

“A Study To Evaluate The Effectiveness Of Reminiscence Therapy On The Level Of Depression Among Elderly People Residing At Selected Old Age Homes In Trichy District, India.”

Hemalatha Govindaraj

(Community Health Nursing, Assistant Professor, Sengunthar College of Nursing, Tamilnadu, India)

Abstract

Background: A study was conducted to evaluate the effectiveness of reminiscence therapy on depression among elderly people residing in selected old age homes in Trichy district.

Materials and Methods: The design adopted was a quasi-experimental one-group pre-test and post-test design and the setting of the study was selected old age homes in Trichy district with a sample size of 50 drawn by convenience sampling technique who fulfilled the inclusion criteria. The level of depression of the elderly people was assessed by using Beck's Depression Inventory by structured interview technique.

Results: Out of the 50 participants 68% had moderate depression and 32% had borderline depression. 50 elderly people were selected who fulfilled the inclusion criteria. Reminiscence therapy was administered to the participants who were divided into 5 groups of 10 members each for 4 weeks of two weekly sessions. After the intervention, 62% of the participants had mild depression, whereas 28% had borderline depression and 10% had moderate depression. The average pre-test mean was 22.68 whereas the post-test mean was 14.56 with a mean difference of 8.12. The standard deviation of the pre-test and post-test were 2.68 and 3.11 respectively. Thus the difference in the level of depression was confirmed by the paired 't' value (45.40) which was found significant ($P < 0.0001$). There was no significant association between the post-test depression scores and demographic variables of elderly people.

Conclusion: The study concluded that reminiscence therapy was effective in reducing depression levels among elderly people residing in old age homes.

Keywords- Old age, Depression, Reminiscence therapy

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I. INTRODUCTION

An older person is defined by the United Nations as a person who is over 60 years of age. However, families and communities often use other sociocultural referents to define age, including family status (grandparents), physical appearance, or age-related health conditions¹. By the end of the decade (2021–2030), the number of people aged 60 years and older will be 34% higher, increasing from 1 billion in 2019 to 1.4 billion. By 2050, the global population of older people will have more than doubled, to 2.1 billion. In 2020, for the first time in history, people aged 60 years or over outnumbered children under 5 years. By 2050, there will be more than twice as many people above 60 as children under 5. By 2050, people aged 60 years or over will outnumber adolescents and young people aged 15–24 years³. According to the Population Census 2011, there are nearly 104 million elderly persons (aged 60 years or above) in India; 53 million females and 51 million males. A report released by the United Nations Population Fund and Help Age India suggests that the number of elderly persons is expected to grow to 173 million by 2026. An estimated 3.8% of the population experience depression, including 5% of adults (4% among men and 6% among women), and 5.7% of adults older than 60 years⁴. Approximately 280 million people in the world have depression. Depression is about 50% more common among women than among men⁵. With growing age, older persons experience various anatomical and physiological changes. These changes bring many psychological, behavioural, and attitudinal changes in them. Loss of physical strength and stamina becomes more acute as a person grows older and requires systematic handling⁶.

II. NEED FOR THE STUDY

In the total population of Tamilnadu, approximately 7 lakh people suffer from severe mental illnesses, 70 lakh persons suffer from common mental disorders, and 23 thousand persons above the age of 60 suffer from

geriatric psychiatric disorders like Dementia and Depression⁷. Reminiscence therapy (RT) is a type of therapy that involves recalling past events. By returning to these past incidents, people feel pleasure. Often employed with older people, this type of life review therapy improves a person's sense of well-being⁸. The idea that reminiscence therapy could be therapeutic was first proposed in the 1960s by Dr. Robert Butler, a psychiatrist who specialized in geriatric medicine⁹. For many residents of old age homes, reminiscence therapy has proven to be a beneficial activity in decreasing depression levels. The benefits of reminiscence therapy at old age homes can be long-reaching. Establishing a way to connect with long-ago memories can help decrease their depression levels¹⁰. In a study conducted by Latha and Sahana, (2014), Reminiscence therapy has been proven to be beneficial to the elderly because it reduces depression and negative feelings. It also enhances self-integration. Reminiscence therapy is usually provided to the elderly person with depression about 6-12 times, 1-2 times weekly, and in a 40-60 minute session. It is also used in interventions in other conditions and situations as a therapeutic intervention for depression¹¹.

PROBLEM STATEMENT

A study to evaluate the effectiveness of reminiscence therapy on the level of depression among elderly people residing at selected old age homes in Trichy, India.

OBJECTIVES OF THE STUDY

1. To evaluate the level of depression among elderly people living in old age homes.
2. To assess the effectiveness of Reminiscence therapy on the level of depression among elderly people.
3. To associate the post-test level of depression of elderly people with their selected demographic variables.

HYPOTHESIS

H1: Elderly people residing at old age homes will have depression.

H2: There will be a significant difference in the level of depression among elderly people after administering reminiscence therapy.

H3: There will be a significant association between the levels of depression of elderly people and their selected demographic variables.

ASSUMPTIONS

1. Ageing is a universal, normal inevitable physiological phenomenon. The individual feels aged as per her or his capacity.
2. Ageing is progressively generalized impairment of function resulting in loss of adaptive stress response.
3. Elderly people will enjoy sharing and recalling the experience.
4. Community health nurse has an important role to play in promoting the mental health of elderly people in various settings.
5. Recalling past memories helps in reducing the levels of depression among elderly people residing at old age homes.

OPERATIONAL DEFINITIONS

Effectiveness: It refers to the improvement between pre-test and post-test levels of depression among elderly people after administering reminiscence therapy.

Reminiscence therapy: This is the process of receiving, organizing, and evaluating the overall pictures of one's life. It is the package of life review which includes a discussion of pleasurable memories of the family origin, school days and childhood days, special foods, entertainment, the social life of the individual, pleasurable memories of the work and work culture, and personal life achievements. In this study, Reminiscence therapy includes recollecting old memories of families, friends, school days, college days, jobs, movies and songs, holidays, games, marriage, and spouse.

Depression: Depression is characterized by sadness, loss of interest, in activities and decreased energy, loss of confidence and self-esteem, inappropriate guilt, thoughts, of death and suicide, diminished concentrations, and disturbances of sleep and appetite as measured by the geriatric depression scale.

Elderly people: It refers to people aged 60 years and above.

Old age home: In this study, an old age home refers to an agency that provides food, shelter, and care for elderly adults.

III. RESEARCH METHODOLOGY

RESEARCH DESIGN

A Quasi-experimental one-group pre-test and post-test study design was used.

Pre-test	Treatment	Post-test
O ₁	X	O ₂

Where:

O₁: Assessment of the level of depression using Beck's depression inventory.

X: Administration of reminiscence therapy

O₂: Assessment of the level of depression using Beck's depression inventory.

SETTING OF THE STUDY

The study was conducted at St Antony's Home for the Aged, Trichy which has total inmates of 56 elderly people of whom 16 were male and 40 were female, Udayam women's Federation Old Age Home, Trichy had 19 elderly people as inmates who were all female and Vivekananda social service organization, Trichy which has total inmates of 27 of whom 9 of them were male and 18 were females.

VARIABLES

Independent variable was Reminiscence therapy.

The dependent variable was Depression among elderly people residing at old age homes.

TARGET POPULATION

The Target population of the study includes elderly people above 60 years of age.

ACCESSIBLE POPULATION

The accessible population in the study is elderly people above 60 years of age residing at selected old age homes in Trichy District.

SAMPLE

The sample selected in this study is elderly people aged 60 years and above residing at selected old age homes.

SAMPLE SIZE

The sample size included in the study is 50.

SAMPLING TECHNIQUE

The sampling technique used for the study was the convenience sampling technique.

INCLUSION CRITERIA

- Elderly people who are able to speak and understand Tamil.
- Elderly people above 60 years of age.
- Elderly people who are willing to participate in the study.
- Elderly people having mild to moderate depression.

EXCLUSION CRITERIA

- Elderly people who are not willing to participate in the study.
- Elderly people who have chronic illness, severe depression, those who are taking antidepressant medicines, and those who have severe cognitive impairment.

INSTRUMENTS USED-In this study data collection tool was divided into 2 sections.

Section A

Demographic variables consist of age, sex, educational status, income, marital status, residential status, and self-perceived health status.

Section B

Beck's Depression Inventory consists of 21 items that are self-evaluating. Beck's Depression Inventory is made up of 21 multiple-choice self-report items to be completed over ten to twenty minutes, each reflecting a negative emotional symptom.

INTERPRETATION OF THE INVENTORY

The response consists of four options. Scores given for each response are from 0-3.

Scoring is

S No	Level of Depression	Score
1	Normal	1-10
2	Mild mood disturbance	11-16
3	Borderline clinical depression	17-20
4	Moderate depression	21-30
5	Severe depression	31-40
6	Extreme depression	Over 40

VALIDITY

The content validity of the tool was done by guides and experts from the fields of Community Health Nursing, Psychiatry, and Statistics. The experts approved the tool and suggested some modifications in demographic variables. Based on the expert's opinion changes were made and finalized by the guide.

RELIABILITY

The reliability of the tool was assessed using the test-retest technique by the alpha coefficient method. The reliability of the tool was found to be $r=0.97(p<0.01)$ which was found reliable.

METHOD OF DATA COLLECTION

A pretest was conducted using the selected tools by a structured interview on the first day of the therapy. Out of the total inmates in the three old age homes, those who fulfilled the inclusion criteria were selected for the study. 30 participants of whom 10 were male and 20 female were selected from St Antony's Home for the Aged which has total inmates of 66 elderly people. Ten participants were selected from Udayam Women's Federation Old Age Home which has 19 elderly people as inmates who are all female and 10 participants including 4 males and 6 females were selected from Vivekanadha social service organization which has a total inmates of 27.

The participants were assigned to 5 groups of 10 members each. The five groups were named groups A, B, C, D, and E respectively. Groups A, B, and C were from St Antony's home for the aged since the home had the maximum number of participants. Group D was from Udayam Women's Federation Old Age Home and Group E was from the Vivekanadha social service organization. Eight sessions of 90 minutes of group reminiscence was conducted twice a week for 4 weeks. Different themes were selected for each session.

Implementation of the therapy was conducted on Mondays and Thursdays forenoon for group A, Mondays and Thursdays afternoon for group B, and Tuesdays and Fridays forenoon for group C.

For groups D and E therapy was implemented on Wednesdays and Saturdays forenoon and afternoon respectively.

Ninety minutes of reminiscence therapy was divided into introduction (5 min), expression of logic of reminiscence usage (10 min), preparation for the group and progress of working processes (5 min), conversation about working processes of reminiscence (10 min), working with the first topic (45 min), discussion about homework (10 min) questions and feedback (5 min) for the first session and second to eighth session into homework overview and preparation of working schedule (10 min) relief and focus on reminiscence (5 min) contact action (50 min) feedback to the subjects (15 min) homework determination (5 min) answering the questions and end of the session (5 min).

Post-test and thanksgiving program was conducted together for groups A, B, and C at the end of the therapy. For groups D and E post-test and the presiding program were conducted at the end of the therapy separately. A small token of love in the form of a memento and refreshments for each participant and to the managers of the home was given.

Therapy schedule:

Week 1

Session 1

- Introduction of members.
- Concentrate on personal background.
- Encourage members to show a picture of an animal or a stuffed animal that represents them from the collection.
- Have them introduce themselves and tell why the animal reminds them of themselves.

Session 2

- Remembering the past through songs from the 1960s to 1980s
- Play different songs in chronological order.
- See if members recognize songs, and discuss any special memories associated with the songs.
- Show videos and pictures of famous faces, movie clippings, and recordings.
- Have members talk about a song or movie that might have a special meaning to them and explain why it has a special meaning.
- Encourage clapping and singing.

Week 2

Session 3

- Discuss about families.
- Discuss regarding friends.
- Talk about fun times.
- Show pictures of friends and families
- Give members time to explain the attachment associated with pictures.

Session 4

- Discussing work/home life or volunteer activities/first job.
- Displaying picture showing specific occupation.
- Discuss about the first income.
- Specifically, ask questions to get people to talk about “paths not taken.”

Week 3

Session 5

- Remembering a favorite holiday.
- Discuss about holidays.
- Show pictures of holiday spots in Tamilnadu.
- Sing songs about holidays.
- Talk about foods associated with holidays.
- Talk about clothes worn on holidays.
- Talk about traditions associated with holidays.

Session 6

- Remembering the adolescent period.
- Remembering where they lived/own city or place.
- Have participants talk about school days or college days.
- Show pictures of cities/landmarks.
- Discuss teachers and clothing styles.

Week 4

Session 7

- Remembering games from childhood to youth.
- Bring pictures of games from the past.
- Discuss unusual games.
- Discuss games played at home and personal experiences with those games.

Session 8

- Remember the wedding/marriage day.
- Remembering days spent with their spouses and interesting incidents.
- Discuss marriages.
- Play songs from the past.
- Show a short clip of an old movie that includes “traditional marriage” with rituals.

IV.ORGANISATION OF THE FINDINGS

PLAN FOR DATA ANALYSIS

The data were analysed using descriptive and inferential statistics. The plan is as follows:

1. Frequencies and percentages for the analysis of the demographic data.
2. Mean score, percentage, and standard deviation for the depression scores.
3. Student t-test to find out the significant difference between the mean values.
4. Computing a chi-square test to determine the association between the post-test depression scores of the subjects with selected demographic variables.

TABLE 1: DISTRIBUTION OF DEMOGRAPHIC VARIABLES OF ELDERLY PEOPLE.

S No	Demographic Variables	Frequency (n)	Percentage (%)
1	Age		
	a)60-64 years	24	48
	b) 65-69 years	18	36
	c) 70 years and above	8	16
2	Sex		
	a) Male	14	28
	b) Female	36	72
3	Educational status		
	a) Illiterate	22	44
	b) Primary school	10	20
	c) Secondary school	7	14
	d) Others	11	22
4	Income		
	a) No income	24	48
	b) Pension	12	24
	c) From children	14	28
5	Marital status		
	a) Married	23	46
	b) Divorced or separated or spouse dead	27	54
6	Residential status		
	a) Lives alone	40	80
	b) Lives with spouse	10	20
7	Self-perceived health status		
	a) Very bad	8	16
	b)Bad	30	60
	c) Fair	12	24

Table 1 shows that the highest percentage (48%) of elderly people belongs to the age group of 60- 64 years followed by 65-69 years (36%) and 70 years and above was the lowest percentage (16%).

It was found that the highest percentage of participants (72%) were female and the lowest percentages (28%) were male. Out of the 50 participants, most of them were illiterate (44%) whereas 20% of them have attended primary schooling and 14% attended secondary schooling. Out of the total participants 22% of them had undergone graduation or other courses.

Regarding the income of the participants, 48% had no income, whereas 24% of them got a pension and 28% of them got financial support from their children.

It was found that the highest percentages of the participants (54%) were either separated/divorced or spouse dead and others (46%) were married.

Regarding the residential status majority of the participants (80%) were residing alone and only a meagre percentage (20%) were living with their spouse at old age homes. Out of the total participants highest percentage of participants (60%) had self-perceived health status as very bad, the lowest percentage of participants (16%) as bad, and others (24%) as fair.

TABLE 2: LEVEL OF DEPRESSION AMONG ELDERLY PEOPLE IN THE PRETEST AND POST-TEST. (n=50)

S No	Level of depression	Pretest		Post-test	
		No	%	No	%
1	Mild depression	-	-	31	62
2	Borderline depression	16	32	14	28
3	Moderate depression	34	68	5	10

Table 2 shows that the highest percentage (68%) of elderly people had moderate depression whereas 32% had Borderline depression in the pre-test. In the post-test highest percentage (62%) had mild depression followed by 28% having borderline depression and the lowest percentage (10%) having moderate percentage.

This shows that there is a significant difference between the pre-test and post-test depression levels of elderly people.

TABLE 3: SIGNIFICANT DIFFERENCE BETWEEN PRETEST AND POSTTEST LEVELS OF DEPRESSION AMONG ELDERLY PEOPLE

Depression score	Mean	SD	Mean difference	Student ‘t’ value	P value
Pretest	22.68	2.68	8.12	45.40	<0.0001*** (S)
Post-test	14.56	3.11			

***S-Significant at P<0.0001

Table 3 shows that the average pre-test and post-test depression scores among elderly people were 22.68 and 14.56 respectively with a mean difference of 8.12. The standard deviation of the pre-test was 2.68 and that of the post-test was 3.11. Thus the difference in the level of depression between the pre-test and post-test was confirmed by the paired "t" value which was found significant. (p<0.0001)

TABLE 4: SIGNIFICANT ASSOCIATION BETWEEN POST-TEST LEVEL OF DEPRESSION OF ELDERLY PEOPLE AND THEIR SELECTED DEMOGRAPHIC VARIABLES. (n=50)

S No	Demographic variables	No	Mean	SD	Chi-square test	df	Significance Level	
1	Age	60-64 years	24	14.33	1	2	NS	
		65-69 years	18	15.22				4.53
		70 years and above	8	13.75				3.41
2	Sex	Male	4	17.0	2.81	1	NS	
		Female	36	14.4				4.9
3	Educational status	Illiterate	22	14.72	2.25	3	NS	
		Primary education	10	14.43				3.65
		Secondary education	7	14.42				4.11
		Others	11	14.45				3.70
4	Income	No income	24	15.30	6.003	2	NS	
		Pension	12	12				3.40
		From children	14	15.57				3.15
5	Marital status	Married	23	14.13	1.36	1	NS	
		Divorced/separated/dead	27	14.92				4.54
6	Residential status	Lives alone	40	15.01	1.1	1	NS	
		Lives with spouse	10	13.8				3.9
7	Self-perceived health status	Very bad	8	13.75	1.47	2	NS	
		Bad	30	15.06				4.25
		Fair	12	13.83				4.70

NS- Not significant
df- degrees of freedom

Table 4 focuses on the association between post-test depression scores with selected demographic variables of the selected subjects. The non-significant ‘p-value for the above variables infers that there is no significant association between the depression levels of elderly people and their demographic variables.

V.DISCUSSION

The study's first objective was to assess the level of depression among elderly people before the implementation of Reminiscence Therapy.

Table 2 shows that the highest percentage (68%) of elderly people had moderate depression whereas 32% had Borderline depression in the pre-test. This is supported by the following studies

The study's second objective was to assess the effectiveness of Reminiscence therapy on the level of depression among elderly people.

Table 3 revealed that the average pre-test depression score among the subjects was 22.68 and the post-test depression score was 14.56. The standard deviation of pre-test and post-test scores were 2.68 and 3.11 respectively. Thus the difference in the level of depression was confirmed by the paired ‘t’ value (45.40) which was found significant ($p < 0.0001$). Therefore the research hypothesis H₁ that is the mean post-test level of depression was significantly lower than the pre-test level of depression among elderly people was accepted.

The third objective of the study was to find out the association between the post-test level of depression of elderly people and their selected demographic variables.

Table 4 focuses on the association between post-test depression scores with selected demographic variables of the selected subjects. The non-significant p-value for the above variables infers that there is no significant association between the depression status of elderly people and their demographic variables. Therefore the research hypothesis H₂ that there will be significant association between post-test levels of depression among elderly people with their selected demographic variables was rejected.

VI. MAJOR FINDINGS OF THE STUDY

Descriptive and inferential statistics were used to compute the findings. The statistics showed the following result.

The study reveals that the highest percentage (48%) of elderly people belonged to the 60-64 years age group. Most of them were women (72%) and illiterate (22%). The highest percentage (48%) had no income while mostly half of them were married (46%) and half of them were divorced/separated/widower or widow (54%). Most of them were living alone (80%) in the old age homes and having self-perceived health status as very bad (60%). Out of the 50 participants, 32% had borderline depression and 68% had moderate depression in the pre-test.

Whereas in the post-test 62% had mild depression, 28% had borderline depression and 10% had moderate depression. The average pre-test and post-test depression scores were 22.68 and 14.56 respectively with a mean difference of 8.12. The standard deviation of the pre-test was 2.68 and that of the post-test was 3.11. Thus the level of significance between the pre-test and post-test levels of depression was confirmed by the paired ‘t’ value (45.40) which was significant ($p < 0.0001$). There was no significant association between the post-test depression scores of elderly people and their demographic variables.

VII. CONCLUSION

The focus of the study was to assess the effectiveness of Reminiscence therapy in reducing depression among elderly people residing at selected old age homes in Trichy district. The study was conducted among 50 elderly people by convenience sampling technique. A structured interview schedule was used for data collection. It consists of two sections. Section A selected demographic variables of elderly people and section Beck’s Depression Inventory. The study concluded that elderly people living in old age homes suffered from depression at different levels. The difference in the level of depression by the paired ‘t’ value (45.40) which was found significant ($p < 0.0001$) shows the effectiveness of Reminiscence therapy on the levels of depression among elderly people residing at old age homes.

Based on the research findings the following recommendations are made:

- A similar study can be done with large samples.
- A study can be done on the knowledge of nurses regarding Reminiscence therapy.
- In-service education on Reminiscence therapy can be conducted to improve the care provided to depressed clients.
- A similar study can be done using a quasi-experimental design including a control group.
- A descriptive study can be done to assess the knowledge, attitude, and practice of Reminiscence therapy among caregivers for elderly people.

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