



(MUDIMA)



## Benson Relaxation Training to Overcome Sleep Disorders in the Elderly

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### ARTICLE INFO

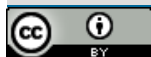
*Keywords:* Benson Relaxation Training, Sleep Disorders, Elderly

*Received* : 1 June

*Revised* : 21 July

*Accepted* : 22 August

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### ABSTRACT

Old age is a phase of life characterised by a decline in biological, psychological, and social functions, making individuals vulnerable to various health disorders, including sleep disorders (insomnia). This study aims to determine the effectiveness of Benson relaxation training in overcoming sleep disorders in the elderly. The method used is a qualitative approach with a case study design. The research subject was a 68-year-old woman who experienced insomnia and anxiety due to psychological stress and traumatic life experiences. Data collection was conducted through observation, interviews, and psychological tests (DASS-42 and graphic tests), which were then analysed to obtain a comprehensive picture of the subject's condition. The intervention, in the form of Benson relaxation technique training, was conducted over seven consecutive sessions, each lasting seven days. The results showed a significant improvement in the subject's sleep quality, marked by an increase in sleep duration, an anxiety reduction, and improved concentration and physical condition. The subject reported that Benson relaxation was easy to do independently or with family and provided a lasting calming effect. Thus, Benson relaxation can be an effective non-pharmacological intervention alternative for treating sleep disorders in the elderly

## INTRODUCTION

Old age is a period at the end of a person's life span, a period in which a person has "moved away" from a more enjoyable previous period, or moved away from a time full of benefits (Hurlock, 2003). Ageing is a process of the gradual loss of the ability of tissues to repair themselves, replace, and maintain their normal functions, making them unable to withstand infection and repair damage. According to Munandar (2001), psychological problems arise when older adults are unable to find a solution to the issues that occur as a result of the ageing process, such as being marginalised, no longer needed, unwillingness to accept reality, such as incurable illness, and the death of a spouse. Ageing is not a disease, but rather a natural period or stage of human life that begins with infancy, followed by childhood, adulthood, and old age.

Law No. 13 of 1998 concerning Elderly Welfare defines an older person as someone who has reached the age of 60 years or above. The World Health Organisation (WHO) categorises older people as those aged 60–74 years (elderly), 75–90 years (old), and 90 years and above (very old). Common problems experienced by the elderly are related to physical health, specifically their increased vulnerability to various diseases due to reduced immunity to external influences. The elderly are also prone to age-related diseases such as diabetes, hypertension, coronary heart disease, rheumatism, osteo, and asthma, which disrupt their activities and a decline in their physical and mental condition.

Appearance also changes, and the decline in the five senses causes the elderly to feel inferior, easily irritated, and useless. The mental condition of older people affects various other conditions of the elderly, such as economic conditions that prevent them from working to meet their daily needs and social conditions that cause a lack of social relations between older people and the community. With declining physical and psychological conditions, older people are less able to produce productive work.

On the other hand, they are also required to meet various daily needs that are increasing

compared to before. These include food, clothing, regular health checks, and recreational needs. For older adults with sufficient assets and savings, this is not a significant issue. Still, for older adults who do not have Old Age Security and lack sufficient assets and savings, their options for earning an income are increasingly limited. If they do not work, the only assistance they can obtain is from family, relatives, or other people.

In this study, the client is a 68-year-old woman. She is the third of five siblings. She is the middle child with two younger siblings and two older siblings. After school, the client helps care for her younger siblings and assists with household chores. When her parents were in the fields, she was responsible for caring for her younger siblings and assisting her older sister with her homework or other household tasks. The client preferred to put her younger siblings' needs before her own because she felt that what she wanted was not very important. The client's second-oldest sister was good at cooking, so they often cooked together at home.

When he was 13 years old, the client's father and eldest brother died in a bus accident. He was devastated by the incident. The client then dropped out of school to support his family, replacing his deceased father and eldest brother. At that time, the client worked as a labourer in a factory and helped his mother tend to the rice fields. He also worked while taking care of his younger sibling. The client explained that at that time, he had decided to work to help his mother and had decided not to pursue his dream of becoming a teacher.

When the client turned 18, his mother remarried a market trader. The marriage resulted in a new sibling, whom he also took care of. His stepfather had a sufficient income, so he only helped with the rice fields and household chores. After his mother's second marriage, the client's second brother worked outside the city as a factory labourer and sent monthly money to help with family expenses. At the age of 21, the client's mother fell ill, and the client's father ran away from home. The client then decided to return to work as a labourer. In addition to working, he also took care of his sick mother and

younger siblings. The client's family's rice fields were also sold to cover the cost of his mother's medical treatment. In June, the client's mother died of illness. She blamed herself for her mother's death because she felt that her mother could have received better treatment at that time. After her mother's death, the client decided to look for her father, who had run away to another city. At that time, it turned out that her stepfather had remarried a woman from the city. The client did not dare to meet him and then returned home. After that incident, the client decided to work again and no longer depend on others for her livelihood.

At the age of 23, the client decided to marry the son of the factory owner where she worked. At that time, she felt financially secure, but the client continued to work. After she got married and had three children, she decided to stop working and focus on raising her youngest child. When her third child was 20 years old, her husband had diabetes and heart disease. She then focused on caring for her husband and seeking treatment wherever she could. The client sold several assets and used the family savings to cover her husband's treatment costs. After more than a year of treatment, her husband passed away due to his unstable condition. Shortly after her husband's funeral, she decided to return to work to support her family.

Several years later, the client's children moved away to work in other cities. The client's eldest child invited her to live in the town, but she refused, stating that she wanted to look after the family home. In 2021, her second child and his family were hospitalised due to COVID-19. Shortly afterwards, her second child and his wife passed away. The client decided to take care of her second child's grandchildren. She supports herself and her grandchildren by working in a factory or helping out at a depot in the village. The client said that she was used to working rather than just staying at home. She also always set aside her earnings for her grandchild's school savings. When she was sick, the client refused to seek medical treatment and preferred to get a massage because she only felt tired.

The client often said that when she died, she would have savings for her grandchild's life.

A few months ago, the client often complained of dizziness, frequent falls, and difficulty sleeping at night. She thought it was just fatigue, so she didn't know too much about it. The client believed that if she took a break, someone would leave her, and while dealing with these thoughts, she preferred to continue working. Previously, she had a check-up while caring for her sick husband. She had low blood pressure and acute gastritis. When her gastritis flared up, she would take some medicine and lie down for a while. She felt that resting more would only exacerbate her body's pain. About four to five times in the last week, she had dreams about her mother. The client explained that she dreamed of her mother and felt that her mother would soon come to take her away. The client also explained that she felt sorry for her grandchild if she were to leave him. When night came and it was time to rest, she slept for a maximum of 4 hours and then continued her work. She did feel tired, but she could not sleep and could only toss and turn in bed. When he felt completely awake, he would continue his work. This difficulty sleeping affected the client physically. The client was often sleepy, which caused him to fall frequently due to a lack of focus. The client felt the impact most during the day. The client explained that during the day, he felt sleepy, unfocused, and often experienced body aches and pains. When it was time to sleep, the client was unable to sleep and could only lie on the bed.

Based on the problems, complaints, and symptoms observed, client W is experiencing a sleep disorder. According to Benson & Proctor (2000), the Benson Relaxation Technique is a relaxation technique that combines the patient's beliefs with the method itself. Benson relaxation inhibits the activity of the sympathetic nervous system, which can reduce the body's oxygen consumption and subsequently relax the body's muscles, creating a feeling of calm and comfort. The definition of lan is an activity that is not burdensome for the client and does not require any costs to carry out, making it easier for clients to do it regularly and independently (Habibollahpour, Ranjkesh, Motalebi, & Mohammadi, 2019). The

benefits of Benson relaxation have been proven to modulate stress related to conditions such as anger, anxiety, cardiac arrhythmia, chronic pain, depression, hypertension, and insomnia, while also inducing a sense of calm.

## **METHODS**

This method use on this research is qualitative with case study approach. This study aims to diagnose W through information on the history of problems and symptoms that appear, and intervene appropriately and accurately. This research subject is a old woman 68<sup>th</sup> grade. W lives in Magetan, East Java. The assessment process involves clinical observation of behaviors at home, in-depth clinical interview with parents and several psychological tests. The tests used include:

1. Graphic test (DAP, BAUM, HTP) to measure the W's personal characteristic, self-perception, motivation, problems encountered, and relationship with his/her environment.
2. DASS-42 to measure measure the severity of three major emotional states, namely depression, anxiety, and stress, in individuals.

After the assessment, the researcher intervened according to the self-help problems experienced by W. the intervention was conducted for 7 sessions including psychoeducation within 14 days. After that, researcher conducted a follow up to see the development of W's.

## **RESULTS AND DISCUSSION**

Based on the results obtained from the client's grandchild, DH, the client was perceived as excessively focused on her work. She thought it would be better to work than to see her grandmother working so hard. She sometimes complained about her grandmother's condition, who once did not sleep for two days, but the client just smiled and said it was okay. The client's grandchild also often noticed that the client had become more forgetful than before, such as forgetting where she had put the broom she had just been holding or forgetting that she was still wearing a comb in her hair. The client's grandchild often told the client to rest, but when left alone for a

moment, the client would go back to her work. She was afraid that the client would fall ill or even die.

Client W feels that she needs to work hard all the time so that her family is provided for and secure. She is always on the move, and if she stops for a moment, it only increases her anxiety. The client explains that she has been experiencing frequent falls lately, despite having good eyesight. When she is about to fall, she feels that she cannot control her own body and then falls to the ground. She also thinks that she is inconveniencing many people if she continues to decline. Many people advise him to get some sleep and rest, but when he tries to rest, he cannot sleep and becomes even more anxious. He is happy when there is work to do at home because he can keep his grandchildren company while working.

The moment that makes her happiest is during Eid, when her children come home and gather together. She takes time off and finishes her work before her children arrive. Her two children often complain that she works too much, which they believe will make her sick. Her two children will also help with the youngest grandchild's college fees if necessary, but even though this has been explained to her, she feels she cannot burden her two children and chooses to work.

The client began to feel that her body was changing in September. She suddenly fainted, then woke up and was unable to rest properly at that time. She admitted that she did not feel sleepy at all at night, but during the day, she felt dizzy. She once tried taking flu medicine that made her sleepy on the advice of a colleague, but she did not like feeling dependent on something. She then explained this to her grandchild, who asked her to reduce her workload. This condition caused her to become often confused and have difficulty concentrating, which made her work messy, but she explained that she could not sleep well.

Based on the results of psychological tests, the client is a closed person and finds it difficult to express what is inside her. She shows uncertainty within herself, finds it difficult to make decisions, and therefore chooses to suppress her desires and

prioritise existing rules or norms. The client feels that she has been abandoned since she was a child by those around her. The first incident was when her father and brother had an accident and died. Subsequently, the death of the client's mother made him the backbone of the family. He was forced to become independent and always worked until he got married. At the beginning of his marriage, he decided to take a break, but after his children grew up, his husband died, and he went back to work. Feelings of depression and pent-up desires caused the client to become stressed and made him overthink and feel anxious.

The client did not have enough time to grieve and was unable to tell others about her condition, often thinking to herself. She felt that the economic situation was her responsibility, and that if she took a break, someone around her would die. Therefore, she decided to continue working and rarely took a break. They also believe that being busy at work will reduce their negative thoughts. The high level of tension causes clients to have difficulty concentrating, which can lead to insomnia. Insomnia is a sleep disorder that occurs because the sleep centre, which should reduce or inhibit the Ascending Reticular Activating System (ARAS), is disrupted due to anxiety. The ARAS then increases and interferes with the brain's functioning.

The paradigm of the problem in this study is that clients are often abandoned by their immediate family. Their family members die one by one due to illness or accidents. Clients come from economically disadvantaged families. The deceased family members were the breadwinners. The client feels that he is responsible if the breadwinner is gone and must replace them. He works and takes care of his younger sibling. He unconsciously harbours sadness in his subconscious, which affects him. The resulting impact is physical disorders such as headaches and ulcers. The client is a hard worker, so she only rests when she is really sick or loses consciousness. Her body and soul always follow her will and show signs of fatigue, such as easily getting tired and even fainting. The client still does not pay attention to this and considers it normal to be exhausted.

The underlying condition is that she lost her child and wants to take care of her grandchild. She wants her grandchild to feel that she has lost nothing except her parents. She gives her grandchild everything she wants. She then wants to send her grandchild to university like her own children, and this makes her body work even harder. As before, she ignores this and suddenly forgets that her body will rest without her awareness when she feels tired. On the contrary, because her body was accustomed to always moving, it was difficult for her to stop. Her body would easily respond to something while she was sleeping, causing her to wake up.

According to Benson & Proctor (2000), the Benson Relaxation technique is a relaxation technique that combines the patient's beliefs with the method itself. Benson relaxation inhibits the activity of the sympathetic nerves, which can reduce the body's oxygen consumption and subsequently relax the body's muscles, creating a feeling of calm and comfort.

The stages of performing Benson relaxation according to Suamsih, Mansur, and Freska (2021) are as follows.

1. Position the client in a sitting position that is most comfortable sitting position.
2. Instruct the client to close their eyes.
3. Instruct the client to relax and relax the muscles of their body from the tips of their toes to the facial muscles and feel relaxation.
4. Instruct the client to take a deep breath through their nose, hold it for 3 seconds, then exhale through the mouth while saying a prayer or a word that has been chosen.
5. Instruct the client to let go of negative thoughts and remain focused on deep breathing and prayer or spoken words.
6. Do this for approximately 10 minutes.
7. Instruct the client to end the relaxation by keeping their eyes closed for 2 minutes, then slowly opening their eyes.

To establish a diagnosis for the client's condition and complaints, the researcher utilized the PPDGJ-III diagnostic guidelines, which allowed for a conclusion based on the symptoms presented,

indicating that the client was experiencing sleep disorders or insomnia. After establishing the diagnosis, the researcher designed an intervention program for the client using the Benson relaxation technique, which was conducted over seven sessions spanning seven days. It is hoped that by using the

Benson relaxation technique, the client can overcome their sleep disorder. The results of the intervention, using the Benson relaxation technique, are presented both before and after the intervention. The results are presented in the following table.

Table 1. Before and After Intervention

Before Intervention	After Intervention	Results	
		Successful	Failed
The client has difficulty concentrating.	Able to concentrate sufficiently	√	
Difficulty sleeping soundly	Able to sleep well, and sleep duration increases.	√	
Tends to feel dizzy and anxious	Dizziness and anxiety disappear.	√	

At the beginning of the intervention, the client was still confused about the intervention that would be carried out. The client explained his complaints, stating that he felt pain all the time but was unsure how to express it. During the intervention, he was active and responded openly when asked questions. He also said that he always looked forward to each intervention session. He enjoyed listening to others, but when he talked about his own complaints, he also felt a sense of relief. This easy and practical Benson relaxation therapy can be practiced daily and has become part of the client's bedtime routine. The client's grandchild is also pleased with the client's progress and often participates during the intervention.

The client and her grandchild can do Benson relaxation therapy together before bedtime. Benson relaxation therapy is also considered to help her feel more relaxed and improve her sleep quality. From this explanation, it was found that Benson relaxation therapy can reduce insomnia behavior and enhance the quality of sleep in individuals with insomnia.

## CONCLUSION

This study shows that Benson relaxation therapy can overcome the sleep disorders experienced by client W. The results obtained from the intervention are that the client can sleep soundly, has good concentration, and has sound sleep quality. This is because the client cooperated and carried out the intervention well. This was also supported by a *follow-up* conducted 7 days after completing the Benson relaxation intervention, where the client explained that he still practised relaxation techniques regularly and did not only do so when he was exhausted from work, but also did so with his grandchild as part of his daily routine, which he enjoyed, and now the client was able to sleep quite well.

The recommendation for the client is to be more open with others, especially their family, engage in light exercise, maintain a balanced diet, and reduce negative thoughts about themselves. The recommendation for the family is that they should encourage the client to spend time together, such as going for walks or taking trips out of town, and that

the family should be more attentive to the client's physical and psychological condition.

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