

Effectiveness of Reminiscence Therapy on Levels of Depression Among Elderly at Old Age Home, Tirupathi A.P.

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ABSTRACT

Reminiscence therapy has been known to provide relief against depression, behavioral and psychological symptoms of dementia. Reminiscence is highly associated with pleasure, security, health, and a feeling of belonging to a place. The positive ability (to recall good things, be prepared for death, and be able to solve problems) and negative ability (to reminisce about sad and profound events) are both significantly associated with psychological well-being among the elderly. The difference between reminiscence and life review is discussed. There are sections that look at the clinical role of Reminiscence therapy in the management of patients with dementia and geriatric depression. The role of art therapy as a form of Reminiscence therapy is discussed and elaborated. The existing literature on RT is reviewed, and certain recommendations for Reminiscence therapy are made. There is also a slight deliberation on the need for Reminiscence therapy in Indian settings. A comparison of the variations in the interpretations of reminiscence therapy treatment mechanisms and their impacts will also be discussed. The ultimate goal of this paper is to highlight the current trends in the use of reminiscence therapy in treatment of depression in the elderly.

Keywords: *Dementia, geriatric depression, old age, reminiscence therapy.*

The world's population is ageing rapidly. Between 2015 and 2050, the proportion of the world's older adults is estimated to almost double from about 12% to 22%. In absolute terms, this is an expected increase from 900 million to 2 billion people over the age of 60. Depression is a serious mood disorder. It can affect the way you feel, act, and think. Depression is a common problem among older adults, but clinical depression is not a normal part of aging. The most common mental and neurological disorders in this age group are dementia and depression, which affect approximately 5% and 7% of the world's older population, respectively.

Many elderly people and their families don't recognize the symptoms of depression, aren't aware that it is a medical illness and don't know how it is treated. Older people face special physical and mental health challenges which need to be recognized immediately. They may blame themselves for their illness and are too ashamed to get help from few. Others worry that treatment would be costly. Validation therapy, reminiscence therapy, and cognitive

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behavioural therapy are three major treatment approaches used in the emotional care of the elderly person. Among these, three reminiscence therapy is successful in improving comprehension skills and in boosting self-esteem, to ease the feeling of depression and hopelessness, meeting psychological and emotional needs, and to enhance self-integration of elderly persons. Reminiscence is highly associated with pleasure, security, health, and a feeling of a person. It defined six types of reminiscence: integrative, instrumental, transmissive, narrative, escapist and obsessive. It is a biographical intervention that involves either group reminiscence work, where the past is discussed generally, or the use of stimuli such as music or pictures. Although closely related to reminiscence therapy, life story work tends to focus on putting together a life story album for an individual (Moos and Bjorn, 2006). Evidence suggests that reminiscence therapy can lead to overall improvements in depression and loneliness and promote psychological well-being.

Need for the Study

According to the National Mental Health Survey, in India, the prevalence of any mental morbidity was 10.6%. Depression is the most common mental morbidity and accounts for a life time prevalence of 5.25% (5.21–5.29). The prevalence of depression in persons aged more than 60 years is higher with a life time prevalence of 6.93% (6.81–7.05). Depression has become apparent, albeit slowly as a public health challenge in low- and middle-income countries (LMICs), which are enduring a shortage of mental health services, or an absolute lack of them. Mental health problems in the elderly, depression in particular, have been a neglected entity. A study shown that 50-70% of the medical visits has emotional problem. Family history of depression is important risk factor. Though some studies indicate reminiscence therapy is effective and beneficial for depressed person. Based on traditional interventions reminiscence therapy is specially recommended for geriatric depressive adults. Reminiscence has been defined as ‘the vocal or silent recall of events in a person’s life, either alone or with another person or group of people’. A special form of reminiscence, life review, has been defined as ‘the process of reviewing, organizing and evaluating the overall picture of one’s life’. Both reminiscence and life review might be considered special examples of a general process known as disclosure, the process whereby thoughts and feelings about stressors and meaningful events are expressed. Increasing life expectancy, reducing the symptoms of depression, increasing life satisfaction, and improving self-care, and assisting people to deal with crises and losses are some of the positive effects of reminiscence therapy among the elderly

Objectives of the Study

- To assess the pre- test level of depression among elderly people in a selected old age home.
- To assess the post-test level of depression among elderly people after providing reminiscence therapy in a selected old age home.
- To determine the effectiveness of reminiscence therapy on levels of depression among elderly.
- To determine the association between the post-test levels of depression among elderly and selected demographic variables.

Hypothesis

- H1-There is a significant difference between pre test and post test levels of depression among elderly

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- H2-There is a significant association between pre test levels of depression and selected demographic variables

METHODOLOGY

- **Research approach:** Quantitative approach.
- **Study setting:** Elderly residing at selected old age home at Tirupathi A.P
- **Study population:** Elderly both male and female.
- **Sample size:** 60
- **samples Design:** Pre experimental one group pretest and other group post Test design.
- **Sampling technique:** Purposive sampling technique.

Tool:

- Demographic variables
- Geriatric depression scale (long Form)

Inclusion Criteria: Elderly who are

- 60 years and above.
- with mild or moderate depression.
- Able to understand and communicate in Telugu.
- Both males and females.

Exclusion Criteria: Elderly who have,

- Sensory impairments like, visual, hearing problems.
- Psychiatric disorders.
- Not willing to participate in the study.

Data collection procedure

All respondents were carefully informed about the purpose of the study and Ensured confidentiality of the study 60 elderly persons were selected using inclusion criteria and were informed regarding the research study and written consent was obtained. Elderly Persons were divided into 6 groups A, B, C, D, E and F each groups had 10 elderly people. In pretest, levels depression was assessed by Depression long form scale and after that Elderly people had 4 session of reminiscence therapy on selected topic such as Childhood days, Work, Marriage and old songs. Elderly persons discussed on all the topic for once in a week 2 hours for a period of 4 weeks under the supervision of the researcher. Each group had intervention once in a week. Focus group discussion was used by researcher for reminiscence therapy. After four weeks of reminiscence therapy levels of depression was assessed by using geriatric depression long form scale.

Plan for data analysis

Distribution of demographic variables is analyzed buying descriptive and inferential statistics (mean, standard deviation). To find out the effectiveness of reminiscence therapy, inferential statistics (paired 't' test) is used. To find out the association between Pre -test levels of life depression and selected demographic variables, inferential statistics (chi square) is used.

RESULTS AND DISCUSSION

Table:1 Frequency and Percentage Wise Distribution of Demographic Variables of Study Participants.
N=60

Demographic variables	Frequency	Percentage (%)
60- 65Yrs	17	28.3
66-75 Yrs	12	20
76 -85 Yrs	31	51.7
Gender		
Male	21	35
Female	39	65
Marital status		
Married	38	63.3
Unmarried	22	36.7
Educational level		
Primary education	23	38.3
Secondary education	15	25
Higher secondary education	8	13.3
Diploma/degree	3	5
Illiterate	11	18.4
Religion		
Hindu	40	66.6
Christian	14	23.4
Muslim	06	10
Marital status		
Married	27	45
Unmarried	06	10
Divorce	01	1.7
Widow/separated	26	43.3
No Of Children		
One	23	38.3
Two	19	31.7
Three	06	10
More than Three	03	5
No children	09	15
Income		
Up to Rs 3000	20	33.4
Rs.3000-5000	04	6.6
Rs. 5000-10,000	-	
Above 10,000	09	15
No income	27	45
Mode of Income		
Pension	15	25
From Children's	4	6.6
Previous savings	5	8.4
Old age Pension	36	60
None	-	
Residence		

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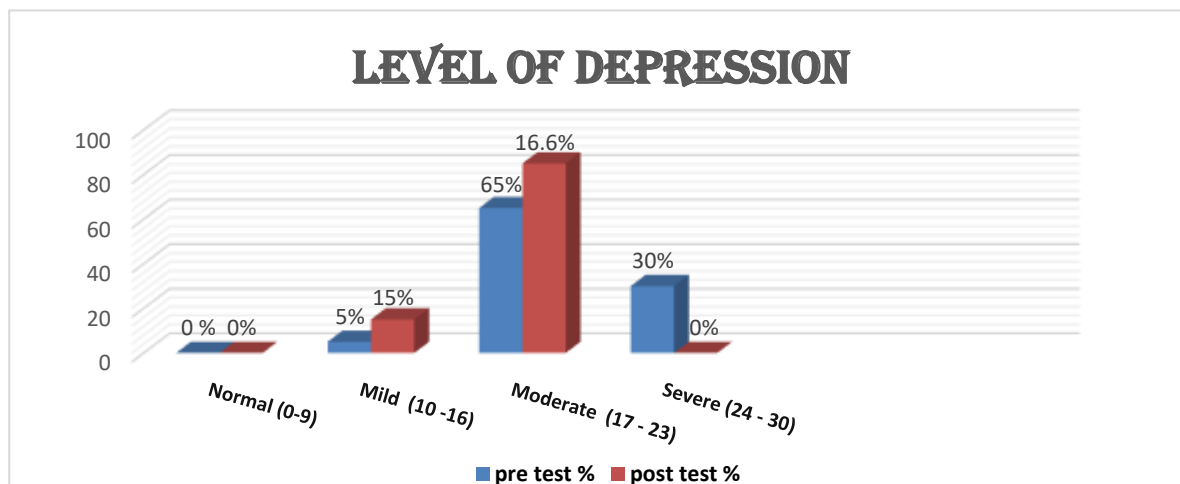
Rural	9	15
Urban	23	38.3
Semi urban	28	46.7
Duration of stay in old age home		
Less than a year	7	11.7
1 year	9	15
2 year	12	20
3 years	10	16.7
Above 5 years	22	36.6
Reason for staying in old age home		
Conflict with family members	33	55
Neglected by Children/ Family	21	35
Poverty	02	3.3
Acceptance to live Independent	04	6.7
Any Other	-	-
Level Of Dependence		
Independent	54	90
Partially Dependent	05	9
Completely Dependent	01	01
Frequency of visit by family members		
Once a week	3	5
Twice a week	2	3.3
Once a month	22	36.7
Never	33	55
History of physical illness		
Yes	0	0
No	60	100

The table 1 shows that majority of the elderly people 21(40%) were in the age group of 76 - 85 years, 33(66%) were female, 27(45%) were married, 40(66%) were belongs to Hindu religion 23(38%) were educated up to primary school 22(36.6%) were One child 22(36%) had been staying at old age home > more than 5 years, , 35(70%) had source of income through institution, 33(66%) belonged to joint family, 21(42%) had No children, 26(52%) were from urban area, 26(46.6%) were never visited by family members and almost all 60(100%) had no history of physical illness.

Table 2: Frequency and percentage distribution of level of depression among elderly adults

Level of Depression	Pre Test		Post Test	
	frequency	Percentage(%)	frequency	Percentage(%)
Normal (0-9) Score	0	0	0	0
Mild Score (10 -16)	3	5	29	48.4
Moderate Score (17 - 23)	39	65	31	51.6
Severe (24 - 30)	18	30	0	0
TOTAL	60	100	60	100

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The table 2 shows that in the pretest, majority 39(65%) of elderly people had moderate level of depression, 18(30%) had severe level of depression and only 3(5%) had mild level of depression, whereas in the post test after the administration of reminiscence therapy on depression, majority 10(16.6%) had moderate level of depression and 9(15%) had mild level of depression.

Table 3: Comparison of pre-test and post-test depression score among elderly people.

Depression	Mean	S.D	Paired 't' Value
Pretest	21.66	5.02	t= 4.417
Post Test	18.46	2.12	P=0.000

*** $p < 0.001$, S – Significant

The table 3 shows that the pre-test mean score of depression among elderly people was 21.66 with S.D 5.02 and the post-test mean score of depression was 18.46 with S.D 2.12. The calculated paired 't' value of $t = 4.417$ was found to be statistically significant at $p < 0.001$ level. This clearly indicates that after the administration of reminiscence therapy on depression to the elderly people, their post-test level of depression was reduced and this clearly indicates that reminiscence therapy on depression was found to be effective in decreasing the level of depression among elderly people

Table 4: Association of post-test level of depression among elderly people with their selected demographic variables.

DEMOGRAPHIC VARIABLES	X ² Value	P- value	LEVEL OF SIGNIFICANCE
Age	26 .0	0.000*	SIGNIFICANT
Duration of Staying Old age Home	17.2	0.001*	SIGNIFICANT
No. of Children	16.2	0.001*	SIGNIFICANT
Level of Dependency	18.7	0.001*	SIGNIFICANT
Frequency of family visits	15.7*	0.001*	SIGNIFICANT

*Significant at 5% $p < 0.05$ level

The above table 4 shows that there is a significant association between pre test level of depression and demographic variables like age, gender, number of children, and level of dependency at ($p < 0.05$) level. Hence it is interpreted that the difference in mean score was

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true difference and not by chance and hence hypothesis H2 was accepted and there is no significant association with marital status, education, religion, income, duration of staying old age home and reason for staying old age home.

DISCUSSION

In this study findings depict during pre-test that 3 (5%) elderly were mild depressed, and 39(65%) elderly were moderate depressed and 18(30%) were severe depressed. After reminiscence therapy 09(15%) were mild depressed. 10(16.6%) were moderately depressed, The present study was supported by Mrs. G. RAJI^{1*}, Prof.Dr. K. KAMALA² (2021) A study to assess the effectiveness of reminiscence therapy on level of depression among elderly people at selected old age home, karaikal.. To evaluate the effectiveness of reminiscence therapy on level of depression among elderly people in a selected old age home. It was a Pre experimental Research Design.60 elderly people selected by purposive sampling technique. The tool used for data collection was demographic variables and GDS (Long form). RESULTS: The study revealed that during pre-test among 60 elderly people, 11(18%) elderly were normal 25 (42%) elderly were mild depression, and 24(40%) elderly were severe depressed. After reminiscence therapy 51(85%) were normal and 05(12%) were mild depressed. This shows that after reminiscence therapy depression level has decreased. Over all mean difference 12.80 and 't' value 18.831. The study concluded reminiscence therapy was effective to decrease the depressive level among elderly people. Other study Pragma Lodha, Avinash De Sousa Reminiscence therapy in geriatric mental health care: A clinical review Clinical Psychologist and Research Assistant, Desousa Foundation, 1 Department of Psychiatry, Lokmanya Tilak Municipal Medical College, Mumbai, Maharashtra, India Reminiscence therapy (RT) has been used over the past two decades extensively in the management of patients with dementia and geriatric depression. The following review study looks at the current role of RT in geriatric patients from a clinical perspective. The review elucidates the concept of reminiscence and looks at the historical aspects of RT. It also looks at the taxonomy and classification of the various types of reminiscences and RT techniques. The difference between reminiscence and life review is discussed. There are sections that look at the clinical role of RT in the management of patients with dementia and geriatric depression. The role of art therapy as a form of RT is discussed and elaborated. The existing literature on RT is reviewed, and certain recommendations for RT are made. There is also a slight deliberation on the need for RT in Indian settings. The role of RT as positive geriatric mental health intervention is also discussed.

CONCLUSION

The present effectiveness of reminiscence therapy on levels of depression among elderly at old age home, tirupathi A.P. After Reminiscence therapy a level of depression was decreased this shows that reminiscence therapy was effective.

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Conflict of Interest

The author(s) declared no conflict of interest.

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