

# THERAPEUTIC COMMUNICATION IN REDUCING ELDERLY ANXIETY THROUGH TOUCH THERAPY AT BEKASI HALFWAY HOUSE

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## *Abstract*

*Elderly people undergoing social rehabilitation in halfway houses, especially those experiencing anxiety, need to receive special treatment, including; services to overcome anxiety, and feel optimistic about life lived every day. One technique for dealing with anxiety is touch therapy. This research aims to reveal the application of touch therapy in overcoming anxiety problems experienced by the elderly at the Pedurenan Bekasi Halfway House. The method used is single subject design. Data collection techniques were carried out through interviews and observation. The research results show that applying touch therapy to subjects can reduce anxiety.*

## **Keywords:**

*Elderly, anxiety, touch therapy.*

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## INTRODUCTION

The population of elderly people aged 60 years and over in West Java Province until 2020 was recorded at 4,163,022 people or 8.67 percent of the total population of West Java of 48,037,827 people (BPS West Java Province in 2018: RPJMD 2018-2023). The increasing trend of the elderly population indicates that more and more people are able to improve their social welfare. But in reality, not all elderly people are able to enjoy their old age happily. This is due to, among others; neglect due to family socio-economic problems, personal problems of the elderly, the occurrence of disasters, and changes in life status in society, so that the elderly need to get help and services to improve their social functioning.

Based on the results of an assessment study at the research location, namely at the Pedurenan Bekasi Halfway House, there were 6 elderly people, consisting of 2 men and 4 women as beneficiaries. They experience psychosocial problems such as; anxious, feeling abandoned by his family, sad and disappointed about his current situation. The elderly while in social services at the halfway house, especially those who experience anxiety, need to get special treatment, including increasing self-confidence, feeling optimistic about the life they live.

To overcome the problems experienced by these clients, therapeutic communication by social workers is needed. Gerard Egan (2011) suggests that the starting point for all social work practice is to be able to engage with people and genuinely hear what they are saying. This demands an ability to communicate both verbally and non-verbally and a capacity to build relationships, or to have what Neil Thompson calls 'people skills' of course, communication is never divorced from the setting and context within which it

takes place. This means that a home visit to someone who has asked for social work help is likely to be very different in tone and substance to a meeting in an office with someone who is an 'involuntary client' (Trotter 1999). There may also be differences according to culture and ethnicity (Dominelli 2008; Graham 2001; Robinson 2007). One technique for handling anxiety problems is touch therapy, which is a complementary therapy to facilitate relaxation and healing due to anxiety. Chamley and James (2013:584) suggest that "Expressive touch can be an important means of communication. Touch is a two-way process that involves feelings and sensations, and indicates a caring or loving relationship."

Starting from the description above, researchers feel interested in conducting research on the application of touch therapy for the elderly. More specifically, researchers want to conduct action research in an effort to help overcome socio-psychological problems, especially anxiety experienced by the elderly while receiving social services at the Pedurenan Bekasi Halfway House. This study aimed to assess the effectiveness of touch therapy in reducing anxiety among the elderly who are in halfway houses.

The reason that strengthens the conduct of this study is based on the belief that psychosocial aspects are related to the problems and needs of the elderly in daily life, considering that the practice of social work assistance for the elderly is directed at improving the biopsychosocial condition itself. Academically, the scientific aspect of this study lies in the behavior of elderly individuals in a halfway house environment that requires a sense of psychological security and comfort.

## 1. Previous research

- a. Ema Hikmah (2010). The Effect of Touch Therapy on the Temperature and Pulse Frequency of Premature Infants Treated in the Perinatology Room RSUD Tangerang.

The research conducted by Ema Hikmah aims to identify the effect of touch therapy on the temperature and pulse frequency of premature babies, with a quasi-experimental research design, with a sample of 30 respondents. The data were analyzed using a t-test. Hikmah's research results show that touch therapy can increase the temperature of premature babies, so nurses on duty in the perinatology room can provide touch therapy. Thus touch therapy interventions can be included in the health care program of premature infants treated in the perinatology room.

- b. Fei-Fei Cai, Hong Zhang (2015). *Effect of therapeutic touch on agitated behavior in elderly patients with dementia*

Research conducted by Fei-Fei Cai and Hong Zhang from the *University of Science & Technology*, Wuhan, China aims to apply touch therapy interventions for the treatment of restless behavior in elderly people in China suffering from dementia. Fei-Fei and Zhang's research results in the form of recommendations for the Chinese people and nation for the development of touch therapy interventions as intervention techniques for the elderly that are not only effective in improving quality of life and helping them live with dignity until the end of life, but will also reduce the burden on caregivers, hospitalization rates and save medical resources. Fortunately, more and more people are realizing these benefits and have started to give TT more attention.

- c. Glauca Pegorari Micillo et. al (2020). *Implications of therapeutic touch and relaxation massage on aging.*

This study aims to describe the importance of touch therapy in the elderly and the implications of using this therapeutic technique in improving the quality of life of the elderly. Research methods used through *Virtual Health Library* (VHL) or bibliographic reviews. In addition, it is also carried out through PubMed and Google Scholar, to select manuscripts published until 2019 by taking material relevant to the research topic. The descriptor "aging, massage, touch and elderly" was used to conduct the search *Virtual Health Library* (VHL). The conclusion as a result of the study of Micillo, et.al that touch therapy as an intervention technique that is beneficial for the elderly both in the form of massage on physical, emotional and sentimental touch that can improve the quality of life of the elderly.

Based on these three previous studies, there are similarities with research conducted by researchers, namely the use of touch therapy techniques for both newborns and the elderly in improving the quality of life. Hikmah's research contributed that touch therapy could be included in the health care program of premature babies treated in perinatology rooms, and Fei-Fei and Zhang's study recommended that touch therapy would reduce caregiver burdens, hospitalization rates and save medical resources. While the conclusion of Micillo's et.al research that touch therapy as an intervention technique that is beneficial for the elderly that can improve the quality of life of the elderly. These three studies inspired researchers to eclectically apply touch therapy for the elderly to help reduce safety during halfway house. The difference is that researchers focused on the application of touch therapy in reducing

elderly anxiety, and the research was conducted in a social work perspective.

## **2. Therapeutic Communication**

A social worker who works with clients in a variety of settings must have professional communication skills and aim to heal clients. Communication skills are called therapeutic communication, which is communication that is consciously planned, purposeful and focused on the client's recovery. Expressive touch can be an important means of communication. Chamley and James (2013:584) identify that it is "a two way process involving feelings and sensation, and indicates a caring or loving relationship." When you place your hand upon another's it transfers warmth and care between the two of you. Craig (2016) states that touch for patients in the later stages of dementia can be very important as physical contact could be their only means of communicating with those around them. Skills for Care (2016) states that touch can also be used in a more practical way to communicate with people who are deaf and visually impaired by signing information directly onto the person's hand.

Indrawati (2003: 50) suggests that the benefits of therapeutic communication are to encourage and encourage cooperation between nurses and clients through nurse-client relationships. Identify, uncover feelings and review problems and evaluate actions taken by nurses. Through therapeutic communication skills, social workers will more easily establish trusting relationships with clients, so that they will be more effective in achieving goals and providing professional satisfaction in service. The therapeutic relationship between social workers and clients is a cooperative relationship characterized by the exchange of behaviors, feelings, thoughts and experiences in a close therapeutic relationship.

## **3. Anxiety**

According to Kaplan, Sadock, and Grebb (in Fitri Fauziah & Julianti Widuri, 2007: 73) anxiety is a response to certain threatening situations, and is a normal thing to happen to accompany development, change, new or unprecedented experiences, as well as in finding self-identity and meaning in life. Anxiety is a reaction that anyone can experience. But excessive anxiety, especially those that have become a disorder will hinder a person's functioning in life. Meanwhile, Nevid Jeffrey S, Rathus Spencer A, & Greene Beverly (2005: 163) provide an understanding of anxiety as an emotional state that has physiological stimulation, unpleasant feelings of tension, and worry that something bad will happen. Unlike the previous experts, Singgih D. Gunarsa (2008:27) argues that anxiety is worry, fear for which there is no clear cause.

In elderly people, the changes that occur in their lives are certainly going to impact anxiety. Loss of work, reduced social activity, weakening of physiological functions such as the function of the senses of hearing, vision, physical movement and so on then appear functional disorders or even disabilities in the elderly such as the body becomes hunched, hearing is greatly reduced, blurred vision and so on so that it often causes alienation (Kartinah and Sudaryanto, 2008).

## **4. Touch Therapy**

therapy is a complementary therapy to facilitate relaxation and healing. Touch therapy aims at smoothing or reducing energy congestion and is believed to help in reducing pain and anxiety (Chamley and James: 2013). Furthermore, Chamley and James suggest that in touch therapy there are aspects of communication and compassion. Expressive touch can be an important means of

communication, touch is a two-way process that involves feelings and sensations, and indicates a caring or loving relationship. Touch can be a way to show compassion.

Touch can be categorised into three main areas, instrumental, protective and expressive (O'Lynn and Krautscheid, 2011). Based on those categories, most touching will be what is known as instrumental touch. Touch as a result of performing procedures or direct care. For example washing and dressing, changing dressings or taking observations. Furthermore, O'Lynn and Krautscheid suggest that protective touch is when a care giver touches a patient to prevent them from endangering themselves. For example preventing a patient from pulling out a cannula or nasogastric tube, or from hitting themselves. The third type of touch which is the main focus of researchers in applying touch therapy for the elderly in halfway houses, is one which conveys emotion, support and compassion. This is known as expressive touch. For example holding a dying patients hand or placing a reassuring hand on someone's shoulder. This is probably the most important form of touch in helping to develop the therapeutic relationship with your patient. As Sharples (2013) says it is about letting the patient know that you are there and that you care. Expressive touch has also been categorised as a cathartic intervention (Russell, 1999). This is where through touch you encourage a patient to let go of their emotions and release tension and anxiety.

Therapeutic touch is a complementary therapy whereby the trained support worker uses their hands to facilitate relaxation and healing. Despite the name no actual touching takes place. Kozier et al (2012:200) states it is "based on the concept of human energy fields." The goal is to smooth out or relieve energy congestion over the patient's body and

is believed to be helpful in reducing pain and anxiety (Coakley and Barron, 2012) and enhances the healing process of patients who are injured or ill (Kozier et al, 2012). Research has been performed in the areas of oncology (Tabatabaee et al, 2016) and palliative care (Senderovich et al, 2016) highlighting its potential benefits. While Herdtner (2000) reports that studies have shown therapeutic touch to have a calming response which would be beneficial for patients both pre and post operatively and a relaxation response which reduces anxiety, promotes sleep, aids in pain relief and reduces swelling.

Social workers should always treat elderly clients with respect and compassion. demonstrating empathy, kindness and warmth, can enhance the dignity and comfort of the elderly.

## **5. Social Work with Elderly**

Social work is a professional activity to help individuals, groups, or communities improve or restore their capacity to function socially and create societal conditions that support their goals (NASW, Zastrow, 2019). Meanwhile IFSW, 2000 and the IASW Code of Ethics, 2006 state that the social work profession encourages social change, problem solving in human relations and community empowerment and liberation to improve welfare. By utilizing theories of human behavior and social systems, social work intervenes at the point where people interact with their environment. The principles of human rights and social justice are fundamental to social work (Adelphi University School of Social Work: 2008). Based on this definition, social work as a profession that provides assistance to clients both individuals (elderly), groups and communities is based on knowledge and

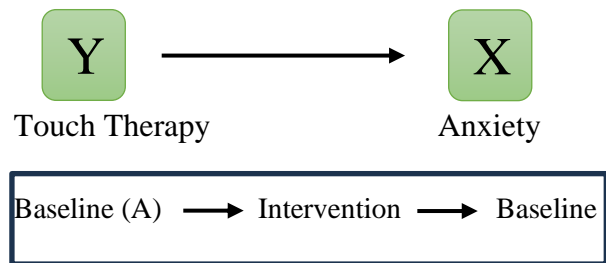
skills, in this case using social work methods, skills, and techniques.

In the context of this study, social work can be applied in an effort to improve the ability of social functioning of the elderly to be able to carry out daily life activities adequately, so as to maintain their functional capacity. Through this research, indirectly the practice of social work can be carried out by proposing alternatives to the parties regarding the handling of the elderly, especially those who receive services at halfway houses, so that the elderly obtain welfare.

## METHOD

This study uses a quantitative approach with a *single subject design* (SSD), which is a research design to evaluate the effect of a treatment with a single case or subject (Kazdin, in Latipun, 2011: 85). In this case, researchers use Design A-B-A, which is a design that shows a causal relationship between independent variables and dependent variables. In this case, researchers measure the subject's behavior in the baseline condition (A1), which is the subject's condition before the intervention, then the measurement of anxiety behavior in the intervention condition through touch therapy (B), and measurements in the second baseline condition (A2) or results. The touch therapy technique used as many as three movements, namely smooth massage on the back from top to bottom, followed by back massage to the right and left sides, and massage on the hands from top to bottom. Each massage movement is 8 counts, the entire touch session lasts about fifteen minutes. During the process of touch therapy is accompanied by communication built by the therapist (social worker) with the subject and accompanied by feelings of closeness and familiarity.

The pattern of relationships between variables used in this study can be described as follows:



The main subject of this study is the elderly who are in the Pedurenan Halfway House as beneficiaries of social rehabilitation service programs within the Bekasi City Social Office. The research subjects were taken as research targets with the following criteria: 1) Seniors who received social rehabilitation services at the Halfway House, 2) Elderly who had anxiety problems, 3) Aged 60 years and over, both men and women.

Data collection techniques used in this research are interviews, observations on baseline conditions and intervention conditions, as well as anxiety measurement instruments using the Hamilton Rating Scale-for Anxiety (HRS-A). Data analysis in this study used quantitative measurements, with the following stages: a) scoring the results of baseline condition assessment (A), b) scoring the results of intervention condition assessment (B), c) making an assessment table for scores that have been obtained on baseline and intervention conditions (A1), d) compare score results on baseline and intervention conditions, e) make conclusions.

## RESULT

### 1. Characteristics of the Subject

#### a. The subject of the study "Arf"

The subject "Arf", a 67-year-old male was at the Pedurenan Halfway House for about a month when he met with the researcher, he

was the result of a referral from the Bekasi City Regional General Hospital which was previously treated for four days. The subject "Arf" is from Lampung, and came to Bekasi alone because his children had no direct or indirect contact for a long time. When he first met with the researcher, Mr. "Arf" physical condition was in a light receipt state, he used a wheelchair, and his legs felt pain, however, to communicate with others Mr. "Arf" was still able to do well, his speech was clear, emotions seemed stable.

#### b. The subject of "Mry"

The subject "Mry", a 60-year-old woman, entered the Bekasi Pedurenan Halfway House just a week when researchers conducted the study. Mrs. "Mry" is from Central Java, and became a client at a halfway house after a crackdown was carried out for displaced people in Bekasi City, she lived alone and had no family. When the researcher asked if there were any relatives or children, he said he did not know where his relatives were, did not have an identity card (KTP), making it difficult for halfway house officials to identify his family. The physical condition of Mrs. "Mry" is quite healthy, but she seems to experience confusion at the Bekasi Pedurenan Halfway House.

## 2. Anxiety of the Elderly before the application of touch therapy

### a. Anxiety measurement

The measurement of anxiety levels before the intervention aimed to collect *baseline* data, aimed at measuring the anxiety levels of subjects with regard to physical, psychological, and social conditions using the *Hamilton Rating Scale for Anxiety* (HRS-A) instrument. The measurement will be made on June 19, 2023.

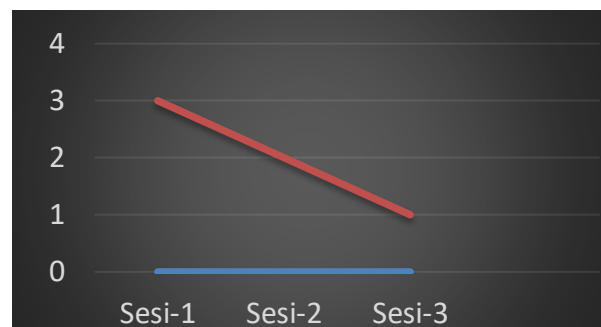
Based on the results of the HRS-A measurement above, the subject "Arf"

obtained a score of 26, meaning that the subject "Arf" experienced moderate anxiety. Meanwhile, the results of measuring anxiety towards the subject "Mry" obtained a score of 25, which means the subject "Mry" also experienced moderate anxiety. In this study, the observed anxiety behavior was limited to three anxiety conditions, namely; feelings of anxiety, tension, and somatic symptoms of muscles.

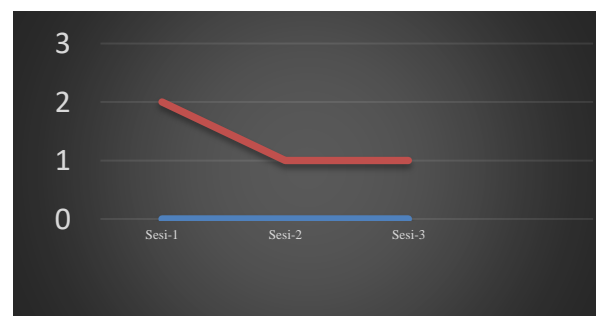
### b. Observation of anxiety symptoms

#### 1) Subject "Arf"

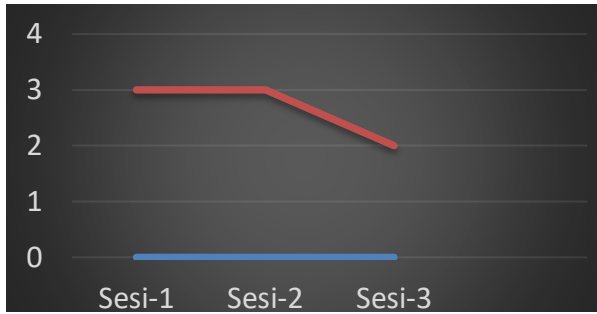
Results of observation of behavioral targets of feelings of anxiety, tension, and somatic symptoms of muscle "Arf" subjects before the application of touch therapy (baseline phase A):



**Figure 1.a.** Graphic of the anxious feelings of the subject "Arf" before the application of touch therapy before application of touch therapy



**Figure 1.b.** Graphic of tension behavior of the subject "Arf" before the application of touch therapy

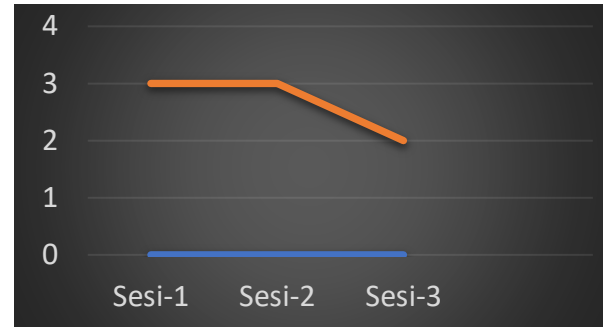


**Figure 1.c.** Graph of somatic symptoms of the muscles of the subject "Arf" before the application of touch therapy

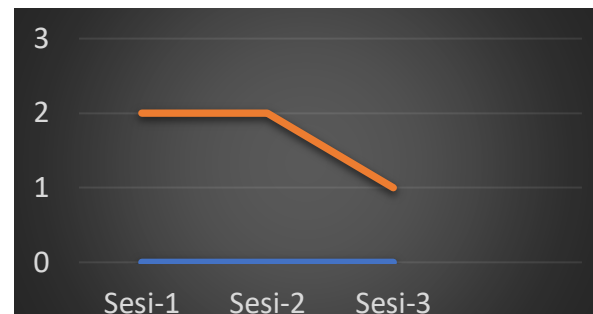
The data in figure 1.a shows the anxious is highest frequency, which is three times, occurs in session one, while the least frequency, which is once, occurs in session three. A total of six events during the three sessions. The data in figure 1.b showed that the highest frequency of tension experienced by "Arf" subjects was twice, occurring in session one, while the least frequency was once, occurring in sessions two and three. Total events during the three sessions were four times. Furthermore, the data in figure 1.c. showed that the highest frequency of muscle somatic symptoms experienced by "Arf" subjects was three times, occurring in session one and session two, while the least frequency was twice, occurring in session three. A total of eight events during the three sessions. Somatic symptoms of muscles experienced by "Arf" subjects are legs difficult to move and pain, so to walk "Arf" subjects need to use a wheelchair.

## 2) Subject "Mry"

The results of measuring the behavior of anxious feelings of the subject "Mry" appear in the graph as follows:



**Figure 2.a.** Graph of the anxious feelings of the subject "Mry" before the application of touch therapy



**Figure 2.b.** Graph of tension of the subject "Mry" before application of touch therapy



**Figure 2.c.** Graph of somatic symptoms of the subject's muscles "Mry" before the application of touch therapy

The data in figure 2.a showed that the frequency of anxiety feelings of the "Mry" subject was the most three times, occurring in session one and session two, while the least frequency was twice, occurring in session three. A total of eight events during the three sessions. Then the data on figure 2.b showed that the highest frequency of tension



experienced by the subject "Mry" was twice, occurring in session one and session 2, while the least frequency was once, occurring in session one. A total of five events during the three sessions. Furthermore, the data in figure 2.c showed that the highest frequency of somatic muscle symptoms experienced by "Mry" subjects was three times, occurring in session one, while the frequency twice, occurred in the second and third sessions. A total of seven events during the three sessions. Somatic muscle symptoms experienced by "Mry" subjects are back pain, so "Mry" subjects often lie down with their bodies sideways.

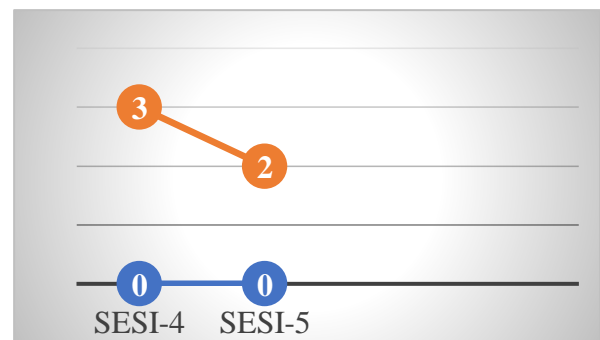
### 3. Anxiety of the Elderly during the application of touch therapy

During the implementation of touch therapy on both subjects, the researcher observed the behavior of subjects related to anxiety conditions or symptoms, namely; feelings of anxiety, tension, and somatic symptoms of muscles. Technically, the observation made by the researcher is to invite the subject to talk about what they are feeling at the moment, and the researcher observes the nonverbal behavior of both subjects.

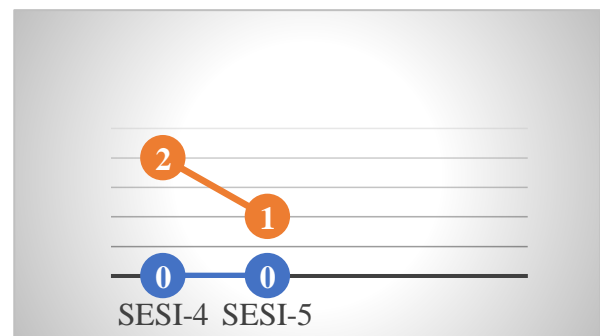
#### a. Subject "Arf"

During the implementation of touch therapy on both subjects, the researcher observed the behavior of subjects related to anxiety conditions or symptoms, namely; feelings of anxiety, tension, and somatic symptoms of muscles. As a result of the researcher's observations, the subject "Arf" still seems to show anxiety with his words that he is worried about his current life in a halfway house and in uncertainty when he can return to his hometown in Lampung. "Arf" subjects were able to communicate verbally fluently when researchers applied touch therapy focused on three movements: rubbing

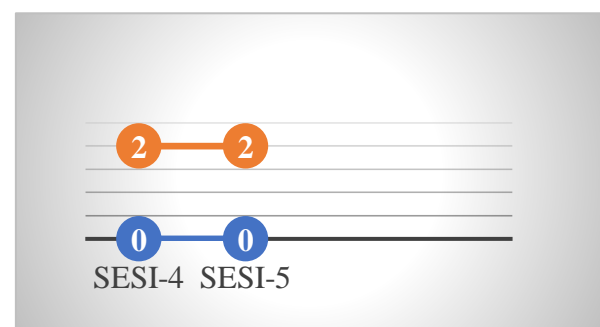
the back from top to bottom for eight counts, then rubbing the hands from the base of the upper hand to the tip of the hand alternately left and right, finally rubbing the feet from groin to the toe alternately left and right for eight counts. Touch therapy will be carried out in two sessions, namely June 22 and 23, 2023. The results of measuring the anxious feelings of "Arf" subjects during the application of touch therapy appear in the following graph:



**Figure 3.a** Graph of anxious feelings of the subject "Arf" during the application of touch therapy



**Figure 3.b** Graph of the tension of the subject "Arf" during application of touch therapy

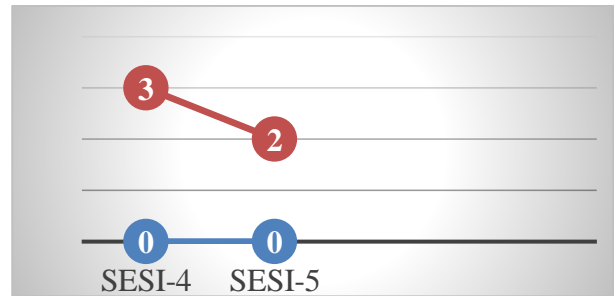


**Figure 3.c** Graph of somatic symptoms of the muscles of the subject "Arf" during the application of touch therapy

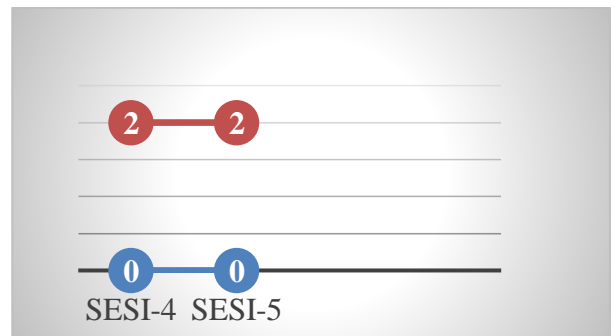
The data in figure 3.a showed that the frequency of anxious feelings of "Arf" subjects during the application of touch therapy twice, occurred in session four and session 5, with a total of events during two sessions four times. Then figure 3.b showed that the highest frequency of tension experienced by "Arf" subjects during the application of touch therapy was twice, occurring in session four, while the least frequency of once, occurred in session five. Total events during the two sessions were three times. Furthermore, figure 3.c showed that the frequency of somatic muscle symptoms experienced by "Arf" subjects during the application of touch therapy in session four and session five was twice. Total occurrences during the two intervention sessions were four times. The somatic symptoms of muscles experienced by the subject "Arf" have been reduced, namely the legs although still difficult to move but the pain has been reduced, but to be able to walk still use a wheelchair.

**b. "Mry" subject**

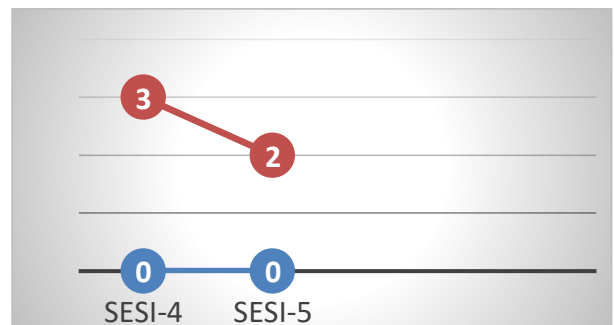
"Mry" subjects were able to communicate verbally but not fluently when researchers applied touch therapy. During the application of touch therapy or in the intervention phase (B), which researchers carried out on June 22 and 23, 2023, the subject "Mry" still had feelings of anxiety, this was related to his desire to be able to return to his original residence in Surabaya. The results of measuring the anxious feelings of the subject "Mry" during the application of touch therapy appear in the graph as follows:



**Figure 4.a** Graph of anxious feelings of the subject "Mry" during the application of touch therapy



**Figure 4.b** Graph of the tension of the subject "Mry" during application of touch therapy



**Figure 4.c** Graph of somatic symptoms of the subject's muscles "Mry" during the application of touch therapy

The data in figure 4.a showed that the highest frequency of anxious feelings of "Mry" subjects during the application of touch therapy three times, occurred in session four, while the frequency twice occurred in session five, with a total of five events during two sessions. Then figure 4.b showed that the frequency of tension of "Mry" subjects was

twice each, occurred in sessions four and five, while figure 4.c showed that the frequency of muscle somatic symptoms experienced by "Mry" subjects during the application of touch therapy in session four was three times, while in session five twice, the total occurrence during the two intervention sessions was five times. The somatic muscle symptoms experienced by the subject "Mry" i.e. back pain have been reduced.

**4. Elderly Anxiety after the application of Touch Therapy**

**a. Anxiety Measurement**

Measurement of anxiety levels after the application of touch therapy aims to collect data on the results of the intervention, using the HRS-A instrument. The measurement will be made on June 25, 2023.

- The "Arf" subject obtained a score of 23, meaning that the "Arf" subject experienced a moderate level of anxiety.
- The "Mry" subject obtained a score of 24, which means that he also experienced moderate level anxiety.

The results of the second measurement of anxiety showed a decrease in anxiety scores, in the sense that there was an effect of applying touch therapy to anxiety in the elderly, although the effect was small.

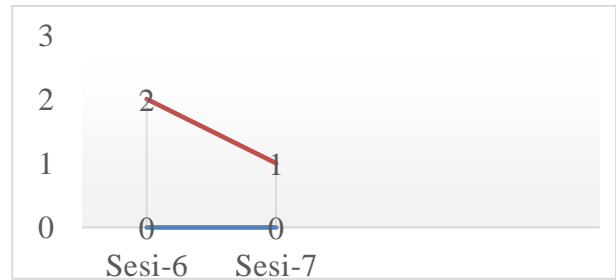
**b. Observation of elderly anxiety after the application of touch therapy**

Observations on the two research subjects after touch therapy were carried out in two sessions, namely on June 24 and 25, 2023.

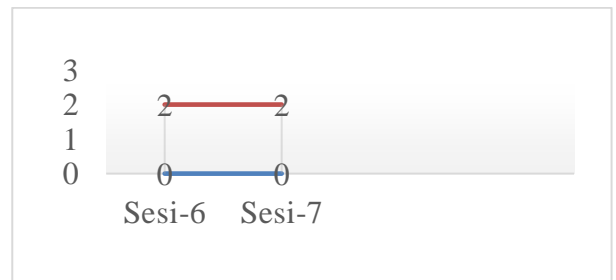
**1) Subject "Arf"**

The subject "Arf" still seems to show feelings of anxiety because there is no certainty when he can return to Lampung.

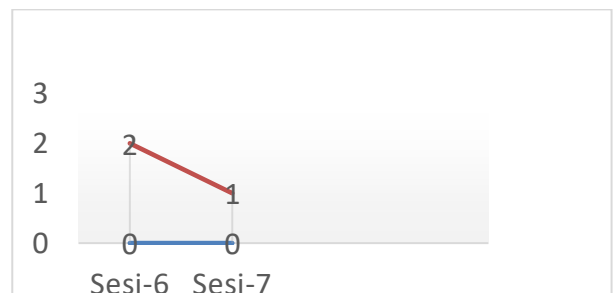
The results of observation of anxiety after the application of touch therapy are as follows:



**Figure 5.a** Graph of anxious feelings of the subject "Arf" after the application of touch therapy



**Figure 5.b** Graph of tension of a subject "Arf" after touch therapy



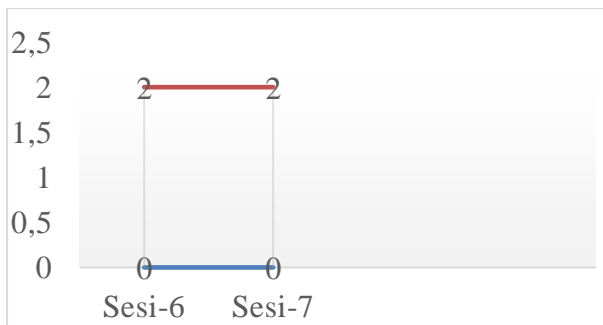
**Figure 5.c** Graph of somatic symptoms of the muscles of the subject "Arf" after touch therapy

The data in figure 5.a above shows that the highest frequency of anxiety feelings of "Arf" subjects twice, occurred in session six and in session seven dropped to once, for a total of three sessions during two sessions. Then figure 5.b showed that the frequency of tension experienced by "Arf" subjects after the application of touch therapy twice, respectively, occurred in session six and session seven. Total occurrences during the two sessions were four times. Meanwhile, figure 5.c showed that the frequency of

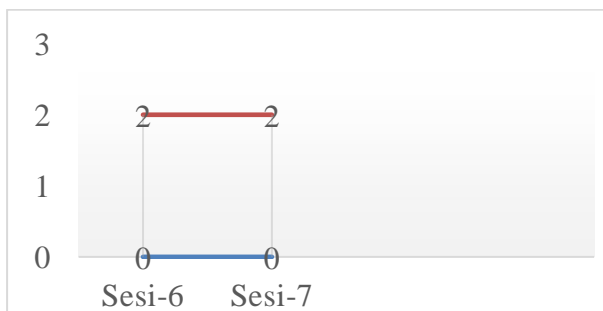
somatic muscle symptoms experienced by "Arf" subjects after the application of touch therapy in session six twice, and in session seven only once, the total occurrence during the two sessions after the intervention was three times. The decrease in somatic muscle symptoms can be seen from the removal of the wheelchair previously used by the subject "Arf", and now only using crackle aids.

**2) Subject "Mry"**

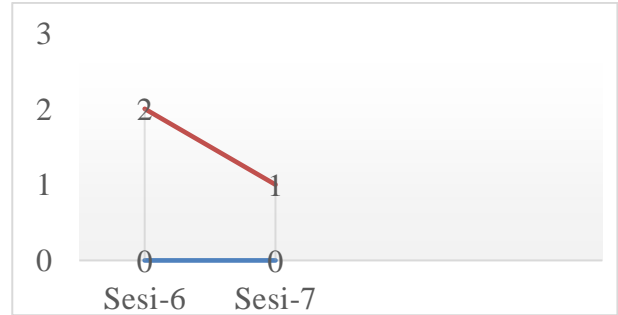
The results of observations on the subject "Mry" appear to have decreased anxiety, especially from the condition of his body which was originally pain in his back was painful, now it has decreased. The results of observation of feelings of anxiety after the application of touch therapy are as follows:



**Figure 6.a** Graph of anxious feelings of the subject "Mry" after touch therapy



**Figure 6.b** Graph of tension "Mry" after application of touch therapy



**Figure 6.c** Graph of somatic symptoms of the muscles of the subject "Mry" after touch therapy

The data in figure 6.a table showed that the frequency of anxious feelings of "Mry" subjects was twice each, occurring in session five and session 6, for a total of four events during the two sessions. Furthermore, figure 6.b showed that the frequency of tension experienced by "Mry" subjects after the application of touch therapy twice, respectively, occurred in session six and session seven. Total occurrences during the two sessions were four times. Then figure 6.c showed that the frequency of muscle somatic symptoms experienced by "Mry" subjects after the application of touch therapy in session 6 was twice, while in session seven only once, the total occurrence during the two sessions after the intervention was three times. The decrease in somatic symptoms of muscles can be seen from the sleeping position of the subject "Mry" who no longer tilts his body, and states that his back pain has been reduced.

**DISCUSSION**

The elderly who live in halfway houses are not an option to live their old age, but a situation that forces them to be in halfway houses because the best service for the elderly is in the family. During their time in the halfway house, the elderly experience anxiety, sadness and disappointment because there is no family. In such conditions, therapeutic

communication is very necessary for social workers, nurses or caregivers in interacting with elderly clients. Through therapeutic communication, communication will be built that can foster motivation, enthusiasm and trust of elderly clients in living their daily lives while in the halfway house.

Therapeutic communication can be carried out using various techniques including touch therapy, as an intervention technique that is beneficial for the elderly in the form of physical massage, emotional and sentimental touch that can improve quality of life, reduce anxiety and sadness. The use of touch therapy is the implementation of therapeutic communication itself, namely the relationship of help between social workers and elderly clients characterized by familiarity, attention and affection, especially social workers towards elderly clients.

The results showed that the anxiety of the subjects before therapeutic communication through touch therapy was 26 for the subject "Arf" and a score of 25 for the subject "Mry", then after touch therapy there was a decrease in the anxiety score, namely the subject "Arf" obtained a score of 23 and the subject "Mry" obtained a score of 24. Although the anxiety category before and after touch therapy is the same, namely the Moderate anxiety category, the decrease in anxiety scores has shown that there is an effect of the application of touch therapy on anxiety in the elderly, although the effect is small.

This research was conducted in the perspective of social work in the context of social rehabilitation, thus the contribution of this research lies in how the process of social rehabilitation for both research subjects in reducing anxiety during their stay in a halfway house. Social rehabilitation itself is a social worker activity that aims to optimally improve the physical, mental and social capacity of

clients, so that clients have the ability to adjust to their environment both physical and social environments. Through the use of touch therapy in the form of smooth massage of the back and arms, as well as building constructive communication by social workers, the study subjects felt a pleasant touch therapy massage while they were able to express feelings of anxiety during their stay in the halfway house.

This research study did not go well, but there were limitations both in terms of research methods and the use of touch therapy techniques themselves. The limitation of research methods is that the application of a single subject design requires a long time, while the time available in the study ranges from ten days, so that between baseline measurement (A) to intervention baseline (B) and measurement back to baseline (A1) the time is less than ideal. In addition, touch therapy as a manifestation of therapeutic communication is not the only intervention technique in helping the elderly overcome anxiety, but rather multi technical. Therefore, the use of other techniques is highly recommended in overcoming anxiety problems experienced by the elderly during their stay in halfway houses.

## CONCLUSION

The elderly who live in a halfway house are not an option to live their old age, but a situation that forces them to be in a halfway house because the best service for the elderly is in the family. During their time in the halfway house, the elderly experienced anxiety, sadness and disappointment because there was no family. Touch Therapy as part of psychosocial therapy that can be used to rebuild the psychosocial well-being of

elderly individuals who experience anxiety, sadness and disappointment towards the life lived. This form of therapeutic intervention values human life through constructive communication and affectionate touch from a social worker, with the aim of helping the elderly to maintain good mental health. The results showed that touch therapy for the elderly at the Bekasi half house had an effect in reducing anxiety.

Touch therapy as a beneficial intervention technique for the elderly in the form of physical massage, emotional and sentimental touch that can improve quality of life, reduce anxiety and sadness. This form of therapeutic intervention values human life through constructive communication and affectionate touch from a social worker, with the aim of helping the elderly to maintain good mental health. The results showed that Touch Therapy for the elderly at Pedurenan Bekasi Halfway House had an effect in reducing anxiety, although the effect was small.

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