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RESEARCH ARTICLE

EFFECTIVENESS OF GROUP REMINISCENCE THERAPY ON DEPRESSION AMONG THE INSTITUTIONALIZED ELDERLY

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Abstract

The inevitable process of growing older is accompanied by a number of social, psychological, hormonal, and physical changes. The quality of life for the elderly is impacted by these changes. People experience mental distress as they become older due to social maladjustment; as a result, they may go through a phase of depressive illness, which can develop into a multisystem disorder.

Objectives: The objectives of this study were to assess the level of depression among the institutionalized elderly, to evaluate the effectiveness of group reminiscence therapy on depression among the institutionalized elderly and to find out the association between the selected demographic variables and the level of depression.

Methods: The pre-experimental research design was employed by the researcher. Purposive sampling was used to conduct the study among 30 elderly residents of Lucknow's Cheshire Old Age Home. In order to evaluate the degree of cognition, the data was obtained using the standardized Hindi version of the Mini-Mental Status Examination given by Tiwari, Tripathi, and Kumar.Yesavage, J. A., Brink, T. L., Rose, T. L., Lum, O., Huang, V., Adey, M., and Leirer, V. O. 30-point Geriatric Depression Scale (GDS) was used to assess the level of severity of depression. Group Reminiscence Therapy was provided for eight consecutive days, with sessions lasting 45 minutes each**.**

Result: According to the findings of the study, group reminiscence therapy significantly reduced the level of depression among elderly people. The mean difference in depression levels between pre-test and post-test among the elderly was 5.430. The paired t-test value (11.023) was found to be significant (p=0.001). Depression and financial support were shown to be significantly associated (p 0.001). Overall, group reminiscence therapy significantly reduced depression in elderly residents of old age home.

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Introduction:-

The growing proportion of elderly individuals across developed and developing countries causes significant health-care challenges in the twenty-first century. With rising age comes an increased risk of physical and psychological diseases. Depression is the most prevalent psychiatric disease among the elderly, with incidence ranging from 10% to 65%. According to one study conducted in Isfahan, Islamic Republic of Iran, the rate of depression among older

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people was 64.4%. Depression and other mental health illnesses can have significant long-term consequences. Depressive symptoms in older persons are linked to earlier mortality, increased disability, higher health care usage, a longer duration of hospital stay, increased risk of infections, and lower overall quality of life. The rising proportion of elderly people in the population in both developed and developing countries is creating new health care challenges in the 21st century. Older age is inevitably accompanied by an increasing risk of physical and psychological disorders. Depression is the most common psychiatric disorders in older people, with estimated rates ranging from 10% to 65%. One study in Isfahan, Islamic Republic of Iran found that the rate of depression among older adults was 64.4%. Depression and other mental health disorders can have serious negative outcomes in old age. In addition to reducing the general quality of life, depressive symptoms in older adults have been linked to earlier mortality, greater disability, higher health care utilization, longer length of hospital stay, increased risk of infections, falls and injury, poor nutrition and increased risk of suicide. However, depression is one of the most misdiagnosed, undiagnosed and untreated illnesses experienced by the elderly.[i]

Many older individuals and their families are oblivious to the symptoms of depression, are unaware that it is a medical illness, and have no idea how to treat it. Others may misinterpret depressed symptoms as evidence of dementia, Alzheimer's disease, arthritis, cancer, heart illness, Parkinson's disease, stroke, or thyroid diseases. Furthermore, many older people believe that depression is a character vulnerability and are afraid of being mocked or embarrassed. They may blame themselves for their sickness and be too embarrassed to seek treatment. Others are concerned that treatment will be too costly. As a result, as a cost-effective measure, validation therapy, reminiscence therapy, and cognitive behavioural therapy are three essential treatment techniques utilized in geriatric emotional care. Among these, 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 belonging to a place. According to research, reminiscence therapy could improve general psychological well-being and prevent further psychiatric decline.[ii]

Depression is prevalent in late life, affecting nearly five million of the 31 million Americans aged 65 and above, with clinically significant depressive symptoms reaching 13% of those aged 80 and above (Blazer, 2009). Major depression is reported in 5-16% of community dwelling older adults, up to 54% in the first year living in a nursing home, and 10-12% of hospitalized older adults (Blazer, 2009; McKenzie & Harvath, 2016). Depression is more common in those with multiple chronic conditions. Depression is not a natural part of aging. Depression is often reversible with prompt recognition and appropriate treatment. However, if depression remains untreated, it can lead to physical, cognitive, functional, and social impairment, including lower quality of life, delayed recovery from medical illness and surgery, increased health care consumption, and suicide. [iii]

An estimated 3-4% of India's 100 crore plus people suffer from major mental illnesses, while 7-10% suffer mild depressive disorders. Neuropsychiatric disease accounts for 11% of DALYs and 27% of YLDs in Southeast Asia. A review of eight epidemiological studies on depression in South Asia found an incidence of 26.3% in primary care. In the Goa study, 46.5% of adult primary care clients had depressive disorders.[iv]

Reminiscence therapy is a non-pharmacological technique that emerged in geriatric psychiatry and can be structured or unstructured and may be carried out individually or in groups. The purpose of this systematic review was to summarize and review existing evidence on the effect of reminiscence therapy on depression in older individuals.[v]

Reminiscence is "the volitional or non-volitional act or process of recalling memories of oneself from the past." The initial empirical research on reminiscence concentrated on older persons, with the idea that older people were more prone to engage in reminiscence in their later years of life. Although reminiscence is a beneficial approach to reconciling life events and making meaning of the past, it is also regarded as an area of weakness or a symptom of cognitive deterioration. Early empirical research led to the development of the life-review theory, which demonstrated that people will purposefully recall prior life events, evaluate them, and deal with any unsolved difficulties. Finally, the review claims to help give new meaning to life, boost self-esteem and satisfaction, and reduce worry and anxiety about the future.[vi]

Reminiscence is the act of recalling or discussing personal events from the past. It is a central task of old age that is vital for healthy aging, and it serves numerous roles such as decision-making and introspection, transmitting life lessons, and bonding with others. The study of social reminiscence behaviour in everyday life can be utilized to generate data and detect reminiscence from general conversations.[vii]

Methodology:-

In the present study, a pre-experimental research design with one group pre-test and post-test was used. Before beginning the study, the Institutional Ethical Committee approved it. The study's population consisted of elderly residents of the old age home. The samples for this investigation were selected using a non-probability Purposive sampling technique. The participants gave informed consent.

Development Of Tool and Scoring Criteria
The tool consisted of Section A, B and C
Section A: Mini-Mental Status Examination (Hindi Version)
Mini-Mental Status Examination Hindi version is a cognitive test used to screen for presence of cognitive impairment. It comprises of **30** score in total and the score **23 or less** is indicative ofcognitive impairment.[viii]

Section B: Socio-Demographic Profile
Socio-demographic profile consists of: age (in years),gender, marital status, educational qualification, previous occupation, previous habitat, type of family, no. of children, no. of grandchildren, communication with loved ones, financial support, mode of admission, stay at old age home, duration of stay in old age home.

Section C: Geriatric Depression Scale
The depression evaluation questionnaire, based on the standard Geriatric Depression Scale (GDS), consists of 30 items containing depression assessment questions. The questions are non-threatening and age-appropriate, with easy YES/NO answers. The following is how the score is interpreted.[ix]

Score Interpretation
To interpret the level of depression among the elderly people the Geriatric Depression Scale Score is classified into three categories normal, mild and severe.

Level Of Depression	**Range**
Normal	0-9
Mild	10-19
Severe	20-30

Result: -

Socio Demographic Variables
Table 1: Table summarizes that among 30 elderly people, majority of 18 (60%) elderly were in the age group 60-65 years, according to the gender 15 (50%) of them were male and 15(50%) were female, marital status of 18 (60%) elderly was single, 18 (60%) elderly were high school as per their educational qualification, previous occupation of most of the samples 9 (30%) was none, previous habitat of 23(76.7%) elderly was urban, 24(80%) elderly had joint type of family, 22(73.3%) elderly had no children, 23(76.7%) elderly had no grandchildren, there was intermittent communication with loved ones of 17(56.7%) elderly, 24(80%) elderly people had any other source of finance as their financial support, mode of admission of 23(76.7%) was others, all 30(100%) elderly had regular stay at old home, 16(53.3%) elderly had more than 3 years duration of stay in old age home.

Table 1: - Frequency and percentage distribution to their socio demographic data of elderly people staying at old age home. n=30

S. No.	**Variables**	**Categories**	**Frequency (f)**	**Percentage (%)**
1	**Age (in years)**	**60-65 Years**	**18**	**60.0**
		66-70 Years	12	40.0
		71-75 Years	0	0.0

	(Mean ± SD= 69.33 ± 4.536)	76-80 Years	0	0.0
2	**Gender**	**Male**	**15**	**50.0**
		Female	**15**	**50.0**
3	**Marital status**	**Single**	**18**	**60.0**
		Married	0	0.0
		Separated	1	3.3
		Divorcee	2	6.7
		Widowed	9	30.0
4	**Educational Qualification**	Graduate or more	8	26.7
		Intermediate (12th)	4	13.3
		Highschool (10th)	**18**	**60.0**
		Illiterate	0	0.0
5	**Previous occupation**	Business	3	10.0
		Service (Private sector)	7	23.3
		Service (Government sector)	4	13.3
		Homemaker	7	23.3
		None	**9**	**30.0**
6	**Previous Habitat**	Rural	7	23.3
		Urban	**23**	**76.7**
7	**Type of family**	**Joint**	**24**	**80.0**
		Nuclear	6	20.0
8	**No. of children**	One	3	10.0
		Two	2	6.7
		More than two	3	10.0
		No children	**22**	**73.3**
9	**No. of grandchildren**	One	3	10.0
		Two	3	10.0
		More than two	1	3.3
		No grandchildren	**23**	**76.7**
10	**Communication with loved ones**	Regular	9	30.0
		Intermittent	**17**	**56.7**
		No communication	4	13.3
11	**Financial support**	Old age pension	0	0.0
		Government pension	4	13.3
		Any other source of finance	**24**	**80.0**
		No financial support	2	6.7
12	**Mode of admission**	Referred by trust	2	6.7
		By the children	5	16.7
		Others	**23**	**76.7**
13	**Stay at old age home**	**Regular**	**30**	**100.0**
		Intermittent	0	0.0
14	**Duration of stay in old age home**	<12 months	0	0.0
		1-2 years	8	26.7
		2-3 years	6	20.0
		More than 3 years	**16**	**53.3**

Pre-test and post-test level of depression.

Table 2:- Frequency and percentage distribution of elderly according to their level of depression.

LEVEL OF DEPRESSION	PRE-TEST f (%)	POST TEST f (%)
Normal. (0-9)	0(0)	24(80)
Mild depression. (10-19)	28(93.3)	6(20)

Severe depression. (20-30)	2(6.7)	0(0)

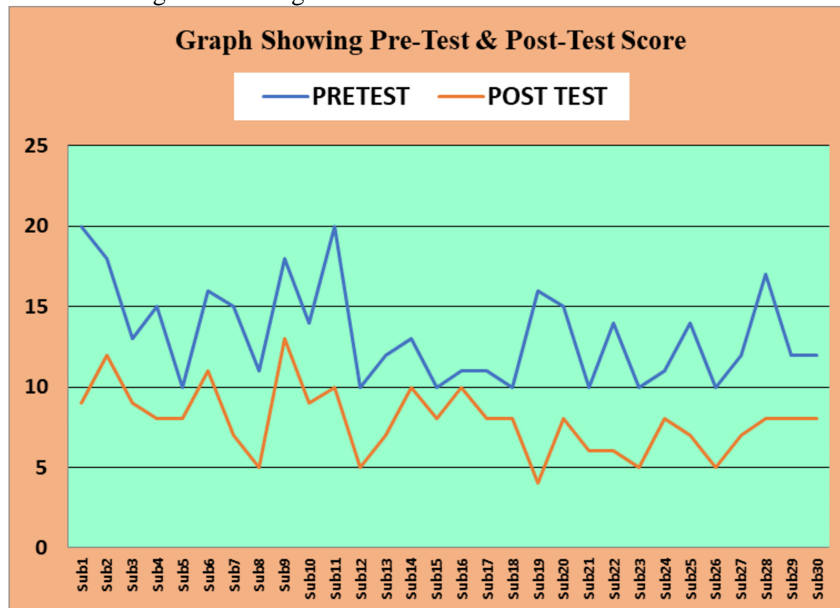
Table 2: Table summarizes that among 30 samples in pre-test 28(93.3%) samples had mild depression and 2(6.7%) samples had severe depression, whereas in post-test 24(80%) were found normal and 6(20%) had mild depression.**n=30**

Mean and Standard Deviation of pre-test and post-test level of depression among elderly.
Table 3: Paired t-test values to assess the effectiveness of group reminiscence therapy on depression among elderly.

Paired t-Test	Mean	S.D.	Mean%	Mean Diff.	Paired t-Test	P value
Pre-test Depression	13.33	3.089	44.40	5.430	11.023	<0.001
Post-test Depression	7.9	2.107	26.30			

Table 3: Table summarizes that the mean difference between the pre-test and post-test was 5.430. The paired t-test value is 11.023 at $p \leq 0.05$. Hence H_{01} is rejected and it was evidenced that group reminiscence therapy was more effective in terms of reducing depression among the elderly.

Figure 5:- Line diagram showing Individual Pre-Test and Post-Test Scores of the samples.



Association between the selected demographic variables and the level of depression
Table 4:- Association between the selected demographic variables and the level of depression.

S. No.	Variables	LEVEL OF DEPRESSION		χ^2/ Fisher's Exact Test*	P Value
		MILD	SEVERE		
1	**Age (in years) Mean ± SD= 69.33 ± 4.536**			0.09*	1.00
	61-70 Years	17	1		
	71-80 Years	11	1		
2	**Gender**			0.00*	1.00
	Male	14	1		

	Female	14	1		
3	**Marital status** Single	16	2	1.43*	0.50
	Married/ Separated/ Divorcee/ Widowed	12	0		
4	**Educational Qualification** Graduate or more	8	0	0.78*	1.00
	Up to Intermediate	20	2		
5	**Previous occupation** Business/ Service	12	2	2.45*	0.21
	Homemaker/ None	16	0		
6	**Previous Habitat** Rural	7	0	0.65*	1.00
	Urban	21	2		
7	**Type of family** Joint	22	2	0.54*	1.00
	Nuclear	6	0		
8	**No. of children** One or more	8	0	0.78*	1.00
	No children	20	2		
9	**No. of grandchildren** One or more	7	0	0.65*	1.00
	No grandchildren	21	2		
10	**Communication with loved ones** Regular/ Intermittent	23	1	1.21*	0.37
	No communication	5	1		
11	**Financial support** Pension	3	2	10.71*	**0.02**
	Any other source of finance/ No financial support	25	0		
12	**Mode of admission**				

	By children	5	0	0.43*	1.00
	Others	23	2		
13	**Stay at old age home** Regular	28	2	--	--
	Intermittent	0	0		
14	**Duration of stay in old age home** <2 years	12	2	2.45*	.21
	2 years or more	16	0		

* Fisher's Exact Test for expected count less than 5

Table 4: This table shows there is significant association between the financial support and the level of depression at 0.05 level of significance. Hence H_{02} is rejected.

Discussion:-

In the present study pre-test, the majority of 28(93.3%) elderly had mild depression, and 2(6.7%) had severe depression.

The findings of the present study are consistent with a study conducted by Haile Amha, Worku Fente, et al. (2019) in which among depressed elders, 61.90% were mildly depressed, 30.30% moderately depressed and 7.80% of the elders had severe depression. Age, female sex, retirement, divorced, widowed, poverty, and moderate social support were all significantly associated with depression in the study.[x]

The mean difference between the pre-test and post-test in this study was 5.430. At p0.05, the paired t-test value is 11.023. As a result, H_{01} was rejected, and it proved that group reminiscence therapy was significantly effective in terms of reducing depression among the elderly people.

This study finding is consistent with the results of Sharath S, and Nuthan Raj (2020), who discovered that after Reminiscence Group Therapy, the experimental group's level of depression decreased significantly (before intervention 10.08±1.41 and after intervention 6.36±1.38).[xi]

In the present study, there is a significant association between financial support and the level of depression at 0.05 level of significance.

The current study's findings are consistent with Aratrika Banerjee's (2017) study, which revealed a significant association between the selected demographic variables and the level of depression in the elderly.[xii]

Conclusion:-

According to their GDS scores, the study's findings indicate that the elderly residents of Cheshire Old Age Home experienced mild to severe levels of depression. The results showed a significant decline in [xiii]depression after eight sessions of therapy, demonstrating the effectiveness of group reminiscence therapy as a depression treatment modality. Reminiscence therapy can aid the elderly in overcoming hopelessness and prevent depression. Financial support and the level of depression among the elderly were significantly associated.

Recommendation:-

A similar study can be undertaken on a large sample in different setting for generalization. A similar study can be carried out to assess the effectiveness of group reminiscence therapy in overcoming depression among elderly in the hospital setup. A study can be carried out to determine the effectiveness of group reminiscence therapy in reducing death anxiety among terminally ill elderly patients. A survey study could be initiated to assess the depression among elderly staying at home with or without children.

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