Cognitive Behavioral Therapy Assistance Model For Death Anxiety In The Elderly

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Abstract

The elderly period is interpreted as a period of decline, especially in terms of physical and psychological functioning. One of the psychological problems in the elderly is anxiety about death. Family involvement in overcoming anxiety problems is very necessary. Cognitive behavioral therapy is an intervention to overcome anxiety about death in the elderly. The specific aim of this research is to reduce the anxiety level of the elderly so that they are able to face anxiety problems with a more positive mindset. The research method used a quasi-experimental (Pre-post test}. Sampling was carried out using simple random sampling. The sample was selected as 89 respondents with the inclusion criteria being all elderly people who experienced anxiety about death. Data were analyzed using the Wilcoxon test and multiple logistic regression test. The results show that there is a relationship between place of residence (region) and a decrease in anxiety levels in the elderly (OR=0.77). This shows that elderly people living in Jakarta experienced a decrease in anxiety levels 7.7 times higher than elderly people living in Depok. Other results show that there is a relationship between age and a decrease in anxiety levels (OR=2.9), this shows that younger seniors (less than 68 years) experienced a decrease in anxiety levels 2.9 times faster than older seniors after receive cognitive behavioral intervention. The results of the study show that cognitive behavioral interventions in the form of relaxation therapy, reminiscence therapy, crossword puzzle therapy, counseling therapy, music therapy, and spiritual therapy can reduce anxiety about death in the elderly.

1. Introduction

Death anxiety can be defined as an unpleasant emotional condition. Elderly people can also experience Thanatophobia, which is an excessive fear of death. The symptoms that arise are feelings of anxiety about death which appear every time you think about death, even to the point of interfering with daily life and activities. Apart from that, they also experience fear of separation, loss, and worry about leaving their loved ones. In several literatures, the level of anxiety about death with the Death Anxiety Scale (DAS) shows high values [3,4,5,6].

Seeing the impact of anxiety faced by the elderly, appropriate treatment and intervention is urgently needed. Some of the recommended therapies include humanistic therapy, behavioral therapy, cognitive therapy, and cognitive behavioral therapy [7]. According to previous research, the results of research on 130 elderly people with an age range of 60 – 85 years showed that the role of wisdom in anxiety about facing death in the elderly was 14.3% [3]. Other research shows that the application of Cognitive Behavioral therapy can reduce anxiety levels in social anxiety disorder [7]. The mentoring model in this research is a form of approach in providing teaching, direction or psychological strengthening to optimize the potential of the elderly in making efforts to reduce anxiety about death, through cognitive behavioral therapy in the form of relaxation therapy and reminiscence therapy. This cognitive behavioral therapy will be very useful in that elderly people can face various problems that befall them with a more positive mindset. So that the elderly can better understand the situation and provide an effective response according to the existing facts.

Based on the research problem, the research aims to describe the characteristics of respondents who experience anxiety including (place of residence (region), age, work status, health complaints), then find out the relationship between the characteristics of respondents and the reduction in anxiety levels after being given cognitive behavioral interventions in the form of relaxation therapy, therapy. reminiscence, crossword therapy, counseling therapy, music therapy, spiritual therapy through family assistance.

2. Research Method

The research used a quasi-experiment (Pre-post test}. Sampling was carried out using simple random sampling. The sample selected was 89 respondents with the inclusion criteria being all elderly people who experienced anxiety about death. Anxiety data was obtained from measurement results and analyzed using the Wilcoxon test and logistic regression test multiple. The time this research was carried out was from June to August 2023. The research location for sampling was carried out at RW01 Mekarjaya, Sukmajaya District. Depok City RW08 Kebagusan, Pasar Minggu, South Jakarta. The population taken in the research from Depok and Jakarta was 297 elderly people aged 59 -87 years. Samples were taken using the Slovin formula: Based on the Slovin formula calculation above, the sample in this study was 200 elderly people. Based on the predetermined inclusion criteria, 89 elderly people experienced anxiety and were willing to become respondents. In this research there is an independent variable, namely the level of anxiety about death in the categories mild, moderate and severe. The dependent variables are characteristics, namely place of residence (region), age, work status, health complaints). The data collection instrument for this research uses primary data. Analysis Data were analyzed using the Wilcoxon test and multiple logistic regression test.

3. Results And Discussions

a. Result

1. Univariat Analysis Result

Tabel 1.
Distribution of Elderly by Region in 2023

Region	Frequency	%
Depok	41	46,1
Jakarta	48	53,9
Total	89	100,0

Table 1. The respondents in this study were 41 elderly people who lived in Depok and 48 people in Jakarta.

Tabel 2.
Characteristics and Health Complaints
of the Elderly in Depok and Jakarta in 2023

Variabel	Frequency	%
Gender		
Male	26	29,2
Female	63	70,8
Marital Status		
Married	3	3,4
Divorced	44	49,4
Death Divorced	42	47,2
Education		
No school	11	12,4
Elementary School	48	53,9
Junior High School	9	10,1
Senior High School	19	21,3
University	2	2,2
Working Status		
Unemployed	71	79,8
Employed	18	20,2
Health Complaints		
Yes	68	76,4
No	21	23,6
Total	89	100,0

Table 2. Most of the elderly respondents in this study were women (70.8%). Almost all elderly people have a divorced marital status, either live divorced or dead divorced, most elderly people have elementary school education and do not work, and have health complaints.

Tabel 3.
Elderly Age in Depok and Jakarta Year 2023

Variabel	n	Average	SD	Max-Min
Age	89	67,7	5,7	59 - 87

Table 3 shows the age range of elderly people between 59 years to 87 years with average age 67.7 years.

Tabel 4.
Anxiety Value of the Elderly in DePok and Jakarta in 2023

Anxiety Value	n	Average	SD	Min - Max
Anxiety value before intervention	89	20,8	10,6	0 - 49
Anxiety value after intervention	89	12,1	10,1	0 - 49
Anxiety Decreased Value	89	8,7	8,0	0 - 45

Table 4. The results of measuring anxiety levels showed that the anxiety value before the intervention ranged from 0-49 with an average of 20.8, while the anxiety value after the intervention had an average of 12.1. The results of this study also showed that the average value of reducing anxiety after the intervention was 8.7.

Table 5.
Categories of Elderly Anxiety Levels in Depok and Jakarta
Before and After the 2023 Intervention

Anxiety Level	Frequency	%
Pre Intervensi		
Light anxiety	75	84,2
Moderate anxiety	14	15,7
Pasca Intervensi		
No anxiety	1	1,1
Light anxiety	81	91,0
Moderate anxiety	7	7,9
Total	89	100,0

Table 5 shows that anxiety values are grouped into 4 categories, namely not anxious if the value is 0, mild anxiety if the value is 1-30, moderate anxiety if the value is 31-60, and severe anxiety if the more than 60. Based on these categories, the results of anxiety measurement in the elderly before the intervention showed that 84.2% of the elderly had mild anxiety and 15.7% had moderate anxiety. The anxiety level group at post-intervention was 1 elderly who did not experience anxiety, 91% had mild anxiety, and 7.9% had moderate anxiety.

2. Bivariate Analysis Results

        The anxiety level variable is a numerical variable so the analysis that will be used is the mean difference test or t test. The requirement for the t test is that the data is normally distributed, so the next step is to assess the data distribution using the Kolmogorov Smirnov test. The Kolmogorov Smirnov test results obtained a value of 0.001, meaning that the data is not normally distributed, so the t test cannot be used. An alternative to bivariate analysis of non-normally distributed data in a single population is the Wilcoxon test with the following results:

Tabel 6.
Wilcoxon Statistical Test Results

Variabel	Average rank	P Value
Anxiety value before and after intervention	36,5	0,001

        Table 6. The results of the Wilcoxon analysis obtained a p value = 0.001, meaning that there was a difference in the level of anxiety in the elderly before and after being given cognitive behavioral therapy assistance intervention.

3. Multivariat Analysis Result

        The results of the bivariate analysis proved that there were differences in the level of anxiety in the elderly before and after being given cognitive behavioral therapy assistance intervention. In the univariate analysis, it was seen that the average level of anxiety decreased after the intervention was carried out, and this was also proven by the Wilkoxon test which did not show a negative average ranking value. For this reason, the multivariate analysis carried out in this study was on the variable reducing anxiety levels which was categorized based on the median value into decreasing anxiety levels as good and decreasing levels as less anxious. This is also based on several considerations, namely that the anxiety level data is not normally distributed and the independent variables are almost all categorical

variables, so the mutivariate analysis used in this research is multiple logistic regression.

The following is a selection of variables that will be analyzed further in multivariate using the chi square test.

Table 7.
Model of the Relationship between Demographic Characteristics and Health Complaints and Reducing Anxiety Levels in the Elderly in 2023

Variabel	Decreased Anxiety Levels			
	n	P Value	OR	95% Hose Trust
Region				
Depok	41	0,001	1,0	
Jakarta	48		7,7	2,6 - 23,0
Age				
68 years old or more	41	0,034	1,0	
Less than 68 years old	48		2,9	1,1 - 8,0
Working Status				
Unemployed	71	0,535	1,0	
Employed	18		0,6	0,2 -2,5
Health Complaints				
Yes	68	0,892	1,0	0,3 - 3,8
No	21		1,1	
Constant	89	0,003	0,009	

Table 7. Shows the results that there is a relationship between place of residence (region) and a decrease in anxiety levels in the elderly (OR=0.77). that elderly people living in Jakarta experienced a decrease in anxiety levels 7.7 times higher than elderly people living in Depok. Other results show that there is a relationship between age and a decrease in anxiety levels (OR=2.9), this shows that younger seniors (less than 68 years) experienced a decrease in anxiety levels 2.9 times faster than older seniors after receive cognitive behavioral intervention.

b. Discussion

Characteristic

In this study, the total sample was 89 respondents with the following characteristics: the majority of 48 (54%) respondents lived in the Jakarta area, and were aged less than 68 years; only 8 (9%) respondents worked, and most of the 75 (84.2%) respondents had health complaints and the results of measuring anxiety using the Death Anxiety Scale (DAS) with the assessment categories of not anxious, mild, moderate and severe anxiety, most of the respondents who experienced anxiety about death were 75 (84.2%) of the respondents who experienced mild anxiety and those who experienced anxiety. while there were 14 (12.7%) respondents. The results of the study found several relationships between reducing anxiety levels and the characteristics of respondents after being given cognitive behavioral therapy intervention. These characteristics are:

1. Place of residence (region)

In this study, more than half of the 48 (53%) respondents lived in Jakarta. The results of the analysis show that there is a relationship between place of residence (region) and a decrease in the level of death anxiety in the elderly after being given CBT, which is indicated by a p value = 0.001 and an OR value = 0.77. This shows that elderly people living in Jakarta experienced a decrease in anxiety levels 7.7 times higher than elderly people living in Depok. Referring to this, the place of residence in the research referred to is the environment where the respondent lives, including his family environment. The existence of a relationship between where you live and reducing the level of death anxiety in the elderly after being given CBT intervention is in line with research results which state that each community has its own characteristics, these characteristics arise due to the influence of the environment and geographical location. Rural communities are very different from urban communities in terms of lifestyle and behavior [18]. The relationship between where you live and reducing the level of anxiety of the elderly in urban and rural areas shows that there is a connection between the character of

urban and rural people, where urban people adapt more quickly and are more open to new information. The environment also has a special role and the quality of the environment definitely influences the quality of living things in it. [19]

Other research that is in line with this research is the results of research which states that elderly people in rural areas are more vulnerable to meeting their health needs than those in urban areas [20].

2. Age

In this study, age was a factor that was related to reducing anxiety levels with an OR value = 2.9 and a p value = 0.003. This shows that younger elderly (less than 68 years) experienced a decrease in anxiety levels 2.9 times faster than older elderly after receiving CBT intervention.

Referring to the theory that this group is an elderly group. Developmental tasks during this period are very important because at this time individuals have the choice to determine themselves.

End his life happily or in despair. In the elderly, the challenge is how to ensure that the elderly can live a quality life amidst the many changes that occur both physically, psychologically, socially and economically. The ability to adapt to the elderly is still good, if psychologically the elderly are willing to adapt socially the elderly can accept and be accepted. Failure of the adjustment process affects the elderly's ability to carry out various activities they want to do [22] in line with this research stating that there is a relationship between age and anxiety in the elderly [23].

3. Working Status

In this study, most of the 71 (79%) respondents with status did not work. However, the results of the univariate analysis did not show a relationship with reducing death anxiety in the elderly after being given cognitive behavioral therapy intervention. This research is strengthened by the results of research [24] which states that the high number of elderly people who are no longer working tend to experience anxiety compared to elderly people who work. The results of other

studies state that anxiety in people who work and people who do not work is certainly different, but work will very influential on the knowledge and information obtained from work and the experience of solving problems and stressors that have been experienced, so that respondents who work will experience mild anxiety compared to respondents who do not work [25] from research results which state that the high number of elderly people who have those who do not work tend to experience anxiety compared to elderly people who work [24].

4. Health Complaints

In this study, respondents' health complaints did not affect the reduction in death anxiety, this shows that there was no difference in the reduction in the level of death anxiety among respondents who experienced health complaints. with elderly people who do not have complaints of illness, as related research states that the anxiety of elderly people with chronic disease conditions, the majority of elderly people experience minimal anxiety. Other research states that there is a significant relationship between physical condition and anxiety in the elderly with a value of p = 0.001. (26) As MMAslow's theory states, individuals are motivated to realize their potential by good self-actualization and having high self-acceptance. [26]

4. Conclusion

The elderly period is interpreted as a period of decline, especially in terms of physical and psychological functioning. Anxiety about death is a psychological problem that requires attention. Accompanied by CBT intervention with the types of relaxation therapy, reminiscence therapy, crossword therapy, counseling therapy, music therapy and spiritual therapy, there is a significant reduction in anxiety levels in elderly people living in urban areas (Jakarta) and those aged less than 68 years so that elderly people are able to facing the problem of death anxiety with a more positive mindset. Recommendations require further socialization and development of the use of CBT therapy, especially in preventing various psychological problems at all stages of development in human life.

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