



Emotional Regulation and Psychosocial Stressors in Elderly Patients with GAD: A Transactional and Spiritual Perspective

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Abstract: Generalized anxiety disorder (GAD) is a common mental health condition among elderly individuals and is often influenced by complex interactions between psychological, physical, and psychosocial factors. In older adults, chronic illness, financial difficulties, and social stressors may impair emotional regulation and contribute to persistent anxiety symptoms. A holistic and integrative approach is therefore needed to address these multidimensional challenges. This study supports the achievement of Sustainable Development Goal (SDG) 3, which emphasizes the promotion of mental health and well-being among vulnerable populations. This study employed a narrative literature review combined with a clinical case illustration of a 62-year-old male patient whose symptoms evolved from panic disorder into generalized anxiety disorder. Relevant literature regarding emotional regulation, psychosocial stressors, coping mechanisms, and spiritual approaches in elderly patients with anxiety disorders was reviewed to provide theoretical and clinical context. The case demonstrated that comprehensive management of generalized anxiety disorder involving pharmacological therapy, psychotherapy, and spiritual support contributed to improvements in emotional regulation and overall wellbeing. Pharmacological treatment using alprazolam and sertraline helped reduce anxiety symptoms, while cognitive behavioral therapy, psychoeducation, and supportive spiritual practices enhanced coping capacity and psychological adjustment. However, persistent psychosocial stressors such as financial difficulties and family-related concerns continued to influence the patient's anxiety levels. The management of generalized anxiety disorder in elderly patients requires an integrated and multidisciplinary approach that combines pharmacological treatment, psychotherapy, and supportive spiritual care. Addressing psychosocial stressors and strengthening emotional regulation strategies may improve coping capacity and quality of life among elderly individuals with chronic anxiety disorders.

Keywords: Anxiety disorder; Elderly; Emotional regulation; Psychosocial stressors; Spiritual coping

Introduction

Old age represents the final stage of human development, beginning at the age of 60 years and continuing until the end of life. Aging is also accompanied by various physical, cognitive, and psychological changes that may influence health and

wellbeing among older adults (Nauli et al., 2014). The global and national elderly population continues to increase annually. In Indonesia, the elderly population was estimated to reach 28,800,000 individuals (11.34% of the total population) in 2020 (Qonita et al., 2021). This demographic shift has significant implications for healthcare systems, particularly in addressing mental

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health disorders that commonly affect older adults (Nugroho et al., 2019).

Generalized anxiety disorder (GAD) is one of the most prevalent anxiety disorders among the elderly and is frequently associated with chronic medical conditions, psychosocial stressors, and functional decline. Beck's cognitive theory emphasizes that irrational negative thoughts, chronic stressors, and life events that induce feelings of helplessness play a crucial role in shaping emotional and cognitive vulnerability, leading to anxiety and depressive symptoms (Şahin et al., 2018). In older adults, these psychological mechanisms are often exacerbated by age-related physical changes, social role transitions, and cumulative life stressors.

Emotional regulation refers to the processes through which individuals monitor, evaluate, and modify emotional responses in order to achieve adaptive functioning (Campbell-Sills & Barlow, 2007; Gratz & Roemer, 2004). In elderly patients, psychosocial stressors such as family conflict, financial difficulties, loss of social support, and chronic illness interact dynamically with emotional regulation processes, contributing to the persistence and severity of anxiety disorders. These interactions align with the transactional model of stress, which conceptualizes stress as the result of continuous interactions between individuals and their environment, mediated by cognitive appraisal and coping resources (Folkman & Lazarus, 1986).

In recent years, increasing attention has been directed toward holistic approaches to mental health care, emphasizing the integration of psychological, social, and spiritual dimensions. Spirituality and religious engagement have been shown to function as psychological protectors, enhancing emotional resilience, fostering hope, and supporting adaptive coping strategies, particularly among older adults facing chronic illness and prolonged stress (Gnanaprakash, 2013; Koenig, 2012). Spiritual perspectives may offer meaning, inner peace, and emotional stability, thereby complementing pharmacological and psychotherapeutic interventions in the management of anxiety disorders.

Despite growing evidence supporting holistic and spiritual approaches, their integration into the clinical management of GAD in elderly patients remains underreported, particularly in the context of complex psychosocial and medical comorbidities. Therefore, this article aims to explore emotional regulation and psychosocial stressors in elderly patients with GAD using a transactional and spiritual perspective, through a narrative literature review complemented by a clinical case illustration. By highlighting the interplay between emotional regulation, psychosocial stress, and spiritual coping, this study seeks to contribute to a more

comprehensive and patient-centered framework for managing anxiety disorders in the elderly population.

Method

Study Design

This article employed a narrative literature review combined with a clinical case illustration to explore psychosocial stressors, emotional regulation, and transactional and spiritual approaches in the management of generalized anxiety disorder (GAD) in elderly patients. This approach was chosen to provide a comprehensive and contextual understanding of the interaction between psychological, social, medical, and spiritual factors in clinical practice.

Literature Review

A narrative literature review was conducted to examine relevant published studies related to emotional regulation, psychosocial stress, coping mechanisms, and spiritual approaches in anxiety disorders, particularly among elderly individuals with chronic medical conditions. Relevant literature was identified through electronic databases including Google Scholar, PubMed, and Scopus.

The search process used keywords such as "generalized anxiety disorder," "elderly," "emotional regulation," "coping strategies," and "spiritual support." Articles published between 2010 and 2024 were considered. Studies discussing anxiety disorders in elderly populations, emotional regulation strategies, psychosocial stressors, or spiritual coping mechanisms were included, while articles not written in English or Indonesian and those not relevant to the topic were excluded. The selected literature was reviewed narratively to provide conceptual and clinical context for interpreting the case.

Case Assessment

The case illustration involved a 62-year-old male patient (Mr. W) who was clinically evaluated and followed up in a psychiatric setting. Clinical data were obtained through structured interviews, direct observation, and review of medical records. Psychological assessment was supported by standardized psychometric instruments, including the Depression Anxiety Stress Scale-21 (DASS-21) and the World Health Organization Quality of Life-BREF (WHOQOL-BREF), to assess anxiety symptoms and quality of life.

Intervention

Pharmacological management included the use of anxiolytic and antidepressant medications (alprazolam and sertraline). These treatments were complemented by non-pharmacological interventions such as cognitive

behavioral therapy (CBT), psychoeducation, and spiritual support consistent with the patient’s personal belief system. A descriptive qualitative approach was used to evaluate clinical responses, psychosocial changes, and functional outcomes during the intervention period.

Ethical Consideration

Written informed consent was obtained from the patient for the use of anonymized clinical information for academic publication. All personal identifiers were removed to maintain patient confidentiality and privacy.

Results and Discussion

Case Presentation

A 62-year-old male patient (Mr. W) presented with complaints of persistent anxiety, restlessness, and excessive worry related to financial difficulties and chronic health conditions. The patient reported difficulty sleeping, frequent rumination about his future, and concerns about his ability to support his family. These symptoms had been present for several months and were accompanied by emotional distress and reduced daily functioning.

Psychosocial assessment revealed several contributing stressors, including financial instability, chronic medical problems, and perceived social burden within the family. The patient also expressed feelings of uncertainty regarding his health condition and future wellbeing. These stressors appeared to interact with the patient’s coping mechanisms and emotional regulation capacity, contributing to the persistence of anxiety symptoms.

Psychological evaluation was conducted using standardized assessment instruments. The Depression Anxiety Stress Scale-21 (DASS-21) assessment indicated an anxiety score of 8, which corresponds to mild anxiety symptoms. In addition, quality of life was assessed using the WHO Quality of Life-BREF (WHOQOL-BREF) instrument, which showed a moderate level of quality of life across the domains of physical health, psychological wellbeing, social relationships, and environmental conditions.

Table 1. Psychometric Assessment Results Before and After Intervention

Instrument	Baseline	Follow-up	Interpretation
DASS-21 Anxiety	8	4	Mild → Normal
WHOQOL-BREF	Moderate	Improved	Better perceived quality of life

Pharmacological treatment was initiated using alprazolam as an anxiolytic agent and sertraline as an antidepressant medication. In addition to pharmacotherapy, the patient received non-pharmacological interventions including cognitive behavioral therapy (CBT), psychoeducation, and supportive counseling focused on emotional regulation strategies. Spiritual support consistent with the patient’s personal belief system was also incorporated as part of the holistic management approach.

During follow-up, the patient demonstrated gradual improvement in emotional regulation and coping ability. The patient reported better understanding of his anxiety triggers and showed increased engagement in adaptive coping strategies. Support from family members and the integration of spiritual practices appeared to contribute positively to the patient’s psychological adjustment and overall wellbeing.

The interaction between psychosocial stressors, emotional regulation, and therapeutic interventions applied in this case is summarized in Figure 1.

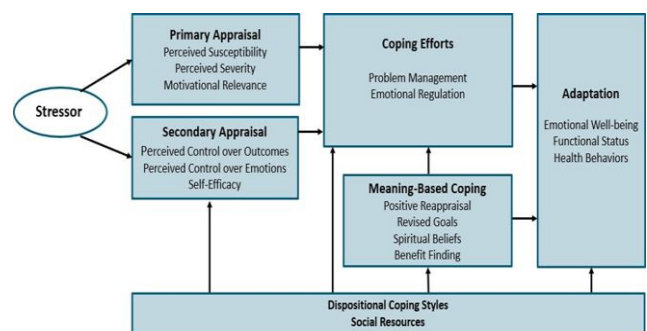


Figure 1. Conceptual framework of integrated management in generalized anxiety disorder in elderly patients

The model illustrates the interaction between psychosocial stressors, emotional regulation processes, pharmacological treatment, cognitive behavioral therapy, and supportive spiritual coping in improving psychological wellbeing and functional outcomes

Response to Pharmacotherapy

The patient's response to pharmacotherapy showed partial improvement in symptoms. Feelings of anxiety and sleep disturbances improved after the administration of medications prescribed by a mental health specialist, including alprazolam 0.5 mg and sertraline 50 mg. Pharmacological management using anxiolytic agents and selective serotonin reuptake inhibitors (SSRIs) is widely used in the treatment of anxiety disorders and has been reported to reduce anxiety symptoms and improve sleep quality.

However, the patient continued to experience recurring external stressors, including family conflicts,

business-related problems, and other events that triggered anxiety and had not yet been fully resolved. These persistent stressors appeared to contribute to the continuation of anxiety symptoms despite pharmacological treatment. This finding suggests that unresolved psychosocial stressors may significantly influence psychological stability and treatment outcomes. Therefore, a holistic therapeutic approach that addresses both clinical symptoms and underlying psychosocial stressors is important in the management of generalized anxiety disorder.

The Role of Psychosocial Intervention in Functional Improvement

Psychosocial intervention plays a crucial role in supporting functional improvement among patients with generalized anxiety disorder, including the case of Mr. W. The psychosocial approaches implemented included cognitive behavioral therapy (CBT), psychoeducation regarding the patient's condition and its management, and supportive spiritual practices consistent with the patient's belief system.

Through CBT, patients are guided to recognize and modify maladaptive thought patterns and behaviors that contribute to anxiety symptoms. Psychoeducation also improves patient understanding of the disorder and encourages active participation in the treatment process. In addition, supportive spiritual practices may provide emotional comfort and psychological support when individuals experience stressful life situations (Handayani, 2025).

Previous studies have shown that spiritual coping strategies may contribute to improved psychological wellbeing and help individuals manage stress more effectively (Saffari et al., 2018). These combined interventions appeared to support gradual improvements in the patient's social functioning, work performance, and daily activities. The patient also demonstrated increased motivation, improved insight into his condition, and greater trust in the treatment process and support from the surrounding environment.

Improvement in Quality of Life and Social Functioning

Despite the presence of several clinical challenges, the primary therapeutic goal in this case was to improve psychological wellbeing and functional capacity through a holistic treatment approach. This approach combined pharmacological treatment with psychosocial and supportive spiritual interventions. Positive psychological resources such as optimism, resilience, and adaptive coping have been widely discussed in the field of positive psychology as important contributors to psychological wellbeing and recovery from stress (Snyder & Lopez, 2001). Psychological factors such as self-compassion and positive self-acceptance have also

been associated with improved wellbeing and mental health outcomes among older adults (Neff & Faso, 2015).

Previous research has suggested that integrated treatment approaches involving psychosocial and spiritual support may contribute to improvements in perceived wellbeing and mental health among elderly individuals (Heidari et al., 2019). These findings indicate that addressing both psychological and social dimensions of patient care may support better adaptation to daily stressors and enhance overall quality of life.

Interpretation of Key Findings

This study suggests that spiritual perspectives may play a supportive role in the recovery process of patients with generalized anxiety disorder, particularly among older adults. Many elderly individuals tend to rely more on spiritual or religious beliefs as coping mechanisms when facing illness, uncertainty, and life transitions.

Spiritual connection may provide emotional comfort, hope, and psychological strength that help individuals cope with chronic illness and complex psychosocial challenges (Aini et al., 2024; Al Hajiri et al., 2021; Pargament, 2001). Spiritual care is increasingly recognized as an essential component of holistic healthcare, particularly for patients experiencing chronic illness and psychological distress (Puchalski, 2008). Previous consensus studies have emphasized that integrating spiritual care into healthcare services can improve patient wellbeing and strengthen the patient-provider relationship (Puchalski et al., 2009). The integration of spirituality in healthcare has therefore been increasingly promoted as part of a holistic and patient-centered approach to treatment (Puchalski, 2012).

Previous studies have reported that spiritual wellbeing is associated with lower levels of anxiety and better psychological adjustment among elderly individuals (Fabbris et al., 2017). The integration of spiritual perspectives into therapeutic interventions may therefore contribute to a more holistic approach to mental health care.

However, it is important that spiritual support be implemented with sensitivity and respect for individual beliefs. Therapeutic interventions involving spirituality should avoid imposing specific religious perspectives and should instead focus on supporting the patient's personal belief system and values to maintain a comfortable and supportive therapeutic environment.

Comparison with Previous Studies

The findings of this case can also be interpreted using the transactional model of stress and coping developed by Folkman & Lazarus (1986). According to this model, individuals evaluate stressful situations

through two main processes: primary appraisal and secondary appraisal.

Primary appraisal refers to an individual's interpretation of a situation as a threat, challenge, or loss, which may trigger emotional responses such as anxiety. Secondary appraisal involves evaluating the available internal and external resources to cope with the stressor, including personal abilities, social support, and coping strategies.

Research by Cheng, Inder, et al. (2020) suggests that coping effectiveness is strongly influenced by individuals' subjective perceptions of available coping resources and the perceived severity of stressors. Similar findings have also been reported in patients with chronic illnesses, where cognitive appraisal and coping strategies significantly influence psychological adjustment and stress management (Cheng, Yang, et al., 2020). Similarly, Norris & Wind (2009) emphasize the importance of strengthening perceptions of control and internal coping resources to reduce the psychological impact of stress, particularly among individuals facing complex medical and psychosocial conditions.

The concept of emotional dysregulation refers to difficulties in managing and regulating emotional responses, which are commonly associated with various mental health conditions such as anxiety and depression. Individuals experiencing emotional dysregulation often demonstrate heightened emotional reactivity and difficulty restoring emotional balance following stressful events.

Within this context, spirituality may function as an additional coping resource that supports emotional resilience and psychological wellbeing. Spiritual beliefs and practices can provide meaning, inner peace, and psychological strength when individuals face stressful or emotionally challenging situations (Gnanaprakash, 2013).

Spiritual psychotherapy represents a therapeutic approach that integrates psychological and spiritual dimensions in mental health care. According to Koenig et al. (2016), spiritual interventions should be implemented with sensitivity and respect for individual beliefs to ensure that the therapeutic process remains supportive and does not impose specific religious perspectives.

In elderly patients with generalized anxiety disorder, spiritual psychotherapy may involve not only formal spiritual practices such as prayer or meditation but also discussions regarding life meaning, personal values, and spiritual experiences. These approaches may help strengthen emotional resilience and support patients in managing psychological challenges more effectively.

Recommendations for Future Research

The main recommendation for future research is to develop studies with broader and more controlled research designs in order to obtain more representative and generalizable data. Studies with larger samples and involving diverse cultural backgrounds and beliefs can help validate the effectiveness of the spiritual-psychotherapy approach in treating generalized anxiety disorders in a more diverse population. Additionally, longitudinal studies are needed to assess the sustainability of the long-term benefits of this holistic approach and to understand the dynamics of changes in patients' psychological and spiritual conditions over time.

Furthermore, future research should also explore more specific parameters and indicators related to the success of the spiritual-psychotherapy approach, including quantitative and qualitative measurements of aspects of quality of life, resilience, and emotional regulation. Thus, standardized practice guidelines can be developed and widely implemented by healthcare professionals, both in nursing and psychiatric contexts.

Conclusion

This study highlights the importance of a comprehensive and multidisciplinary approach in the management of generalized anxiety disorder in elderly patients. The integration of pharmacological therapy, psychotherapy, and supportive spiritual coping strategies may contribute to improvements in emotional stability, coping capacity, and overall quality of life. The case also illustrates how psychosocial stressors, including family conflicts and financial difficulties, can influence the persistence of anxiety symptoms and affect treatment outcomes. Therefore, continuous monitoring, individualized therapeutic adjustments, and a deeper understanding of patients' psychosocial contexts are essential components of effective clinical management. In addition, spirituality may function as a supportive coping resource for some patients, helping them regulate emotions and maintain psychological resilience when facing chronic illness and life stressors. When applied with respect for individual beliefs and cultural contexts, spiritual support can complement psychological and pharmacological interventions within a holistic care framework. Although this report is limited to a single case illustration, the findings provide insight into the potential value of integrated and patient-centered approaches in addressing the complex psychological and psychosocial needs of elderly individuals with chronic anxiety disorders.

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Conflicts of Interest

The authors declare no conflict of interest.

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