

The Effectiveness of Autogenic Relaxation Therapy on Depression in Elderly Women at the Aisiyiah Surakarta Elderly Home

Primadita Caesaria Siyamnasti, Marni, Andriani Mei Astuti

Departement of Nursing Study Program, Faculty of Health Sciences, Duta Bangsa University Surakarta, Indonesia

e-mail: primaditac@gmail.com¹, marni@udb.ac.id², andriani_meiastuti@udb.ac.id³

ABSTRACT

Background: An elderly person is defined as someone aged 60 years or older who has undergone various physical, psychosocial, and psychological changes. Depression is a mental health issue that can impair functional ability and quality of life if not promptly addressed. Autogenic relaxation therapy is a self-administered therapy utilizing short phrases that focus on regulating bodily functions, ranging from breathing to heart rate. **Objective:** This study aimed to determine the effectiveness of autogenic relaxation therapy for elderly women at the Aisiyiah Surakarta Nursing Home. **Methods:** A quasi-experimental design was employed specifically, an untreated control group design with dependent pretest and posttest samples involving two groups: a treatment group and a control group. The study sample consisted of 40 respondents selected via total sampling. The Geriatric Depression Scale (GDS-15) was used as the research instrument. Ultimately, 32 respondents met the inclusion criteria (16 in the treatment group and 16 in the control group), while 8 respondents fell under the exclusion criteria. **Results:** The results showed that the mean depression score in the treatment group decreased from 7.81 to 3.50, whereas the control group showed no change, remaining at a mean of 8.25. Paired t-test results indicated a significant difference in the treatment group ($p=0.000$), while no significant difference was found in the control group between pre- and post-measurement depression scores. **Conclusion:** Independent t-test results revealed a significant difference between the treatment and control groups ($p=0.000$), demonstrating that autogenic relaxation therapy is effective in reducing depression levels among elderly women at the Aisiyiah Surakarta Nursing Home.

Keywords: autogenic relaxation therapy; depression; elderly; non-pharmacological therapy.

This is an Open Access article licensed under the Creative Commons Attribution-NonCommercial 4.0 International License (<http://creativecommons.org/licenses/by-nc/4.0/>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original author and source are properly cited

INTRODUCTION

Aging is a biological process experienced by all humans, whether male or female. An elderly person is someone aged 60 years and above, and this age group can be considered to have entered the final stages of life (1). According to the World Health Organization (WHO), the elderly are classified into four age groups: middle age (45-59 years), elderly (60-74 years), old age (75-90 years), and very old age (over 90 years) (2).

As they enter old age, the elderly experience various physical changes, characterized by a decline in the function of all body systems, which can lead to changes in body cells (3). Psychological changes include mood swings, memory loss, cognitive decline, and Alzheimer's disease, even dementia (4). Psychosocial aspects generally involve financial changes due to retirement (3).

Changes experienced by the elderly can lead to problems such as changes in posture due to degenerative processes, which can lead to reduced productivity in daily activities and increase the risk of chronic diseases such as hypertension, diabetes mellitus, and joint disease. Furthermore, biological changes in the elderly are often accompanied by psychological problems, including fear, decreased self-esteem, and depression (5).

The high vulnerability of the elderly to depression is reflected in the still significant number of cases of depression in various countries. Globally, the prevalence of depression in the elderly is 61.6%, according to the World Health Organization (WHO), the global

prevalence of depressive disorders in the elderly (WHO, 2022). Data from Indonesia indicates that the prevalence of depression among the elderly in 2024 has risen to 6.1% of the total population specifically, in Central Java Province, the number of elderly individuals suffering from depression stands at 10,346 (6). Meanwhile, cases of elderly depression in Surakarta City reached 9.07% in 2023 (7). The average prevalence of depression in the elderly is 13.5%, with a male-to-female ratio of 14:6, with women being twice as numerous as men.

Female elderly individuals experience multiple factors, including menopause, which is caused by decreased estrogen and progesterone levels in the body (8). Depression is a mental health problem in the elderly that disrupts functional ability and overall quality of life as its intensity increases (9). Treatment for depression in the elderly can be carried out through pharmacological and non-pharmacological approaches. Pharmacological treatment generally involves selective serotonin reuptake inhibitors (SSRIs) or antidepressants to reduce depressive symptoms. Meanwhile, non-pharmacological therapies include behavioral therapy, physical exercise such as dancing, mind-body exercises such as yoga, tai chi, and autogenic relaxation (10).

Autogenic relaxation therapy is a self-directed therapy that uses short phrases to calm the mind, focusing on regulating breathing and heart rate, thereby reducing psychological distress (11). Autogenic relaxation therapy can be performed by self-suggesting using short phrases such as "my eyes feel heavy and relaxed," which can provide a physiological and psychological comforting effect. The short phrases focus on the body's parts from head to toe (12).

Research findings by Livana, Yulia Susanti, Lestari Eko Darwati, and Rina Anggraeni (2021) indicate that the elderly are vulnerable to depression resulting from the aging process, compounded by psychosocial disturbances caused by loss (13). Based on the identified problems, the authors are interested in researching the effectiveness of autogenic relaxation therapy in reducing depression in elderly women, focusing on elderly women living at the Aisyiyah Surakarta Elderly Home.

METHODS

Research Type

This study employs a quasi-experimental approach using an untreated control group design with dependent pretest and posttest samples. This design is used to determine the causal relationship between variables, utilizing a two-group structure consisting of a control group and a treatment group.

Population

The population for this study consists of all elderly individuals residing at the Aisyiyah Surakarta Nursing Home specifically, the population comprises 40 elderly women.

Sample

The sample for this study comprises the entire population under investigation. The sample consists of elderly women living at the Aisyiyah Surakarta Nursing Home. The sample size is 40 elderly women who meet the inclusion criteria.

Inclusion Criteria:

- a. Elderly women willing to participate as respondents.
- b. Experiencing depression ranging from mild to severe.
- c. Middle-aged individuals over 50 years old, classified as pre-elderly (according to WHO, 2022).
- d. Elderly individuals residing at the Aisyiyah Surakarta Nursing Home.

Exclusion Criteria:

- a. Elderly individuals with severe cognitive impairment.
- b. Elderly individuals suffering from respiratory disorders, such as acute respiratory infections (ARI) or tuberculosis (TB).
- c. Elderly individuals who are completely bedridden.

Sampling Technique

The sampling technique employed in this study was *total sampling* a method in which the entire population serves as the study sample based on inclusion criteria established by the researcher. Consequently, a total sample of 40 subjects was obtained, divided into a treatment group of 20 and a control group of 20.

Research Variables

This study employs two variables: the independent variable (autogenic relaxation therapy) and the dependent variable (level of depression).

Data Collection Techniques

Data collection began with the selection of respondents based on inclusion and exclusion criteria. All respondents were provided with an explanation regarding the study's objectives, benefits, and procedures, and were subsequently asked to sign an informed consent form to indicate their agreement to participate. Next, baseline depression levels (pre-test) were measured using the Geriatric Depression Scale (GDS-15) questionnaire. Respondents were then assigned to either the treatment group or the control group. The treatment group received an intervention consisting of autogenic relaxation therapy administered for 15 minutes per session, twice weekly (Thursdays and Saturdays) over a three week period (totaling six sessions) while the control group received standard care in accordance with the facility's established procedures. Upon completion of the intervention, depression levels were measured again (post-test) using the GDS-15 instrument. The collected data were subsequently checked for completeness, coded, and analyzed using the Statistical Package for the Social Sciences (SPSS) software.

Data Processing

Data processing was conducted in several stages editing, coding, processing, and cleaning. The editing stage involved checking the completeness of the observation sheets and questionnaires filled out by respondents. Subsequently, during the coding stage, each variable was assigned a numerical code to facilitate analysis respondent identity was coded using initials, while depression levels were coded as 1 (normal; score 0–4), 2 (mild depression; score 5–8), 3 (moderate depression; score 9–11), and 4 (severe depression; score 12–15). Age variables were also coded as 1 (45–59 years), 2 (60–74 years), 3 (75–90 years), and 4 (≥ 90 years). In the processing stage, all coded data were entered into the Statistical Package for the Social Sciences (SPSS) program for statistical analysis aligned with the research objectives. The final stage was cleaning, which involved reviewing the entered data to ensure the absence of errors, duplicate entries, or missing values prior to analysis.

Data Analysis

Data analysis was performed using the Statistical Package for the Social Sciences (SPSS) software. Univariate analysis was used to describe respondent characteristics in terms of frequency distributions and percentages, while depression level data from before (pre-test) and after (post-test) the intervention were presented as medians, minimum values, and

maximum values, in accordance with the data distribution. Prior to bivariate analysis, data normality was assessed using the Shapiro–Wilk test, as the sample size was fewer than 50 respondents. Data were considered normally distributed if the p-value was > 0.05 , whereas a p-value ≤ 0.05 indicated non-normal distribution.

Bivariate analysis was conducted to determine the effectiveness of autogenic relaxation therapy in reducing depression levels. For normally distributed data, the difference between pre-test and post-test scores within a group was analyzed using the Paired t-test, while the difference between the treatment and control groups was analyzed using the Independent t-test. For data not normally distributed, the Wilcoxon Signed-Rank Test was used to compare pre-test and post-test scores within groups, and the Mann–Whitney U Test was used to compare differences between the treatment and control groups.

Data Presentation

Research data are presented in the form of tables and narrative text to facilitate the reader's understanding of the findings. Respondent characteristics are presented using frequency distributions and percentages. Data regarding depression levels before (pre-test) and after (post-test) the autogenic relaxation therapy intervention are presented using descriptive statistics including the median, minimum, and maximum values in accordance with the data distribution. Furthermore, the results of the bivariate analysis are presented in a table containing test statistics and p-values to illustrate the effectiveness of autogenic relaxation therapy in reducing depression levels among the elderly.

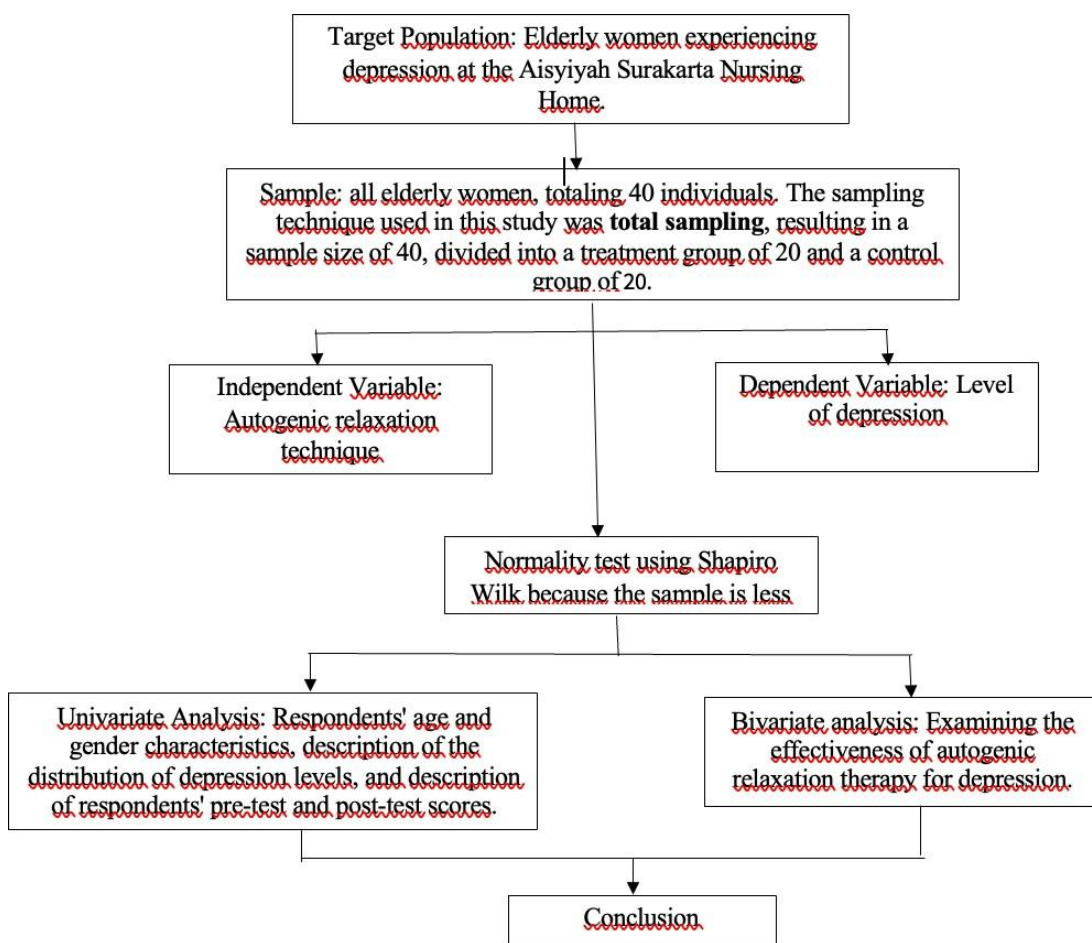


Figure 1. Research Stages Flowchart

RESULTS

General overview of the research site

This study was conducted at the Aisyiyah Surakarta Elderly Care Home over a three-week period from April 18 to May 2, 2026, involving a total of 40 potential subjects; however, only 32 met the established inclusion criteria. Eight individuals were excluded because they suffered from severe cognitive impairment and were completely bedridden. The study design comprised a control group and an intervention group, with each group consisting of 16 female respondents.

Univariate Analysis

Table 1. Respondent Characteristics (n=32)

No.	Characteristics	Frequency	Presentase (%)
1.	Gender		
	Male	0	0.0
	Female	32	100.0
	Total	32	100.0
2.	Age (Years)		
	45-59	4	12.5
	60-74	16	50.0
	75-90	12	37.5
	≥ 90	0	0.0
	Total	16	100.0

Table 1 shows that all 32 respondents (100.0%) were female: the majority were aged 60–74 years (16 respondents, 50.0%), followed by those aged 75–90 years (12 respondents, 37.5%), while the minority were aged 45–59 years (4 respondents, 12.5%).

Table 2. Respondents pre-test scores

Respondents	n	Mean	Minimum	Maksimum
Treatment Group	16	7.81	5	12
Control group	16	8.25	5	13

Table 2 show the mean pre-test score to the autogenic relaxation intervention was 7.81 for the treatment group and 8.25 for the control group.

Table 3. Respondents post-test scores

Respondents	n	Mean	Minimum	Maksimum
Treatment Group	16	3.50	0	10
Control Group	16	8.25	5	13

Table 3 show the post-test score in the treatment group decreased to a mean of 3.50 following the autogenic relaxation intervention, whereas the result for the control group remained unchanged at a mean of 8.25.

In the treatment group, the pre-intervention data shows that the majority of respondents experienced mild depression (9 individuals), followed by moderate depression (6 individuals) and severe depression (1 individual). Following autogenic relaxation therapy, the majority of respondents experienced mild depression (11 individuals).

Meanwhile, in the control group, the initial assessment showed that the majority of respondents experienced mild depression (10 individuals), followed by moderate depression (4

individuals) and severe depression (2 individuals). After the assessment period, the control group showed no reduction in depression levels.

Table 4. Distribution of respondents depression levels

Depression level	Treatment Pre test (%)	Treatment Post test (%)	Control Pre test (%)	Control Post test (%)
Normal	0 (0.0)	11 (68.8)	0 (0.0)	0 (0.0)
Mild depression	9 (56.3)	4 (25.0)	10 (62.5)	10 (62.5)
Moderate depression	6 (37.5)	1 (6.3)	4 (25.0)	4 (25.0)
Severe depression	1 (6.3)	0 (0.0)	2 (12.5)	2 (12.5)
Total	16 (100.0)	16 (100.0)	16 (100.0)	16 (100.0)

Normality Test

Table 5. Shapiro-Wilk normality test

Variable	Sig.	Notes
Treatment group pre test	0.245	Normal
Treatment group post test	0.232	Normal
Control group pre test	0.096	Normal
Control group post test	0.096	Normal

Based on Table 5 above, a normality test was conducted using the Shapiro-Wilk method chosen because the number of respondents was fewer than 50 yielding significance values of 0.245 for the treatment group's pre-test, 0.232 for its post-test, 0.096 for the control group's pre-test, and 0.096 for its post-test. Since all significance values exceeded 0.05, it can be concluded that the data are normally distributed. As the normality test results indicated a normal distribution, a parametric test was employed for the bivariate analysis.

Bivariate Analysis

Table 6. Paired t-test

Variable	Mean pre-test	Mean post-test	t	df	p value
Treatment group	7.81	3.50	9.502	15	0.000
Control group	8.25	8.25	-	-	-

In the treatment group, a p-value of 0.000 was obtained significance level less than (<0.05), indicating a difference in depression scores before and after the autogenic relaxation intervention. Meanwhile, in the control group, the depression score showed no change between the pre and post test measurements, remaining at 8.25.

Table 7. Independent t-test

Variable	t	df	P value	Notes
In the total post test depression score	-4.626	8.25	0.000	There is a difference

The test was conducted to determine whether there was a difference in post-test results between the control group and the treatment group. The test results show a p-value of 0.000, indicating a difference between the post-test scores of the treatment group and the control group.

DISCUSSION

Respondent characteristics based on age

The majority of respondents in this study were aged 60–74 years (50%), comprising both the control and treatment groups. Research findings (14) indicate that age is a contributing factor to depression as individuals age, they become more susceptible to changes resulting from various factors such as heredity, past medical history, and emotional stress that can alter their lifestyles and physical condition. According to research (15), age acts synergistically to increase the risk of depression in the elderly, particularly in the absence of support from family or the surrounding environment.

Respondent characteristics by gender

Regarding the gender distribution within the control and treatment groups, all 32 respondents (100%) were female. Research by (16) indicates that women may have an increased susceptibility to depression due to a heightened sensitivity to rejection, criticism, and separation. Furthermore, factors such as the menstrual cycle and pregnancy render women more vulnerable to disruptions in stress-responsive (glucocorticoid) brain systems. Research by (17) shows a higher prevalence of depression among women (50%) compared to men (22%), reinforcing the finding that women possess a greater vulnerability to depression.

The Effectiveness of Autogenic Relaxation Therapy for Depression

Depression is a common issue among the elderly, yet it is not considered a normal part of the aging process (18). While pharmacological interventions such as the administration of antidepressants, SSRIs, and SNRIs can rapidly reduce depression levels, they may cause side effects if not taken consistently. These side effects can range from sensory disturbances, sleep disorders, and digestive issues to dysphoria (19). Conversely, non-pharmacological approaches including acupuncture, aerobic exercise, magnetic seizure therapy, light therapy, and autogenic relaxation therapy serve as alternatives with fewer side effects for alleviating depression (20).

Autogenic therapy is specifically a self-directed practice that enables individuals to control bodily functions by redirecting the depressive responses often characterized by intrusive, emotionally driven thoughts that disrupt the mind. The physiological mechanism by which autogenic relaxation therapy addresses depression involves an increase in brain alpha waves, which are associated with a state of relaxation. This state is accompanied by peripheral arterial vasodilation, producing a sensation of warmth, as well as a reduction in muscle tension. Furthermore, the physiological changes occurring during autogenic relaxation therapy are mediated by the autonomic nervous system, shifting the body away from sympathetic dominance and toward parasympathetic dominance (21).

This theory is supported by (22), who found that autogenic relaxation therapy is effective and can serve as an adjunct to pharmacological therapy. These findings also position autogenic relaxation therapy as a supplementary psychotherapeutic intervention with significant potential for reducing depressive symptoms.

In this study, the researcher administered an autogenic relaxation therapy intervention to elderly participants, consisting of two 15 minute sessions per week. The GDS-15 questionnaire was administered to both the treatment and control groups on the first day prior to the intervention and on the final day following its completion the total duration of the autogenic relaxation therapy at the Aisyiyah Surakarta Elderly Care Home comprised six sessions over a period of three weeks. Statistical analysis using the Paired T-test on the treatment group yielded an Asymp. Sig. (2-tailed) value of 0.000 ($p < 0.05$), indicating a significant difference in depression scores before and after the autogenic relaxation therapy.

Conversely, the control group showed a mean depression score of 8.25, with no significant difference observed between the pre- and post-measurement scores. Furthermore, analysis using the Independent T-test on post-test depression scores resulted in a p-value of 0.000 ($p < 0.05$), demonstrating a significant difference in post-test scores between the treatment and control groups. A difference of 4.75 was observed in the Mean Rank scores during the Independent T-test analysis.

This study is also supported by research conducted by (23), which found that one respondent experienced a reduction in depression dropping from a score of 19 (severe depression) to a score of 7 (mild depression) following autogenic relaxation therapy. Furthermore, the study is supported by findings from (24), which demonstrated that the implementation of autogenic relaxation therapy effectively lowered depression levels; the average score decreased from 18.55 (categorized as mild depression) to 8.26 (categorized as no depression).

Autogenic relaxation therapy can serve as a non-pharmacological or complementary therapy administered without the use of chemical medications. This study aligns with research conducted by (25), regarding the effectiveness of autogenic relaxation exercises on depression levels in elderly women; the Wilcoxon Signed-Rank Test yielded a p-value of <0.001 , indicating a significant difference and confirming that autogenic relaxation therapy can reduce depression levels among elderly women.

The research findings indicate that the null hypothesis (H_0) was rejected and the alternative hypothesis (H_a) was accepted, the administration of autogenic relaxation therapy proved effective in reducing depression levels among elderly women at the Aisiyiah Nursing Home in Surakarta. Analysis revealed a difference in depression scores before and after the autogenic relaxation therapy in the treatment group.

CONCLUSION

This study demonstrates that autogenic relaxation therapy is effective in reducing depression levels among elderly women at the Aisiyiah Surakarta Nursing Home. All respondents were female (100%), with the majority aged 60–74 years (50.0%). Prior to the intervention, the mean depression score was 7.81 for the treatment group and 8.25 for the control group. Following the autogenic relaxation therapy, the mean depression score in the treatment group decreased to 3.50, whereas it remained at 8.25 in the control group. Furthermore, a shift in the distribution of depression levels was observed in the treatment group; the majority of respondents moved to the “normal” category (68.8%), and no respondents exhibited severe depression following the intervention. In contrast, the control group showed no change in the distribution of depression levels between the pre- and post-intervention measurements. Statistical analysis revealed a significant difference in depression scores before and after the intervention within the treatment group ($p=0.000$), while the control group showed no significant difference. An independent t-test also indicated a significant difference in post-test depression scores between the treatment and control groups ($p=0.000$) thus, it can be concluded that autogenic relaxation therapy is effective in reducing depression levels among elderly women.

This study has several limitations. The researchers did not conduct an in-depth assessment of the respondents' psychosocial conditions such as the frequency of family visits, social interactions among residents, and daily activities which could potentially influence their emotional state. Additionally, the study did not differentiate respondents based on the duration of their stay at the nursing home, their past life experiences, or other psychological factors that might affect depression levels. The research focused solely on the impact of autogenic

relaxation therapy on depression levels using the GDS-15 instrument; consequently, other aspects of mental health were not comprehensively evaluated.

The findings of this study are expected to encourage healthcare professionals to implement autogenic relaxation therapy either as a non-pharmacological intervention or an adjunct therapy within health service facilities and social care institutions as part of health promotion and prevention efforts. Furthermore, this study is expected to serve as a reference for future researchers to expand upon this work by incorporating other variables associated with depression in the elderly such as family support, social interaction, length of institutional residency, and other psychological factors thereby providing a more comprehensive understanding of the factors influencing depression among the elderly.

Acknowledgments: The author expresses gratitude to the academic supervisor for providing guidance and direction throughout the research process, to the Aisyiyah Surakarta Elderly Care Home for granting permission and facilitating the conduct of the study, and to all respondents who agreed to participate in this research.

Conflict of Interest: The author declares that there is no conflict of interest regarding the conduct of the research or the publication of this article.

REFERENCES

1. Raudhoh S, Pramudiani D. Lanisa Asik, Lansia Aktif, Lansia Produktif. *J Pengabdian Masyarakat FKIK UNJA*. 2021;4(1):126–30. Available From: <https://doi.org/10.22437/Medicaldedication.V4i1.13458>
2. Friska B, Usraleli U, Idayanti I, Magdalena M, Sakhnan R. The Relationship Of Family Support With The Quality Of Elderly Living In Sidomulyo Health Center Work Area In Pekanbaru Road. *JPK J Prot Kesehatan*. 2022;9(1):1–8.
3. Nirwan. Faktor Yang Berhubungan Dengan Kejadian Depresi Pada Lansia Di RSUD Sawerigading Kota Palopo. *J Kesehatan Luwu Raya*. 2022;6(02):11.
4. Zaskya Rahmadani, Intan Yulia Putri, Linda Yarni. Perkembangan Usia Lanjut. *J Pendidikan Dan Ilmu Sos*. 2024;2(4):39–50.
5. Yaslina Y, Maidaliza M, Srimutia R. Yaslina Y, Maidaliza M, Srimutia R. Aspek Fisik Dan Psikososial Terhadap Status Fungsional Pada Lansia. 2021;4(2). *Pros Semin Kesehatan Perintis E*. 2021;4(2):2622–2256.
6. Badan Pusat Statistik Jawa Tengah 2024. *Profil Lansia Provinsi Jawa Tengah*. Volume 15,. Jawa Tengah: ©Badan Pusat Statistik Provinsi Jawa Tengah; 2024. 108 Halaman.
7. BPS. *Profil Lansia Provinsi Jawa Tengah*. 15th Ed. 2023.
8. Mcfeeters C, Pedlow K, McGinn D, McConnell K. A Rapid Review Of Menopausal Education Programmes. *Arch Womens Ment Health* [Internet]. 2024;27(6):975–83. Available From: <https://doi.org/10.1007/S00737-024-01476-8>
9. Jalali A, Ziapour A, Karimi Z, Rezaei M, Emami B, Kalhori RP, Et Al. Global Prevalence Of Depression, Anxiety, And Stress In The Elderly Population: A Systematic Review And Meta-Analysis. *BMC Geriatr*. 2024;24(1).
10. Angelopoulou E, Stanitsa E, Karpodini CC, Bougea A, Kontaxopoulou D, Fragkiadaki S, Et Al. Pharmacological And Non-Pharmacological Treatments For Depression In Parkinson's Disease: An Updated Review. *Med*. 2023;59(8):1–24.
11. Abdullah VI, Ikraman RA, Harlina H. Pengaruh Penerapan Teknik Relaksasi Autogenik. *Qual J Kesehatan*. 2021;15(1):17–23.
12. Journal MN, Cetak I, Online I. 1* , 2 1-2. 2024;6:4270–8.
13. Of D, Depression E. Gambaran Tingkat Depresi Lansia. 2021;80–93.

14. Maysyaroh I. Analisis Faktor Yang Berhubungan Dengan Depresi Padalanjut Usia Yang Tinggal Di Panti Werdha Pare Dan Wilayah RW 1 Desa Pare. Skripsi Fak Keperawatan Univ Airlangga Surabaya. 2021;
15. Utami. Vol. 7 No. 3 Edisi 3 April 2025 [Http://Jurnal.Ensiklopediaku.Org](http://Jurnal.Ensiklopediaku.Org) Ensiklopedia Of Journal. Anal Tingkat Depresi Pada Lansia Berdasarkan Status Sos Ekon. 2025;7(3):83–8.
16. Margaret Altemusa B, Sarvaiyac N, And C. Neill Epperson. Sex Differences In Anxiety And Depression Clinical Perspectives. *Recurr Anaphylaxis Dur Card Catheter Due To Ethyl Oxide*. 2023;176(1):139–48.
17. Elsa Rizky Safitri Matondang. Al-Asalmiya Nursing Jurnal Ilmu Keperawatan (. J Nurs Sci. 2024;13(June):107–112.
18. Aging NIO. 4 Things To Know About Depression & Older Adult. 2024;
19. Parish AL, Gillis B, Anthamatten A. Pharmacotherapy For Depression And Anxiety In The Primary Care Setting. *J Nurse Pract*. 2023;19(4):104556. Available From: <https://doi.org/10.1016/j.nurpra.2023.104556>
20. Lathifah DS, Damayanti E, Oktarlina RZ, Yuliyanda C. Penerapan Terapi Non-Farmakologi Pada Pasien Dengan Gangguan Depresi Application Of Non-Pharmacological Therapy In Patients With Depression. *Medula*. 2024;14(5):858–63.
21. Emilio. Mekanisme Terapi Relaksasi Autogenik. 2022;(8.5.2022):2003–5.
22. Rucka K, Talarowska M. The Impact Of One-Time Relaxation Training On Attention Efficiency Measured By Continuous Performance Test In Depressive Disorders. *Int J Environ Res Public Health*. 2022;19(11).
23. Adita Putri VR. Abstrak Vannia.Pdf. 2025. P. I–Viii.
24. Supriadi D, Pramesti VP, General Yani Cimahi SA. Pengaruh Terapi Relaksasi Autogenik Terhadap Depresi Pada Lansia Di BPS Tresna Werdha Ciparay. *J Keperawatan BSI* 2021;VI(2):42–4. Available From: [Http://ejournal.Bsi.Ac.Id/Ejurnal/Index.Php/Jk](http://ejournal.bsi.ac.id/ejurnal/index.php/jk)
25. Imawati D, Mariskha² SE, Purwaningrum EK. Depresi Pada Lansia. *Motivasi*. 2025;5(1):24–50. Available From: [Http://Ejurnal.Untag-Smd.Ac.Id/Index.Php/MTV/Article/View/3019/2965%0Ahttp://Ejurnal.Untag-Smd.Ac.Id/Index.Php/MTV/Article/View/3019](http://ejurnal.untag-smd.ac.id/index.php/MTV/article/view/3019/2965%0Ahttp://ejurnal.untag-smd.ac.id/index.php/MTV/article/view/3019)