The Effect of Reminiscence Therapy on Depression among Elderly

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Abstract: Background: Depression is the most common psychiatric disorder in elderly people; Reminiscence therapy has a great effect on depression in old age and is designed for older clients with moderate depression.

Aim: The aim of the study was to assess the effect of reminiscence therapy on depression level among older adults.

Design: The study followed the quasi-experimental design. Setting: This study was conducted in Elsaada Geriatric Home and Resala Charity Organization Geriatric Home, Tanta City, Egypt.

Subjects: 30 elderly clients achieved the inclusion criteria; Aged 60 years and more, able to communicate, demonstrating no cognitive impairment.

Tools: Two tools were used; Tool I, Geriatric Depression Scale; It contains two parts, Geriatric Depression Scale long form and "Socio demographic characteristics of the elderly, structured interview schedule." and Tool II: The Mini Mental State Examination (MMSE).

Results: The results revealed that the majority of studied clients had severe depression before implementation of the reminiscence therapy program, and the level of depression decreased after implementation of reminiscence therapy, and there is a positive significant relation in levels of depression and socio demographic characteristics of the elderly.

Recommendations: Reminiscence therapy should be applied as a routine care for elderly patients with depression and a training program should be carried for nurses who deal with elderly clients about reminiscence therapy.

Keywords: Reminiscence, Depression, Elderly.

Operational definition: Reminiscence therapy is "one of the most important nursing strategies that use the recall of past experiences to improve adaptation and quality of life."

I. Introduction

All over the world, the numbers of elderly people have been increasing regularly. According to the WHO estimation, the number of older adults above 65 years was 600 million in 2016; this number is going to be doubled in 2025. The numbers of elderly people in Egypt also represent 6.9% from total population in 2016 and will reach about 10% by 2030.

Elderly people have different emotional problems because of the effect of the aging process, having chronic physical disease, differ in role and separation of loved ones (death). These physiological problems if not well cared for, can lead to depression.

Late life depression is an imperative general medical issue, it is associated with expanded risk of morbidity, expanded danger of suicide, diminished physical activity, cognitive and social working, and more prominent self-disregard, which are all thusly connected with expanded mortality. Depression linked with reducing quality of life, higher human services administrations usage and longer length of health center remain, it affects many sides of the elderly life either psychological, somatic, social, and spiritual aspects. Symptoms of depression frequently disregarded and untreated when they compare with other medical diseases or life occasions that regularly happen as individual's age. Psychotherapeutic methodologies can give huge and supported advantages to enhanced personal satisfaction for elderly patients as a procedure to avoid antidepressant medication; their reaction and side-effects.

Effective therapeutic interventions are required to treat depression and other psychosocial problems in old age. Reminiscence therapy is an independent nursing intervention and one of the most important strategies to treat depression in elderly; it incorporates involving elderly during the daily activities with positive communication and daily living activities. It takes negligible skill, but when the nurse follows some guidelines the effects of a reminiscence therapy can be maximized. In spite of reminiscing includes reviewing past occasions, it motivates the elderly to interact with an audience in the current events. It applied in group setting or in one-to-one sessions through formal or informal sessions also.

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Reminiscence intervention is defined as "a strategy that helps the older adult to evaluate their life situations even positive or negative experiences". It considered a natural method of helping the older clients and the most important strategies which use with the older clients in group therapy. Awareness level with one self and other people was increased after discussing life experiences, if it were blessed or negative, it also enhance cohesiveness and provide support.\(^{(10,11)}\)

It is structured particularly for older clients with moderate depression by using different rules. These treatment strategies aimed to prevent and reduce the level of depression, increase quality of life, enhance self-care, elevate self-esteem, and help in coping with stressful situation. In reminiscence intervention, patients recreate their life experiences and evaluate both positive and negative ones. Different materials like music and pictures are accustomed enhance reminiscences recall; the good advantage of reminiscence is to supply acceptance of life, as well as the resolution of past conflicts. Likewise, it will be easy to apply or it can be used with a different populations, it is as a non-pharmacological treatment and can't cause stigma, so, reminiscence is an effective nursing intervention for different groups of clients.\(^{(12,13)}\)

The reminiscence process for older adult helps health care personal to study about and appreciate the life of the clients and gathering data about many different aspects as emotional, culture, health and defensive coping.\(^{(14,15)}\)

In their studies, Laura (2000) and Wang, 2005 used reminiscence intervention in treating depression and apply this research on older adult, they stated, that elderly with depression become more aware of meaning of life experiences after application of reminiscence strategies program. Stated that it's a useful in elevate confusion, level of depression, life satisfaction and general health.\(^{(16,17)}\)

II. Significance of the study

As the number of elderly people increased all over the world in general and in Egypt specially, as the statistical information stated speedily increase the range of older adult with psychological problem as depression, loneliness, life dissatisfaction, and cognitive impairment. The older adult population is about 6.9% of the whole people, and it predict to rise to 10% through 2030\(^{(2,3,18)}\). Nurses should be aware the way of olderly respond with daily life experiences, physical or mental state; develop suitable nursing care plan to the elderly needs and problems. Nurses have a major role in the practice of reminiscence therapy with older people. Thus nurses need to be well-informed about reminiscence and its effect on the elderly\(^{(19,20)}\).

Aim of the Study

The aim of the study is to assess the impact of reminiscence therapy on depression level among older adult.

Research Hypotheses

Elder people undergoing reminiscence therapy have less depressive symptom than those who don’t.

III. Materials and method:

- Study design: Quasi experimental design was used in this study
- Setting: -

This study was conducted in Elsaada Geriatric Home affiliated to the ministry of social affairs, in Tanta City. The geriatric home has a total capacity of 32 beds, 25 were occupied during the time of the study (7 males and 18 females).

And in Resala Charity organization Geriatric home also affiliated to the Ministry of Social Affairs at Tanta city. It provided the service to the elderly who are not financially able. It has two branches; one for males (15 beds) and other for females (15 beds), it provides services for Gharbia and kafr elshiekh governates.

- Subjects: -

30 elder clients (20 clients from Elsaada Geriatric Home and 10 clients from Resala Charity organization Geriatric home) who meet inclusion criteria of the study as the following:

Agree to share in this research study, both sex, aged 60 years and more, able to communicate, demonstrating no cognitive impairments (dementia or Alzheimer) and don’t use of psychotropic medication.

Tools of the study:

- Tool I: Geriatric Depression Scale \(^{(21)}\)

The Geriatric Depression Scale was designed by Yesavage, et al. 1983 to assess depression among elderly people. It is composed of a 30-items questionnaire in which clients are asked to choose by answering yes = 1 or no =0 "in reference to how they felt over the past week". Cutoff point: normal-0-9; mild depressives-10-19; severe depressives-20-30.
The Socio demographic characteristics of the studied elderly was designed by the researcher after review of literatures (5, 6, 8) and added to tool one. It elicits data about socio-demographic characteristics of the studied subjects such as age, sex, education, marital status and number of children.

Tool II: The Mini Mental State Examination (MMSE):

The Mini Mental State Examination (MMSE) is developed by Lenore Kurlowicz 1975. It designed to measure mental abilities. It includes an 11-questions to tests five aspects of "cognitive function; orientation, registration and calculation, recall, and language. The MMSE lower scores represent poor mental state and cognitive abilities. The whole score ranges from "zero to 30 points". Test-retest reliability was 0.64 to 0.85

Scoring system (cut off point = 16)
Less than 16 points = cognitive impairment
17 points or more = good cognitive function

Method
- Before starting the study, an approval letter was obtained from of nursing faculty administration to the study settings directors ask for their approval and assistance
- Ethical Considerations:
  - Informed oral consent was obtained from the study elderly to participate in the study.
  - Confidentiality of the data was assured
  - Elders' privacy was always respected. The elders have the right to withdraw from the study at any time.
- The tools of the study were translated by the researchers to Arabic language. Both the translated tool and the socio demographic characteristics were validated by a jury to ensure the content validity. The jury was compromised of five experts from the geriatric and psychiatric nursing fields.
- A pilot study was applied on 5 elders to ascertain the clarity and applicability of the tools study tools, and to estimate the approximate time required for interviewing the study subjects. The elders involve in the pilot study were excluded from the actual study.
- Actual study
  - The actual study was divided into four phases:
    a- Assessment phase
      - All the study subjects who fulfill inclusion criteria were assessed to their mental state level by using mini mental state examination (tool II)
      - A pre-test was performed on all the selected subjects, using the study tool which applied through individual interview it takes from 30-45 minutes

B-Planning Phase
The researchers developed the reminiscence therapy program after review of literature

C- implementing the program
The program was implemented by the researchers of after review of literatures (11,13,15)

A- The general objective of the Program was to improve the level of depression through using reminiscence therapy
  - The elders were classified into small groups based on the priorevaluation (was 3-5 elders each)
  - The contents of the Program were divided into eight (8) sessions forto the studied subjects attended three sessions per week. The contents of the program were focused on exploring life experiences. First session (Warm up), second is introduction of the session’s theme, the third session "includes exploration of significant photos which is constant to the session idea, the fourth session motivate the clients to describe recall of past events, the fifth session taking turns to share memories, the sixth session "linking the there-and-then to the here-and-now, the seventh session discussing commonalities and differences between members, and the eighth session is a summary of the program main topic and focus of positive issue of the past events.
  - Different educational methods and media were used including as group discussion, videos, and photos album.

d- Evaluate the program
Immediately after the sessions, the studied subject completed the study tool I (as a posttest).

IV. Results

Table I presents the socio-demographic characteristics of the studied elderly. This table shows that more than half of studied elderly were males (56.7%), and more than half of studied elderly aged 65 years and more (60%). The mean age was 65.5 ± 4.23 years. The majority of the studied subjects were from urban area (90%) and more than half of elderly were widow and have children (63.3% & 60%).

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Table 2 shows the distribution of the studied participants by their depressive state total score before and after intervention. Result showed that the majority of the studied elderly had severe depression before implementation of reminiscence therapy program (86.7%), compared to 33.3% after implementation of reminiscence therapy program.

Table 3 shows the correlation between change of depression total score, age in years and educational level for studied elderly. Results indicate a positive significant relation between elderly age, educational level and their level of depression p=(0.007, 0.001, 0.014 respectively)

Table 4 represents relationship between participants’ characteristics and depression total score. The results indicate a positive significant relation between elderly sex, marital status and having children or not and their level of depression p= (0.006, 0.033, 0.014 respectively)

**Table 1: Socio-demographic characteristics of studied elderly (N= 30)**

<table>
<thead>
<tr>
<th>Variables</th>
<th>N=30</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age in years:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55-</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>60-</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>65-</td>
<td>18</td>
<td>60.0</td>
</tr>
<tr>
<td>70-</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>Range</td>
<td></td>
<td>56.72</td>
</tr>
<tr>
<td>Mean±SD</td>
<td></td>
<td>65.5±4.23</td>
</tr>
<tr>
<td>Sex:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>17</td>
<td>56.7</td>
</tr>
<tr>
<td>Females</td>
<td>13</td>
<td>43.3</td>
</tr>
<tr>
<td>Residence:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>27</td>
<td>90.0</td>
</tr>
<tr>
<td>Rural</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>Educational level:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illiterate</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>Secondary school</td>
<td>9</td>
<td>30.0</td>
</tr>
<tr>
<td>University level</td>
<td>18</td>
<td>60.0</td>
</tr>
<tr>
<td>Marital status:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>11</td>
<td>36.7</td>
</tr>
<tr>
<td>Widow</td>
<td>19</td>
<td>63.3</td>
</tr>
<tr>
<td>Having children:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>12</td>
<td>40.0</td>
</tr>
<tr>
<td>Yes</td>
<td>18</td>
<td>60.0</td>
</tr>
</tbody>
</table>

**Table 2: Distribution of the studied participants by their depressive state total score before and after intervention**

<table>
<thead>
<tr>
<th>Depressive state score</th>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Mild</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>Severe</td>
<td>26</td>
<td>86.7</td>
</tr>
<tr>
<td>Z</td>
<td></td>
<td>3.586</td>
</tr>
</tbody>
</table>

*Significant p<0.05

**Table 3: Correlation between change of depression total score, age in years and educational level**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Depression score difference</th>
<th>R</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age in years</td>
<td>-0.485</td>
<td>0.007*</td>
<td></td>
</tr>
<tr>
<td>Educational level</td>
<td>-0.598</td>
<td>0.001*</td>
<td></td>
</tr>
</tbody>
</table>

*Significant p<0.05
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Table (4): Relationship between participants’ characteristics and change in depression total score

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean ±SD</th>
<th>Z</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>1.029±0.99</td>
<td>2.774</td>
<td>0.006*</td>
</tr>
<tr>
<td>Females</td>
<td>-0.31±0.75</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital status:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>-0.36±0.1</td>
<td>2.134</td>
<td>0.033*</td>
</tr>
<tr>
<td>Widow</td>
<td>-1.16±1.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having children:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>0.122±1.00</td>
<td>2.453</td>
<td>0.014*</td>
</tr>
<tr>
<td>Yes</td>
<td>0.33±0.78</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Significant p<0.05

Statistical analysis:

The data were organized, tabulated and statistically analyzed using SPSS version 19. The range mean and standard deviations were calculated through numerical values. The level of mini-mental state and depression scale total score before and after intervention were tested using Wilcoxon signed ranks test. The differences in mini-mental state and depression total score before and after intervention were tested in relation to participants’ characteristics using Mann-Whitney test. The correlation between mini-mental state and depression score and educational level was calculated using Spearman’s correlation coefficient. The level of significant was p<0.05.

V. Discussion

Depression is a widespread mood disorder in elderly, it produce a persistent feeling of sadness and anhedonia. Fortunately, there are many effective intervention modalities for elders’ depression. Reminiscence intervention is the most important strategies for treating depression in elderly. Reminiscence has positive impact in the older adult; it has positive effect on elderly self-esteem, adaptation with changing life situation and losses experienced. It has been used to enhance the psychological wellbeing of older clients in the last years. Numerous studies stated reminiscence effect in improving depression in older adults, raising the level of self-confidence, coping with negative life experiences (10,12).

The results of the present study show that the level of depression decreased after the implementation of reminiscence therapy intervention and there is a positive significant relation with the levels of depression before and after implementation of reminiscence therapy intervention. This result may be due to the fact that the majority of the clients in this study hadn’t friends or family members for listening and support, this leads to a feeling of isolation, depression and difficulty in finding someone to validate their worth. So, the patients react positively with reminiscence therapy activities. It gives the clients the chance to express internal positive and negative life experiences, acceptance of their life and the resolution of past conflicts. Finally, the clients able to reform their life positive and negative experiences.

These results are congruent with Elias 2015 (22), who studied the “effectiveness of reminiscence therapy for older adults with loneliness, anxiety and depression, stated positive results regarding reminiscence intervention and elevating depression and focused on effect of group reminiscence therapy in treating depression. In the same stream, study of SuT, 2012, (23) who point out the positive correlation between applying reminiscence intervention and elevating depressive symptoms.

These findings were similar to Moral et al. 2013, (24) who stated “positive effects of reminiscence intervention”. Additionally, Zhou W 2012, (25) emphasized “effect of reminiscence therapy with group of patients in reducing depressive symptoms”, and addressed the differentiation between results of control group who received health education only, and the study group received health education with reminiscence therapy. In the same line Chen TJ, 2013, (26) and Güler & Kapucu, 2016 (27) founded “positive significantly relation between study and control group in improving level of depression”. Also, Juan C and Moral M 2015 (28) stated that “reminiscence intervention illustrate statistically significant decline in depression level, raising self-confidence, improve personal integrity and well-being”.

The result of this study contradicts those of yung & Song 2014 (29) who stated that reminiscence intervention has no effect on depression and daily living activities but it has effect on quality of life and social function. In the same stream, Zeinab et al. 2012 (30) found that “reminiscence intervention has no statistical significant relation with depressive symptoms”.

Regarding the relation between the level of depression and socio demographic characteristics, the result indicate a positive significant relation between elderly age, educational level, sex, marital status and having

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children or not and their level of depression. These results are supported by Annie M.H. 2007 (31), who obtained a positive statistical relation between client's age, marital status, and educational level and level of depression.

VI. Conclusion

Based on the findings of the present study it can be concluded that the majority of studied clients' level of depression decreased after implementation of reminiscence therapy intervention, there is also a positive significance relation in levels of depression before and after implementation of reminiscence intervention.

VII. Recommendations

Following recommendations are yielded from the result of this study:

1. Reminiscence therapy have to be applied as a daily routine schedule to older adult who suffering from depression
2. Increase the community awareness of the elderly people needs and the psychiatric disorders among them.
3. Introducing psychiatric nurse in geriatric home is recommended to deal early with psychological problems of the elderly
4. Offer the training program for nurses about reminiscence therapy, especially if they are working with the elderly clients.

Acknowledgment

The researchers would like to express gratitude, thanks and appreciations to the administration of the study settings for their support and cooperation. Also, great thanks for all clients who participated in this study for their acceptance sincerely in fulfilling the data for the study.

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