors such as encouraging other participants, competing healthily with other participants (competitive), and helping participants who were struggling, which means that the participants were aware of their roles within the group.

Group games always involve social interaction and make individuals feel part of the group and able to connect with other participants. This process increases the social connectedness of the elderly (Seah E. T., 2017). Thus, this Group Play Therapy is designed to encourage the elderly to be more actively involved in groups, strengthen interpersonal relationships, and create a supportive social environment. By regularly involving the elderly in sessions, it is hoped that they will feel more that they have people who care. This contributes to increasing overall social connectedness in all its aspects. Games as a form of social therapy offer an effective approach to increasing social connectedness in the elderly, which plays an important role in future emotional well-being (Dobbins S., 2018; Li, Wilke, Shiyanov, & Muschalla, 2024). Social connectedness itself is a subjective evaluation of meaningful relationships and a sense of being part of a community, which will later have a more significant impact on the well-being of the elderly (Santini, et al., 2020). Games provide a space for interaction in a supportive environment, increase openness, and trigger the elderly to form deeper interpersonal relationships (de-la-Hera, Loos, & Simons, 2017). As a form of therapy, games create a balance between entertainment and social therapy, supporting the physical, psychological, and social needs of the elderly holistically (Zeleníková, Hosáková, Kozáková, Bobčíková, & Bužgová, 2025). The studies mentioned show that group play therapy helps the elderly feel more accepted and recognized as part of their community, which ultimately increases their social connectedness and significantly improves their quality of life.
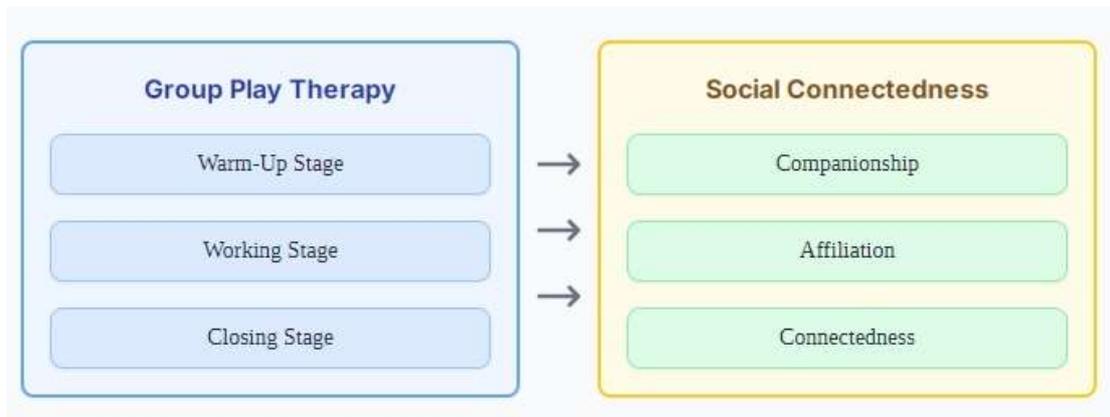

Image I: Conceptual Framework

The image above illustrates Group Play Therapy, which consists of a Warm-up stage, a Working Stage, and a Closing Stage, which can specifically support the aspects of social connectedness, namely companionship, affiliation, and connectedness. In the Warm-up stage, participants orient themselves to the room and the rules of the game, build trust with the practitioner, and take on simple roles such as choosing a game. This stage has the potential to strengthen companionship by creating a safe atmosphere for emotional bonding, as initial trust allows participants to feel comfortable sharing preferences or interacting personally. Kepalaitė's (2014) research shows that interaction in the game medium can strengthen relationships with close friends, which is relevant to the companionship aspect, where participants begin to form emotional relationships that support self-esteem and a sense of security. Next, the Working Stage involves participants playing games such as bingo, rummy, or dominoes, expressing emotions and sharing memories. This stage supports the affiliation aspect through cooperation, such as taking turns playing or helping fellow participants, which strengthens their role in the group through cooperation that occurs with their respective roles. According to Dobbins et al. (2018), behaviors such as cheering, competing healthily, or helping other participants in the game reflect an awareness of group roles, which is in line

with affiliation, as participants build friendships through active contribution. The Closing Stage allows participants to share their experiences and feelings during the game, reflecting on the activity collectively to strengthen a sense of togetherness. This stage has the potential to increase the connectedness aspect by fostering a feeling of being accepted and belonging in the community. Jamei et al. (2024) assert that consistent social interaction in therapy sessions, such as group reflection, supports participant engagement, while Dobbins et al. (2018) found that games create a feeling of connection, which is relevant to the connectedness aspect, as participants feel valued as part of the group.

METHOD

This study used a mixed methods approach, combining a quasi-experimental design to measure the intervention's effectiveness on social connectedness with a qualitative approach to gain a deep understanding of the participants' experiences. The study involved 12 elderly individuals (8 women and 4 men) aged 68–73 residing at Pelkris Elim Nursing Home, Semarang, who were selected using a purposive sampling technique based on the criteria detailed in Table 1. Several assessment methods were used, including Observation, Interviews, Focused Group Discussion (FGD), and the Social Connectedness Scale-Revised (SCS-R). The SCS-R, adapted into Indonesian by Bagaskara and Widyastuti (2023), is a unidimensional scale with proven reliability (Lee, Draper, & Lee, 2001; Capanna, et al., 2013). The research was conducted through distinct Assessment, Intervention, and Evaluation stages. For data analysis, quantitative data from the SCS-R were processed using SPSS with a Paired-Samples T-Test to compare pre-test and post-test results. Qualitative data were collected through direct observation during the four Group Play Therapy sessions and brief interviews during the closing stage, and were subsequently analyzed thematically by grouping findings into the three aspects of social connectedness: companionship, affiliation, and connectedness.

Table 1. Participant Inclusion and Exclusion Criteria

Criteria	Description
Inclusion Criteria	1. Aged at least 60 years. 2. Residing at Pelkris Elim Nursing Home, Semarang. 3. Showing signs of low social connectedness based on initial observation and interviews with nurses.
Exclusion Criteria	1. Severe cognitive impairment that hinders understanding of instructions or participation. 2. Severe hearing or speech impairment that hinders the group communication process.

RESULTS AND DISCUSSION
Quantitative Results

The SCS-R scores for the 12 elderly participants are presented in Table 2. The total scores were calculated for the pre-test and post-test to determine the score difference for each participant. The score difference was used to perform a normality test. The mean score for each participant determines whether they fall into the "socially disconnected" category with a mean score <3.5 or the "socially connected" category with a mean score ≥ 3.5 (Lee, Draper, & Lee, 2001).

Table 2. Pre-Test and Post-Test Social Connectedness Scores (SCS-R)

Participant	Pre-Test Score	Pre-Test Mean	Pre-Test Category	Post-Test Score	Post-Test Mean	Post-Test Category
MK	30	1.5	Socially disconnected	48	2.4	Socially disconnected
R	28	1.4	Socially disconnected	44	2.2	Socially disconnected
H	27	1.35	Socially disconnected	42	2.1	Socially disconnected
W	68	3.4	Socially disconnected	84	4.2	Socially connected
S	50	2.5	Socially disconnected	78	3.9	Socially connected
M	38	1.9	Socially disconnected	76	3.8	Socially connected
T	43	2.15	Socially disconnected	77	3.85	Socially connected
L	61	3.05	Socially disconnected	80	4	Socially connected
A	56	2.8	Socially disconnected	78	3.9	Socially connected
N	48	2.4	Socially disconnected	82	4.1	Socially connected
J	65	3.25	Socially disconnected	79	3.95	Socially connected
RD	34	1.7	Socially disconnected	76	3.8	Socially connected

Data analysis showed that the Group Play Therapy intervention had a significant impact on participants' social connectedness. The group's average score increased significantly by 24.67 points from the pre-test (M = 45.67) to the post-test (M = 70.33). The Paired-Samples T-Test confirmed that this increase was statistically highly significant ($t(11) = -8.527$, $p < 0.001$). The impact at the individual level also showed significant success, with 9 out of 12 participants successfully reaching the 'socially connected' category after the intervention.

Qualitative Results

The qualitative analysis focused on observing changes in behavior, social interaction, and emotional expression during the four Group Play Therapy sessions, with an emphasis on the three aspects of social connectedness: companionship, affiliation, and connectedness. Before the intervention, the FGD revealed symptoms of social disconnection, with statements like "I feel alone, nobody cares" (MK) or "It's hard to make friends because I feel unaccepted" (RD). Initial observations showed the elderly often kept to themselves, with negative emotional expressions such as sadness or indifference, related to physical limitations (e.g., knee pain in S, visual impairment in M) or lack of family visits. The dynamics of Companionship could be seen in the Warm-up stage where participants initially showed low engagement, with anxious or neutral expressions and limited verbal communication (e.g., MK and H only nodded during introductions). A change was observed starting from the second session, where participants like W and J shared personal stories, such as W mentioning his hobby of gardening, which triggered shared laughter and emotional bonding. In the Working Stage (35 minutes per session), games like bingo (session 1) and rummy (session 2) at two tables facilitated emotional bonds.

For example, N and T supported each other while playing bingo, with N saying, "Mr. T, number 25 has been called, mark it quickly!" Shared laughter when B won a round of bingo or when MK received a tumbler as a door prize reflected a sense of security and self-esteem. In the Closing Stage, group reflection showed increased companionship, with participants like S saying, "I'm happy to be able to laugh together, it feels like having close friends again." Observations showed increased eye contact and smiles, especially in sessions 3–4, indicating stronger emotional bonds. The dynamics of the Affiliation aspect could be seen in the Working Stage where the division into two tables for rummy and dominoes (sessions 2–4) encouraged cooperation and active roles within the group. Participants like S helped R understand the rules of dominoes, saying, "Ma'am, put this one here to win." A and J collaborated on rummy strategy, with J suggesting, "Let's play the ace first." Nurses helped participants like M (with visual impairment) to stay involved, which increased their sense of having a role. In sessions 3–4, participants like L and B proactively invited other participants to join, showing awareness of their roles in the group. In the Closing Stage, participants expressed pride in their contributions, such as T who said, "I could help a friend, it feels useful."

Observations showed increased initiative, such as A greeting other participants in the hall after the session, reflecting a stronger affiliation. The dynamics of Connectedness could be seen in the Working Stage where small group interactions during the games triggered feelings of acceptance. For example, participants like N and W cheered when other participants won, creating a supportive atmosphere. In the Closing Stage, group prayer and reflection strengthened the sense of togetherness, with participants like W stating, "Playing together makes the heart happy, like having a new family," and N saying, "I don't feel alone anymore." Observations showed a change from anxious expressions in the initial sessions to enthusiasm in the final sessions, with participants like J and L starting to interact outside the sessions (e.g., chatting in the hall after session 3). Statements like "I feel valued here" (L) during the reflection of session 4 indicated an increased feeling of acceptance within the nursing home community.

Discussion

Group Play Therapy was effective in increasing the social connectedness of the elderly at Pelkris Elim Nursing Home, Semarang, which is demonstrated by mutually supportive quantitative and qualitative results. Quantitatively, there was an increase in the Social Connectedness Scale-Revised (SCS-R) score from an average of 45.67 (mean item score = 2.28) at pre-test to 70.33 (mean item score = 3.52) at post-test. This increase is highly statistically significant ($t(11) = -8.527$, $p < 0.001$). The success of this intervention is not only statistically significant but also clinically meaningful, as the group's average score successfully shifted from the 'socially disconnected' category to the 'socially connected' category in four sessions. The average score increase of 24.67 points reflects a real improvement in the participants' social connectedness. Of the 12 participants analyzed, 9 successfully transitioned from the 'socially disconnected' category to the 'socially connected' category at post-test. Meanwhile, the other 3 participants—although their scores also increased—did not manage to switch categories. This variation in results is likely influenced by accompanying factors such as a more severe initial level of isolation than other participants, such as disappointment due to lack of family visits or conflicts previously experienced with other nursing home residents.

Qualitatively, observations during the intervention showed that Group Play Therapy facilitated changes in behavior, social interaction, and emotional expression that support the three aspects of social connectedness. The dynamics in the companionship aspect, which refers to the formation of emotional bonds to gain a sense of security and self-esteem, showed the intervention successfully transformed isolation into warm bonding. Before the intervention, participants showed emotional withdrawal, as expressed by participant MK in the FGD: "Nobody cares. They are busy with their own affairs." However, in the second session, there was an ice-breaking moment when participant W shared a story about playing cards with his late wife, which was met with a small smile by participant MK. This interaction was early evidence of the formation of an emotional bond, where sharing vulnerable personal stories began to build a sense of security in the group. The culmination was when participant W at the end of the session stated, "It's fun playing together, like having a family again," and participant MK added, "Playing together is a bit lively, like it used to be at home." Both statements clearly show that the need for companionship has been met, where the group atmosphere has turned into a family image that provides comfort and security for MK.

The dynamics that occurred in the companionship aspect are in line with the findings of Kepalaitė (2014) that interaction in games strengthens friendships. This finding is also supported by research by Brox, Luque, Eversten, & Hernandez (2011) who found that games can effectively foster social bonds and a sense of togetherness that are the foundation of friendship. The dynamics in the affiliation aspect, namely the individual's awareness of their role and their desire to function in the group, showed Group Play Therapy encouraging a transition from passive participation to active contribution. In the initial session, participants like MK and H only participated with the help of a nurse. However, in the second session, participant R, who was previously quiet, took the initiative to teach W how to play rummy.

This behavior is a concrete manifestation of affiliation, as R was no longer just an object in the group, but a participant who had a role (teaching the rules) and contributed to the dynamics of the game. This is supported by the findings of Dobbins et al. (2018) which state that group games increase affiliation through cooperation. Another initiative was shown by participant W who actively helped R place domino cards and reminded other participants of their turns, strengthening his role as an informal facilitator in the group. This finding is further reinforced by Yang & John (2020) who showed that games effectively encourage the elderly to take strategic roles and cooperate, which is the core of affiliation formation in a group. The dynamics in the connectedness aspect, defined as the feeling of being accepted and part of a community, showed the intervention successfully created an inclusive environment. Initially, the feeling of alienation was very strong, as expressed by participant H in the FGD: "I feel like I was thrown away here. Nobody cares." However, the atmosphere during the Working Stage gradually changed. Observations

showed participants like W and others cheering when someone managed to play a domino card or win at bingo. This shared cheering, although simple, is symbolically a form of acceptance and validation from the group for the success of its members. This finding supports research by Seah (2017), which states that group games make individuals feel part of a community and able to connect with other participants. In addition, this finding is in line with the framework proposed by de-la-Hera, Loos, & Simons (2017) where inclusive game design facilitates social inclusion, which is a prerequisite for feeling a deep connection with the community. This feeling of acceptance was further confirmed by participant W's statement at the end of the session that the group felt "like having a new family again." This shows that the intervention not only increased interaction but also successfully fostered a feeling of being an integral part of the nursing home community, which is the essence of connectedness.

The findings of this study also show that Group Play Therapy can have a positive effect on social connectedness even when run in 4 sessions as a short-term Group Play Therapy (Landreth, 2024). This is also supported by research conducted by Paramita et al. (2019) which also used a short-term 4-session intervention on the social aspects of the elderly.,Individually, an increase in social connectedness was indeed seen in 9 out of 12 participants who went from being socially disconnected to socially connected. However, there is still a variation in different responses to the intervention in 3 participants who are still in the 'socially disconnected' category. Hawkley & Cacioppo (2010) show that physical limitations and psychological history can affect the response to social interventions, which may explain why some participants showed slower changes. This may explain the 3 participants in this study who indeed had a worse psychological history than the other participants.

CONCLUSION

Based on the research conducted, it can be concluded that the four-session Group Play Therapy* intervention was effective in increasing social connectedness among the elderly at Pelkris Elim Nursing Home, Semarang. The effectiveness of this intervention is most prominent in its tangible clinical impact: 9 out of 12 participants who started as 'socially disconnected' successfully transitioned to the 'socially connected' category. This change in status is more than just a numerical shift; qualitatively, it is reflected in the sincere expressions of the participants who felt the warmth of emotional bonds and togetherness that they equated with a family. This finding is supported by quantitative results showing an increase in the average score from 45.67 to 70.33, a change that is highly statistically significant ($t(11) = -8.527$, $p < 0.001$). Overall, this study shows that a simple group-based play intervention, *Group Play Therapy*, can be a powerful therapeutic tool to address low social connectedness in the elderly. The basis of this finding lies in the integration of quantitative and qualitative data, where the statistically significant increase in scores can be interpreted deeply through observations of the development of companionship, affiliation, and connectedness aspects during the therapy sessions. Although there are variations in individual responses influenced by personal factors, this study provides a picture that familiar and enjoyable activities in the form of games can effectively restore emotional bonds, increase roles within the group, and foster a sense of belonging among the elderly in a nursing home.

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