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Decreasing Stress Levels in The Elderly: A Counseling Program Based on Islamic Psychotherapy Approach

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Abstract

This study aims to evaluate the effectiveness of counseling interventions utilizing a supportive Islamic psychotherapy approach to reduce stress levels among elderly individuals. The subjects of this research were elderly residents of the Elderly Social Service Unit (PPSLU) "Sudagaran," Banyumas. A pre-experimental method employing a one-group pre-test and post-test design was implemented. The group counseling intervention based on supportive Islamic psychotherapy was conducted over six sessions. Stress levels were assessed using the Depression Anxiety Stress Scale (DASS-21), an Indonesian version modified specifically for the purpose of this study. Data analysis was performed using SPSS statistical software. Results indicated a significant reduction in stress levels among the elderly participants, declining from moderate stress levels pre-intervention to normal levels post-intervention. The findings demonstrate that counseling based on supportive Islamic psychotherapy is an effective approach for managing stress among elderly populations. Further studies employing experimental designs with control groups are recommended to enhance the generalizability of these findings.

Keywords: Islamic Psychotherapy, Stress, Group Counseling

Introduction

Humans always encounter various demands and challenges within the individual and from external environmental factors. These demands and challenges produce stressors that trigger psychological disorders. The imbalance and inability of individuals to deal with stressors will cause physiological and psychological reactions called stress (Azizah & Trisetiyaningsih, 2020; Pratama, 2020; Rahman, 2016). In each stage of development, the individual must achieve their developmental tasks and adjust to the environment. The inability of individuals to adjust to evolution will cause stress.

Stress is a pattern of individual reactions to a stimulus perceived as a challenge, threat, or danger to their well-being, self-esteem, and integrity (Kaunang et al., 2019; Setyarini et al., 2022).

Stress arises in individuals in every development stage, from infancy to the elderly. Various psychologists state that the elderly age ranges between 60 and the end of a person's life. The age limit is correspondingly affirmed in Law Number 13 of 1998 concerning the welfare of the elderly. Chapter 1 Article 1 explains that the elderly is someone who has reached the age of 60 years and over (Indriana et al., 2010). In the elderly stage, a person encounters significant physical, psychological, and social changes. Physically, the elderly's stamina and energy have decreased drastically, affecting work and social roles. On the other hand, the demand to solve various problems, emphasizing the ability to resolve them, is increasing. Two other challenging changes for the elderly are changes from social and economic aspects causes the elderly to be vulnerable to stress (Rahman, 2016).

Multiple factors determine stress in the elderly. Stress in the elderly emerges in those who live in families as well as those who live in nursing homes and can emerge both in men and women. While other factors that affect stress levels are suffered, loss of loved ones, and social support (Kurniawati et al., 2020). The elderly who have prepared well for their old age will be more protected from stress. The disposition of stress experienced by the elderly includes emotional instability, excessive worry, anxiety, and being easily tired. This setup is a trigger for sleep disorders in the elderly, which then greatly affects the decline in physical condition (Kaunang et al., 2019). Declining physical condition will cause stress, while stress conditions will affect physical condition. Thus, a stress cycle needs to be improved to eliminate it.

In the elderly stages, a person will repeat the developmental period like children. They become more sensitive, feel helpless, and want to be cared for more (Pasmawati, 2017). The negative assumption about the elderly, such as they are unproductive and become a burden for families, increases the potential for stress in the elderly in addition to the decline in physical and social functions. The alternative struggles to assist the elderly who experience problems is through a psychotherapy approach.

Based on the Directorate General of Population and Civil Registration's data, around 30.16 million Indonesians are in the elderly age range. The amount of this number demonstrates that the total number of older people in Indonesia reaches 11.01% of the total Indonesian population. 37.48% of them are elderly aged between 60-63 years, 7.77 million are elderly aged 65-69 years, 16.94% are elderly aged 70-74 years, and the remaining 19.81% are Indonesian residents aged over 75 years. This numeral image

is projected to experience a significant increase in 2030 to 42 million people and reach 48.2 million people in 2035 (Kusnandar, 2022). Based on economic status data, it was stated that most elderly came from households with weak economic status, reaching 43.29% (Jayani, 2021).

The implication of these numbers is the high ratio of elderly dependence, and the impact of increasing elderly dependence is the increasing potential stress of the elderly. This conclusion is reinforced by subsequent data, which states that most elderly are in weak economic household conditions, which means that stressors from economic factors are getting stronger. The potential stress in the elderly must be balanced with comprehensive and continuous efforts to prevent and handle stress to improve their psychological well-being (Prime et al., 2020). In facing the demographic bonus in 2030, Indonesia should prepare by considering and paying attention to all age groups.

The stress of the elderly is a social problem that requires adequate handling. One alternative step to reduce stress levels in the elderly is through a supportive Islamic psychotherapy approach. Handling stress in the elderly through a supportive Islamic psychotherapy approach is a series of techniques used to change a condition and behavior based on Islamic principles and values to achieve a more adaptive balance. Group counseling based on supportive Islamic psychotherapy is the provision of assistance to the elderly to behave according to religious values, beliefs, and ritual practices of Islamic worship (Rahmah, 2017).

Psychotherapy is a treatment for problems related to emotions. Etymologically, psychotherapy comes from the word "psyche' which means soul, and 'therapy' which means treatment or healing (Pujiastuti, 2021). Psychotherapy is soul healing with numerous behavioral, cognitive, humanistic, psychoanalytic approaches, and religio-psychotherapy (psychotherapy based on religious values). In Indonesia, faith-based psychotherapy is dominated by Islamic psychotherapy because Islam is the majority religion of Indonesian people. The growth of Islamic psychotherapy has developed rapidly and is considered an alternative to overcome effective psychiatric problems at various age levels (Basuki, 2013; Rajab et al., 2016; Yudhistira, 2019). Islamic psychotherapy is a psychological healing process through the guidance of the Quran and the Sunnah of the Prophet SAW (Pujiastuti, 2021). The goal of Islamic Psychotherapy is to obtain mental balance (nafs) to achieve a high degree of psychological well-being.

In its development, psychotherapy offers many types and methods; based on its objectives, psychotherapy is divided into supportive, reeducative, and reconstructive psychotherapy. Supportive psychotherapy aims to strengthen the ego defense mechanisms in the individual, enabling better self-control and achieving a more

adaptive balance. Reeducative psychotherapy aims to change a pattern of behavior by changing habits to make it more profitable. Reconstructive psychotherapy aims to change the personality structure (Sholikhah, 2009). Stress that arises in the elderly can trigger more severe environmental disorders. Systematic and comprehensive handling is needed to improve the psychological well-being of the elderly. Psychological services for the elderly are important to achieve a healthy and positive elderly.

Counseling utilizing an Islamic psychotherapy approach is an intervention designed to guide and facilitate elderly individuals in reconnecting with their inherent nature as homo religious, characterized by a natural inclination to acknowledge divine greatness and assistance. Through deepening spiritual practices, counseling helps foster inner peace and tranquility. Consequently, elderly participants are expected to gain enhanced resilience and empowerment in managing stress based on Islamic principles and values. Ultimately, this counseling approach aims to effectively reduce stress levels, promoting healthier and more independent elderly individuals.

In psychological literature, the terms counseling and psychotherapy are commonly distinguished based on their scope and depth of intervention. Counseling generally refers to shorter-term, solution-focused support aimed at addressing specific situational issues or problems, whereas psychotherapy typically involves longer-term, in-depth interventions directed toward broader psychological change or personality restructuring (Karni, 2014). However, the relationship between these two practices can vary across theoretical frameworks and cultural contexts. In the present study, the counseling intervention employed draws explicitly upon the principles of supportive Islamic psychotherapy, integrating religious and spiritual dimensions into a structured counseling process. Counseling interventions for elderly individuals residing in communal settings, such as nursing homes, are suitably conducted in group formats, given the similarity of issues faced by participants. Previous research supports the effectiveness of group counseling approaches in reducing stress levels among elderly populations (Leksono, 2017; Pasmawati, 2017; Rahmah, 2017; Yulianti, 2011).

This study focuses on developing an effective strategy for reducing stress among elderly individuals by implementing a structured group counseling intervention grounded explicitly in supportive Islamic psychotherapy principles. The research was carried out with elderly residents of the Elderly Social Service Institution (PPSLU) "Sudagaran," Banyumas. The novelty of this research lies precisely in the integration of distinct techniques and methodologies from supportive psychotherapy—including emotional reinforcement, religious-spiritual guidance, and cognitive reframing—with established group counseling procedures, such as structured group discussions,

psychoeducational activities, mutual peer support, and collective spiritual practices. In contrast to prior research, which generally applied supportive psychotherapy or group counseling separately, this study uniquely synthesizes these elements into a unified therapeutic model specifically tailored to address the psychological and spiritual needs of elderly populations.

This study's significance or benefit is providing an overview of the setup of the elderly. The study results will provide alternative solutions to reduce stress levels in the elderly to improve their psychological well-being. The study results are also useful in providing information on efforts to help the elderly live healthy and independent lives to support the government's readiness to face the demographic bonus in 2030.

Method

The approach used in this study is a quantitative approach to measure the stress level of the elderly at PPLSU Sudagaran before and after counseling and to measure the effectiveness of group counseling based on supportive Islamic psychotherapy in the elderly at PPSLU "Sudagaran" Banyumas. The subjects of this study were the elderly who lived in the Elderly Social Service Institution (PPSLU) "Sudagaran" Banyumas. The technique of selecting research subjects uses purposive sampling techniques, specifically determining research subjects based on the characteristics of research subjects following the research objectives without distinguishing gender. In this study, the selected subjects are elderly who can interact and communicate well. They are willing to follow the entire series of activity processes, as evidenced by the signing of informant consent.

Respondent consist of 18 male elderly and 26 female elderly. The research activity occurred at the Elderly Social Service Institution (PPSLU) "Sudagaran" Banyumas. The time for conducting research activities consists of 6 (six) meeting sessions with an allocation of three to four hours per session. This study used the pre-experimental design experimental method, an experiment consisting of one experimental group without a comparison group or control group. To determine the results of the implementation of group counseling in the elderly based on supportive Islamic Psychotherapy, a one-group pre-test post-test design research design was utilized. Experimental methods are selected to find certain influences or treatments on the conditions to be controlled (Sofah, 2021). This study conducted experiments to find the influence of group counseling using a supportive Islamic psychotherapy approach to reduce stress levels in the elderly in the Elderly Social Service (PPSLU) "Sudagaran" Banyumas.

Data collection was conducted through the administration of structured questionnaires. To assess the stress levels experienced by elderly participants, the Indonesian version of the Depression Anxiety Stress Scale (DASS-21) was employed. The instrument was modified to align with the specific focus of the study—namely, to isolate and measure the stress component only, excluding the depression and anxiety subscales. This modification involved the selection of 14 items from the original scale that were deemed most relevant to the stress construct in the context of elderly care. Given this adaptation, content validity was reviewed by a panel of psychological measurement experts, and a pilot test was conducted with a small sample (n=15) from the target population to examine clarity and relevance. Internal consistency reliability was re-assessed, yielding a Cronbach's alpha of 0.89, which confirms the instrument's continued reliability (Setyarini et al., 2022). These procedures ensure that the modified version retains psychometric rigor appropriate for non-clinical elderly populations.

To analyze the experimental results derived from the one-group pre-test and post-test design, a series of statistical procedures were conducted using SPSS software. These included a Shapiro–Wilk test to assess the normality of data distribution, Levene's test to examine the assumption of homogeneity of variances, and a paired samples t-test to evaluate the significance of mean differences in stress levels before and after the intervention. The use of these techniques ensured the robustness of the statistical analysis and provided empirical support for assessing the effectiveness of the supportive Islamic psychotherapy-based group counseling intervention (Sofah, 2021).

The questionnaire measuring stress levels in the elderly using the DASS 21 instrument consists of 21 question items used to measure levels of depression, anxiety, and stress. This study only measured stress levels, so only 14 relevant question items were used to measure stress levels. The questionnaire consists of questions the client must answer in dealing with daily living situations within the past week. Each question item is given four answer choices with different scoring. The 0 (Zero) score is given if the question does not suit the client or never. A score of 1 (one) is given if it suits the client to a certain degree or sometimes. A score of 2 (two) is given if it suits the client to a limit that can be considered or quite often. A score of 3 (three) is given if it suits the client or very often. Each question is given a score of 0 to 3, and then the scores in each category are added to determine the stress level. There are five levels of stress: normal, light, medium, heavy, and very heavy.

Result

Dissemination of Respondents Based on Gender

The Social Welfare Service Government (PPKS), targeted by the Elderly Social Service Institution "Sudagaran" Banyumas, is an abandoned elderly group resident of Central Java and comes from Central Java, especially in the former Banyumas Residency area. The resident status should be evidenced by a legal identity card, Family Card, or domicile certificate from the local village. Currently, the capacity of the Elderly Social Service Institution "Sudagaran" Banyumas is 92 beneficiaries.

Respondents in this study were selected by purposive sampling by considering the physical condition and willingness of the elderly to participate in activities (informant consent). The respondents in this study were 44 people, consisting of 18 elderly males and 26 elderly females, from a total of 92 beneficiaries at PPLSU Sudagaran. The distribution of respondents by sex can be observed in Table 1 below:

Table 1. Distribution of research respondents by gender

Gender	Number of Respondents	Percentage
Male	18	41%
Female	26	59%
Sum	44	100%

The majority of respondents involved in this study were female, specifically 59% or a total of 26 elderly, while male respondents were 41% or a total of 18 elderly from a total of 44 respondents.

Elderly stress level at Elderly Social Service PPLSU Sudagaran

The measurement of stress levels for the elderly at PPLSU Sudagaran is using the DASS 21 instrument. The Depression Anxiety Stress Scales 21 (DASS-21) is a self-report instrument that measures anxiety, depression, and stress. DASS-21 is a shortened form of the 42-item size Lovibond and Lovibond (1995) developed to cover a wide range of symptoms of anxiety and depression by providing a distinction between the three constructs (Setyarini et al., 2022). Each item of the three DASS-21 scales took seven items selected to be representative, thus reducing almost half of the initial scale of DASS-42.

The depression scale assesses symptoms such as dysphoria, hopelessness, worthlessness, and lack of interest; the anxiety scale consists of items that evaluate somatic symptoms, situational anxiety, and subjective experiences of feelings of anxiety;

while the stress scale measures a condition of arousal and persistent tension consisting of symptoms such as difficulty relaxing, agitation, anger, and impatience. The Depression Anxiety and Stress Scale 21 (DASS 21) consists of 21 items, which measure three emotional states: depression (e.g., "I cannot feel positive feelings at all"), anxiety (e.g., "I find myself in a situation that makes me so anxious that I feel so relieved when it is all over") and stress (e.g., "I find it hard to relax"). Each item weighs from 0 (not applicable to me at all) to 3 (very much or most of the time) (Dewi, 2019).

Tests of the validity and reliability of DASS-21 have been conducted in several adult populations with good results. Studies have generally reported good internal consistency for all three scales and total scores that are a composite of all three scales. Specifically, the estimated alpha coefficient ranges between 0.83 and 0.94 for the Depression scale, 0.70 and 0.87 for the Anxiety scale, and 0.82 and 0.91 for the clinically stressed scale (Dewi, 2019).

In this study, tests were given before and after counseling. The study subjects were asked to take a pre-test and post-test to determine their stress level before and after being given treatment (counseling). Group counseling treatment was carried out in six meetings. The steps taken in group counseling consist of 6 (six) stages as follows:

1. Pre counseling. The first step is to create a counseling group. Group formation is carried out by making offers to prospective research subjects and committing to participate in activities, as evidenced by the signing of informant consent.
2. Initial stage (orientation and exploration). At this stage, an introduction session is carried out among group members. The counselor and the research subject introduce themselves to each other, and the counselor explains the goals and expectations of the activity. In this session, it was also agreed that the expectations conveyed at this stage by each member of the group's rules and norms were in order to create mutual comfort.
3. Transitional stage. In this session, the research subjects were asked for this stage. It is hoped that group members will open up about the problems encountered and tell the states' experiences.
4. Work-cohesion stage and productivity. At this stage, intervention began to be carried out using the Islamic Psychotherapy approach.
5. Final stage (consolidation and termination). At this stage, the research subjects practice counseling advice, and the counselor provides feedback by sharing and discussing.

6. Follow-up and evaluation stage. The session concludes with a conclusion and reflection. At this stage, all members and counselors jointly evaluate the obstacles and difficulties faced and the follow-up of the interventions provided.

Initial Male Elderly Stress Level (Pre-Test)

Initial elderly stress level measurements were carried out to determine the level of stress experienced by the elderly before being given supportive Islamic Psychotherapy-based group counseling treatment. The DASS 21 instrument consists of 21 questions that measure levels of depression, anxiety, and stress. In this study, the focus of discussion was only on the stress level, so the number of question items used only consisted of 14 items.

Based on the calculation of the initial stress level measurement of male elderly using the DASS 21 questionnaire, data on the categorization of stress levels in male elderly were obtained as presented in Table 2 below:

Table 2. Interpretation of early stress level of male elderly (pre-test)

Stress Level	Number of Respondents	F value	Interpretation
Normal	3	16,66%	A small percentage of respondents
Mild	6	33,33%	Almost half of the respondents
Moderate	7	38,90%	Almost half of the respondents
Severe	2	11,11%	A small percentage of respondents
Extremely Severe	0	0%	None of the respondents
Total	18	100%	

The initial stress level (pre-test) in male elderly at PPLSU Sudagaran based on the calculation results showed that a small percentage of respondents, specifically 16.6% of male elderly, had normal stress levels. Seniors who experienced mild stress at the beginning of the measurement accounted for almost half of the respondents or reached 33.3%, while almost half experienced moderate stress. Only a small percentage of respondents experienced severe stress, as much as 11.11%, and none experienced extremely severe stress.

Initial Female Elderly Stress Level (Pre-Test)

Based on the calculation of the measurement of the initial stress level of the female elderly using the DASS 21 questionnaire, data on the categorization of stress levels in the female elderly were obtained as presented in Table 3 below:

Table 3. Interpretation of early stress level (pre-test) of female elderly

Stress Level	Number of Respondents	F value	Interpretation
Normal	1	3,85%	A small percentage of respondents
Mild	7	26,92%	A small percentage of respondents
Moderate	8	30,77%	Almost half of the respondents
Severe	10	38,46%	Almost half of the respondents
Extremely Severe	0	0%	None of the respondents
Total	26	100%	

The initial stress level (pre-test) in females elderly at PPLSU Sudagaran based on the calculation results showed that a small percentage of respondents, specifically 3.85% of female elderly, had normal stress levels. Female elderly who experienced mild stress at the beginning of the measurement reached 26.92%, while almost half (38.46%) experienced moderate stress. Elderly females who experienced severe stress amounted to 38.46% or almost half of the respondents, and none of the respondents experienced extremely severe stress levels.

Stress levels of male elderly after treatment (post-test)

Based on the results of the calculation of stress level measurement after the treatment of male elderly using the DASS 21 questionnaire, data on the categorization of stress levels in male elderly were obtained as presented in Table 4 below:

Table 4. Interpretation of stress levels after treatment of male elderly(post-test)

Stress Level	Number of Respondents	F value	Interpretation
Normal	11	61,11%	Almost most of the respondents
Mild	5	27,77%	Almost half of the respondents
Moderate	1	5,56%	A small percentage of respondents
Severe	1	5,56%	A small percentage of respondents
Extremely Severe	0	0%	None of the respondents
Total	18	100%	

Male elderly respondents at PPLSU Sudagaran run into changes in stress levels after providing supportive Islamic Psychotherapy-based group counseling treatment. After conducting 6 (six) meeting sessions with an allocation of three to four hours per session, there was a shift in the average stress level from a moderate level to a normal level. It was reported that 61.11% of respondents, or almost most respondents, were

categorized as having normal stress levels after treatment. Almost half of the respondents, or as many as 27.77%, merely ran into mild stress after treatment, and only a small percentage of respondents reported running into moderate and severe stress, each of which was in the range of 5.56%. Neither pre- nor post-treatment was sustained to have extremely severe stress levels.

Stress level of female elderly after treatment (post-test)

Based on the calculation of the initial stress level measurement of female elderly using the DASS 21 questionnaire, data on the categorization of stress levels in female elderly were obtained as presented in Table 5 below:

Table 5. Interpretation of stress levels after treatment (post-test) of female elderly

Stress Level	Number of Respondents	F value	Interpretation
Normal	9	34,62%	Almost half of the respondents
Mild	10	38,46%	Almost half of the respondents
Moderate	4	15,38%	A small percentage of respondents
Severe	3	11,54%	A small percentage of respondents
Extremely Severe	0	0%	None of the respondents
Total	26	100%	

In female elderly respondents at PPLSU Sudagaran, involvement in stress levels changes after providing supportive Islamic Psychotherapy-based group counseling treatment. After conducting counseling six meeting sessions with three to four hours per session, there was a modification in the average stress level from a moderate level to a normal level. It was reported that almost half of the respondents were at normal and mild stress levels after treatment, at 34.62% and 38.46%, respectively. Only a small percentage of respondents reported having moderate and severe stress levels after treatment, which were in the range of 15.38% and 11.54%, respectively. Neither pre- nor post-treatment to retain extremely severe stress levels.

The Effectiveness of Group Counseling Based on Supportive Islamic Psychotherapy

The effectiveness of group-based supportive Islamic psychotherapy counseling for the elderly in PPLSU Sudagaran was measured by conducting a hypothesis test. This study's hypothesis test consisted of a paired sample t-test and an independent sample t-test hypothesis test. The database operated to measure the hypothesis test compares the

initial stress levels (pre-test) and post-treatment (post-test) of males and females elderly. However, before hypothesis testing, normality and homogeneity tests are first carried out to ensure the validity of the data.

Comparison of Elderly Average Stress Levels

Comparison of stress levels in males and females elderly is accomplished by comparing the mean and standard deviation values. The result of this value is a database for further measurements. A comparison of pre-test and post-test results measurements in the elderly at PPLSU Sudagaran is represented in Figure 1 below:

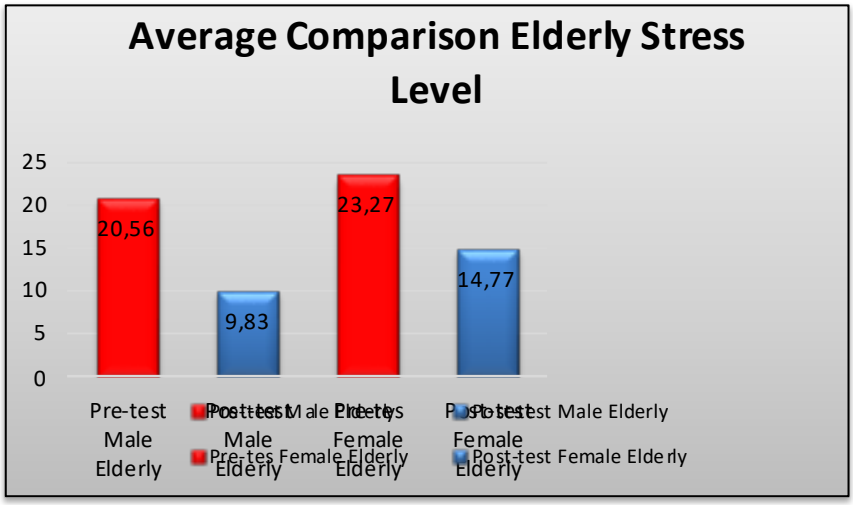


Figure 1. Comparison of average stress levels of the elderly

Figure 1 stated that the results of measuring stress levels in male elderly in the initial test showed an average of 20.56 and a Standard Deviation of 4.25 with a moderate stress level. The final test results measuring stress levels in male elderly displayed an average value of 9.83 and a standard deviation of 8.81 with the normal stress category. The results of measuring stress levels in female elderly in the initial test showed an average value of 23.27 and a standard deviation of 4.80 with the moderate stress category. The final test results in female elderly displayed an average value of 14.77 and a standard deviation of 6.83 with normal stress categories. It can be concluded that the provision of counseling to the elderly, both male and female, has a positive impact on reducing the level of stress experienced.

Comparison of Decreasing Stress Levels of The Elderly Based on Gender

A comparison of stress levels was carried out to find a disparity in reducing stress levels in male and female elderly after six meeting sessions. Data comparing the

reduction in stress levels in male and female elderly after the counseling process is represented in Figure 2 below:

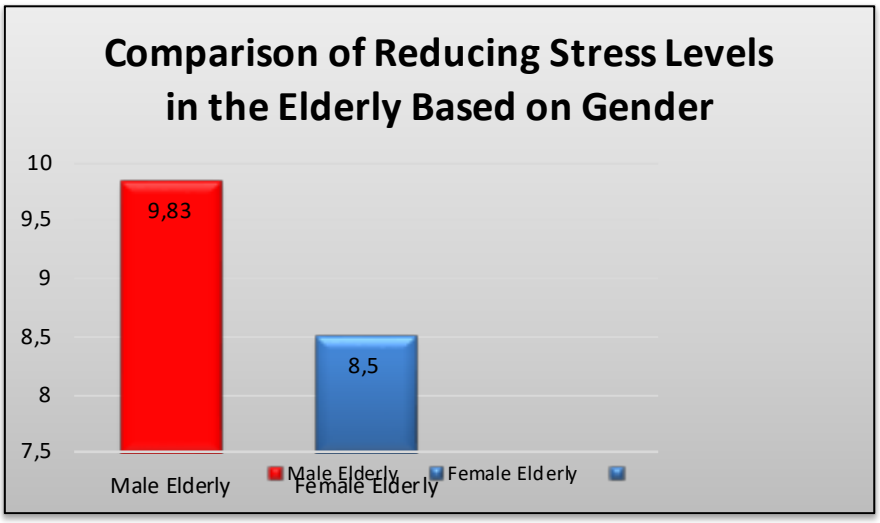


Figure 2. Comparison of reducing stress levels in the elderly based on gender

Based on the results, it can be concluded that the average value of reducing stress levels in male elderly is 9.83 with a standard deviation of 3.91 or is in the normal stress category. The average value of reducing stress levels in female elderly was 8.5, with a standard deviation of 3.1 or in the normal stress category. Based on the data above, it can be concluded that there are no significant differences in reducing stress levels in elderly males and females. Female elderly have a slightly better reduction in stress levels compared to male elderly.

Research Hypothesis Test

Hypothesis testing assesses a statement using statistical methods to declare the test results statistically significant. The hypotheses proposed in this study are:

H0: Group-based counseling on supportive Islamic psychotherapy is effective in reducing stress levels in the elderly.

H1: Group-based counseling on supportive Islamic psychotherapy is not effective in reducing stress levels in the elderly.

The research hypothesis test was carried out with the paired simple t-test hypothesis test and the independent simple t-test hypothesis test.

Hypothesis test paired simple t-test

The paired simple t-test hypothesis test aims to determine the differences between each group's pre-test and post-test results. The basis for decision-making is based on the significance level; if the probability number/significance level > 0.05, then H0 is accepted, while if the probability/significance level ≤ 0.05, then H0 is rejected. Data on the results of the Paired Simple t-test regarding stress levels in the elderly before and after being given group counseling based on supportive Islamic Psychotherapy is represented in Table 6 below:

Table 6. Paired simple t-test hypothesis test results

	Shapiro-Wilk			
	Statistic	df	Say.	Information
Pre-test Male Stress	.791	18	091	Normal
Pre-test Female Stress	.933	18	.220	Normal
Post-test Male Stress	.769	18	,075	Normal
Post-test Female Steres	.934	18	.233	Normal

Based on Table 6, it can be concluded that the significance value of pre-test and post-test data measuring stress levels in male elderly is 0.001, while the pre-test and post-test values of female elderly are 0.001. The data shows all significant values (Sig 2 Sided P) < 0.05. This value indicates a difference in scores between the pre-test and post-test on the stress level of the elderly, or in other words, the provision of counseling effectively reduces stress levels in the elderly.

Independent simple t-test hypothesis test

The independent Simple t-test hypothesis test aims to determine the differences between research groups (Male Elderly and Female Elderly) to estimate differences in the results of stress levels in the two groups. Data on the results of the Independent Simple t-test regarding differences in stress levels in male elderly and female elderly after counseling can be seen in Table 7 below.

Table 7. Independent simple t-test results

		Levene Statistic	df1	df2	Sig.
Pretest Stress Man	Based on Mean	.766	2	6	.506
	Based on Median	.391	2	6	.693
	Based on Median and with adjusted df	.391	2	4.971	.696
	Based on trimmed mean	.742	2	6	.515

Pretest Stress Women	Based on Mean	.524	2	6	.617
	Based on Median	.503	2	6	.628
	Based on Median and with adjusted df	.503	2	4.996	.632
	Based on trimmed mean	.534	2	6	.612
Posttest Stress Man	Based on Mean	1.549	5	10	.260
	Based on Median	.177	5	10	.965
	Based on Median and with adjusted df	.177	5	4811	.959
	Based on trimmed mean	1.348	5	10	.321
Posttest Stress Women	Based on Mean	1.953	5	10	.208
	Based on Median	.274	5	10	.252
	Based on Median and with adjusted df	.274	5	4.388	.225
	Based on trimmed mean	1.773	5	10	.209

The calculation results from Table 7 above show that the data significance values are 0.042 and 0.049, respectively. These data show all significant values (Sig 2 Sided P) < 0.05. This value indicates a difference in scores between the stress level test results of male and female elderly, although the difference is not excessively significant. Based on a series of tests on data, it can be concluded that group-based supportive Islamic psychotherapy counseling is effective in reducing stress levels in the elderly from moderate to normal. Various measurements carried out show that the provision of counseling treatment is equally effective for both male and female elderly.

Discussion

James P. Chaplin divided the notion of psychotherapy into two points of view. In particular, psychotherapy is defined as the application of specific techniques to the cure of mental illness or the difficulties of daily adjustment. Broadly, psychotherapy includes healing through religious beliefs through informal talks or discussions with teachers or friends. Psychotherapy is the treatment of the nature of the mind, or rather, the treatment and therapy of psychic disorders through psychological methods. Rita L. Atkinson put forward this definition. David A. Statt suggests that psychotherapy is the use of psychological techniques to treat psychological disorders. The four main forms of psychotherapy (based on the four main theoretical approaches to psychology) are behavioral, cognitive, humanistic, and psychoanalytical.

Psychotherapy is a conversation that involves listening and talking to those who are in difficulty to help them understand and cope with the circumstances at hand.

Psychotherapeutic conversations can only occur successfully in the context of a trusting relationship so that exploration, understanding, and problem-resolution processes can develop (Nuriman et al., 2024). The experience is understood as an experience of security, facilitating mental exploration, which is the main focus of all psychotherapy.

Psychotherapy is the treatment of illness utilizing spirituality or the application of special techniques to the healing of mental illness or the difficulties of daily adjustment or healing through religious beliefs and personal discussions with teachers or friends. Islamic psychotherapy is the process of treating and healing a disease, both mental, spiritual, moral, and physical, through the guidance of the Qur'an and the Sunnah of the Prophet Muhammad SAW. Psychotherapy is now not only emphasized for curative efforts but also preventive efforts. So psychotherapy is not only for "sick" people, but it is increasingly valued as a tool of self-exploration to help "normal" people realize their full potential.

Psychotherapy departs from the fact that humans, as social beings, are very dependent and need help from others in order to carry out life. Human beings are always in the process of changing and being changed at all times. Under certain conditions, humans must change, adapt, and be balanced with their living environment. The basic environment is the home environment, the family environment. Suppose one of the family members has problems, which is known as an identified patient in family therapy. In that case, the whole family will experience shock and often need help from a psychotherapist to help him.

The starting point of psychotherapy is that the human life span is always changing. Change is a necessity that requires adjustment for individuals. The inability of individuals to adjust will result in problems that will affect their psychological and physical condition. The American Psychological Association (APA) states that religion will be psychologically able to present the meaning of life and self-identity, sociologically bring up s sense of belongingness with the external environment, and achieve closeness to God (Pujiastuti, 2021). Thus, humans can adjust to their environment, which is the core of solving human problems. Islamic psychotherapy is an attempt to cure or treat mental, spiritual, moral, and physical problems using the guidance of the Quran and the Sunnah of the Prophet (Basuki, 2013; Pujiastuti, 2021).

Supportive psychotherapy aims to create a therapeutic relationship as a crutch or bridge for the patient. It has its roots in almost every therapy that recognizes the ameliorative effects of emotional support and a stable, caring atmosphere in patient management. As a nonspecific attitude to mental illness, it predates scientific psychiatry, with the moral basis of medicine of the 18th century, when, for the first time, patients

were treated with understanding and kindness in a humane interpersonal environment free from mechanical restrictions. That perspective underlies various developments, such as environmental therapies to rehabilitate chronic inpatients, crisis interventions to help others who function through periods of great turmoil or sudden stress, and guidance or counseling practices for children, former patients, and non-patients who need temporary assistance in social, academic, or vocational areas but do not warrant long-term or in-depth exploration (Pardede, 2017).

Supportive psychotherapy has become the primary form used in the general practice of treatment and rehabilitation, often to enhance other therapeutic measures, such as prescription medications to suppress symptoms or for hospitalization to provide a structured therapeutic environment, protection, and control of patients. It can be applied as primary or adjunct care. The global perspective of supportive psychotherapy (part of a combination treatment approach) places the main etiological emphasis on external rather than intrapsychic events, especially on stressful environments and interpersonal influences on the severely damaged self.

As a viable modality within the psychoanalytic movement, supportive psychotherapy has been described as the most obscure and nebulous of all psychotherapies. It is a very difficult treatment. Characteristically or intellectually limited patients are referred when no other modality, especially view-oriented psychotherapy, seems suitable. In the late 1940s, Alexander and French noted a persistent tendency to distinguish between two main categories of treatment—especially supportive methods and primary disclosure methods (Fitriani, 2020).

Supportive psychotherapy techniques are designed to restore or enhance the patient's ego power by helping the patient control impulses through setting boundaries directly, to obtain a more accurate picture of reality through clarification and perceptual testing, to maintain adaptive structures by accepting (not analyzing or confronting) defensive maneuvers, and to develop coping skills which is better through direct teaching and practical advice and through the use of the therapist as a role model and as an ever-convincing figure on whom the patient can rely. The therapist actively serves as a surrogate or auxiliary ego until the patient can combine those assets in which he is mostly deficient, both acutely and characteristically. The controlled and consistent safety of the therapeutic atmosphere also acts as a restraining environment to resist the aggression and harmful impulses of the patient because he learns better to suppress or sublimate the tendency to act more than to express it verbally. Traditional analytical techniques of clarification and interpretation are also used insofar as they focus on the

patient's present problem. However, genetic interpretation is contraindicated and can lead to decompensation in already fragile patients.

Various studies on the elderly, especially those that discuss stress involvement by the elderly, are discussed from various scientific points of view, including psychology, nursing, social welfare, and medicine. Stress in the elderly is defined as external situations and conditions that burden an individual's ability to adapt emotionally and psychologically. The results of various studies on the elderly show that the elderly are an age group that is vulnerable to stress. Research conducted by (Kaunang et al., 2019), for example, shows that most of the elderly in the Social Care Center for the Elderly Abandoned experience physical and psychological stress. Similar research also shows that elderly residents of Panti Wredha in Pucang Gading Semarang (Indriana et al., 2010), Lhokseumawe (Khaidir & Maulina, 2018), Surabaya (Dewi, 2019),, Delanggu (Maros & Juniar, 2016), Malang (Selo et al., 2017), Yogyakarta (Akbar et al., 2018; Rifiyanto, 2018), Jombang (Novianti & Nahariani, 2015), Serang (Yudhistira, 2019), Jakarta (Fahira, 2018), Bandung (Setyarini et al., 2022), and Lampung (Wulandari, 2018) have high levels of stress. Various studies show that the elderly in various regions have high-stress levels.

The elderly have high-stress vulnerability due to significant changes in physical, social, and economic development (Rahmah, 2017). In addition, the results of the research reveal that the causes of stress in the elderly include loneliness problems, family factors, living environment, and work (Akbar et al., 2018; Hidayat & Hidayah, 2021; Kurniawati et al., 2020; Maros & Juniar, 2016).

Symptoms of stress experienced by the elderly include the emergence of various physical diseases, including headaches, insomnia, high blood pressure, low appetite, and loss of energy. Symptoms of stress in the elderly from an emotional point of view are the emergence of anxiety, excessive worry, mood swings (mood swings), sensitivity, mutual hostility, irritability, and irritability (Aminnuddin, 2022). The symptoms of stress from an intellectual point of view are decreased concentration, forgetfulness, decreased productivity, and difficulty making decisions. Meanwhile, the symptoms of stress from an interpersonal perspective are easy to blame others, being too fortified, reluctant to associate, and even hostile to others (Azizah & Trisetiyaningsih, 2020; Fahira, 2018; Hidayat & Hidayah, 2021; Maros & Juniar, 2016; Pratama, 2020).

The high number of elderly in Indonesia and the high potential for stress involvement by the elderly are concerns that require handling and alternative prevention. The high ratio of elderly dependence to productive age groups must be reduced so that it does not become a burden that hinders development. Realizing a

healthy and independent elderly is one of the government's concerns to improve psychological well-being and increase the human development index. The steps include trying to reduce stress levels through various methods and approaches.

Struggles to reduce stress levels in the elderly have been discussed in previous studies, including using Psychoeducation (Dewi, 2019), Cultural spiritual (Yulianti, 2011), Benson Relaxation (Azizah & Trisetiyaningsih, 2020; Rokhman, 2021), client-centered based group counseling (Hidayat & Hidayah, 2021), spiritual counseling (Rahmah, 2017), Islamic psychotherapy (Sholikhah, 2009), classical psychoanalysis approach (Pasmawati, 2017), Sufistic psychotherapy (Basuki, 2013; Yudhistira, 2019), and Rational Emotive Therapy (Wulandari, 2018). The research focusing on Islamic psychotherapy discusses the concept of Islamic psychotherapy itself (Al-Karam, 2018; Basuki, 2013; Isgandarova & O'Connor, 2012; Sudan, 2017).

Referring to various previous studies, this study has significance in providing an alternative to handling stress in the elderly using techniques and methods based on Islamic Psychotherapy.

A better religious quality for the elderly will have an impact on the life they live. Religious life will affect people's activity, who will always be directed at the religious teachings they believe. The religious life strengthens to facing problems, and they do not immediately respond with negative attitudes such as stress and depression. Religious individuals realize that all problems come from God, so whatever happens, individuals can overcome them by getting closer to God through worship, prayer, and worship (Daulay et al., 2022). Religious involvement contributes positively to elderly adjustment, whereas religious involvement is related to social and emotional aspects of loneliness. Socially, participation in religious activities provides opportunities for the elderly to support their social relations with others. Emotionally, religious beliefs give the elderly a sense of value and trust that can cope with the loss of social contact.

This study was conducted in a homogeneous locus environment where the elderly were in a non-family environment. Environmental factors are one of the important determinants in the formation of behavior, so the treatment results will likely be different if applied to the elderly who live communally in social service institutions and the elderly who live with families. The advice that can be given in this study is that further research on the elderly based on the family is needed.

Conclusion

The elderly are an age group that is vulnerable to stress regardless of gender or the environment. This study's respondents are older adults who live outside the family environment, specifically at PPLSU Sudagaran. Based on a series of tests on data, it can be concluded that group-based supportive Islamic psychotherapy counseling is effective in reducing stress levels in the elderly from moderate to normal. This study emphasizes that stress levels in the elderly can be reduced with the Supportive Islamic Psychotherapy Counseling Approach. Naturally, the elderly are more interested in religious life, so religious approaches become increasingly relevant to fulfilling their psychological well-being.

The findings of this study demonstrated quantitatively that counseling based on a supportive Islamic psychotherapy approach significantly reduced stress levels among elderly individuals at the Elderly Social Service Unit (PPSLU) "Sudagaran," Banyumas. Statistical analysis showed a marked decrease in average stress scores from pre-intervention to post-intervention; specifically, the stress levels of male elderly decreased from a mean of 20.56 (moderate stress) to 9.83 (normal stress), while female elderly experienced a reduction from a mean of 23.27 (moderate stress) to 14.77 (normal stress). These results clearly indicate the effectiveness of supportive Islamic psychotherapy counseling in stress management for both male and female elderly populations.

For future research, it is recommended to adopt an experimental design that includes control groups to enhance the validity and generalizability of the findings. Additionally, further studies could explore the effectiveness of supportive Islamic psychotherapy counseling interventions among elderly individuals living in family-based or community-based environments, providing comparative insights and broader applicability of this therapeutic approach

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