CBT (COGNITIVE BEHAVIOR THERAPY) FOR ELDERLY WITH MODERATE LONELINESS DISORDER

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Abstract
This study aims to examine the effect of CBT (Cognitive Behavior Therapy) for disorders loneliness in the elderly. The research method used is an experimental study, namely a single experimental design in a home setting, where the subject is treated with CBT (Cognitive Behavior Therapy) therapy to overcome loneliness. Data collection in this study used observation, interviews, and psychological tests (SAT and UCLA - Loneliness Scale). Data analysis in this study used insight evaluation on the subject and evaluation of increased interaction with neighbors. Following the researcher's predictions, the results showed that the intervention of CBT (Cognitive Behavior Therapy) disorders loneliness in the elderly.

Keywords: CBT (Cognitive Behavior Therapy); disorder loneliness; elderly

INTRODUCTION
A person's life is characterized by social transitions that disrupt personal relationships and cause loneliness. Loneliness can happen to anyone, both teenagers and adults. Almost everyone has experienced loneliness, but the feeling differs from one individual to another (Alwisol, 2014). Moreover, loneliness means mental and emotional states, especially feelings of isolation and a lack of meaningful relationships with others (Dayakisni & Hudaniah, 2009). Loneliness is an emotional and cognitive reaction to having fewer and more unsatisfying relationships than the person wants (Nurlayli & Hidayati, 2014). Loneliness is a pervasive problem among older people with strong relationships that exist on social support, mental and physical health, and cognition (Nurhayati, 2018). When examining loneliness in the elderly, it is essential to consider it a subjective experience distinct from social isolation and social support (Widya, 2016). Loneliness is related to psychological problems and dissatisfaction with family and social relationships (Amalia, 2013). Based on some of the definitions above, it can be concluded that loneliness means a mental and emotional state due to feelings of alienation and unpleasant conditions that a person perceives as a result of not fulfilling the need for social relationships or interpersonal relationships.

Growing old makes individuals experience fear because they believe that with age, they will lose physical function and the pleasant aspects of life (Zulfina, 2014). At this time, environmental factors are pretty influential on psychological factors such as tension and stress in the elderly. According to Santrock, Sumiharti, Sinaga, Damanik, and Chusairi (2002), there are two views on the definition of elderly or older people, namely the views of westerners and Indonesians. The view of western people who are classified as
elderly are people who are 65 years old and over, where this age will distinguish someone who is still an adult or a progressive person. While the views of Indonesians are generally used as the maximum working age, aging characteristics are starting to appear. The elderly are part of the process of growth and development because humans do not suddenly become old but go through stages of development starting from infants, children, adolescents, adults, and become old. This is normal with predictable physical and behavioral changes as they go through certain stages. A person's life is characterized by social transitions that disrupt personal relationships and cause loneliness. Loneliness can happen to anyone, both teenagers and adults. Almost everyone has experienced loneliness, but the feeling differs from one individual to another. Brehm and Kassin argue that loneliness is a lack of social relationships resulting from dissatisfaction with existing social relationships (Dayakisni & Hudaniah, 2009).

Loneliness is a pervasive problem among older people with strong relationships based on social support, mental and physical health, and cognition. Loneliness can also be caused by a lack of feelings about social life with someone. However, according to some researchers, the feeling of lack is caused by a mismatch between reality and expectation (Arumdina, 2013). An estimated 35% of adults over the age of 45 and over 40% of those over the age of 60 report feeling lonely, with more than one in five describing their loneliness as severe (Reiland et al., 2021). Physiological changes in motor skills that occur not infrequently make the elderly feel useless, then experience demotivation and withdrawal from the environment so that the need for attention becomes excessive, leading to loneliness in the elderly (Putra et al., 2012). When examining loneliness in the elderly, it is essential to consider it a subjective experience distinct from social isolation and social support. Loneliness is related to psychological problems and dissatisfaction with family and social relationships (Amalia, 2013). Not all older people can enjoy their twilight years in the warmth of the family, and there are main psychological problems experienced by the elderly (Munandar et al., 2017).

The first is the problem caused by life changes and physical decline experienced by the elderly. Second, the elderly often experiences loneliness caused by breaking up with the closest and dearest people. Third, the post-power syndrome is often experienced by the elderly who have just retired and lost strength, income, and happiness. Based on the psychological problems experienced by the elderly, the elderly need family support which is expected to prosper their lives of the elderly. The separation problem experienced by the elderly can trigger feelings of loneliness experienced by the elderly. The feelings of loneliness will be increasingly felt when their partners have lived with the elderly. Loneliness in the elderly refers more to loneliness in the context of "empty nest syndrome," where loneliness is caused by the departure of a life partner to return to God (Munandar et al., 2017). Losing a partner in the elderly gradually, this situation can cause feelings of emptiness in the elderly. It will increase the feelings of loneliness they experience. The feeling of loneliness experienced by the elderly gradually tends to negatively influence their health condition (Hariandja et al., 2014). Loneliness experienced by the elderly has an impact that tends to cause various problems such as depression, suicidal ideation, decreased immune system, and sleep disorders.

Cognitive Behavior Therapy (CBT) is a technique for modifying behavior and changing maladaptive beliefs. Therapists help individuals replace irrational interpretations of events with more realistic interpretations. Alternatively, it helps control disturbed emotional reactions, such as anxiety and depression, by teaching them more effective

CBT (Cognitive Behavior Therapy) for Elderly with Moderate Loneliness Disorder
ways to interpret their experiences (Mujib & Mudzakkir, 2001).

Cognitive Behavior Therapy (CBT) is a very effective form of psychotherapy pay attention to aspects of the role in thinking, feeling, and acting. There are several approaches to CBT psychotherapy including approach to Rational Emotive Behavior Therapy, Rational Behavioral Therapy, Rational Living Therapy, Cognitive Therapy, and Dialectical Behavior Therapy. However, CBT has the following characteristics which makes CBT more distinctive than other approaches.

Cognitive Behavior Therapy (CBT) is considered capable of applied repeatedly by the client without help from the therapist, so it is effective to change distorted thinking about him.

There has been no previous research that has examined this, therefore researchers are interested in researching. This phenomenon is quite interesting to study closely in depth and comprehensively through scientific research to reveal the effect of CBT (Cognitive Behavior Therapy) therapy techniques in reducing moderate loneliness disorders in the elderly.

METHOD

The research method used is an experimental study, namely a single experimental design in a home setting, where the subject is treated with CBT (Cognitive Behaviour Therapy) therapy to overcome loneliness. The stages of therapy used are:

1) Approach to the client
2) Identify client problems
3) Disclosure of problems faced by clients
4) Disclosure of the client's desire for his child
5) Explain positive thoughts through positive statements
6) The transition from negative thoughts to positive thoughts
7) Evaluation
8) Giving positive reinforcement

Data collection in this study used the methods of observation, interviews, and psychological tests (SAT and UCLA - Loneliness Scale). Data analysis in this study uses insight evaluation on the subject and evaluation of increased interaction with neighbours.

RESULTS AND DISCUSSION

In general, the client's appearance was clean and well-maintained. The client is a middle-aged woman with a height of about 150 cm and a weight of about 40 kg. The client looks pretty neat in a plain long dress and a plain black hood. The client has a physical appearance with tan skin colour. The teeth are almost gone, the face is oval, and the eyes are black. Clients still speak very clearly. The client walks alone without the aid of a cane. The client's body posture is ideal, tall and fat.

The client lives in a village, which is quite densely populated. Along the highway to the client's home address passing through urban areas with many shops and places of business. The distance of the client's house from the highway to the alley is quite far but can be passed by car to the front of the client's house.

The client's residence is inhabited by three family members, including the client and the client's two children. The house has a tiled roof, brick walls, and a tiled floor. The client's house does not have a yard, and there is only a tiny terrace that the client made to dry clothes and some ornamental plants.

Upon entering the door, on the left side, there is a guest chair equipped with green and patterned guest table described as a living room. Behind the living room is a family room with a TV attached to the wall and a mattress in front of it. On the right side of the living room, there are three rooms. Then there is a door leading to the back of the house, a kitchen, a dining room, and a bathroom.
In the kitchen, there is a gas stove and other cutlery. In the dining room, there is a round dining table, four chairs, and a serving hood.

From the client interviews, the client said he felt lonely at home because his two children were busy with their respective jobs. The son sometimes does not come home while the daughter comes home late at night and is never on time, so clients often wait anxiously in the living room until the children come home. The client feels miserable when the client requires help and is sick, but no one is at home. The client takes care of himself as much as possible while waiting for one of his children to come home from work and take care of him. The client admitted that if the client felt very bored at home, the client chose to leave the house and sit in front of the house while interacting and watching neighbours’ activities around the client's house.

The client wants to immediately pet grandchildren and has a son-in-law so that the client's life is not lonely, but the client's daughter has no desire to get married. In addition, the client also wants his daughter to get married soon because her daughter's age is very mature for a woman. This makes the client feel very anxious and worried.

According to a neighbour, when sitting with a client, the client often complains about his daughter. The latter has no desire to get married even though, according to the client, she is of the age to get married. The client was worried and asked close neighbours how to get their children to want to get married. In addition, the client also wants his daughter to get married soon because her daughter's age is very mature for a woman. This makes the client feel very anxious and worried.

The client experiences a moderate degree of loneliness. She desires to be cared for by her child, especially with the client's condition, who was abandoned by her husband a few years ago. However, it seems useless because her children are busy. The client is often alone at home because his two children are busy with their respective jobs. His son sometimes works but does not come home, while his daughter often does not come home on time and late at night. Clients often wait for their children in the living room until they come home. When the client is sick or needs help, he does everything himself. The following are the results of the intervention:

<table>
<thead>
<tr>
<th>Table 1 Intervention Results</th>
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<tbody>
<tr>
<td><strong>Before the Intervention</strong></td>
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<tr>
<td>The client feels lonely when at home alone because his children are busy with their respective jobs</td>
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<tr>
<td>The client feels that their children do not care and do not care about the clients</td>
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From the results of psychological tests, it was found that the client needs to protect his family, especially his children. Besides that, the client also wants to be protected, looked after, and cared for by his two children. The client also wants to establish a close and intimate relationship with his family. A happy and loyal family to each other is the client's desire.

A quiet and comfortable life that clients want in their lives. Clients have feelings of suffering, loneliness, and helplessness due to a lack of support, help, enthusiasm, protection, and love from family and people around them. As a result, the client tends to cry because the desire for support and love does not materialize and makes the client feel helpless.

The following are the results of the intervention:
CONCLUSION

Based on the discussion above, it can be concluded that the intervention of CBT (Cognitive Behaviour Therapy) therapy technique reduces moderate loneliness disorder in the elderly. After therapy, client no longer feels lonely because the client already has activities to get rid of loneliness and is more likely to do activities with close neighbours, clients feel that clients care (Their children have to work and earn money to support clients).

In general, the intervention process for the client can take place smoothly and be targeted because the client is well cooperative. The client's desire to change for the better makes it easier for practitioners to provide counselling and solutions so that clients can commit well. The client's neighbours can also be invited to cooperate reasonably when the practitioner asks permission to interview about the client's life.

However, here the practitioner cannot meet the client's children because his two children are at work when the practitioner visits the client. The client's two children come home from work late at night even. Sometimes the son does not come home. Thus the practitioner does not have data in the form of observations or interviews with the two children.

REFERENCES


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