Death anxiety and interment stress family interventions for Filipino older adults

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Abstract

Objective: The overall intent of this conjoint analysis study is to explicate family intervention preferences of the respondents (aged 18-75) to assist Filipino Older adults in coping with death anxiety and interment stress.

Background: Distressing life circumstances such as death and interment are better coped with family interventions. There have been numerous studies on how family interventions assist in the treatment of physiological and mental illnesses, but there is a continuing research imperative to empirically establish specific family interventions which are holistic and appropriate in cultural and social contexts.

Method: Conjoint analysis was utilized to identify the preferred family intervention measures. A total of 214 adults from the most populous group of islands in the Philippines qualified in the inclusion criteria and after the ethical clearance was obtained, the recruitment started via snowball sampling, following the inclusion criteria set in this research. The demographic details were utilized for the descriptive and inferential statistics of this study, and the orthogonal plan cards were generated via SPSS software to create the orthogonal profiles.

Results: The outcomes of the statistics demonstrated that the conjoint model performed for this study was considerably fit: Pearson’s R is .670, p<.01, Kendall’s Tau is .487, p<.05. Results showed that the cognitive state (23.272%) is the most important and the spiritual state (17.256%) as the least important attribute of family interventions. Part-worth of family interventions showed favoring the following: Medical routines and procedures (.342) for the physical state; mental health awareness (.266) for mental state; livelihood trainings (.051) for social state; family therapy (.022) for psychological state; and church activities (.017) for the spiritual state. The correlation analysis showed that the spiritual state is significantly correlated with age (r = 0.151, p < 0.05) and number of children (r = 0.143, p < 0.05).

Conclusion: This conjoint analysis study provided empirical evidence for identifying preferences of family intervention measures in a holistic perspective by combining physical, mental, social, psychological and spiritual attributes. The findings rendered a multi-modal structure to cope with death anxiety and interment stress that will have a significant bearing in the overall care of the older adult in the family and improve family dynamics.

Implications: The findings will subscribe to the knowledge base useful in family theories and relations, developmental psychology, ageing studies, gerontological psychology and educational gerontology. Moreover, the significant findings will greatly contribute in implementing effective psychosocial and psychoeducational strategies towards the mental health care of the older adult population.
Death anxiety and interment stress family interventions for Filipino older adults

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ABSTRACT
Distressing circumstances such as death and interment are better coped with family interventions. There have been numerous studies on how family interventions assist in the treatment of physiological and mental illnesses, but there is a continuing research imperative to empirically establish specific family interventions which are holistic and appropriate for the Filipino older adults. Therefore, the overall intent of this investigation is to explicate family intervention preferences of the respondents (aged 18-75 years old) to cope with death anxiety and interment stress for Filipino older adults. A total of 214 respondents from the highest populated group of Philippine islands participated in this conjoint analysis study. Results showed that the cognitive state (23.272%) is the most important and the spiritual state (17.256%) is the least important family intervention. Part-worth of the attributes shows medical routines and procedures (.342) as most preferred for physical state; mental health awareness (.266) for cognitive state; livelihood trainings (.051) for social state; family therapy (.022) for psychological state; and church activities (.017) for the spiritual state. Marked associations were noted between spiritual state, age, and number of children. It showed that respondents aged 60-75, with a higher number of children in the family, give more importance to spiritual state to cope with death anxiety and interment stress. The significant findings of this study will greatly contribute to the knowledge base of effective psychosocial and psychoeducational strategies towards geriatric mental health care, including caregivers and family members of the older adults.

INTRODUCTION
Family intervention measures are different approaches/strategies to assist in the main goal or objective improve a specific or overall well-being of an individual by involving family members. These have positive impact for treatment compliance (Liao, et al., 2011; Yu-qun, 2012) and are preventive-effective (Solantaus, 2010). In particular, the engagement in intervention by family members showed trauma-responsive, improved clinical care, and long-term impact (Gates, 2020; Ingoldsby, 2020; Nicholson, et al., 2021) on the individual's well-being. Family-focused interventions are identified to assist in improving prognosis of mental health illness (apa.org, 2019) that assist in structuring family engagement. Family interventions give the proper avenue to talk about mental illness (Saarela, et al., 2018) and understand the distress of a family member. Research also shows that family interaction, receptiveness and involvement result to better
relations, communications and health outcomes (Chesla, 2010; Nayari, et al., 2015; Östlund & Persson, 2014; Wright, 2019) for physical or terminal illnesses. Family support interventions are also effective during the COVID pandemic (Cravello, et al., 2021), where the surging cases continuously imbibe death anxiety (Menzies, & Menzies, 2020, Rababa, et al., 2021) and interment stress (Laguilles-Villafuerte & de Guzman, 2021; Ugwu & Nwankwo, 2020) that affect both the young and old.

Additionally, much of previous research (e.g., Hartmann, et al., 2010; Keogh, et al., 2011; Liao, et al., 2011; Yu-qun, 2012; Parvareshan, et al., 2018) emphasize the effectiveness of providing family-based interventions for the older adult population as well as easing the burden of their caregivers among family members. To achieve holistic effectiveness, these older adult interventions must be synthesized from a life-course perspective, and individually tailored—physical, cognitive, social and psychological (Niclasen, et al., 2019). As such, the inclusion of individual, family, and extrafamilial protective factors (Hsiao & Chen, 2018; Marin & Huber, 2011), self-management and mental health capacities (Jung & Lee, 2017; Niclasen, et al., 2019), stress management techniques (Tsolaki, et al., 2009) multicomponent exercise (Uchmanowicz, et al., 2018) and social networking activities (Chow & Yau, 2018) are considered important intervention buffers. Most importantly, among Filipinos, spiritual functioning is also crucial, especially in the old age adjustment, whether they continue to live with their families, live alone, or face institutionalization. Esteban (2015) pointed out that religion or belief about aging serve as an avenue to have a better disposition, to compensate for the suffering, and as a resource to seek out their misery. Also, de Guzman, et al. (2012) redounded that the older adults lift their lives to God’s divine plan and accept their faith. Similarly, de Guzman and associates (2009), concluded that spirituality strengthens the endurance of an individual when faced with illnesses.

While there are exhaustive studies about death anxiety and a handful of interment stress among older adults, the preferred family interventions in the Filipino context remain a research imperative. Hence, this study aimed to contribute to the empirical knowledge base on family intervention for death anxiety and interment stress and was supported by the research questions: (i) what are the preferred family intervention measures for older adults to cope with death anxiety and interment stress? and (ii) what are the socio-demographic characteristics associated with the preferences? Further, the empirical evidence on the preferred family interventions for death anxiety and interment stress will be integral in addressing the identified psychological stresses brought by the COVID pandemic (Srifuengfung, et al., 2021), provide valuable information for online and hope therapies after this COVID pandemic (Özteke, et al., 2021) and affirm the micro and macro initiatives of homes, communities, and organizations to promote the overall well-being of older adults and family members taking care of them.

THEORETICAL FRAMING AND RESEARCH HYPOTHESES

This study is grounded on the Rational Choice Theory (RCT) of Gary Becker (1968-2014), also known as choice theory or rational action theory. This theory explains social phenomena by showing how they arise from the intentional pursuit of self-interest to give optimal outcomes (Lovett, 2006) and portrays choices driven by beliefs, preferences, and constraints (Manzo, 2013). Moreover, RCT is viewed as heightened rationalities and a narrow regard for one’s self-interest, referred to in Economics literature as a self-regarding preference (Paternoster, et al., 2017).
Although RCT is well-known in the field of Economics, it is also used in other social sciences disciplines. Braganza and associates (2016) alluded that, social scientists use RCT to understand human behavior, which is the focus of this present study. Death anxiety and Interment stress are both intense human behaviors affecting every family in the global sense. The emotionally-affected family members, will seek ways to alleviate these feelings and by using RCT as a guide for the selection of the most preferred family intervention services, is a liberation to consider the most effective. Rational choice theory presupposes the bearing of the choices that will optimize a social outcome desired (Sato, 2013), especially if there is a cultural trend existing in the choices. Therefore, it is deemed necessary that the Filipino respondents; the older adults themselves and the rest either family members or care-givers, have chosen their preferred family intervention measures based on the theoretical premises of Rational Choice Theory. By using this preference-based analysis, the following hypotheses were tested in consideration of the cultural aspects and practices in the Philippines for the family intervention preferences:

H1: The respondents prefer multicomponent exercise and sports for the physical state

H2: The respondents prefer mental health awareness for the cognitive state

H3: The respondents prefer social networking activities for the social state

H4: The respondents prefer family therapy for the psychological state

H5: The respondents prefer church engagements for the spiritual state

H6: There are no significant associations between the respondents’ family intervention preferences and their selected socio-demographic characteristics

**METHOD**

*Research Design*

This quantitative inquiry employed conjoint analysis to determine the family intervention preferences for the older adults to cope with death anxiety and interment stress. This design is an analytical technique that measures individuals’ psychological judgment (Factor & de Guzman, 2017) and is based on the premise that decision options can be described by sets of attributes or factors, each made of different levels (Kateeb et al., 2016). Conjoint analysis ascertains preferences that allow estimation of the relative importance of different variables (Laguilles-Villafuerte & de Guzman, 2019), which may be invested in their cultural orientation and traditions. Although conjoint analysis is most prevalent in marketing research as it measures the attributional values through preferences for certain products and services (Aguinis & Bradley, 2014), it is equally efficient to understand the basis for human judgments on complex issues (Caro et al., 2012), such those needing thought and affect regulation. Thus, in this research, the preferences for family intervention to cope with death anxiety and interment stress were explicated in search of measures that will help assist the Filipino older adults in these complex emotional issues.
From the rigorous research review, the family intervention measures used in this study were summed up in five levels; physical state, cognitive state, social state, psychological state and spiritual state. There are two attributes for each of the levels culled out from existing literature, making certain that these are parallel, mutually exclusive and appropriate for the Filipino culture. The Multicomponent exercise and sports (Uchmanowicz, et al., 2018; Huong, et al., 2017) and medical routines and procedures (de la Vega, 2006; DOH Phils, 2018, Ducharme, et al., 2013, Kato-Okada, et al., 2015) are the attributes for the physical state. Mental health awareness (Jung & Lee, 2017; Niclasen, et al., 2018, WHO & DOH-Phils, 2009) and death and dying education (Abdel-Kalek, 2005, as cited by Letho & Stein, 2009; McClatchey & King, 2015) are for the cognitive state. Social networking activities (Chow & Yau, 2018, Dahl, et al., 2013) and livelihood trainings (DSWD, 2003; Kimura & Browne, 2009) are for the social state. For the psychological state, the attributes are individual psychotherapy (Chesla, 2010; Suri, 2010) and family therapy (Wiegand, 2012; Wright, 2019). Finally, for the spiritual state, the two attributes are church activities (Bassett & Bussard, 2018; Esteban, 2015) and spiritual counseling (de Guzman, et al., 2009; Jung, 2018; Krause & Hayward, 2014).

**Study Site and Sample**

A total of 214 consenting adults were selected through the following inclusion criteria: (a) aged 18 to 59 years old who has an older adult family member and 60-75 years old, (b) Filipino citizen, (c) can read, write and understand either English or Filipino language, (d) are not diagnosed with a terminal illness, cognitive/memory and mental disorders, and (e) have not experienced death for the last two years among immediate family members, are the study respondents. According to Rao (2013), at least a 150-sample size is recommended to estimate part-worth utilities and importance values accurately. The recruited respondents (n=214) sufficed for the research method of this research. The recruitment of the respondents was done via snowball sampling through personal and professional contacts residing from northern, central and southern Luzon, which is the largest and most populous group of islands in the Philippines. The specific demographic characteristics of the respondents are shown in Table 1.

**Data Measures**

In this research, the data measures are two-part: (1) The *Robotfoto*, which is a Dutch term for preliminary identity sketch (Kelchtermans & Ballet, 2002, as cited by de Guzman et al, 2008), characterized the respondents’ demographic profile (Factor et al., 2017). The secured personal details were utilized for the descriptive and inferential statistics of this study, and (2) the Orthogonal Plan Cards were generated via SPSS software to create the orthogonal profiles. A meticulous literature review determined attributes and levels made up of choice bundles, to confirm whether the determinant attributes and their combination profiles are understandable to potential participants (Kim et al., 2016). The profile cards were prepared in two media forms to accommodate the data collection, either: (a) printed in 5”x7” photo-paper with a layout containing large fonts and images to capture each vignette scenario and (b) organized in a Microsoft© PowerPoint Presentation (.pptx) showing one choice bundle per ppt slide (Laguilles-Villafuerte & de Guzman, 2019). The choice bundles reflected in the orthogonal plan cards were presented in both English and Filipino translation for easy comprehension of the respondents.
Data Collection and Ethical Considerations

Prior to the data collection, an ethical clearance was obtained from a local university with protocol number GS2020 PN017. This conjoint analysis research was conducted from May 2020 until March 2021 while the COVID-19 pandemic currently affects homes and communities, and the country is complying with Inter-Agency Task Force for the Management of Emerging Infectious Diseases Resolutions (IATF) restrictions. The respondents were contacted through social media platforms (Facebook messenger, Viber, WhatsApp) and further correspondence were made to those who emailed back their informed consent forms, arranging with either face-to-face interviews when the country eased with the restrictions, or via online platforms when health and safety protocols were reinforced.

Schedules of face-to-face interviews with the qualified respondents were arranged prior actual visits, noting that no health protocols and quarantine measures were breached. Other individual interviews were done via video conferencing in preferred social media platforms/apps like Facebook messenger, Google Meet and Zoom. Audio and video recording were not done without the full consent of the respondents. After orienting them with the nature and purpose of this research, they filled out the robotfoto and were presented with the orthogonal plan cards. The ranking of the orthogonal cards was utilized through the Balance Incomplete Block Design (BIBD). The respondents ranked the cards in three ways, where the first pile was the most preferred, the second pile was neither preferred nor disliked and the last pile as the least preferred based on the vignette scenarios presented. (Baek, et al., 2006 as cited by de Guzman et al., 2014). After obtaining the robotfoto and ranked choice bundles, descriptive and inferential statistics were performed to obtain the profile of the respondents and answer the hypotheses of this conjoint analysis research.

RESULTS

The overall intent of this conjoint analysis paper is to determine the preferred family intervention measures of the respondents (n=214) to cope with death anxiety and interment stress. Further, this quantitative inquiry also wants to identify if the preferences on the family intervention measures for death anxiety and interment stress are related to the respondents’ age, number of siblings and number of children, as important socio-demographic characteristics which may influence their choices. To achieve the objectives of this study, the following are presented: the description of the respondents (Table 1), the family intervention preferences (Table 2) and the significant associations of the preferences (Table 3), when grouped according to selected socio-demographic characteristics.

Description of the Respondents

The research sample was dominated by female respondents (73%), who are within the age group of 18-30 years old (54%), single (57%), as an only child or five siblings (72%), and with a larger percentage of not having any or at the most three children (174 or 81%). Most of the respondents belong to the Catholic Religion (85%) and have obtained a college degree (48%). Most are unemployed (41%) either studying, looking for a job or are housewives, and have a monthly
household income of between 15,780 to 31,560. They pay for daily sustenance and other expenses from their Employment (56%) or the breadwinner in the family.

<table>
<thead>
<tr>
<th>Table 1. Socio-Demographic Profile of the Respondents (n=214)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Profile</strong></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td><strong>Age</strong></td>
</tr>
<tr>
<td>18-30</td>
</tr>
<tr>
<td>31-59</td>
</tr>
<tr>
<td>60-75</td>
</tr>
<tr>
<td><strong>Civil Status</strong></td>
</tr>
<tr>
<td>Single</td>
</tr>
<tr>
<td>Married</td>
</tr>
<tr>
<td>Others</td>
</tr>
<tr>
<td><strong>Number of Children</strong></td>
</tr>
<tr>
<td>0-3</td>
</tr>
<tr>
<td>4 and more</td>
</tr>
<tr>
<td>15,780-31,560</td>
</tr>
<tr>
<td>31,560 and Higher</td>
</tr>
<tr>
<td><strong>Number of Siblings</strong></td>
</tr>
<tr>
<td>0-5</td>
</tr>
<tr>
<td>6 and more</td>
</tr>
<tr>
<td>Pension</td>
</tr>
<tr>
<td>Others</td>
</tr>
</tbody>
</table>

**Family Intervention Preferences of the Respondents**

The outcomes of the statistics demonstrated that the conjoint model performed for this study was considerably fit: Pearson’s R is .670, p<.01, Kendall’s Tau is .487, p<.05. Table 2 indicates that the results of the conjoint technique showed that the cognitive state as the most important attribute (23.272%) considered by the respondents in deciding over family interventions to cope with death anxiety and interment stress. Closely following this is the physical state (22.073%) and psychological State (19.823%). Deliberated as the least important attribute is the Spiritual State (17.256%) and closely followed by Social State (17.577%)

In relation to the part-worth of family interventions, the medical routines and procedures are the most favored by the respondents (.342) over the multicomponent exercise and sports in considering the Physical State. As for the Cognitive State, mental health awareness (.266) is considered more important for the respondents over death and dying education. For the Social State, the respondents leaned more preference to the livelihood trainings (.051), in considering the Psychological State, the respondents are more oriented towards family Therapy (.022) while church activities/engagements (.017) than spiritual counseling were given importance in the Spiritual state.
Table 2. Preferred Family Intervention Measures for Death Anxiety and Interment Stress (n=214)

<table>
<thead>
<tr>
<th>Attributes</th>
<th>Levels</th>
<th>Utility Estimate</th>
<th>Std. Error</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical State</td>
<td>Multicomponent Exercise and Sports</td>
<td>-.342</td>
<td>.215</td>
<td>22.073</td>
</tr>
<tr>
<td></td>
<td>Medical routines and procedures</td>
<td>.342</td>
<td>.215</td>
<td></td>
</tr>
<tr>
<td>Cognitive State</td>
<td>Mental health awareness</td>
<td>.266</td>
<td>.236</td>
<td>23.272</td>
</tr>
<tr>
<td></td>
<td>Death and dying education</td>
<td>-.266</td>
<td>.236</td>
<td></td>
</tr>
<tr>
<td>Social State</td>
<td>Social networking activities</td>
<td>-.051</td>
<td>.223</td>
<td>17.577</td>
</tr>
<tr>
<td></td>
<td>Livelihood trainings</td>
<td>.051</td>
<td>.223</td>
<td></td>
</tr>
<tr>
<td>Psychological State</td>
<td>Individual psychotherapy</td>
<td>-.022</td>
<td>.230</td>
<td>19.823</td>
</tr>
<tr>
<td></td>
<td>Family therapy</td>
<td>.022</td>
<td>.230</td>
<td></td>
</tr>
<tr>
<td>Spiritual State</td>
<td>Church activities/engagements</td>
<td>.017</td>
<td>.205</td>
<td>17.256</td>
</tr>
<tr>
<td></td>
<td>Spiritual counseling</td>
<td>-.017</td>
<td>.205</td>
<td></td>
</tr>
</tbody>
</table>

Pearson’s R = .670, p < .01, Kendall’s Tau = .487, p < .05

The results of correlation analysis (Table 3) were used to determine if the selected socio-demographic characteristics (age, number of children, and number of siblings) are significantly associated with the five attributes and levels of family interventions. Results showed that only the Spiritual State is significantly correlated with age ($r = 0.151$, $p < 0.05$) and number of children ($r = 0.143$, $p < 0.05$). This means that among the respondents, those ages 60-75, who belong to families with a higher number of children, give more importance to Spiritual State than other attributes. The number of siblings was not associated with any of the attributes or the levels of family interventions.

Table 3. Significant relationship of Family Interventions when grouped according to socio-demographic characteristics (n=214)

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th>Number of Children</th>
<th>Number of Siblings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multicomponent Exercise and Sports</td>
<td>-.056</td>
<td>-.111</td>
<td>-.001</td>
</tr>
<tr>
<td>Medical routines and procedures</td>
<td>.056</td>
<td>.111</td>
<td>.001</td>
</tr>
<tr>
<td>Physical State</td>
<td>-.063</td>
<td>-.032</td>
<td>.037</td>
</tr>
<tr>
<td>Mental health awareness</td>
<td>.004</td>
<td>-.084</td>
<td>-.106</td>
</tr>
<tr>
<td>Death and dying education</td>
<td>-.004</td>
<td>.084</td>
<td>.106</td>
</tr>
<tr>
<td>Cognitive State</td>
<td>-.056</td>
<td>-.107</td>
<td>-.124</td>
</tr>
<tr>
<td>Social networking activities</td>
<td>-.072</td>
<td>-.005</td>
<td>-.037</td>
</tr>
<tr>
<td>Livelihood trainings</td>
<td>.072</td>
<td>.005</td>
<td>.037</td>
</tr>
<tr>
<td>Social State</td>
<td>.068</td>
<td>.005</td>
<td>-.025</td>
</tr>
<tr>
<td>Individual psychotherapy</td>
<td>-.026</td>
<td>-.035</td>
<td>-.008</td>
</tr>
<tr>
<td>Family therapy</td>
<td>.026</td>
<td>.035</td>
<td>.008</td>
</tr>
<tr>
<td>Psychological State</td>
<td>-.057</td>
<td>.019</td>
<td>-.006</td>
</tr>
<tr>
<td>Church activities</td>
<td>.094</td>
<td>.060</td>
<td>.049</td>
</tr>
<tr>
<td>Spiritual counseling</td>
<td>-.094</td>
<td>-.060</td>
<td>-.049</td>
</tr>
<tr>
<td>Spiritual State</td>
<td>.151*</td>
<td>.143*</td>
<td>.126</td>
</tr>
</tbody>
</table>

*: Correlation is significant at the 0.01 level (2-tailed) **: Correlation is significant at the 0.05 level (2-tailed)
DISCUSSION

From the preferences of 214 Filipino adult respondents, this conjoint analysis research identified family intervention measures to cope with death anxiety and interment stress. Although the conjoint analysis method is not designed to explore the reasons why respondents decide which are the most or least valued factors, this study rendered the baseline in responding to the most perceived and least perceived physical, cognitive, social, psychological and spiritual resources to cope with death anxiety and interment stress. Overall, the cognitive state was the most valued attribute and the spiritual state was least important for the respondents.

The current study was conducted during the COVID-19 pandemic and it is most likely that the respondents, deemed it vital to be provided with helpful measures for the cognitive state that will provide the most accurate information, heightened awareness and literacy that can regulate emotional issues on death and interment. This result suggests concurrence with the research findings that patients become more effective in solving problems through cognitive-behavioral approaches (Cahill, et al., 2012) and receiving psychoeducation in the family (Saarela, 2018; Solantaus, 2010). Interestingly, the least preference to the spiritual state can be attributed to the dominant age of respondents (18-30 years old), where it was already learned that a person’s religiosity grows stronger as one ages (Stearns, et al., 2018) and that older adults’ religious faith promote engagement in health-promoting activities (Homan & Boyatzis, 2010).

In contrast, another dominant characteristic of the respondents is that they are mostly from smaller family compositions (0-3 number of children), but gave least preference for the spiritual state. This is in opposition of the research finding (Weeden & Kurzban, 2013) that among the developing countries, the more restrictive with reproductive morals are more inclined to be religious. This may be explained that spirituality for the respondents is not restricted with religious practices, but more of having heterogeneity in spiritual observations (Daaleman & Dobbs, 2010).

Looking closely into the importance placed by the respondents over choosing specific family interventions for each of the attributes, there were several hypotheses provided. The first hypothesis, that the respondents prefer multicomponent exercise and sports for the physical state, was not supported; rather, they preferred medical routines and procedures. This means that the respondents understand the importance of compliance to medical routines as part of their basic health (Allen & Kupzyk, 2016) and the acknowledgement that noncompliance with basic health care greatly impairs one’s well-being (Kupzyk & Allen, 2019). Considering that this study was conducted during the COVID surge, the respondents’ preference shows the lack of intention to delay or avoid medical care, contrary to what Czeisler and associates (2020) found. The respondents find it more helpful to fulfill medical procedures to lessen anxiety and stress associated with death and interment.

Unlike the first hypothesis, the second one; that the respondents prefer mental health awareness for the cognitive state, was supported. The respondents find it more supportive to receive mental health education to help ease death anxiety and interment stress. Undeniably, mental health literacy was shown effective in assisting to understand, manage and prevent mental disorders (Latha, et al., 2020). Additionally, Walters and associates, (2021) posited that an effective way to maintain
mental health is to be provided with knowledge, skills and resources serving as mental buffers. Mental health literacy does not only empower the community towards prevention and intervention (Jorm, 2012) but decreases stigma on mental disorders and enhances self-help efficacy (Kutcher, et al., 2016). The respondents were more receptive in achieving a sense of lucidity with mental health awareness programs than of having a structured death and dying education.

The third hypothesis was not supported; since the younger and older Filipino adults prefer to have livelihood trainings than have social networking activities for the social state attribute. Since the recruited respondents are from a developing country, choosing livelihood trainings will be helpful to cope with thoughts of death and interment, illustrating what Chen, et al. (2012) stated as socioeconomic distresses. Typical of a Filipino, searching for additional sources of income fulfills their “pagsalo” (saving) trait (Bobis, et al., 2018; Tarroja, 2010) and “pagmamalasakit” (concern for all) (Jocano, 1997 as cited by Guzman & Teh, 2016) to help each one in the family, especially in money matters. Additionally, is also notable that most of the respondents are unemployed; making up of the students and housewives, therefore giving higher preference to engage socially with economic returns rather than purely socialization or entertainment. It is likely that the respondents perceive having livelihood trainings as a family intervention measure in coping with death anxiety and interment stress. Afterall, an empowered family has access to a decent livelihood source (Gabriel, et al., 2017) that will help ease financial constraints.

For the psychological state, the respondents’ preferences leaned towards having family therapy over individual therapy, therefore supporting the fourth hypothesis of this study. The respondents see the true essence of involving family members to deal with death and interment rather than strive with these distressing circumstances alone. There is a seeming strength when everyone in the family is involved and moving towards one goal of helping promote each other’s well-being. This was seen by Foster and associates (2012), where a family-focused intervention is encouraged to developing resilient family members especially if parents suffer from mental disorders. Similarly, the concept of having variants of family therapies in different contexts were also proved effective in many researches (Crane & Christenson, 2014; Hartnett, et al., 2016; Jiménez, et al., 2019; Sexton & Turner, 2010; van der Pol, et al., 2017). Contextually, the Filipino family is known to be closely-knit (Guzman & Teh, 2016; Tarroja, 2010) and coming from a collectivistic culture, would find it always more comforting to receive help, professional or otherwise, when support and presence of family members are experienced.

The fifth hypothesis was also supported, where the younger and older adults preferred church activities/engagements over spiritual counseling for spiritual state. The respondents showed a preference of multimodality in how they express their spiritually and deemed it more fitting for a family intervention to be engaged in varied church activities than limit to spiritual counseling. In concurrence, Guzman and Teh (2016) mentioned that in difficult circumstances, Filipinos would turn to spiritual resources as forms of coping such as praying and supporting each family member to show faith in God. Even with the COVID pandemic, the engagement of Filipinos in religious activities did not stop, partaking in online devotion and practices (Flores, 2021), which confirms the finding of this research. Filipinos remain to gather solace from church engagement and expression of religion (Iwayama, 2019) especially in upsetting and inevitable conditions, and thus fitting that they will choose church activities as a family intervention measure.
Subsequently, the last hypothesis proved only true for the spiritual state attribute, having significant associations with age and number of children. The rest of the attributes (physical, cognitive, social and psychological) did not show any relationship when group with selected socio-demographic characteristics. Apparent with the findings, the older Filipino respondents with a larger family composition will have higher preferences for spiritual endeavors as a family intervention measure. Previous research underscored spiritual/religious involvement among older populations as effective (e.g., Malone & Dadswell, 2018; Peteer, et al., 2019; Stanley, et al., 2011) invokes resilience, and endurance (e.g., de Guzman, et al., 2009; Esteban, 2015; Manning, 2013; Reis & Menezes, 2017). Undoubtedly, the Filipino older adults in this study also share the same intensity in giving importance to spirituality as an integral measure for family intervention. Finally, Bjorck and Lazar (2011) found that religious support is tied with the motivation of having large families, which is correspondingly true to Filipinos in the context of this research.

CONCLUSION

Theoretical Implications

This conjoint analysis paper focused on the preferences of the respondents with reference to family intervention measures for death anxiety and interment stress to assist Filipino older adults, and made several theoretical contributions. Previous research identified the effectiveness of family interventions (Hartmann, et al., 2010; Keogh, et al., 2011; Liao, et al., 2011; Yu-qun, 2012; Parvareshan, et al., 2018) synthesized from a life-course perspective (Niclasen, et al., 2019). While others separately looked into each of the family intervention components, such as individual, family, and extrafamilial protective factors (Hsiao & Chen, 2018; Marin & Huber, 2011), self-management and mental health capacities (Jung & Lee, 2017; Niclasen, et al., 2019), stress management techniques (Tsolaki, et al., 2009) multicomponent exercise (Uchmanowicz, et al., 2018), social networking activities (Chow & Yau, 2018), religious beliefs (Esteban, 2015) and acceptance of faith (de Guzman, et al., 2012). However, the existing literature still does not have any empirical evidence or framework for identifying preferences of the family intervention measures in a holistic perspective, combining all of these components. In addition, the extant literature lacks focus on specific family intervention measures in coping with death anxiety and interment stress. Thus, the findings contributed to the knowledge base useful in gerontological and developmental psychology, and educational gerontology.

Second, this conjoint analysis deepens the importance of family intervention measures in treating and preventing physiological and mental illnesses from the existing literature (e.g., Gates, 2020; Ingoldsby, 2020; Nicholson, et al., 2021, Saarela, et al., 2018). This study emphasized that mental health awareness is integral to compress all essential aspects towards literacy, prevention, early intervention, and management of death anxiety and interment stress within the family. Further, acknowledgment of equal importance of medical routines and procedures, strengthens the ‘sound mind in a sound body’ maxim, interlinking mental and physical health to address death anxiety and interment stress.

Additionally, this study largely contributes to the Filipino context and similar Asian countries where a dearth of research literature exists. The initial research work of Bobis, et al. (2018),
Guzman & Teh (2016), and Tarroja (2010), focused on the essential Filipino family traits but did not go into lengths of specifying how each will help deal with emotional concerns such as death and interment. Thus, this study can be adapted in creating holistic family management models appropriate in the Filipino and Asian contexts to cover emotionally distressing circumstances through family therapy, livelihood trainings and engagement with church activities. These results imply a substantial and novel guide for a framework focused on specific family intervention measures where a combination of familial psychological support, handling socio-economic concerns and enhancing the spirituality of a typical Filipino family are important to cope with death anxiety and interment stress.

Lastly, the prevailing theoretical body of knowledge established the effectiveness of family interventions during COVID pandemic (Cravello, et al., 2021), resulting to death anxiety (Menzies, & Menzies, 2020, Rababa, et al., 2021) and interment stress (Laguilles-Villafuerte & de Guzman, 2021; Ugwu & Nwankwo, 2020). Therefore, this conjoint analysis study also makes an essential theoretical contribution by focusing on the combination of the identified family intervention attributes that will help best in addressing death anxiety and interment stress, in anticipation of the post-COVID adverse effects.

**Practical Implications**

The findings of this research showed a contextualized approach in identifying the family intervention preferences of two contrasting groups: The young and the old. By utilizing the preferred family intervention combination; family, school and community organizers may craft specific youth and older adult family, school and community programs corresponding to death and interment coping mechanisms. These may be through family forums, adult education and community desensitization trainings on death and interment incorporating the results of this quantitative inquiry. The combination of family interventions composed of mental health awareness, medical routines and procedures, family therapy, livelihood training, and church activities, will be very sensible bases in creating family and community outreach/extension programs implemented by civic, educational, and professional organizations, even in the grassroots level led by the local government units. The results of this conjoint analysis study also emphasized the support for spiritual engagement among older adults coming from large families. This may be a specific focus in nursing homes, older adult support and religious groups as part of their socio-spiritual enhancement and end-of-life care. The results may also be incorporated in educational courses of varied undergraduate and graduate programs such as education, psychology, nursing and family studies in coping with death and interment. Moreover, the findings will stimulate future research on predicting the receptiveness of younger and older adults to different modalities of family interventions.

**Limitations and Recommendations**

Although this conjoint analysis is among the firsts to be conducted in the Philippine setting focused on the context of death anxiety and interment stress, it is not free from limitations. First, there are only five attributes with two levels each for the family intervention measures, considering the numerous probable combinations that can be generated. Moreover, these family intervention preferences were rendered from recruited Filipino respondents and may not be entirely relatable
to other cultures or settings. Thus, to further assess the integrity of the results of this study, the researchers recommend replication studies with a more diverse background of the respondents and to increase the number of attributes and levels of the family intervention measures. To further explore the consistency or the change of the preferences of the chosen respondents, it may be considered to conduct follow-through research studies in the post-COVID phase.

REFERENCES:


