



Original Research

FREE DRAWING GROUP ACTIVITY THERAPY: A STRATEGY TO REDUCE LONELINESS IN ELDERLY NURSING HOME RESIDENTS

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ABSTRACT

Introduction: Elderly individuals are particularly vulnerable to psychosocial issues, one of the most common being loneliness. If left unaddressed, loneliness can lead to a reduced quality of life and an increased risk of mental health disorders, including depression and even suicidal behavior. One effective non-pharmacological intervention to reduce loneliness is group activity therapy, such as free drawing. This study aimed to identify the characteristics of the elderly, assess the level of loneliness they experience, and analyze the effect of free drawing activity therapy on reducing loneliness among elderly residents in the Nursing Home.

Method: A quasi-experimental design was employed, utilizing a two-group pretest-posttest approach. A total of 60 elderly participants were selected through purposive sampling and divided evenly into intervention and control groups. The intervention group received free drawing activity therapy sessions from March to April 2025 at PSTW Budi Mulia 3.

Results: Data were analyzed using paired t-tests and independent t-tests. The findings showed a significant reduction in the mean loneliness score in the intervention group, from 48.57 to 41.87 ($p = 0.001$), while the control group experienced a slight increase from 50.40 to 50.70 ($p = 0.445$). Furthermore, there was a statistically significant difference in post-intervention loneliness scores between the two groups ($p = 0.001$).

Conclusions: In conclusion, free drawing activity therapy significantly reduced loneliness among elderly residents in nursing homes and may serve as a practical non-pharmacological strategy to enhance their psychosocial well-being.

Keyword: loneliness; elderly; free drawing; group activity therapy

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1. INTRODUCTION

Depression among the elderly is a significant public health concern. The WHO (World Health Organization 2023) estimates that the prevalence of depression in adults aged 60 and above is 5.7%. If not treated, depression can heighten the risk of suicide attempts. In the United States, the suicide rate among individuals

aged 65 and older increased by 8.1% in 2021 (National Council on aging 2025). In Indonesia, data from the National Health Survey reveal a prevalence of depression of 1.2% in the 55-64 age group and 1.6% in the 65-74 age group (Kementerian Kesehatan RI 2023). In 2022, there were 670 recorded suicides, with

indications of possible underreporting (Asosiasi Pencegahan Bunuh diri Indonesia 2025). Loneliness plays a significant role in the onset of depression, with the incidence of mild and moderate depression linked to loneliness reaching 83.9% and 68.6%, respectively (Rahmawati, Wisnusakti, and Ibrahim 2023). According to Cholid and Ariana (2023), late-life depression is a strong predictor of suicide, as symptoms such as hopelessness, social isolation, and loss of life motivation hinder an individual's ability to cope with stress and intensify the desire to end their life.

The global elderly population is steadily rising. The World Health Organization (2024) projects that individuals aged 60 and older will reach 426 million by 2050. This age group is at a greater risk of encountering complex health issues known as geriatric syndromes, including physical weakness, urinary incontinence, falls, delirium, and pressure sores. In Indonesia, the Ministry of Health (Kementerian Kesehatan RI 2024) emphasizes that the elderly are a critical part of the human life cycle, characterized by increased physical, cognitive, and psychosocial vulnerabilities.

Psychosocial changes associated with the aging process, such as the loss of a spouse, reduced productivity, and cognitive and spiritual limitations, often intensify feelings of loneliness among the elderly. According to Atchley's continuity theory, older adults strive to maintain internal and external life structures through adaptive strategies informed by past experiences (Atchley 1989). However, when loneliness becomes chronic, it can disrupt stress responses, heighten vulnerability to depression and anxiety, and impair cognitive functioning. If not addressed, persistent loneliness can escalate into severe mental health disorders, including major depression or dementia, leading to serious consequences such as suicidal ideation, functional decline, and a diminished quality of life. These outcomes underscore the urgent need for early psychosocial interventions to prevent loneliness from developing into more severe mental health issues.

Elderly individuals may opt to reside with their families or in nursing homes, such as Tresna Werdha Social Institutions. Living with family can provide emotional support, but it may also result in conflicts, neglect, and even instances of violence. On the other hand, elderly residents in social institutions often face loneliness due to separation from their families, disputes with fellow residents, and discomfort in

their surroundings. Nevertheless, some elderly individuals in nursing homes exhibit adaptability and environmental mastery, finding ways to engage in outdoor physical activities when bored (Anisa et al. 2024).

Loneliness is one of the most prevalent psychosocial issues faced by the elderly. Previous study found that 37% of older adults experience moderate loneliness (Ina, Cita, and Devi 2024). Prolonged loneliness can significantly impact emotional well-being, coping mechanisms, and overall quality of life among older individuals. This condition is also associated with psychological disorders such as depression and stress, as well as cognitive impairments like Alzheimer's disease (Eliza, Juanita, and Nuhasanah 2023). Research by Rahmawati, Wisnusakti, and Ibrahim (2023) identified a strong correlation between loneliness and depression in the elderly, with loneliness characterized by feelings of emptiness, helplessness, and disconnection from the social environment—factors that ultimately affect both physical and mental health (Satria and Wibowo 2022).

Several non-pharmacological interventions have been developed to alleviate loneliness among the elderly, including gardening therapy, logotherapy, and art therapy (Kirana 2021; Nurlianawati, Kurniasih, and Widyawati 2023). Art therapy stands out for its flexibility as a medium of non-verbal expression, its ability to enhance creativity, and its role in strengthening self-identity and supporting emotional regulation. Drawing activities, in particular, have proven to be an effective complementary therapy for addressing psychological disorders (Ramadhanny 2024). Drawing therapy can diminish feelings of loneliness, boost self-esteem, and promote social interaction among the elderly (Gemin and Natalia 2022; Nurlianawati, Abidin, and Rokayah 2023).

Nurses play a vital role in geriatric nursing, serving as caregivers and educators, facilitators, and researchers. In group therapy, they take on the roles of leaders, observers, and evaluators, guiding the therapeutic process and monitoring client responses to the interventions provided (Bahrudin et al. 2024; Ruswadi and Supriatun 2022). By employing creative strategies such as group drawing activity therapy, nurses can contribute to innovative practices in mental health nursing. This study explores the impact of free drawing activity therapy as an art-based approach to reducing feelings of loneliness

among elderly individuals residing in Tresna Werdha social institutions. The intention is for this intervention to serve as a sustainable therapeutic strategy that can be easily integrated into various elderly social services.

2. MATERIALS AND METHODS

2.1 Design

This study employed a quantitative approach utilizing a quasi-experimental design, specifically a pre-test and post-test framework with a control group. This design was implemented to assess the impact of free drawing activity therapy on loneliness levels in the elderly. Participants were selected through purposive sampling, which involved intentionally selecting individuals based on established inclusion and exclusion criteria. Each participant completed a pre-test questionnaire over 10 minutes to evaluate their level of loneliness. Subsequently, the intervention group engaged in drawing therapy for 30 minutes to express feelings and experiences related to their loneliness. Finally, a post-test was administered for 10 minutes to assess any changes in loneliness levels.

2.2 Population and Sampling

The subjects of this study consisted of elderly individuals residing in Panti Sosial Tresna Werdha (PSTW) Budi Mulia 3 in South Jakarta. This research location was chosen due to the higher risk of loneliness observed in elderly residents of PSTW compared to those living at home, alongside considerations regarding time and cost constraints.

Participants were selected based on specific inclusion criteria: individuals aged 60 to 74, retired, in good physical health, experiencing loneliness, and willing to engage in research activities. Exclusion criteria comprised seniors over 74 years old, those still actively working, and individuals unwilling to participate or suffering from mental disorders.

The sample size was determined using Lemeshow's (1997) formula for calculating the difference test between two means, based on the mean and standard deviation data from a study by Riyanti et al. (2023). The standard deviation was 8.60, with a pre-test mean 14.86 and a post-test mean 9.83. With a significance level of 95% and a power of 80%, the estimated minimum sample size was 23 respondents per group. After accounting for a potential dropout rate of 10%, the sample size was adjusted to 26 respondents per group. However, to meet methodological

requirements and ensure the feasibility of the study, the final number of participants was set at 30 respondents in the intervention group and 30 respondents in the control group, resulting in a total sample of 60 respondents.

2.3 Intervention

The intervention involved conducting a weekly free drawing activity therapy led by the researcher. This therapy is a modified version of the group activity therapy developed by Keliat and Pawirowiyono (2013), designed to facilitate the creative and non-verbal expression of feelings. The implementation process included providing drawing tools and materials—such as paper, colored pencils, and crayons—explaining the theme of free drawing based on the participants' emotions or personal memories, offering motivation throughout the activity, and discussing the meaning of their drawings after completion. The themes were deliberately open-ended, allowing participants to express their emotions, thoughts, and life experiences through artwork. During the sessions, various therapeutic communication techniques were employed, including supportive and empathetic verbal interactions, active listening, and fostering dialogue among participants. These methods contributed to creating a safe and nurturing environment that supported both the creative process and sharing personal reflections within the group.

2.4 Instrument

The main instrument used for data collection was the UCLA Loneliness Scale questionnaire consisting of 20 items, with 11 negative questions (indicating loneliness) and 9 positive questions (indicating nonconformity with loneliness). Scores are given with a range of 1-4, and loneliness levels are categorized into four groups: low (20-34), moderate (35-49), high (50-64), and very high (65-80). This instrument was developed from UCLA (Russell, Peplau, and Ferguson 1978) and has been proven valid and reliable with a validity value of 0.84 and reliability of 0.89. Therefore, validity and reliability testing were not repeated in this study.

2.5 Data Collection

This study was conducted at PSTW Budi Mulia 3 in South Jakarta from March to April 2025. The data collection process began with submitting research permits to relevant institutions, including the nursing department, the Social

Service, and PSTW. Following the approval, the researcher communicated the study's objectives and procedures to potential respondents and requested their written consent through informed consent forms. Respondents who met the eligibility criteria were divided into two groups: the intervention group, which received drawing therapy, and the control group, which did not receive any intervention. The intervention group participated in a pre-test, followed by free drawing therapy sessions for 4-5 meetings, each lasting 30 minutes, and concluded with a post-test. Conversely, the control group completed the pre-test and post-test without any intervention.

2.6 Data Analysis

The gathered pre-test and post-test data were processed using statistical software for the quantitative analysis. Descriptive statistics were utilized to summarize the characteristics of the respondents. At the same time, inferential analysis was conducted using the paired sample t-test to assess within-group changes before and after the intervention. Furthermore, the independent sample t-test was employed to compare the differences between the intervention and control groups. A significance level of $p < 0.05$ was regarded as statistically significant.

2.7 Ethical Clearance

This research has obtained ethical approval issued by the Tanjung Karang Poltekkesj with Number No.054/KEPK-TJK/III/2025 from the educational institution and permission from the Social Service and the manager of the social institution. All data collected is anonymous and used only for the purposes of this study.

3. RESULT

This study involved 60 elderly participants divided into an intervention group and a control group, each consisting of 30 individuals. As detailed in Table 1, among the 30 elderly residents at Panti Tresna Werdha Budi Mulya 3, the intervention group primarily comprised individuals aged 66 to 70 years (43.3%). In contrast, the control group predominantly included those aged 71 to 74 (40%). Most respondents were female, with 63.3% in the intervention group and 60% in the control group. Notably, most elderly participants (73.3%) had resided in the orphanage for 1 to 5

years, indicating that many had lived there for a considerable time.

Table 2 illustrates an improvement in the thematic suitability of drawings created by the elderly participants during the two therapy sessions. In the initial meeting, 66.7% of the elderly produced drawings with appropriate themes, which increased to 70% in the second session. Additionally, the average theme suitability score rose from 0.67 to 0.70. This increase indicates a better understanding and greater involvement of the elderly in the intervention provided. Table 3 reveals that in the intervention group, the average loneliness score decreased from 48.57 to 41.87, marking a difference of 6.7 points with a p-value of 0.001 ($p < 0.05$). This result indicates a significant reduction in loneliness following the free drawing intervention. Conversely, the control group experienced a slight increase in their score, from 50.40 to 50.70, with a difference of -0.30 and a p-value of 0.445 ($p > 0.05$), suggesting no significant change.

Table 4 shows that the average loneliness level in the intervention group after the intervention was 41.87 ± 5.686 , whereas in the control group, it was 50.71 ± 5.784 . With a p-value of 0.001, a statistically significant difference exists between the two groups ($p < 0.05$). This finding indicates that elderly participants who engaged in free drawing activities experienced a more substantial reduction in loneliness than those who did not partake in the intervention.

4. DISCUSSION

The characteristics of the respondents in this study indicated that the most prevalent age group in the intervention cohort was 66-70 years (43.3%), while the control group primarily comprised individuals aged 71-74 years (40%). This age range falls within the early to middle elderly phase, during which individuals often begin encountering physical, psychological, and social changes that heighten the risk of loneliness (Fitriana, Sari, and Wibisono 2021). The transition from productive to old age can diminish social and emotional functioning, trigger feelings of emptiness, and reduce the sense of life's meaning.

Most respondents were female, with 63% in the intervention group and 60% in the control group. This finding aligns with data from the Indonesian Central Bureau of Statistics, which

Table 1 Characteristics in the intervention group and control group of loneliness respondents at the Tresna Werdha social institution

Characteristic	Intervention group (n=30)		Control group (n=30)	
	n	%	n	%
Gender				
Male	11	36,7	12	40
Female	19	63,3	18	60
Age				
60-65 years	12	40	11	36
66-70 years	13	43,3	7	23
71-74 years	5	16,7	12	40
length of stay in the nursing home				
Less than 1 year	1	3,3	0	0
1-5 years	22	73,3	28	93,3
More than 5 years	7	23,3	2	6,7

Table 2 Results of theme and feeling alignment in free drawing group activity therapy

Intervention group		n	%	mean
Theme suitability				
1st Meeting	Match	20	66,7	0,67
	Not match	10	33,3	
2nd Meeting	Match	21	70	0.70
	No match	9	30	

Table 3. Results of bivariate analysis of the effect of the level of loneliness of the elderly in the intervention group and control group

Group	Paired T-test of Loneliness score			
	n	Mean	Std. Deviasi	p-value
Intervention group				
Pre-test	30	48,57	4,531	0,001
Post-test	30	41,87	5,686	
Control group				
Pre-test	30	50,40	6,553	0,445
Post-test	30	50,70	5,784	

Table 4 Results of bivariate analysis of differences in the level of loneliness of the elderly in the intervention group and control group

Independent samples T-test			
Variable	Average		p-value
Post Test	41.87		0.001
Intervention group	±5.686		
Post Test	50.70		
Control group	± 5.784		

indicates that women generally have a higher life expectancy than men (Badan Pusat Statistik Indonesia 2025). Older women are often more socially and economically vulnerable, notably when lacking familial support, making them more susceptible to feelings of loneliness and the need for residential care (Susanty, Suyanto, and Sinaga 2020). In addition to the interventions evaluated in this study, nursing home facilities typically offer a variety of programs designed to

alleviate loneliness. These programs may include religious activities, group exercise sessions, skill development workshops, and recreational events (such as singing, games, and communal celebrations). Such activities encourage social interaction, maintain physical and cognitive functioning, and foster a sense of belonging among residents. Nonetheless, despite the availability of these programs, many elderly individuals still experience loneliness,

underscoring the need to explore alternative approaches, such as art-based group therapy.

Most elderly individuals have resided in institutions for 1 to 5 years (73.3%), indicating that social and emotional adaptation has occurred. The length of stay is closely associated with the coping abilities of the elderly; typically, the longer they remain in an environment, the more likely they are to adapt and experience reduced feelings of loneliness (Rosyidah & Widyatuti, 2021).

Results from the paired sample t-test revealed a significant decrease in loneliness scores within the intervention group, dropping from an average of 48.57 to 41.87 following the implementation of free drawing activity therapy ($p = 0.001$). This finding aligns with research conducted by Nurlianawati, Abidin, and Rokaya (2023) and Fajri (2024), which indicates that art therapy effectively alleviates loneliness through non-verbal expression and fosters social interaction. Drawing activities provide elderly participants with a means to express their emotions, mitigate social isolation, and cultivate a more enjoyable atmosphere in their daily lives. In this study, we employed group drawing activity therapy guided by procedural guidelines for art therapy. The selection of drawing themes is critical in this process, as meaningful and open-ended topics allow older adults to project personal experiences and emotions into their artwork. This intervention facilitates emotional expression and self-reflection and encourages group discussions, empathy, and a sense of belonging. As a result, structured yet flexible drawing themes significantly enhance the therapeutic benefits of art-based group activities in reducing loneliness.

In contrast, the control group exhibited no significant change in loneliness scores, with the mean increasing from 50.40 to 50.70 ($p = 0.445$). The lack of intervention leaves elderly individuals in a stagnant psychosocial state, potentially exacerbating feelings of loneliness. Those not engaged in emotional or social activities are at heightened risk of experiencing a decline in psychological well-being (Aydin and Kutlu 2021).

Moreover, the independent samples t-test results indicated a significant difference between the intervention and control groups regarding the post-test scores ($p = 0.001$), with the intervention group showing a lower mean score. This finding confirms that freehand drawing therapy is more effective in reducing loneliness than the non-intervention group.

Drawing as part of group art therapy may alleviate loneliness through several interconnected mechanisms. First, the social interaction during sessions promotes communication and shared experiences, which helps break the isolation cycle. Second, the emotional expression facilitated by drawing allows older adults to externalize often difficult-to-articulate feelings. Third, qualitative feedback from participants indicated that the sessions fostered relaxation, increased happiness, and a sense of sincerity, solidarity, and trust—suggesting an enhancement in emotional connectedness and mutual support within the group (KÖSE, GÖKKAYA, and CANBULAT 2023). The findings indicate that freehand drawing as a non-pharmacological intervention proved practical and feasible for integrating into holistic care programs for older adults in social care settings. This therapy offers an innovative and compassionate alternative for health professionals, particularly nurses, to enhance the quality of life for elderly individuals facing loneliness.

5. CONCLUSION

This study found that free drawing group therapy significantly reduced loneliness among elderly nursing home residents. The intervention group experienced a marked decrease in loneliness scores compared to the control group, showcasing the effectiveness of art-based therapy as a non-pharmacological approach. Through structured drawing themes, participants expressed emotions, reflected on their thoughts, and engaged socially, enhancing emotional connectedness, and promoting well-being. Therefore, free drawing therapy can be an innovative strategy to address loneliness and improve the quality of life in older adults. Integrating free drawing activities into regular psychosocial programs to encourage creative expression and social engagement in nursing homes can reduce loneliness in the elderly. Further research can investigate the long-term effects of art-based therapy and compare it with other creative activities, assessing impacts on depression, life satisfaction, and resilience.

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Conflict of interest

The authors declare no conflict of interest.

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