

EFFICACY OF REMINISCENCE GROUP THERAPY (RGT) IN DECREASING DEPRESSIVE SYMPTOMS AMONG GERIATRICS

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ABSTRACT

The study was conducted to determine the effectiveness of Reminiscence Group Therapy (RGT) as an intervention for depression reduction in older adults living outside of the primary care settings. In this study Qusai experimental research design was implemented with a pretest posttest design (ABA). Purposive sampling technique was used to recruit the sample of 20 which was further divided into 2 groups; Experimental group and Control group. The participants attended group reminiscence program over twelve sessions. The sessions were held twice a week, each session lasting about one hour to one and a half hour over a period of six weeks. After providing the reminiscence therapy to elderly between group analyses was done showed significant decrease in GDS scores of experimental group. Wilcoxon Signed Rank Test also showed significant results in the depressive symptoms of experimental group $p=.004$, $R= 0.63$, large effect size in experimental group denotes the extent of change brought by the therapy which is significant. Group reminiscence therapy in institutionalized participants had a positive impact on variables like depressive mood, and physical, psychological, social and environmental aspects of quality life with no negative effects associated.

Keywords: Reminiscence Group Therapy, Depression, Geriatrics

INTRODUCTION

The increasing proportion of elderly people among world populations and specifically among Pakistanis is producing new health care challenges (Qadir, Haqqani, Khalid, Huma, & Medhin, 2014). The worlds aging statistics brought about the concept of global aging, as well as the need to recognize the specific needs of elderly population (Sivis, McCrae, & Demir, 2005). Pakistan faces the challenges of having inadequate resources and poor understanding of the aging population which is why they are mostly neglected from receiving proper care. Obtaining adequate health care resources for elderly care is one of the most challenging and critical issue of the 21st Century (Hsieh, & Wang, 2003).

Ageing is a matter that requires to be view as a significant issue the same as in urbanized countries. Pakistan ranked third in the list of countries considered worse for elderly people to live in (Ali, 2012). The percentage of population of 60 years and above in Pakistan will increase to 14.9% by 2050 according to U.N. (2009) which is substantial given that it was 6.1% in 2009. This estimation of a future conditions regarding geriatric population highlights the importance of having adequate resources to fulfill the needs of this increasing population. That particularly includes having satisfactory health systems in the country to efficiently deal with the burden of disease that accompany the aging population (Zafar, Ganatra, Tehseen, & Qidwai, 2008; Dutt, 1998). The medical setting of our country do not recognize geriatric care as separate specialty and older patients are seen and treated by general practitioners and other specialists (Sabzwari, & Azhar, 2010). Thus the distinctive physical and mental health needs of geriatrics are often unfulfilled.

According to WHO report (2013) more than 20% of geriatrics undergoes mental and

neurological disorder. Furthermore report states that in geriatrics 6.6% of all disability are caused by neurological or mental dysfunctions (Roger et al., 2012). According to Institute for Health Metrics and Evaluation (2013) the most prevailing disorders in geriatrics are dementia and depression moreover 3.8% of old aged people are affected by anxiety disorders and 1% are involved in substance use problems and approximately one 4th of casualties are due to self-harm (Penninx et al., 2003).

The main purpose of using reminiscence therapy is to support cognitive memory components and furthermore it may also be used to encourage inter or intra personal improvement. Individual needs are taken into consideration when determining whether to use the therapy in a group setting or alone with a practitioner. Memories are processed in a chronological order beginning from birth followed by focusing on significant life happenings. The focus is to reflect upon the memories and not simply remembering them The act of reminiscence can be very effective for depressed individuals when addressing their inner selves and social skills (Hsieh & Wang, 2003).

Photographs, household items, music, or personal recordings may be used in Reminiscence therapy (Woods, Spector, Jones, Orell, Davies, 1998). Reminiscence therapy can be used individually or even in a group setting like in pairs depending on the circumstances, whichever seems more effective as a treatment. Studies show that reminiscence therapy may improve social relationships and friendships within the group (Jonsdottir, Jonsdottir, Steingrimsdottir, & Tryggvadottir, 2001).

Generally, reminiscence therapy is highly recommended for aged individuals who are depressed because the distinctive needs and apprehensions involved in adapting to the late stages of life by an individual were carefully considered when designing and developing this psychotherapy (Watt, 1996). Researches have been conducted which show desirable effects of reminiscence therapy in treating geriatrics. The most extensively studied outcome of reminiscence therapy is the decrease in depressive symptoms among elderly patients (Bohlmeijer et al., 2003). Positive results have been observed among the hospitalized elderly concerning their cognitive function and a reduction in depression has also been observed by the use of reminiscence therapy (Siverova, & Buzgova, 2014).

RATIONALE OF THE STUDY

The aging population is rapidly increasing in numbers and becoming more diverse, and so are their mental healthcare needs. It is difficult to estimate the current mental health workforce serving older adults as it can prove to be quite a challenge. This study is designed to effectively treat depressive symptoms of elderly living in old homes in order to decrease the depressive symptoms with the use of reminiscence group therapy. This study will assist psychologists and other health care practitioners by providing resources, tools and information to significantly enhance their work with geriatrics.

LITERATURE REVIEW

Defining geriatrics/Older person. The age of 65 years has generally been accepted by most developed countries as the definition of an 'older person' (World Health Organization, 2009). There are many ways of defining age including biological, psychological and socio-cultural processes (Cohen, 2002). Social roles, a person's level of physical ability, a subjective assessment of how old one feels, as well as their chronological years can also define age (Barrett & Cantwell, 2007).

The major features of ageing mainly include physical factors such as facial features, hair colour and body image. Another principally important criteria in defining an older person

are mental alertness and mobility (Musaiger & D'Souza 2009). However, there is quite a variation in the sequential age at which a person is defined as an older person. It was found in a U.S. study of elementary school students that some participants considered a geriatric to be as young as 20 years, while others considered an older person to be someone as old as 100 years (Hall & Batey, 2008).

Old age was thought to start at 40 years in the early nineteenth century, while in the last decade, the age of 65 years has been devoted to the upper end of middle age mainly due to the steady increase in life expectancy. In Turkey, old age is considered to commence much earlier compared to North America and Germany where old age is defined to start at a fairly later chronological age. Physical appearance, age and gender are important factors to determine old age while time and cultural differences also influence the definition of being old. However, there has been no consensus in determining factors that constitute being 'old' when examining these studies (McConatha, Hayta, Rieser-Danner, McConatha, & Polat, 2004).

OBJECTIVES OF THE STUDY

The main objective of the study is to evaluate the effectiveness of Reminiscence group therapy in decreasing depressive symptoms among institutionalized elderly.

HYPOTHESIS

1. Group reminiscence therapy will decrease the depressive symptoms of older adults.

METHOD

The current study is aimed at providing an empirical evidence of Efficacy of Reminiscence therapy in decreasing depressive symptoms among Geriatrics. Therefore Qusai experimental Research (Matched group design) was implemented with a pretest posttest design (ABA).

Sample

Following sampling technique was preferred for the research.

Sampling Technique

Purposive sampling technique was used to recruit the sample of 20 (male/female) from Darul Kifala Old home Lahore. Participants were selected as per inclusion criteria. This sample of 20 participants was further divided into 2 groups; Experimental group (N=10) and Control group (N=10).

Inclusion criteria

The participants were selected from the age group of 65 and above. They were living outside of primary care settings. People with predominantly depressive symptoms were chosen from the sampling frame. Participants without serious physical illness were selected for the study. They were capable of verbal communication and they could understand and communicate in Urdu.

Exclusion Criteria

Participants below 65 years of age were not selected for the study. Participants With serious medical condition (Diabetes, Paralysis and Cardiovascular diseases) were excluded from the sample. Participants who were unable to understand Urdu were not selected.

Pre Assessment

Pre Assessment of the experimental and control group was done. Pre assessment was done to observe the changes after the implementation of therapy by comparing these scores with the

post assessment results. Standardized assessment tools were selected for measuring the study variables. Individual assessment of all the participants was completed under the same conditions.

Geriatric Depression Scale (GDS) (Greenberg, 2007)

GDS is the most commonly used tool to assess depression in old aged people. It is a brief questionnaire consisted of 15 items. Among the 15 items, 10 indicate the presence of depression when answered in yes, whereas 5 indicate (question numbers 1, 5, 7, 11, 13) depression when answered in No. It measures Normal (0-4), Mild (5-8), Moderate (9-11) and Severe (12-15) levels of depression. 92% sensitivity and 89% specificity of the geriatric depression scale was found when it was evaluated against the diagnostic criteria. The scale was translated in urdu by Bhamani, Karim, and Khan (2013). Experts checked the consistency of scale for which it was pre tested in a pilot study consisted of 50 subjects and changes were made according to the results. In our population the scale has not been validated however, it has been used in previous health based studies on old aged people in Karachi and Rawalpindi. This scale can be used as a self-rated measure or can be administered in interviews as well.

Procedure

After institutional consent forms from care facilities, potential subjects were approached individually. They were explained the purpose of the study and assured the confidentiality and anonymity. Written informed consent was obtained from each subject. Pre assessment was done by using demographic form and GDS-Short form. Face to face administration was done with each participant in the duration of two sessions. Pre-assessment of 20 participants was completed in two weeks.

Therapeutic implementation

The participants attended group reminiscence program over twelve sessions. The sessions were held twice a week, each session lasting about one hour to one and a half hours over a period of six weeks. The sessions were conducted in a private room which was free from external distractions.

Techniques used. Five sensory modalities were used for the group therapy. All the activities were structured with the help of the following five modes.

Sight. Looking at objects, photos and painting of old times

Tactile. Handling pottery, toys, instruments and old objects

Listen. Listening old music, instruments, stories and poems

Smell. Smelling foods, herbs, ingredients, perfumes, etc

Taste. Tasting different food items, sweets and fruits etc

Session 1. Rapport building was done; explained the purpose of the group; length of the program; and how often the group would meet.

Session 2. Discussing work/home life or first job and Life accomplishments.

Session 3. Remembering favorite Holidays (most favorite holiday and what they liked most about it). The leader explained the session theme most favorite holiday and what they liked about it by giving examples of some holidays (religious holidays and national holidays) and presented relevant pictures as memory-makers. After allowing some time for imagination, a go-round to share memories about the given theme started.

Session 4. Favorite places (going back to the memories regarding favorite places of the past, such as a vacation or a hide-away place). The leader introduced the theme of the session, Favorite places of the past, such as a vacation or a hideaway place. After allowing some time to think back to the past, group members took turns to share their reminiscences regarding the session theme.

Post Testing. Both experimental and control group participants were tested again with the same assessment protocol, Translated version of Geriatric Depression Scale (Bhamani, Karim, & Khan, 2013) was used for pretesting. For the purpose of post testing all the members of experimental and control group were assessed individually.

Booster sessions. After the completion of therapy and post assessment, three booster sessions were conducted with the interval of a week, in order to minimize the chances of relapse and to address the problems after the termination of therapy. For this purpose sessions with participants were conducted individually.

RESULTS

The results of the present study which examines the effect of a reminiscence therapy in reduction of depressive symptoms among geriatrics. Following are the descriptive statistics, frequencies and percentages of demographic variables. Further, Between group analysis, Within group analysis and Wilcoxon Signed Rank Test were performed in order to investigate the effect of the treatment program in the experimental and control groups. Interpretation of the results is also provided within each of the relevant results section.

Descriptive statistics

Table 1. Mean and Standard Deviation of the Age of Experimental and Control Group

Participants	N	Age M (SD)
Experimental group	10	70.38(4.87)
Control group	10	71.70(5.03)

M = Mean; SD = Standard Deviation

Table 1 show that the mean and standard deviation of the age in experimental and control group is homogeneous.

Table 2. Frequency and Percentage of Marital Status and Gender of Experimental and Control Group

category	Experimental group		Control group	
	f	%	f	%
<i>Gender</i>				
Men	5	5	6	(60)
Women	5	5	4	(40)
<i>Marital status</i>				
Single	1	1	1	(10)
Married	4	4	4	(40)
Widowed	3	3	3	(30)
Separated	2	2	2	(20)

Table 2 shows similar representation of participants of experimental and control group on the basis of their characteristics of gender and marital status i.e. single, married, widowed and separated. It signifies that both groups were matched on gender and marital status.

Between group analysis

Between group analysis was done to find out the effectiveness of the therapy in experimental group as compare to non-treatment control group using Geriatric depression.

Geriatric Depression Scale. Geriatric depression scale (Yesavage & Sheikh, 1986) was used as a measurement tool to assess the level of depression and to evaluate the decrease in depressive symptoms after the implementation of therapy.

Table 3. Mean and Standard Deviation of Pre and Post scores of Geriatric Depression Scale and Quality of Life Scale in Experimental and Control Group

		Exp. Group		Control Group	
N		M (SD)		M (SD)	
		Pre	Post	Pre	Post
GDS	10	10 (.8)	4(.7)	10(.8)	10(1)

Table 3 shows a significant difference in the post ratings of experimental group. The drop in the post ratings of experimental group signifies that the level of depression decreased to mild level after the implementation of therapy.

Table 4. Comparison of Wilcoxon Signed Rank Test Results obtained by Experimental and Control Group on Geriatric Depression Scale (GDS)

Group	P	Z	R
Experimental	.004	-2.85	0.63
Control	.08	-1.73	

Table 4 showed that the participants of experimental group showed significant decrease in depressive symptoms after intervention that is evident by pre assessment and post assessment scores. Whereas the control group did not reveal any significant difference in pre and post scores.

Within Group Analysis

Within group analysis was done to see which population was most benefited from the therapy in the experimental group. The analysis was done using Geriatric depression scale.

Table 5. Pre and Post Ratings of Geriatric Depression Scale in Experimental Group (N=10)

Men		Women	
M (SD)		M (SD)	
Pre	Post	Pre	Post
10.2 (.84)	4.4 (.89)	10.0 (1.0)	5.2 (.45)

Table 5 shows noticeable reduction in the post ratings of experimental group. The scores of depression decreased from severe to mild level of depression as evident by the post ratings.

DISCUSSION

The purpose of the present study was to examine the effect of group reminiscence therapy on depressive symptoms of older adults. It was hypothesized that reminiscence therapy will bring decrease in the depressive symptoms of older adults. Results of the present study suggests that reminiscence intervention in institutionalized participants had a positive impact on variables linked to aging, like depressive mood, and physical, psychological, social and environmental aspects of life with no negative effects associated, hence the hypothesis was fully supported. Previous findings also suggest that reminiscence has been recognized for its

positive impact and therapeutic value (Bohlmeijer, Smit, & Cuijpers, 2003; Butler, 1963; Pinquart, Duberstein, & Lyness, 2007) as non-pharmacological treatment (Wang, Yen, & OuYang, 2009). Group Reminiscence therapy has been utilized as a part of improving numerous aspects of geriatrics wellbeing, like decreasing depression, (Mei et al., 2003); improving adjustment issues in later stages of life and in managing widowhood, adapting in sorrow and mourning (osenblatt & Elde, 1990); improving life quality and overall control on life; elevating self-esteem (Lovelady, 1987); modifying the state of mind of people with dementia (MacKinlay & Trevitt, 2003) and building the contact between generations (Cully, LaVoie, & Gfeller, 2001).

Between group analysis of the present study showed that the scores of the experimental group on geriatric depression scale decreased to a significant number as compared to the control group where the scores remained unaffected. Wilcoxon Signed Rank Test also showed significant results in the depressive symptoms of experimental group $p=.004$, $R=0.63$, large effect size in experimental group denotes the extent of change brought by the therapy which is significant. Previous studies also show similar results with respect to depressive symptoms, Karimi and Gao (2010) reported a drop in depressive symptoms in an institutionalized, elderly population compared to a control group similarly Arian (1993) inspected the impacts of group reminiscence on the depressive manifestation, social adjustment and mental status of elderly with mild, moderate or serious cerebrum disorder. In another study it was witnessed higher amount of performance in a group who took part in the reminiscence group with psychodramatic techniques (Martin & Stepath, 1993).

Furthermore, within experimental group, a more significant decrease in the depressive symptoms of men as compared to women was found. These findings are in line with the previous study in which Wu, Chen, Huang, and Lee (2012) found the significant decrease in depressive symptoms of the male participants after the reminiscence therapy was implemented. Serrano, Latorre, Gatz and Montanes (2004) have conducted an experimental study to analyze the efficacy of reminiscence therapy with elderly suffering from depression. Results uncovered that improvement was found in treatment group in the form of improved life satisfaction, decreased depressive symptoms and reduced hopelessness. McMahon and Rhudick (1967) analyzed the relationship of depression and reminiscence in which they revealed that reminiscence was found in more prominence frequency in non-depressed males than depressed ones.

This reinforces the concept that this type of therapeutic intervention can be used as a mean to reduce problems which accompanied aging and institutionalization. During the study participants sharing their stories and activities and through this they realized that **everyone's life** was full of happy, sad, angry and joyful memories and that all of them had an exclusive life journey which cannot be replaced. The group process in which residents shared and praised each other brought friendship and closeness that significantly decreased their depressive symptoms.

Participants had common experiences regarding the process after the completion of therapy: That this group intervention provided them an opportunity and time to identify their own importance and to listen to each other's stories. For that reason this type of practical interventions should be developed so that old aged people should be treated with care and can be prepared for the late life transitions. It turned out that group reminiscence therapy is an effective intervention for elderly according to this study.

LIMITATIONS AND SUGGESTIONS

The present study was conducted with a small sample size therefore increased sample size

would be one improvement to generalize on larger scale. Moreover it was completely limited to elderly chosen from one institutional setting. For that reason, validity and generalization of the results to a broader population is questionable. Further studies could examine the consistency of improvement brought by reminiscence therapy over time, as this study was time limited. Results should be regarded carefully but with positive interest. It is suggested that future researches can implement this therapy to other elderly populations and expand the participation of both males and females. In future researches reminiscence therapy can be used with different psychological issues and concerning old age. Another goal to pursue in future studies could be to observe the relationship between outcome and number of sessions. For instance, whether the results progress more when number of sessions is increased, and to investigate whether there is some standard duration or maximum limit beyond which results in improving. Individual sessions along with group session can also be held to see the effects of both forms of therapy.

CONCLUSION

As a final conclusion, we report that group reminiscence therapy in institutionalized participants had a positive impact on variables like depressive mood, and physical, psychological, social and environmental aspects of quality life with no negative effects associated. Therefore, this type of therapeutic intervention is recommended for geriatrics. It can be used with elderly at home, elderly in community care homes and elderly visiting to hospitals. Caregivers and nurses can also be trained in this therapy and they can easily engage older adults in reminiscence process.

REFERENCES

- [1] Adamek, M. E., & Slater, G. Y. (2008). Depression and anxiety. *Journal of gerontological social work, 50*(1), 151-189.
- [2] Akyol, Y., Durmus, D., Nature, C., Begin, Y., & Cantürk, F. (2010). Quality of life and depressive symptoms in elderly population level. *Turkish Journal of Rheumatology, 25* (4), 165.
- [3] Alexopoulos, G. S., Raue, P. J., Kanellopoulos, D., Mackin, S., Arean, P. A. (2008). Problem solving therapy for the depression-executive dysfunction syndrome of late life. *International Journal of Geriatrics Psychiatry, 23*(8), 782–8.
- [4] Kovach, C. (1991). Reminiscence: Exploring the origins, processes, and consequences. *Nursing Forum, 26*, 14–20.
- [5] Latha, K. S., Bhandary, P. V., Tejaswini, S., & Sahana, M. (2014). Reminiscence therapy: An overview. *Middle East Journal of Age and Ageing, 11*(1).
- [6] World Health Organization. (2009). *Definition of an older or elderly person*. Retrieved from <http://www.who.int/healthinfo/survey/ageingdefnolder/en/index.html>.
- [7] World Health Organization. (1999). *Ageing – Exploding the myths*. Retrieved from http://whqlibdoc.who.int/hq/1999/WHO_HSC_AHE_99.1.pdf.
- [8] World Health Organization. (2013). *Mental health and older adults*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs381/en/>.
- [9] World Health Organization. (2015). *Definition of an older or elderly person*. Retrieved from <http://www.who.int/healthinfo/survey/ageingdefnolder/en/>.
- [10] Zafar, S. N., Ganatra, H. A., Tehseen, S., & Qidwai, W. (2006). Health and needs assessment of geriatric patients: Results of a survey at a teaching Hospital in Karachi. *Journal of Pakistan Medical Association, 56*(10), 470–473.