

Bibliocounseling training as an effort to improve emotional wellness of the elderly

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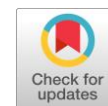
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ABSTRACT

Emotional wellness for the elderly is very important to live a peaceful life. There are many ways to improve the wellness of the elderly through a series of social support activities, one of which is bibliocounseling. This community service activity aims to improve emotional wellness through bibliocounseling. Community service activities are carried out for the elderly in the Special Region of Yogyakarta and Central Java. Participants consisted of 60 elderly people. Through community service activities with Bibliocounseling, it is hoped that the emotional wellness of the elderly can increase. The results of filling in the emotional wellness scale show that the older the individual, the higher their emotional wellness. However, when Bibliocounseling was carried out, the elderly admitted that they still experienced bad emotional conditions such as anger, sadness, and disappointment. Through this bibliocounseling training, the elderly felt happy and committed to changing habits that strengthen emotional wellness.



KEYWORDS

Emotional wellness
Elderly
Bibliocounseling
Emotions
Elderly training



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1. Introduction

As age progresses, humans ideally experience an increase in emotional quality. Almost every time, humans are in contact with emotions. This emotion shows a tendency for expressions that represent strong feelings, both positive and negative. Of course, what is expected is that individuals can always be in a positive emotional continuum because it increases healthy perceptions, beliefs, and physical well-being [1]. Emotions are complex reaction pattern tendencies, involving elements of experience, behavior, and physiology, which an individual uses to deal with personally significant problems or events [2]. The interaction between experience and individual meaning is shown in a behavior that can be measured from their physiology. When individuals are able to manage and feel emotional harmony, it can be said that the individual has emotional wellness. Wellness is described as a state of complete physical, mental, and social well-being, and not just the absence of disease [3]. Individuals who have emotional wellness show harmony, comfort, or emotional well-being. Emotional wellness is an overall emotional state and the ability to manage and adapt to stressors [4].

Many impacts are felt when individuals have high emotional wellness. Reviews of emotional wellness programs can improve mental health outcomes, reduce stress, and overcome depression and anxiety in adults [5], [6]. It can be concluded that emotional wellness affects mental health. Emotional wellness is also very important for maintaining a healthy life balance, allowing individuals to deal with stress and

adapt to change effectively. Emotional wellness involves the ability to manage emotions, maintain positive relationships, and develop resilience to life's challenges [7]. Emotional wellness can be associated with greater happiness, better mental health, more satisfying social and marital relationships, and greater job success [8].

The development of emotional wellness between individuals can vary. Research has found that emotional wellness is greatly influenced by the environment, for example lighting, room temperature, availability of food and drinks, which have an impact on work productivity [9]. A practice of experiences that are concerned with developing wellness can also improve an individual's emotional wellness [10]. According to research results, it is stated that the complexity of emotional experiences and improvements in emotional regulation increase with age [11]. This means that the older the individual, the higher the individual's emotional wellness, in other words, it is appropriate for individuals who reach old age or the elderly to have high emotional wellness.

Changes that occur in the elderly are not only based on the perspective of the elderly themselves but also on the appreciation given by the environment to the elderly. One of the environments or areas that provides appreciation for the elderly is the Special Region of Yogyakarta and Central Java through several programs such as Posyandu and routine pengajian. However, when a survey was conducted through FGD related to the dynamics of emotional wellness, most of the elderly in Waru Village felt easily angry when they were in conditions that did not meet expectations. In fact, almost every day, most of the elderly say loudly because their children or grandchildren find it difficult to give advice that is in accordance with the elderly's perspective. Research studies from 2005 to 2020 showed that various negative emotions of the elderly that were identified were sadness, anxiety, frustration, anger, and loneliness which were rooted in marital problems, separation from family, medical problems, physical function and disability, and financial limitations [12]. In fact, it is an obligation for every human being to manage emotions, as stated by Allah in Q.S Al'Imran verse 134: "(namely) those who give charity, both in times of ease and hardship, and those who restrain their anger and forgive (the mistakes of) others. And Allah loves those who do good." This shows that the emotional well-being of the elderly is not optimal. Efforts that can be taken to develop the emotional well-being of the elderly are through training. Training with an emotional approach is more effective in strengthening emotional well-being [13]. One way that can be applied to improve emotional wellness in the form of reducing negative emotions, increasing empathy, strengthening self-esteem, and even motivation can be through the Bibliocounseling technique [14]–[17]. Analysis shows that bibliocounseling can increase the optimistic attitude of the elderly towards life, reduce negative emotions, and increase subjective well-being [18], [19]. Bibliocounseling as a consistent intervention by providing information leaflets and guidebooks can reduce depression in the elderly as long as they admit to the depression they are experiencing [20], [21].

2. Method

This community service activity applies the bibliocounseling training method in a group setting. The group setting is considered more effective because it is a social support between humans.

2.1. Participant

Bibliocounseling training was conducted in the Special Region of Yogyakarta, specifically for the Wira Lestari Elderly Commission Forum in Wirobrajan Village, which consists of 31 elderly people, specifically and in Central Java, specifically for the Prosperous Elderly Community in Waru Village, Baki District, Sukoharjo Regency, which consists of 29 elderly people.

2.2. Procedures

In general, the procedures in this bibliocounseling training consist of the preparation stage, FGD, and implementation.

2.2.1. Preparation Stage

Preparation was carried out by conducting an in-depth study related to the problems of the elderly. After that, observations were carried out on site, namely in Wirobrajan Village and Waru Village to meet with Village and Sub-district officials. In this coordination, it was agreed that the topic of the service determined was emotional. After coordinating, the service team prepared the emotional wellness instrument, the necessary facilities and infrastructure, and the place to be used.

2.2.2. Focused Group Discussions (FGD)

FGD was conducted to identify the emotional wellness condition of the elderly in the Wira Lestari Elderly Commission Forum and the Prosperous Elderly Community. Therefore, during the FGD the community service team distributed the emotional wellness scale instrument. FGD was also conducted to validate and develop the topic of community service that would be carried out and to mature the strategies implemented. FGD was also used to design a schedule of community service activities so that they could be realized on schedule.

2.2.3. Implementation Stage

Bibliocounseling training consists of the following stages: 1) Introduction of team members, 2) Carrying out ice-breaking to warm up the atmosphere, 3) Providing reading materials on emotional wellness topics in the form of flyers, 4) The facilitator together invites participants to reflect on their life experiences with the reading sources that have been shared, 5) The facilitator invites discussion on the topics discussed, 6) The facilitator opens a question and answer session, 7) The facilitator evaluates the results of the discussion, 8) The facilitator closes the training.

3. Results and Discussion

3.1. Preparation Stage

The community service team prepared an emotional wellness scale instrument for the elderly to obtain an accurate picture of their emotional wellness condition as show in [Table 1](#).

Table 1. Emotional Wellness Scale

No	Question
1	I have difficulty communicating with new people.
2	I have difficulty expressing my feelings to others.
3	I have difficulty thinking positively about new people.
4	If I have a headache thinking about my life, it makes me desperate.
5	I have difficulty dealing with everyday pressure calmly.
6	I feel that people around me don't care.
7	I feel disappointed with my life partner.
8	I feel that my family doesn't love me.
9	I have difficulty accepting opinions that are different from what I want.
10	I am disappointed with my family.

The emotional wellness scale has been developed by several experts, for example Li & Bardos who developed the Journey to Wellness Scale which consists of 10 dimensions consisting of adaptability, initiative, conscientiousness, connectedness, social competence, empathy, optimism, emotional self-regulation, mindfulness, and self-efficacy [22]. Lane & Smith developed the Emotional Awareness Scale [23]. Kesebit et al. also developed the Emotional Style Questionnaire which consists of six dimensions, namely outlook, resilience, social institution, self-awareness, sensitivity to context, and attention [24]. Şimşek developed the Emotional Well-being Scale [25]. The novelty of the emotional wellness scale instrument is that it is used for the elderly which consists of only 10 items which are very suitable for the elderly in Indonesia. When conducting data collection through this emotional wellness scale, there are several elderly people who cannot read or are illiterate so they need to be accompanied. In addition, it is also necessary to understand the meaning of the item statement because some elderly people do not understand Indonesian.

3.2. Focused Group Discussions (FGD)

The FGD was conducted on December 1, 2024. The image of the FGD implementation can be shown in [Fig. 1](#). The FGD is intended so that the community service team can explore the various dynamics of life that participants have without anything being covered up. FGD can encourage the disclosure of confidential matters without anything dangerous happening because it holds three important issues, namely consent, confidentiality and anonymity, and risk of harm [26]. FGD as a method of collecting data on research questions and is directed by the purpose of the investigation in depth [27]. Specifically, FGD

is very appropriate for gaining an in-depth understanding of social issues from a group of individuals who are deliberately selected not randomly [28]. This FGD is very suitable as an initial screening method to reveal the emotional wellness conditions of the elderly.



Fig. 1. FGD with the elderly

The Wellness Scale was filled by 60 participants or elderly. The results of filling in the wellness scale can be presented in Table 2.

Table 2. Emotional Wellness Scale Contents

N o	Name	Age	Ite m 1	Ite m 2	Ite m 3	Ite m 4	Ite m 5	Ite m 6	Ite m 7	Ite m 8	Ite m 9	Ite m 10	Jumla h
1	Wiwik Suprihatin	55	1	0	1	1	1	1	1	1	0	1	8
2	Nur Budi	55	1	1	1	1	1	1	1	1	1	1	10
3	Za'imatun Zuhsiyah S.Pd.I	55	1	1	0	1	1	1	1	1	0	1	8
4	Mulyani	57	1	0	1	0	0	1	1	1	0	1	6
5	Marni KW	57	1	0	0	1	1	1	1	1	0	1	7
6	Sukinah	57	1	0	1	1	0	1	1	1	0	1	7
7	Siti Ngaisah	57	0	1	1	1	0	1	1	1	0	1	7
8	Maryani	58	1	0	1	1	0	1	1	1	0	1	7
9	Marini	59	1	0	1	1	1	1	1	1	0	1	8
10	Sarofah	59	1	1	1	1	0	1	1	1	0	1	8
11	Sumarni Padiyo	60	1	0	0	0	1	1	1	1	1	1	7
12	Maryami	60	1	1	0	1	1	1	1	1	1	1	9
13	Afifah Saniyati	62	1	0	0	0	1	1	1	1	1	1	7
14	Nurhayati	63	1	1	0	1	0	1	1	1	0	1	7
15	Marnim	63	1	0	1	1	0	1	1	0	0	1	6
16	Kustantiyah	63	1	1	0	1	1	1	1	1	0	1	8
17	Sri Hestari	64	1	1	0	0	1	1	1	1	0	1	7
18	Sisri	64	1	1	1	1	1	1	1	1	1	1	10
19	Suyati	65	0	1	0	1	1	1	1	1	1	1	8
20	Mugi Lestari	65	1	1	0	1	0	1	1	1	1	1	8
21	Sanem	67	1	1	0	0	1	1	1	1	1	1	8
22	Nurhidayati	68	1	1	1	1	1	1	1	1	0	1	9
23	Siti Djupriyah	72	1	0	0	1	1	1		1	1	1	7
24	Sorinem	72	1	1	1	1	1	1	1	1	1	1	10

N o	Name	Ag e	Ite m 1	Ite m 2	Ite m 3	Ite m 4	Ite m 5	Ite m 6	Ite m 7	Ite m 8	Ite m 9	Ite m 10	Jumla h
25	Fatimah	75	1	1	1	1	1	1	1	1	1	1	10
26	Suripti	77	1	1	1	1	1	1	1	1	1	1	10
27	Darma	80	1	1	0	1	0	1	1	1	0	1	7
28	Karto	80	1	0	1	1	1	1	1	1	1	1	9
29	Dimejo Kismo	80	1	1	0	0	1	1	1	1	1	1	8
30	Ardhika Oktaviana	36	1	1	0	0	0	0	0	0	1	0	3
31	Anita Susilowati	44	0	1	0	0	0	0	0	0	0	0	1
32	Trri Wijayanti	45	0	0	0	0	0	0	0	0	0	0	0
33	Kristiyani Yuli Retno	48	0	0	0	0	0	0	0	0	0	0	0
34	W.	48	0	0	0	0	0	0	0	0	0	0	0
35	Suliskah Benadetta	48	0	0	0	0	0	0	0	0	0	0	0
36	Harun Sulastri	53	0	0	0	0	0	0	0	0	0	0	0
37	Arus Satce Hati	54	0	0	0	0	0	0	0	0	0	0	0
38	Anna Kumala H.	56	0	0	0	0	0	0	0	0	0	0	0
39	Rusminah Nunuk	57	0	0	0	0	0	0	0	0	0	0	0
40	Mulyani Sri Nurasih	58	0	1	0	0	1	0	1	0	0	0	3
41	G	59	0	0	0	0	0	0	0	0	0	0	0
42	Warsono Nur	60	0	1	0	0	0	0	0	0	0	0	1
43	Munsyiana	61	0	1	0	0	0	0	0	0	1	0	2
44	Jamidah Purwaningsi	61	0	0	0	0	0	0	0	0	0	0	0
45	h Yanti Nur	63	0	0	0	0	0	0	0	0	0	0	0
46	Iswari Peni	63	0	0	0	0	0	0	0	0	0	0	0
47	Akhodiyah	63	0	0	0	0	0	0	0	0	0	0	0
48	Jozua L.Oa	63	0	0	0	0	0	0	0	0	0	0	0
49	Djuwantoro	63	0	1	0	0	0	0	0	0	0	0	1
50	Rusmiyati	63	0	0	0	0	0	0	0	0	0	0	0
51	Sudarman YB Dwi	64	0	0	0	0	0	0	0	0	0	0	0
52	Hartati	64	0	0	0	0	0	0	0	0	0	0	0
53	Dwi Suyanti	65	0	0	0	0	0	0	0	0	0	0	0
54	Suyati Elizabeth	67	0	0	0	0	0	0	0	0	0	0	0
55	Suratinah	67	0	0	0	0	0	0	0	0	0	0	0

No	Name	Age	Item 1	Item 2	Item 3	Item 4	Item 5	Item 6	Item 7	Item 8	Item 9	Item 10	Sum
56	Endeh Nur Kencana	70	0	0	0	0	0	0	1	0	1	0	2
57	Mursilah Sukardi	71	0	0	0	0	0	0	0	0	0	0	0
58	Sugito	72	0	0	0	0	0	0	0	0	0	0	0
59	Maryati Herrylaroko	77	0	0	0	0	0	0	0	0	0	0	0
60	Abdul Manaf	77	0	0	0	0	0	0	0	0	0	0	0

Analysis shows that the older the elderly, the higher the level of emotional well-being. The complexity of emotional experiences and improvements in emotional regulation increase with age [11]. Research also shows that older adults often report higher levels of well-being than younger adults due to increased emotional regulation [29]. In older adults, the ability to enjoy positive experiences and higher resilience can predict greater happiness, lower depression and greater life satisfaction [30]. With evidence from previous research, the findings of this FGD activity can complement the conclusion that normatively the older a person is, the higher the level of emotional well-being that must be possessed. Mean Analysis show in Table 3.

Table 3. Mean Analysis of Emotional Wellness

Age	Mean
55-59	7,6
60-64	7,625
65-69	8,25
70-74	8,5
75-80	8,8

3.3. Implementation Stage

Bibliocounseling training discusses the material on emotional wellness for the elderly. This material consists of the periodization of the elderly, the concept of becoming an independent and useful elderly, problems experienced by the elderly in general, and a discussion on how to become a prosperous and independent elderly. The material can be seen in Fig. 2.



Jumlah lanjut usia di Indonesia terus menerus meningkat. Mengapa ? Apa dampaknya ?

Usia harapan hidup lansia perempuan lebih tinggi dari pada laki2.

Bagaimana agar umur lansia perempuan yg lebih tinggi itu dihadapi/dijalani dg sukses ?

Menjadi lanjut usia yang mandiri dan berguna ?

Masalah2 yang dihadapi para lansia :

- Kesehatan
- Ekonomi
- Sosial
- Religius

Menjadi lansia Mandiri dan Berguna

Lanjut usia adalah penduduk yang mencapai usia 60 tahun keatas (UU No.13 Th 1998 ttg Kesejahteraan lanjut usia).

Dibedakan atas :

a. Lansia Muda : 60 - 69 tahun
 B..Lansia Madya : 70 - 79 tahun
 C. Lansia Tua : 80.0 tahun keatas

**Jumlah Lansia perempuan : 52, 18 %
 Lansia laki-laki : 47, 7 % 2
 (Susenas, Maret 2023).**

Lansia yang mandiri

Lansia yang mandiri adalah lansia yang mampu mengatasi masalah2 tersebut. Sedangkan Berguna adalah kehadirannya memberikan manfaat (migonani) bagi lingkungannya dimana ia berada, baik didalam keluarga, di kelompok pengajian, kelompok olah raga dsb.

Dinegara maju jaminan hidup lansia ditanggung oleh negara, di Indonesia negara baru sebagian kecil memberikan jaminan sosial (bansos utk lansia, diskon tiket KA dsb) , selebihnya masih mengandalkan dukungan dari keluarga terutama anak, cucu. Anak menjadi aset berharga yang menjamin dihari tua.



Menjadi lansia Mandiri dan Berguna

Kesehatan?

Lansia pada umumnya dekat dg sakit. Bagaimana agar usia yang terus meningkat itu dalam kondisi sehat ? tidak sakit-sakitan ? Ketika meninggal tidak terlalu lama menderita sakit ? Idealnya : umurnya panjang, masa sakitnya pendek.

Di Indonesia rata-rata UHH 71-72 thn. UHH perempuan lbh panjang daripada laki2. Misalnya 74-75 THn. Usia sakit 8.5 - 10.0 tahun. Provinsi DIY UHH paling tinggi disemua provinsi di Indonesia. Di Jepang UHH 80 tahun ttp angka sakit nya hanya 2,0 tahun.

Jadi menjaga kesehatan sejak dini adalah tabungan berharga bagi masa tua.

Kondisi kesehatan lansia merupakan cerminan dari gaya hidupnya. Misalnya : kebiasaan merokok, mengkonsumsi minuman keras, pola makan dsb.

Sosial

kehadiran orang lain dalam hidup seseorang memiliki arti penting. Ketika sdh tdk mampu bekerja, pensiun dsb, kontak dengan orang lain menurun bahkan drastis. merupakan masalah serius. Oleh karenanya kepemilikan jaringan teman2 atau kelompok teman2 untuk bisa pul kumpul perlu dimiliki utk mengalau kesepian.

Harus tetap dijalin jaringan hubungan komunikasi diantara teman2 dan s saudara2, pertemuan atau komunikasi harus tetap terjalin.

Dinegara maju jaminan hidup lansia ditanggung oleh negara, di Indonesia negara baru sebagian kecil memberikan jaminan sosial (bansos utk lansia, diskon tiket KA dsb) , selebihnya masih mengandalkan dukungan dari keluarga terutama anak, cucu. Anak menjadi aset berharga yang menjamin dihari tua.

Mempersiapkan anak-anak kita menjadi anak yang peduli pada ortu adalah tugas orang tua, yang akan dirasakan nanti ketika sudah lansia. Dengan berbagai cara. Ingat kasus yang sering diingatkan oleh Rhenald Kassali ? Umur semakin panjang tetapi saat dipanggil sendirian.....???

Disamping itu semua, lansia yang sudah berpengalaman, banyak makan asam garam, diharapkan lebih mampu mengelola emosi sehingga tampil sebagai lansia yang arif. Lebih sabar, I menjadi lansia panutan bagi sesama dan yang lebih muda.

Ekonomi

Masalah ini sebagai akibat dari kemampuan nya yg sudah menurun, tdk produktif lagi, sdh pensiun, atau tdk mampu bekerja lagi. Bgmn mengatasinya ? Ciptakan pasive income sejak dini, yaitu kepemilikan asset atau sumber penghasilan yg mampu memberikan penghasilan tanpa bekerja dikala lansia, misalnya membuat kos2an, menyewakanrumah tinggal, membangun usaha, membeli lahan yang menghasilkan dan sebagainya. Persiapkan diri sajak dini sedemikian rupa shg bisa dinikmati pada waktu tuanya.

Religius

kebutuhan untuk bisa berhubungan dengan YME merupakan kebutuhan bagi para lansia. Bgmn agar kegiatan untuk melaksanakan kegiatan keagamaan, bisa berjalan dengan baik. Kegiatan Pengajian, olah raga, kesenian/hobi dan kegiatan lain secara rutin perlu diciptakan sejak dini.

Mari menjadi lansia yang mandiri dan berguna !!!



Fig. 2. Bibliocounseling Material



Fig. 3. Implementation of Bibliocounseling Training

During the bibliocounseling training, the elderly felt happy and many questions arose to the facilitator. They admitted that so far they still sometimes felt angry, sad, and disappointed. Angry when their advice was not heeded by their children and grandchildren. Sad when they remember their past which makes it difficult for them to move on. Disappointed with themselves for not making good use of their time in their youth and disappointed with others when what they want is not considered. This indicates that the elderly are comfortable participating in bibliocounseling training so that after they realize their emotions they can improve their emotional well-being. As found by MsW that after the elderly participate in bibliocounseling they can examine themselves so that they know themselves better, understand the dynamics of their emotions and behavior, and learn to make positive changes [31]. Dimitrijević-Stanković also said that bibliocounseling is effective in encouraging healing, personal growth, and positive changes in the elderly [32].

4. Conclusion

Elderly people in the Special Region of Yogyakarta and Central Java are happy with the implementation of bibliocounseling where they can share their life experiences that are emotional sources. Based on the evaluation during the implementation of the training, they feel more enthusiastic and committed to further strengthening emotional wellness after the implementation of bibliocounseling training in everyday life. Follow-up is needed to measure the increase in emotional wellness accurately. In addition, efforts can also be made to improve emotional wellness in a programmed manner so that they can further improve emotional wellness with self-awareness and enthusiasm for making changes.

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