

Changes in Depression Levels in the Elderly with a Spiritual Approach and Deep Breathing Relaxation at UPT PSTW Blitar In Tulungagung

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ABSTRACT

Background: Psychological changes in the elderly include feelings of loneliness, fear of loss, fear of death, anxiety, useless feeling, dependence and neglect and depression. This study aimed to determine the effect of a spiritual approach and deep breathing relaxation on changes in the level of depression in the elderly.

Methods: The design of this study was a Pre-Experimental, One-group pre-post test design with a population of all elderly people at the Tresna Werdha Blitar Social Services UPT with a total of 80 respondents. The sample is part of the population with a purposive sampling technique of 40 respondents. The data that has been collected is processed by the Wilcoxon Match Pairs Test statistical test with a significance of = 0.05.

Results: The results of the analysis of the Wilcoxon Match Pairs Test obtained a p-value = 0.000 which is less than the value of (0.05), it can be concluded that H₀ is rejected, meaning that there is an influence of spiritual approach and deep breath relaxation on changes in depression levels in the elderly.

Conclusion: Spiritual approach therapy and deep breathing relaxation are effective in overcoming depression in the elderly, so this needs to be done continuously, in collaboration with the local health center and involving the participation of nursing home staff.

I. Introduction

The increase in the number of elderly people will have an impact on increasing the dependence of the elderly. Elderly is someone who has reached the age of 60 years and over. In line with as a person ages, the elderly will experience changes in both physical, psychosocial or social changes. Psychological changes in the elderly include feelings of loneliness, fear of loss, fear of death, memory loss, reduced concentration and attention, lack of confidence, anxiety, alienation from the environment, helplessness, feeling useless, dependence and neglect and depression ([Ruswandi, 2021](#))

According to WHO (2013), depression is the third largest psychological disorder which is estimated to occur in 5% of the world's population. Research conducted by [Klainin-Yobas \(2015\)](#), gave the results of 218 elderly studied, there were 64 people (29.36%) who experienced depression. In Indonesia, there are no studies that clearly state the prevalence of elderly people who experience depression. However, an increase in the number of people with depression can be observed increasing from time to time through an increase in the number of visits by patients seeking medical treatment and an increase in spikopharmaca drugs prescribed by doctors ([Azizah, 2016](#)). It is estimated that from the number of elderly people in Indonesia in 2013 which is 24 million people 5% experiencing depression will increase by 13.5% in the elderly who have chronic diseases and are hospitalized. The highest

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proportion is found in densely populated areas such as Central Java, East Java and West Java ([Kurnianto, 2011](#)).

The prevalence of depression in the elderly, about 12–36% of elderly people who experience outpatient depression. This figure increases to 30–50% in the elderly with chronic diseases and long-term care who experience depression. Approximately 25% of the elderly community and nursing home patients were found to have symptoms of depression in the elderly. Depression affects 10–15% of elderly people 65 years and over living in institutions, with approximately 50–75% of long-term care residents having mild to moderate depressive symptoms ([Valenza, 2014](#)).

Data from the results of a preliminary study conducted by researchers in August 2019 on the elderly at the Tresna Werdha Social Institution, it is known that the number of residents of the orphanage is 80 elderly, and based on an initial survey of 10 elderly it was found that 4 elderly (4%) had moderate depression, 3 elderly (3%) experienced mild depression and 3 elderly (3%) did not experience depression as measured by using the Geriatric Depression Scale Short Form.

Indonesia is one of the countries with the highest number of elderly people in the world. Based on the population census in 2010, the number of elderly people in Indonesia is 18.1 million people (7.6% of the total population). In 2014, the number of elderly people in Indonesia became 18.781 million people and it is estimated that by 2025 the number will be 36 million people ([Supinganto, 2021](#)). National development in all fields has yielded results, namely the improvement of public health status in general. This can be seen by the decrease in maternal and infant mortality, as well as the increase in life expectancy. Life expectancy in Indonesia in 2010 reached 67.4 years and in 2020 it will increase to 71.1 years. The increase in life expectancy can result in the problems of the elderly. Problems that arise due to various changes, both physical, psychological and social.

Psychological changes in the elderly include feelings of loneliness, fear of loss, fear of death, memory loss, reduced concentration and attention, lack of confidence, anxiety, alienation from the environment, helplessness, feeling useless, dependence and neglect and depression ([Sedaghat Ghotbabadi, 2018](#)). The most prominent mental (psychological) problems today in the elderly are past psychological trauma and depression. Depression that occurs is a negative impact of the decline in functions in the elderly. In addition, environmental stress and decreased adaptability also often cause depression.

Depression in the elderly is caused by internal and external factors. In a study conducted by [Park \(2013\)](#) on biological social stressors that cause depression, it is stated that internal stressors in the elderly include individual perceptions with symptoms in the form of disappointment or anger towards family members, while the external environment includes the surrounding atmosphere such as noise, slums and others. Stress and social pressure are also often the cause of depression in the elderly. Reinforced by research conducted by [Chen et al \(2017\)](#) regarding the factors that cause depression in the elderly, there is an influence between loss and anxiety on the level of depression in the elderly. The results of [Kurnianto's](#) research (2011) also state that the cause of depression in the elderly is a problem that is currently being experienced and cannot be resolved and will become a burden on the mind for the elderly.

Depression is characterized by feelings of deep sadness that have an impact on social interaction disorders. Not infrequently symptoms of depression are also in the form of physical disorders such as insomnia and reduced appetite. Depression is often not detected in the elderly because it is considered as a result of the aging process and chronic diseases experienced by the elderly. Early detection and appropriate treatment of depression can improve and improve the quality of life for the elderly ([Azizah, 2016](#)).

The Geriatric Depression Scale (GDS) is a tool to detect and measure the level of depression in the elderly population. Related to this, to get adequate care, it is necessary to do a screening to see signs of depression. Determination of the level of depression with the GDS-15 scale and categorized as not depressed if the score is 0-4, mild depression if the score is 5-9 and moderate to severe depression if the score is 10-15 ([Ruswadi, 2021](#)).

One solution that can be done to overcome depression in the elderly is to provide a spiritual approach and provide deep breath relaxation. Spirituality helps the elderly to deal with existing

problems. Every individual must have a spiritual aspect, although with different levels of experience and practice based on the values and beliefs they believe in. There is an inverse relationship between the frequency of daily spiritual experiences with depressive symptoms in the elderly. The immaturity of the religious philosophical development of the elderly and the absence of media for the elderly to express all their feelings and worries are conditions that will maintain their depression, because they will continue to suppress all forms of negative feelings into the subconscious. Negative feelings will arise in the minds of the elderly, feelings of disappointment, unappreciation, sadness, resentment, anger and so on ([Supinganto, 2021](#)).

Spiritual guidance according to religious teachings as a tool that functions for inner peace, free from negative emotions and has a significant impact is expected to provide solutions. This spiritual guidance is carried out for eight days (eight meetings) with a duration of \pm 60 minutes for each meeting. The benefit of the Spiritual approach is that being able to get closer to God will gain comfort and a calmer heart so that it provides health benefits including reducing depression ([Valenza, 2014](#)). The benefits of deep breathing relaxation according to [Valenza \(2014\)](#) are peace of mind, reduced anxiety, worry and anxiety, lower mental stress and tension, better mental health, increased logical thinking power, and increased ability to relate to other people. With the intervention that is carried out intensively, it is hoped that it can change the mental, thoughts and emotions as well as the psyche of the elderly so that there is a change in the score (level) of depression in the elderly.

Objective study this study aimed to determine the effect of a spiritual approach and deep breathing relaxation on changes in the level of depression in the elderly.

II. METHODS

The design in this study used a pre - experimental design and the type of one group pretest post test with a population of 80 respondents. The sample in this study is part of the population of 40 respondents. The sampling technique used in this study is a purposive sampling technique that is, a sampling technique and how to choose a sample among the population as desired by the researcher, so that the sample can represent previously known population characteristics. The independent variables used in this study were spiritual approaches and deep breathing relaxation techniques, while the dependent variable used is depression in the elderly. The research location was carried out at the Tresna Werdha Blitar Social Services UPT. The time of the study was carried out on March 30, 2020 to April 18, 2020. The instrument used in this study is the Geriatric Depression Scale-15 Questionnaire (GDS-15) which will be used to measure the depression of pre-test and post-test respondents. Data processing includes checking the completeness of the data (editing), scoring (scoring), coding (coding) and tabulating data (tabulating). The data were then analyzed using the Wilcoxon test.

The participants were assured that their engagement was voluntary, and that anonymity, privacy, and confidentiality of the data were guaranteed. Furthermore, they were informed about the purpose and the method of the study before signing a written informed consent.

III. RESULTS

This research data is described in the following picture

1. The level of depression in the elderly before and after spirituality therapy

Depression level	Before the gift of spirituality		After giving spirituality	
	Amount	%	Amount	%
Not depressed	2	5.0	23	57.5
Mild depression	26	65.0	13	32.5
Moderate-severe depression	12	30.0	4	10.0
	40	100.0	40	100.0

Based on the picture above from 40 respondents, most of the respondents had mild depression levels in the elderly before spiritual approach therapy, namely 26 respondents (65.0%) and most respondents had depression levels in the elderly who were not depressed after spiritual approach therapy, namely 23 respondents (57.5%).

2. The level of depression in the elderly before and after deep breathing therapy

Depression level	Before deep breathing		After giving deep breath	
	Amount	%	Amount	%
Not depressed	2	5.0	22	55.0
Mild depression	24	60.0	14	35.0
Moderate-severe depression	14	35.0	4	10.0
	40	100.0	40	100.0

Based on the picture above, it can be seen that from 40 respondents, most of the respondents had a mild level of depression in the elderly before deep breathing therapy, namely 24 respondents (60.0%) and most respondents had a level of depression in the elderly who were not depressed after deep breathing therapy, which was 22. respondents (55.0%).

Statistical Test Results

Statistical test results between respondents' depression levels before psychological therapy

Test Statistics ^b	
	Post_test - Pre_test
Z	-4,874 ^a
asymp. Sig. (2-tailed)	.000

a. Based on negative ranks.

b. Wilcoxon Signed Ranks Test

Based on the results of the statistical test, a p / p -value of 0.000 is obtained which is less than the value of (0.05), it can be concluded that there is an influence of a spiritual approach on changes in the level of depression in the elderly at the Tresna Werdha Blitar Social Service UPT.

IV. DISCUSSION

The Depression Level of the Elderly Before the Spiritual Approach and Deep Breathing Relaxation at the Tresna Werdha Blitar Social Service UPT

Based on the results of research that has been carried out, it is known that from 40 respondents, most of the respondents had a mild level of depression in the elderly before spiritual approach therapy and deep breathing relaxation, namely 26 respondents (65.0%). This is supported by cross-tabulation data of respondents' characteristics with depression variables before therapy, where mild depression was experienced by respondents aged 75-80 years, as many as 17 respondents (42.5%) and female as many as 15 respondents.

Depression is a natural feeling disorder (*mood*) which is characterized by deep and continuous moodiness and sadness so that the enthusiasm for life is lost, there is no disturbance in assessing reality (*Reality Testing Ability*, still good), the personality remains intact or does not experience personality cracks (*Splitting of personality*), behavior can be disturbed but within normal limits (Musmiler, 2020). In addition, depression can also be interpreted as a form of mental disorder in the realm of feelings (*affective mood*), which is characterized by moodiness, lethargy, lack of enthusiasm for life, feelings of worthlessness, hopelessness and so on. The factors that influence depression according to Moon (2013) are psychosocial factors (family visits, adaptability, past work), psychological factors (motivation to enter the orphanage and feelings of inferiority/powerlessness), cultural factors and biological factors.

Based on the results of the study, it was found that most of the respondents had mild depression before spiritual approach therapy and deep breathing relaxation. This condition certainly cannot be separated from the influence of the respondent's characteristic factors, including the age factor of the respondent where most of the respondents are 75-80 years old and female. Respondents with conditions aged 75-80 years are the old age group (*old*) where at this age the elderly begin to feel problems facing

old age, the elderly experience a decrease in physical and functional conditions. This will certainly increase the risk of depression when exposed to other causes and risk factors for depression. Moreover, the respondent is in an orphanage which causes physical and psychological changes so that the respondent feels anxiety, loneliness and even despair with the condition he is experiencing.

The results of this study also show that depression in the elderly is often associated with delayed adjustment to life loss and various stressors and physical illnesses. There are several biological, physical, psychological, and social factors that make an elderly person susceptible to depression. Physiologically, the majority of respondents aged 75-80 years will experience a decrease in neurotransmitters in the neural network. In various reviews of immunoneuropathobiological-based research, it has been shown that neurotransmitters play a very important role in behavioral disorders and psychiatric disorders. Neurotransmitters that play a role in the occurrence of psychiatric disorders include dopamine, norepinephrine, serotonin, glutamate and acetylcholine. This is also supported by other studies which state that reduced availability of monoamine neurotransmitters, and serotonin can cause depression. Stressors felt by humans will activate the sympathetic nervous system and cause subsensitivity to receptors that trigger feelings of discomfort, unable to relax or relax, this is caused by decreased levels of neurotransmitters in the synapse. When levels of these neurotransmitters drop, this causes depression ([Mahwati, 2017](#))

When viewed from the gender, it is known that most of the respondents are female. This is in accordance with the research conducted by [Kim \(2014\)](#) which shows that men are less likely to experience depression than women in the elderly population. In addition, there is a theory that says that women are more often exposed to environmental stressors and the threshold for stressors is lower than men. The association of depression with hormonal imbalance in women, for example the presence of premenstrual, postpartum, and postmenopausal depression adds to the high prevalence of depression in women.

The Depression Level of the Elderly After a Spiritual Approach and Deep Breathing Relaxation at the Tresna Werdha Blitar Social Service UPT

Based on the results of research that has been carried out, it is known that from 40 respondents, most of the respondents had a mild level of depression in the elderly after spiritual approach therapy and deep breathing relaxation, namely 23 respondents (57.5%). This is supported by the cross-tabulation data of respondents' characteristics with the variable level of depression after therapy, where the level of depression that is not depressed is experienced by the large respondents, the depression level of respondents after therapy is not depressed and most of them are experienced by respondents aged 75-80 years, as many as 27 respondents (67.5%) and female as many as 22 respondents (55.0%).

Spirituality has the meaning of something related to the psyche of spirituality or mysticism. Spirituality is belief in relation to the Almighty and the Supreme Creator, for example someone who believes in God as Creator or as Almighty. Spirituality contains the meaning of human relationship with God by using the instrument (medium) of prayer, fasting, zakat, pilgrimage, prayer and so on ([Khadijah, 2021](#)). Relaxation is a self-management technique based on the workings of the sympathetic and parasympathetic nervous systems. Energy can be generated when we relax in deep breaths because when we exhale, we emit carbon dioxide as a waste product of combustion and when we breathe in again, the oxygen that the body needs to clean the blood enters ([Kim, 2013](#)).

Based on the results of this study, it was proven that after receiving an intervention in the form of a spiritual approach and breathing relaxation, most of the respondents did not experience depression. This is certainly influenced by the intervention or the action itself in the form of a spiritual approach and deep breathing relaxation. This indirectly also proves that the spiritual approach is a psychotherapy effort from a religious point of view that is highly recommended to overcome depression. In Islam, it is mentioned in the Qur'an and Hadith and Islamic thinkers demand how to navigate this life free from anxiety, tension, conflict, stress and depression, including by multiplying remembrance, and praying to Allah as the One Who Great Healer. Therefore, in this study the intervention was in the form of a spiritual approach by bringing in kyai or religious leaders to make a direct approach to the elderly, listening to

the complaints of the elderly and guiding the elderly in the religious field so that the elderly would get peace of mind and be free from depression.

In addition, interventions in the form of deep breathing relaxation techniques were also carried out by researchers to respondents with the aim of overcoming various problems such as anxiety, depression, stress and insomnia as well as building positive emotions from negative emotions. The results of this study also prove that deep breathing relaxation therapy given to the elderly can calm the mind and relax stiff muscles so that if done properly it can make the body relax and weak which in turn can release tension and depression experienced by the elderly ([Gultom, 2016](#))

Influence spiritual approach and deep breath relaxation on changes in depression levels in the elderly at Tresna Werdha Blitar Social Services UPT

Based on the cross tabulation, it can be seen that most of the respondents' depression levels before therapy were mild depression and most of the respondents' depression levels after therapy were not depressed. Based on the results of the statistical test, the $p / p\text{-value}$ of 0.000 is obtained which is less than the value of (0.05), with a contingency coefficient of 0.506, it can be concluded that there is an effect of spiritual approach and deep breathing relaxation on changes in depression levels in the elderly at UPT. Tresna Werdha Blitar Social Services with sufficient and positive relationships. It can be stated that the provision of spiritual therapy and deep breathing relaxation is significantly strong enough to have an effect on decreasing depression levels, the better the therapy given, the depression levels in the elderly will decrease.

One solution that can be done to overcome depression in the elderly is to provide a spiritual approach and provide deep breath relaxation. The spiritual approach is an effort to help provide solutions to someone's problems related to psychology or spirituality. Spirituality helps the elderly to deal with existing problems. Every individual must have a spiritual aspect, although with different levels of experience and practice based on the values and beliefs they believe in. There is a relationship between the frequency of daily spiritual experiences with depressive symptoms in the elderly. The immaturity of the philosophical development of the elderly's religion and the absence of media for the elderly to express all their feelings and worries are conditions that will increase their depression, because they will continue to suppress all forms of negative feelings into the subconscious. Negative feelings will arise in the minds of the elderly, feelings of disappointment, unappreciation, sadness, resentment, anger and so on ([Cheng, 2019](#)).

Spiritual guidance according to religious teachings as a tool that functions for inner peace, free from negative emotions and has a significant impact is expected to provide solutions. This spiritual guidance is carried out for eight days (eight meetings) with a duration of ± 60 minutes for each meeting. The benefit of the Spiritual approach is that being able to get closer to God will gain comfort and a calmer heart so that it provides health benefits including reducing depression ([Chien, 2015](#)). The benefits of deep breathing relaxation according to [Valenza \(2014\)](#) are peace of mind, reduced anxiety, worry and anxiety, lower mental stress and tension, better mental health, increased logical thinking power, and increased ability to relate to other people.

The results of this study prove that the provision of intensive interventions can significantly change the mental, thoughts and emotions as well as the psyche of the elderly so that there is a change in the *score* (level) of depression in the elderly. therapy is done. This is in line with the theory which states that spirituality therapy and deep breathing relaxation are methods that can reduce tension so that the muscles of the body become relaxed which in turn can reduce anxiety, stress and depression experienced by the elderly.

The results of this study are also in accordance with the opinion of [Klainin \(2015\)](#) which states that one of the efforts to prevent disease is to manage stressors that come, the management is related to how individuals maintain their health. Relaxation techniques as well as spiritual guidance will restore mental, physical and emotional processes. In the end, it can be concluded that the results of this study also prove that nursing care provided to the elderly must also include all aspects, both biological, psychological, social and spiritual because depression also includes psychological and spiritual aspects

which are also one of the elements that contribute to supporting health and well-being. elderly welfare. A calm elderly will be more cooperative in living the rest of his life so as to improve health which in turn can increase the life expectancy of the elderly.

V. CONCLUSION

The level of depression in the elderly before the spiritual approach and deep breathing relaxation, most of the respondents had a mild level of depression in the elderly, namely 26 respondents (65.0%). The level of depression in the elderly after a spiritual approach and deep breathing relaxation, most of the respondents had depression levels in the elderly who were not depressed, namely 23 respondents (57.5%).

There is an effect of spiritual approach therapy and deep breath relaxation on changes in depression levels in the elderly at the Tresna Werdha Blitar Social Service UPT with a p -value = 0.000, and the value of the close relationship of the effect is 0.506, which means spiritual approach therapy and deep breathing relaxation strong enough to have an effect on reducing the level of depression.

REFERENCES

- Azizah, L., Zainuri, I., & Akbar, A. (2016). Buku ajar keperawatan kesehatan jiwa. *Yogyakarta: Indomedia Pustaka*. [Book](#)
- Chen, Y. H., Lin, L. C., Chuang, L. L., & Chen, M. L. (2017). The relationship of physiopsychosocial factors and spiritual well-being in elderly residents: implications for evidence-based practice. *Worldviews on Evidence-Based Nursing*, 14(6), 484-491. [Crossref](#)
- Cheng, K. S., Croarkin, P. E., & Lee, P. F. (2019). Heart rate variability of various video-aided mindful deep breathing durations and its impact on depression, anxiety, and stress symptom severity. *Mindfulness*, 10(10), 2082-2094. [Crossref](#)
- Chien, H. C., Chung, Y. C., Yeh, M. L., & Lee, J. F. (2015). Breathing exercise combined with cognitive behavioural intervention improves sleep quality and heart rate variability in major depression. *Journal of clinical nursing*, 24(21-22), 3206-3214. [Crossref](#)
- Gultom, P., Bidjuni, H., & Kallo, V. (2016). Hubungan aktivitas spiritual dengan tingkat depresi pada lansia di balai penyantunan lanjut usia senja cerah kota manado. *Jurnal Keperawatan*, 4(2). [Article](#)
- Khadijah, S., & Palifiana, D. A. (2021). PENGARUH TEKNIK RELAKSASI NAFAS DALAM DAN AROMATERAPI LAVENDER TERHADAP PENURUNAN DEPRESI WARGA BINAAN PEREMPUAN DI LEMBAGA PEMASYARAKATAN KELAS IIB YOGYAKARTA. *Jurnal Kebidanan Indonesia*, 12(2). [Article](#)
- Kim, S. N., & Lee, S. B. (2013). Spiritual well-being, social support, life satisfaction and depression in the community dwelling elderly. *Journal of East-West Nursing Research*, 19(2), 186-194. [Crossref](#)
- Kim, S. S., Hayward, R. D., & Reed, P. G. (2014). Self-transcendence, spiritual perspective, and sense of purpose in family caregiving relationships: a mediated model of depression symptoms in Korean older adults. *Aging & Mental Health*, 18(7), 905-913. [Crossref](#)
- Klainin-Yobas, P., Oo, W. N., Suzanne Yew, P. Y., & Lau, Y. (2015). Effects of relaxation interventions on depression and anxiety among older adults: a systematic review. *Aging & mental health*, 19(12), 1043-1055. [Crossref](#)
- Kurnianto, S., Purwaningsih, P., & Nihayati, H. E. (2011). Penurunan tingkat depresi pada lansia dengan pendekatan bimbingan spiritual. *Jurnal Ners*, 6(2), 156-163. [Article](#)
- Mahwati, Y. (2017). The relationship between spirituality and depression among the elderly in Indonesia. *Makara Journal of Health Research*, 13-19. [Crossref](#)
- Moon, Y. S., & Kim, D. H. (2013). Association between religiosity/spirituality and quality of life or depression among living-alone elderly in a South Korean city. *Asia-Pacific Psychiatry*, 5(4), 293-300. [Crossref](#)

- Musmiler, E. (2020). Aktivitas Spiritual Dengan Tingkat Depresi Pada Lansia. *JIK (JURNAL ILMU KESEHATAN)*, 4(2), 129-135. [Article](#)
- Park, J., & Roh, S. (2013). Daily spiritual experiences, social support, and depression among elderly Korean immigrants. *Aging & mental health*, 17(1), 102-108. [Crossref](#)
- Ruswadi, I. (2021). *KEPERAWATAN JIWA Panduan Praktis Untuk Mahasiswa Keperawatan*. Penerbit Adab. [Book](#)
- Sedaghat Ghotbabadi, S., & Haji Alizadeh, K. (2018). The effectiveness of spiritual-religion psychotherapy on mental distress (depression, anxiety and stress) in the elderly living in nursing homes. *Health, Spirituality and Medical Ethics*, 5(1), 20-25. [Article](#)
- Supinganto, A., Kuswanto, K., Darmawan, D., Paula, V., Marliana, T., Nasution, R. A., ... & Jaya, M. A. (2021). *Keperawatan Jiwa Dasar*. Yayasan Kita Menulis. [Book](#)
- Valenza, M. C., Valenza-Peña, G., Torres-Sánchez, I., González-Jiménez, E., Conde-Valero, A., & Valenza-Demet, G. (2014). Effectiveness of controlled breathing techniques on anxiety and depression in hospitalized patients with COPD: a randomized clinical trial. *Respiratory care*, 59(2), 209-215. [Crossref](#)