A QUASI EXPERIMENTAL STUDY TO EVALUATE THE EFFECTIVENESS OF REMINISCENCE THERAPY ON DEPRESSION AMONG ELDERLY IN SELECTED OLD AGE HOMES AT MADURAI.

BY

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A dissertation submitted to the Tamil Nadu Dr. M.G.R. Medical University, Chennai.

In partial fulfillment of the requirements for the degree of Master of Science in

Mental Health Nursing

UNDER THE GUIDANCE OF

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ABSTRACT

Introduction

The old age is an integral part of human life. It is the evening of life. It is unavoidable, undesirable, unwelcome and problem ridden phase of life. But it is really interesting to note that everybody likes to live a long life, but not to be old. It is ironical that however undesirable the old age that is bound to life. A man is compelled to go through the pains and pleasure of this age as like other phases in life, before making exit from this mortal world. Reminiscence therapy for depression consists of recollecting of past life experiences which implicates the principles of cognitive therapy. However there are inherent difficulties in assuming from these studies that reminiscence therapy for depression is an effective treatment with the general adult population.

Research hypotheses were formulated to find the significant difference between control and experimental group. The review of literature was done and organized based on Studies related to ageing and level of depression among geriatrics. Studies related to effectiveness of reminiscence therapy on the level of depression among geriatrics. The conceptual framework of this study was based on Widenbach's helping art clinical nursing theory.

Methodology

The research design adopted for the study was quasi experimental nonequivalent control group design. The study was conducted at selected Geriatric home, Madurai. The samples selected were 64, of which 31 samples were allotted

in the experimental group and the remaining 33 were in the control group. The samples were recognized based on the inclusion criteria and picked up with Non probability – purposive sampling technique. Yesavage geriatric depression scale was used as a tool for data collection after confirming the validity and reliability. Reminiscence therapy was demonstrated to the experimental group only for 21 days in both morning and evening. The data obtained were analyzed and interpreted using descriptive and inferential statistics.

Results

- Regarding the pretest level of depression among elderly in experimental group , 31(100%) had mild depression and in posttest 5(14.2%) had mild depression and rest of them falls in normal.

- Regarding the pretest level of depression among elderly in control group,33(100%) had mild depression and post level of depression level of depression among elderly in control group 33(100%) had mild depression.

- Comparison of pretest and posttest level of depression mean scores among elderly in experimental group using paired ‘t’ test revealed that the ‘t’ value was 5.307 which showed a statistical significance at $p<0.001$ level. It was inferred that the reminiscence therapy was significantly effective in decreasing the level of depression among geriatrics.

* The comparison of mean post test score of level of depression among geriatrics between experimental and control group using unpaired 't' test revealed that the 't' value was 22.25 which showed a statistical significance at $p<0.001$ level. It was inferred that the reminiscence therapy was significantly effective to decrease the level of depression among elderly in experimental group.

* The chi square test revealed that there was significant association between pretest level of depression among elderly with the selected demographic variables like gender($p=0.0102$), marital status($p=0.0051$) and any medical illness ($p=0.0012$) in experimental group and control group and remaining was not associated with demographic variables at $p < 0.05$ level.

Conclusion

Reminiscence therapy is a non-pharmacological psychosocial intervention for the treatment of depression. The study results revealed that, there is significant difference on the level of depression among elderly in experimental and control group. The study concluded that reminiscence therapy will decrease the level of depression and enhances comfort in elderly.

Discussion

Further studies should be planned in such a manner to generalize the study findings and the use of other complementary therapies will decrease the level of depression.

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CHAPTER I

INTRODUCTION

"Life isn't matter of milestones, but of moments"

BACKGROUND OF THE STUDY

The old age is an integral part of human life. It is the evening of life. It is unavoidable, undesirable, unwelcome and problem ridden phase of life. But it is really interesting to note that everybody likes to live a long life, but not to be old. It is ironical that however undesirable the old age that is bound to life. A man is compelled to go through the pains and pleasure of this age as like other phases in life, before making exit from this mortal world.

Though it is true that no stage of life has its ever smooth sailing and every stage has its attendant problems, those of old age are more difficult because the physical strength and mental capability required to cope up with the adverse situations of life are immensely reduced. The situation becomes all the more difficult when one finds himself/herself left alone without anyone to attend him.

Indeed the loneliness and neglect associated with the old age is a rather recent phenomenon. It is the outcome of breakup of the tradition of joint family system. Growing urbanization and fast moving modern life have contributed to the problem. Furthermore, the erosion of moral values has also aggravated the situation. Earlier, when life was simpler and values counted for more, those who reached a ripe old age held an enviable place in society where they could really release and enjoy the twilight years of life.

They commanded great respect, regard, love and attention and were taken as source of inspiration, guidance and experience for the younger generation. These

words of Elbert Hubbard are true to the situation, “where parents do too much for their children, the children will do not much for themselves.”

Debilitating body and failing health, make things worse. Having rendered service for a lifetime, the body parts appear to have become tired and weak. He becomes highly vulnerable to ailments-minor or major. Diseases both minor and major always follow them and their waking hours are preoccupied with symptoms and pills, diets and therapies. Regular medical aid and assistance becomes routine at this stage of life.

Besides, social security and emotional support are terribly needed. A feeling of loneliness adversely affects their mental health which shows through some physical problems. In recent times, insecurity of the old, particularly in metropolitan cities, has emerged as a matter of grave concern. Usually, they are alone with servants to take care of them. After some time, the servants become familiar with everything in the household, they rob them of all their belongings, often become cruel enough to kill them and ran away. The news of such incidents are frequent in national dailies.

The problem of loneliness and isolation is the gift of modern society. The society forces an old person to live like an island. Often he faces the loss of spouse and old friends. In fact, during the old age one is faced with multi-dimensional problems. One of the major problems is the financial constraint which is really more difficult in case of those old persons who are not entitled to any social security and have no source of income, completely depending on their spouse or children. People of this consumer culture do not have sufficient money to provide financial support to their parents; neither do they take it as their moral responsibility. This situation is really unfortunate and needs to be addressed properly.

Added to this is the depressing anxiety of not knowing just how far ahead one must plan or for how long one is forced to dependent financially on his children to meet his requirements. This brings more despondency to him. This plays havoc with the lives of the elderly. The picture is really grim in the twilight years of the life which ought to have been the best years of a person's life, when man is free from every kind of responsibilities.

In fact, it is an appropriate time for him to enjoy life without care and concern. He finally has time to live-"sit in shade/reliving the good old times/letting bad memories fade." Keeping in mind these words of Henry Ward Beecher, "There is no friendship, no love, like that of the parent for the child," we should be sincere and caring enough to take care of them when they most need it, but not pamper them.

Depression is common among the elderly. Depression is the most common diagnosis in older adults ,who have attempted suicide and suicidal rate due to depression among persons older than age of 65 is doubled compared with suicide rates of persons younger than 65.

According to the National institute of mental health (NIMH), 2010 major depression is a significant predictor of suicide in the elderly. The elderly (age 65 and older) accounts for over 18% of all suicides, frequently depression goes unrecognized and there for untreated in the older population.

It is difficult to imagine how families who bear the burden manage to meet the needs of their depressed and suicidal loved one at home. Because the family members become the primary care givers, strategies to promote optimal family functioning would result in better care for the patient, there by entrancing patient outcomes.

Reminiscence therapy for depression consists of reading a self-help book for depression that uses the principles of cognitive therapy. However there are inherent difficulties in assuming from these studies that reminiscence therapy for depression is an effective treatment with the general adult population.

Depression is not only a state of being sad, it is a disease that conquers the ability to feel emotion, whether good or bad, whatsoever. Depression not only involves the mind, it also involves the body and thoughts. In different cultures some complain of excessive headaches and extreme pain and this is identified as depression, moderate or otherwise. This disease can be passed down through genes or can follow external events or can be caused by a chemical imbalance in the brain.

Several studies (Scogin,Hamblin andBeutler,1987,Scogin,Jamison and Gochneaur 2007) have found cognitive reminiscence therapy to be an effective treatment for depression with older adults samples.(adult age 60 and over).

Assuming a Reminiscence therapy for depression consists of recalling the past experiences and memories for depression that uses the principles of cognitive therapy. However there are inherent difficulties in assuming from these studies that reminiscence therapy for depression is an effective treatment with the general adult population

NEED FOR THE STUDY

An old man is full of experience are an immense help to the younger generation, he is taken as an unwanted burden. Thinking of old age visions terrible loneliness and neglect emerge in mind. A sense of despair glooms over all his pleasant feelings.

Globally 10% to 30% of elderly has the problem of depression and in India 13% - 15% of old age are affected with depression.

In Tamilnadu 47% to 49.5% of elderly have depression and in Madurai 25% to 27% of old age are affected with depression.

Scogin, Hamblin and Beutler (1987) used three treatment conditions to investigate the efficacy of reminiscence therapy for the amelioration of symptoms in mild to moderately depressed older adults. The reminiscence therapy treatment condition was assessed three times over a two-month program. The first month was active treatment and there was a post treatment follow-up one month later. The other two conditions consisted of a delayed condition which received the same treatment staggered one month behind the immediate treatment condition and an attention control treatment group. Of 29 original participants 60 years of age or older, only 20 completed the study – a sample too small to be generalizable. Although there was no significant relationship found between age and severity of depression on completion of the program, there was a correlation found between less education and lower socio-economic status and likelihood of dropping out of the study. This suggests characteristics that warrant further study as possible predictors of a candidate's potential success in using reminiscence therapy for depression.

During the researcher's visit to old age home, all the patients expressed their feelings of isolation from their family and felt their depressive state. To eliminate their feelings of depression, the researcher decided to do his research work for the wellness of elderly clients.

The researcher viewed that depression will lead a person's life to a catastrophic state and lack of peace. So depression must be reduced by means of

reminiscence therapy so that the researcher has chosen reminiscence therapy to eliminate the elderly depression.

STATEMENT

A quasi experimental study to evaluate the effectiveness of reminiscence therapy on depression among elderly in selected old age homes at Madurai.

OBJECTIVES

1. To assess the pretest and posttest level of depression among elderly in both control and experimental groups.
2. To compare the pretest and posttest level of depression scores among elderly in experimental and control groups.
3. To determine the effectiveness of reminiscence therapy on depression among elderly by comparing the post test scores between control and experimental groups.
4. To find out the association between pretest level of depression among elderly with selected demographic variables in both experimental and control groups.

RESEARCH HYPOTHESES:

H_1- The mean post test depression scores of experimental group is significantly lower than the mean post test depression scores of control group.

H_2- The mean post test depression scores are significantly lower than the mean pre test depression score of experimental group.

H_3- There is a statistically significant association between pretest depression scores with selected demographic variables in both control and experimental groups.

OPERATIONAL DEFINITION:

Reminiscence therapy: In this study, it refers to an intervention which includes the active recollection of life experiences. Vocally recall episodic memories from their past with cues like visual, tactile, audio, smell and taste.

Effectiveness: In this study, it refers to the degree to which the reminiscence therapy is achieved and the extent to which the depression is improved among elderly in experimental group.

Depression: In this study, it refers to any change in an individual life that causes alteration in the physical, mental, or emotional states which is assessed through **Geriatric depression scale.**

Elderly: The people who are in the age of 60 and above living in a selected old age home at Madurai.

Old-age home: It refers to the place where the elderly people residing to the institution where their basic needs and geriatric care were met.

ASSUMPTIONS

1. Depression is common among elderly.
2. Depression leads to unfavorable consequences.
3. Reminiscence therapy is one of the mind and body relaxation techniques.
4. Reminiscence therapy is a non pharmacological treatment and it is an effective measure to reduce depression.

DELIMITATIONS:

1. The findings of the study are limited to elderly people affected with depression in selected old age homes at Madurai.
2. This study is delimited to elderly selected by screening depression scale.
3. The study was delimited to a period of 6 weeks.

PROJECTED OUTCOME:

The findings of the study will help to:

1. assess the level of depression among elderly in selected old age homes at Madurai.
2. identify the effectiveness of reminiscence therapy.
3. improve the quality of life among elderly.
4. administer reminiscence therapy as a mind and body relaxation technique by nurses to the needed population.

CHAPTER II

REVIEW OF LITERATURE

Review of literature is used to designate a written summary of the act on a research problem. Literature review can search a number of important functions like identification of the topic, ascertaining what is already known in relation to a problem of interest, developing a broad conceptual context into which research problem will fit and suggesting way to go about the business of conducting a study on topic of interest.

An extensive literature was done for the present study and was presented under the following headings:

1. **Studies related to old age depression**
2. **Studies related to reminiscence therapy**
3. **Studies related to reminiscence therapy on old age depression**

1. STUDIES RELATED TO OLDAGE DEPRESSION

AT Beekman, JR Copeland and MJ Prince (2008) conducted a study to assess the prevalence of late-life depression in the community. The reported prevalence rates vary enormously (0.4-35%). Arranged according to level of casernes, major depression is relatively rare among the elderly (weighted average prevalence 1.8%), minor depression is more common (weighted average prevalence 9.8%), while all depressive syndromes deemed clinically relevant yield an average prevalence of 13.5%. There is consistent evidence for higher prevalence rates for women and among older people living under adverse socio-economic circumstances.

Charles F. Reynolds .et. al., (2006) conducted a study on maintenance treatment of major depression in old age in rural area of udupi taluk. Among patients with a response to treatment with paroxetine and reminiscence therapy, 116 were randomly assigned to one of four maintenance-treatment programs for two years or until the recurrence of major depression. The result was the major depression recurred within two years in 35 percent of the patients receiving paroxetine and reminiscence therapy, 37 percent of those receiving paroxetine and clinical management sessions, 68 percent of those receiving placebo and reminiscence therapy, and 58 percent of those receiving placebo and clinical management sessions (P=0.02). This study concluded that the patients 70 years of age or older with major depression who had a response to initial treatment with paroxetine and reminiscence therapy were less likely to have recurrent depression if they received two years of maintenance therapy with paroxetine.

Deborah Mitchell (2009) conducted a study in Australia on depressive symptoms and treatment. Depressive symptoms and disorders were identified by structured psychiatric interview in 130 consecutively admitted male inpatients aged 70 years and over. Major depression was found in 11.5% and other depressive syndromes in 23%. While depressive symptoms and syndromes are common among the medically ill, this study demonstrated the need for careful diagnostic assessment of older patients with depressive symptoms before initiating treatment that may itself convey significant risk. Socio demographic and health characteristics of older men at higher risk for depression were also identified. Patients more likely to be depressed were over age 75 years, had less formal education, experienced cognitive

dysfunction, suffered from more severe medical illness (particularly recent myocardial infarction), and had a history of psychiatric illness.

Ellen L. Brown. et. al., (2003) conducted a study on recognition of depression among elderly recipients of home care services. The methods used forty-two nurses were surveyed about the presence of depressive symptoms among patients who had been evaluated independently for depressive disorders by research staff using the Structured Clinical Interview for Axis I DSM-IV Disorder. A sample of newly admitted home health care patients who were aged 65 years or older was randomly selected for this evaluation on a weekly basis from December 1997 to December 1999. The concluded that home health nurses have difficulty making accurate assessments of depression among older home care patients. Inaccuracy in assessment of depression by home health nurses is a significant barrier to treatment in this elderly homebound population.

Jane McCusker . et al., (2007) conducted study on major depression among medically ill elders contributes to sustained poor mental health in their informal caregivers in chevvayur. The longitudinal observational study with 6-month follow-up conducted in two Montreal acute-care hospitals. A sample of 97 cognitively intact medical inpatients aged 65 and over and their informal caregivers, with oversampling of patients with a diagnosis of major or minor depression. The patient characteristics included: mean age 79.3, 62% female, 46% major depression, 18% minor depression, 36% no depression. Caregiver characteristics included: 73% female, 35% co-resident spouse, 15% other co- resident relation, 50% not residing with the patient. Results of the multivariate analyses showed that in comparison with caregivers of patients without a current diagnosis of depression, caregivers of

those with major depression had a lower mental health score at follow-up (–9.54, 95% CI –16.66, –2.43), even though their physical health was slightly better (5.42 95% CI 0.04, 10.81).

Kapp (2002) conducted a study in Andhra Pradesh on older individuals with depression of varying degrees of severity and other chronic as well as acute medical problems are being more prevalent as the population ages dramatically. The care of these individuals rises plethora of legal and ethical issues , as professional care givers, advocates, and society endeavor to balance compassion and benevolence for suffering persons, on one hand, with respect for the autonomous right to control vital facets of one's own life, on the other. We must continue to grapple, from legal, ethical, and practical perspectives, with complex questions about when, how, and with whom we ought to be using the tools in our modern scientific armamentarium to intervene against the wishes of older persons who purport to choose to be miserable and to act accordingly

Sambamoothi U. et. al., (2003) conducted a study on reminiscence therapy treatment among elderly diagnosed with depression in new Orleans. The research design used is linked Medicare claims and survey data from the 1992 - 1999 Medicare Current. Between 1992 and 1998, we identified 1167 depressed elderly Medicare beneficiaries with 1829 episodes. The findings are, overall reminiscence therapy was used in 32% (n = 534) of the episodes of depression treatment. Reminiscence therapy use was correlated with younger age, higher educational attainment, chronically illness and urban residence. Elderly who lived in counties with reminiscence therapy providers were more

likely to receive reminiscence therapy. Results suggest a low level of adherence with published guidelines for persistence treatment.

Niamadhab khar, et al, (2007) identified the point prevalence of depressive Disorders in the elderly population in India, conducted a cross sectional study over a Period of eight months in the three taluks of Udupi, Kundapura and Karkala. They Selected 627 people in the age group of 60 years and above for the study. Simple Random sampling without replacement method using the probability proportionate to Size (PPS) technique was used. The results shown the rate of depression in elderly Population was determined to be 21.7%. The Indian version of WHO – five well being index (1998 version) showed a sensitivity of 97% specificity of 86.4% positive Predictive value of 66.3% and an overall accuracy of 0.89%. They finalized the result that the Indian version of WHO (five) well being Index was found to be an effective Instrument for identifying depression in elderly Indian community.

Eisses, et al, (2004) conducted a cross- sectional and longitudinal study on Prevalence and incidence of depression in residential homes for the elderly in Drenthe, Netherland. Out of 479, 295 non- depressed subjects were estimated the incidence rate after six months. The results showed the prevailing of major Depression was 4.1% and the same rate was found for minor depression. The 6 month Incidence of major and minor depression combined was 2.1%. The prevalence rate for Depressive disorders obtained was twice as high as reported for the advance elderly in The general population, where as the rate were lower than those usually found in Residential homes.

Aman Sood, Parsotham.D. (2006) conducted a study to evaluate the profile of Psychiatric disorders in geriatric inpatients with 528 individual elderly. The ICD-10

Criteria were used for psychiatric diagnoses. General medical conditions were Diagnosed by consultants of the respective departments. The patients were finally Assessed by the consultant of the Department of Psychiatry. The obtained data were Analyzed using the chi-square test. Results showed that 260 (49%) had psychiatric co morbidity. The most common psychiatric disorder was depression (25.94%), and the Above findings emphasized the importance of consultation-liaison psychiatry, Especially in geriatric patients.

2. STUDIES RELATED TO REMINSCENCE THERAPY

Rabbi Bernard Cohen (2000), conducted an experimental study in Canada, to assess the effectiveness of reminiscence therapy on psychosocial distress in lung transplant patients and their families. 36 lung transplant clients and their support people were examined for psychosocial distress, coping style and orientation to independent learning before and after self help book in a programme to alleviate distress and encourage adaptive coping. Subjects rated the books as highly acceptable and none complained as increased distress. Results revealed as the changes in coping strategies.

Pameetha .K (2000), conducted a study to assess the role of reminiscence therapy in health anxiety. This experimental study investigated the patients who had been identified as demonstrating health concerns. 40 patients were randomly allocated to experimental and control group. Anxiety was assessed before and after reminiscence therapy. Patients in the reminiscence therapy group showed reduced level of anxiety at post test even when they also had identifiable physical problem. These results are consistent with the ideas that reminiscence therapy can be an effective and accessible method.

Furroda (1999), conducted a study in Great Britain revealed that the assisted reminiscence therapy is an effective and efficient treatment for reducing moderate anxiety. In this study selected patients were supported in learning skills to manage their symptoms. This approach was efficient acceptable and led to clinically significant symptom reduction for a high proportion of patient.

Robert (1998), conducted a study in Tusculoosa, USA to assess the effectiveness of minimal contact cognitive reminiscence therapy with group of 80 depressed adults who were recruited from the community. Minimal contact reminiscence therapy was found to be superior for the control group. The results were both statistically and clinically significant and the treatment group improved their level of improvement at 3 month follow up. The results also indicated significant decrease in dysfunctional attitude and automatic negative thoughts after treatment. It appeared that the treatment also served a psycho educational function.

Kenninger (1998), conducted a comparative study regarding outcome of individual psychotherapy and reminiscence therapy for depressed older adults. 31 community residing older adults aged 60yrs are over either received 16 sessions of individual cognitive psychotherapy or read feeling good for reminiscence therapy. Post treatment comparison with the delayed treatment control indicated that both the treatments were superior to delayed treatment control. There were no difference between individual psychotherapy and clinician rated depression. Further, reminiscence therapy participants will continued to after post treatment. And there were no difference between the treatments at 3 month follow up. Result suggests that reminiscence therapy and individual psychotherapy are both viable treatment options for depression in older adults.

Cumero.et.al, (1996), conducted a meta-analysis of reminiscence therapy studies in Illinois, to examine the efficacy of reminiscence therapy. Reminiscence therapy treatments were compared to the control groups and therapist administered treatment. The estimated effect size of 70 samples were analyzed and found to be 0.565. There was no significant difference between the effects reminiscence therapy and therapist administered treatment. However reminiscence therapy did appeared more effective for certain problems like assertion, training, anxiety and sexual dysfunction. Recommendation for further research were given, specially for more research on the commonly purchased books and moderator analysis by personality type and reading book.

Jagatheesan, (1996), conducted a study to identify the efficacy of reminiscence therapy for mildly and moderately depressed older adults. Cognitive reminiscence therapy and behavior reminiscence therapy were compared with a delayed treatment control condition but that the cognitive and behavioral reminiscence therapy were non differently efficacious. 60 percent of subjects demonstrated clinically significant changes. There were no specific effects associated with either the cognitive or the behavioral intervention. Treatment gains were maintained at 6 months follow up.

3.STUDIES RELATED TO REMINISCENCE THERAPY ON OLDAGE DEPRESSION

Scoggin, et.al(2008), conducted a study to examine long term benefits of participation in a reminiscence therapy program for depressed older adults. 30 of original 44 participants (68%) were assessed to approximately 2 years following treatment for clinician rated and self rated depression. There no increase in either

index suggesting the improvements were maintained. Follow up questions revealed that most participants 77% had not received other treatments most 73% felt their depression reduced and over half 53% had read at least parts of their assigned book during the 2 year interval.

Gregory Robert, (2006), meta-analysis of 29 outcome studies of cognitive forms of reminiscence therapy for depression. Seventeen studies with stronger research designs (pretest-posttest waiting list control group) yielded a respectable effect size of 0.77, considered the best estimate of effect size from this study. This result compares favorably with outcomes from individual psychotherapy. In light of the substantial positive effects associated with reminiscence therapy for depression, the authors discuss clinically relevant questions related to the use of cognitive reminiscence therapy.

Beck, et.al (1979) conducted a study among Thirty-one community-residing older adults age 60 or over either received 16 sessions of individual cognitive psychotherapy (Beck, Rush, Shaw, & Emery, 1979) or read Feeling *Good* (Burns, 1980) for reminiscence therapy. Post treatment comparisons with the delayed-treatment control indicated that both treatments were superior to a delayed-treatment control. Individual psychotherapy was superior to reminiscence therapy at post treatment on self-reported depression, but there were no differences on clinician-rated depression. Further, reminiscence therapy participants continued to improve after post treatment, and there were no differences between treatments at 3-month follow-up. Results suggest that reminiscence therapy are viable treatment options for depression in older adults.

Jones ED (2008), conducted A study to determine the effects of a 3- week, six session Reminiscence intervention on the level of depression among elderly women residing in one assisted living long term care facility using a pre test- post test, quasi experimental design. The convenience sample of women 30 women (M=81.7 years). Depression was measured using geriatric depression scale. The findings of this study suggest that Reminiscence therapy, was an effective treatment in reducing symptoms of depression among elderly women.

Cully, Lavoie (2006) explored the effectiveness of reminiscence therapy as an Effective means of reducing depression among institutionalized, rural dwelling elderly women. Single group pre test and post test design (N= 31) was used and level of depression was assessed by geriatric depression scale. Results have shown statistically significant reduction in depression score. The author concluded that individual reminiscence therapy contributes to the improvement of older adult's quality of life, reduces their depression, and enhances their morale.

Fillip Smit, Erast Buhlmejjer (2004) aimed to assess the effectiveness of Reminiscence on depression among different target groups and treatment modalities. They retrieved twenty controlled outcome studies and conducted a Meta analysis. Results showed that reminiscence and life review are effective interventions for depressive symptoms in the elderly.

Chao Shu, Tsung et al (2006) conducted a quasi experimental study to find Out the effect of group reminiscence therapy on older nursing home resident's Depression (N=24) with 12 control group and 12 experimental group. Geriatric Depression scale was used to measure the depression level. Result showed

Reminiscence therapy could enhance elder's social interaction with one another in Nursing home settings.

Wang JJ Cheng Kung (2007) conducted a randomized control trial to assess the effectiveness of group reminiscence in reduction of cognitive impairment Depressed mood (N=102). MMSE, GDS were used to assess the depression. Results have shown that the intervention has significant effect on cognitive function and affective function. The author concluded that the reminiscence therapy is a positive and valuable intervention in reducing depression among elderly residing at long term care settings.

Ellen Klaussner J, George S. et al (2006) conducted a randomized control trial Study on institutionalized elderly. (N=481). Two RCTs compared treatment groups. Six RCTs compared treatment with a placebo group. Eight RCTs compared treatment with a standard care group. Three RCTs found significant reduction in depression score. Study findings revealed RCT has a significant effect of reminiscence therapy in the age group of 65-74, but not in the age over 74 years of depressed elderly.

Wang Jing Jy (2005) in his quasi experimental study he assessed the Comparative effects of reminiscence on elderly people€ residing in long term care Facilities and at home. (N=48). Purposive sampling technique was used. The results showed significant reduction of depression score after reminiscence. The author suggested that reminiscence is appropriate intervention for depressed older people residing in long term care facilities.

Ya- Chan Hsu (2005) conducted a longitudinal study to find out the Effectiveness of reminiscence therapy on depressed elderly. (N=40). Face to face Interview and study instruments were administered. Results have shown that longer the duration reminiscence therapy played a significant role in the reduction of depression level among elderly. The author suggested that reminiscence is an effective nursing intervention to reduce depression and to promote quality of life for elderly Population.

Herieh, Wang Lin et al (2007) conducted a true experimental study to find out the effect of group reminiscence and increasing self transcendence in older women. (N=24). Result showed a positive effect of group reminiscence. Study revealed that Group reminiscence offers a possible intervention for treatment of depression in older women.

Pillemer et al (2008) In their cohort study (N=157) found the gender Difference in reminiscence behavior across the life span. The sample consisted of two cohorts. Younger cohort 68-71 years, older cohort 76-79 years. Interview technique was used. Findings showed women had significantly higher scores. Study revealed that the higher frequency of recounting specific memories by women was due to the fact women placed greater value on reminiscing.

Eller L.s et al (2007) a part of the larger study of symptoms of self Management examined the prevalence correlates and characteristics of depressive Symptoms and self care activities used to manage those symptoms in old age home Elderly. (N=1217) epidemiologic studies depression scale was a self care interventions for depressive to find out the depressive symptoms. Results revealed 19 self care interventions for depressive symptoms. Self care behaviors for depressive

symptoms which fill in to six categories. 1. Complementary therapy 2. Reminiscence therapy 3.Distraction techniques 4. Physical activity 5. Meditation 6.avoidant coping. Results showed reminiscence has significant association.

Jing-Jy Wanga Ya et al, (2004) they assessed the effects of reminiscence on Four selected mental health indicators, including depressive symptoms, mood status, self-esteem, and self-health perception of elderly people residing in community care facilities and at home. A longitudinal quasi-experimental design was conducted, using two equivalent groups for pre–post test and purposive sampling with random assignment. Each subject was administered pre- and post- tests at a 4 month interval but subjects in the experimental group underwent weekly intervention. (n=94), a statistically significant difference (p=0.041) was found between the pre–post tests on the dependent variable, depressive symptoms. However, no statistical significance was found in subjects' level of mood status, self-esteem, and self-health perception after the intervention in the experimental group, but slightly improvement was found. Reminiscence not only supports depression of the elderly but also empower nurses to become proactive in their daily nursing care.

Afonso R, et al, (2008) study analyzed the effectiveness of an individual, delimited, semi-structured reminiscence program as an intervention strategy to reduce depressive symptomatology in a population of Portuguese old people. A semi structured reminiscence program was developed in 5 individual sessions. The Program's impact on depressive symptomatology was tested in 90 subjects aged over 65 years with depressive symptoms, no antidepressive medication, and no signs of dementia. In a randomized experimental design, participants were assigned to one of 3 groups: a) experimental group (exposed to the program); b) control group, or c)

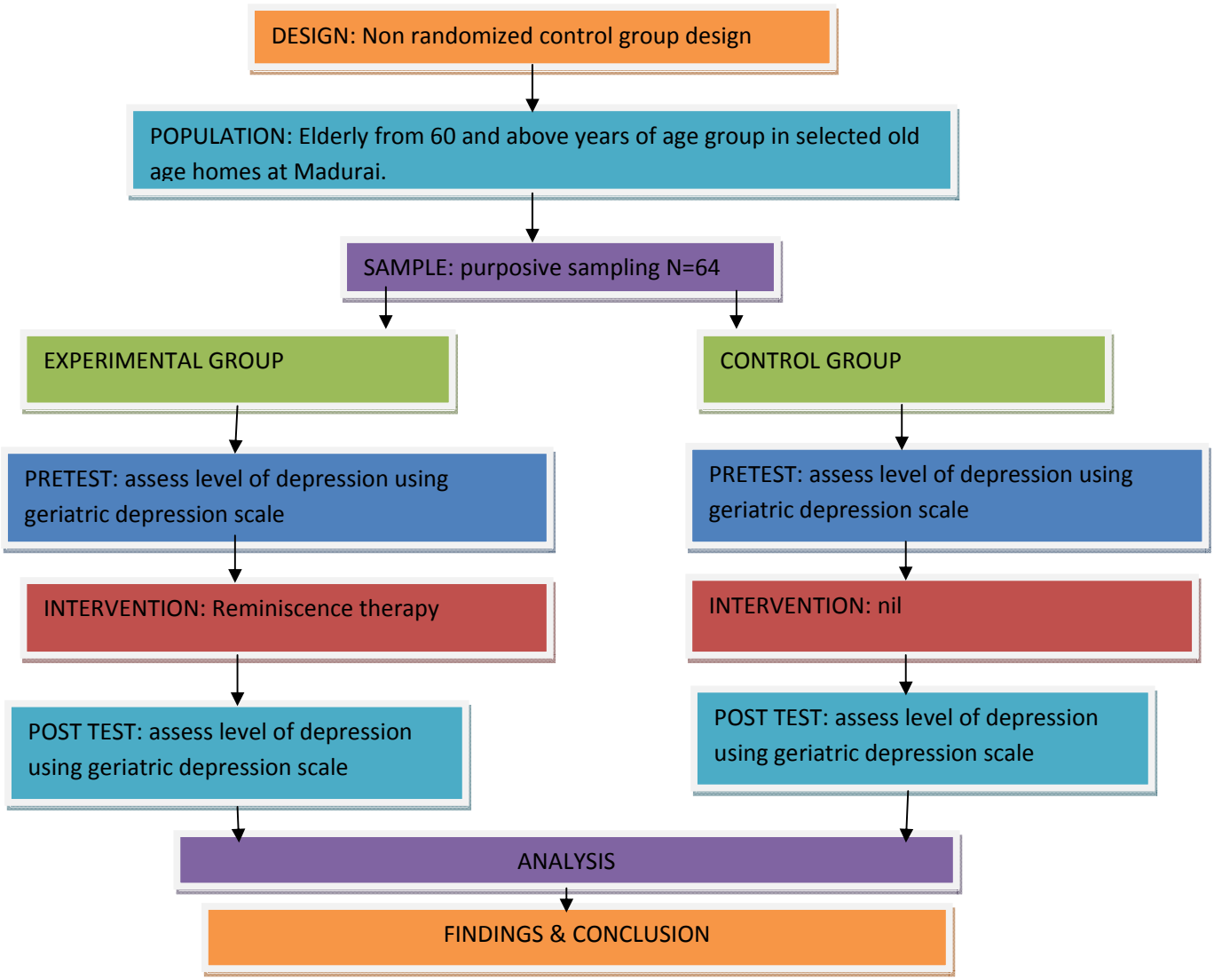
placebo-control group (with weekly relaxation sessions). Pre and post-test score differences in Center for Epidemiologic Studies Depression Scale (CES-D) (adapted by Gonçalves and Fagulha, 2000-2001, from the original developed by Radloff, 1977), were analyzed in all participants at the same time intervals. As per findings in the experimental group, significant improvements were found in depressive symptomatology. The results suggest that elaboration of positive and negative autobiographical memories, stimulation of instrumental and integrative reminiscences and narration of specific and positive autobiographical memories using the reminiscence program, as designed and analyzed in this study, may be a tool for psychological intervention to reduce depressive symptomatology in old age.

CHAPTER III

METHODOLOGY

It includes the research approach, research design, setting of the study, population, sample, sample size, method of sampling, criteria for sample selection, development and description of the tool, validity and reliability of tool, procedure for data collection and plan for data analysis, pilot study and ethical consideration.

Figure 3.1SCHEMATIC PRESENTATION OF RESEARCH



RESEARCH APPROACH

An experimental approach was selected for this study

RESEARCH DESIGN

In this study, **NON RANDOMIZED CONTROL GROUP DESIGN** (non equivalent control group design), was adopted.

GROUP	PRE-TEST	INTERVENTION	POST-TEST
E (non randomized)	O_1	X	O_2
C(non randomized)	O_1	-	O_2

E- Experimental group

C- Control group

X- Intervention (reminiscence therapy)

O_1- Pretest level of depression among elderly

O_2- Post test level of depression among elderly

SETTING OF THE STUDY:

Experimental group: The setting selected for the present study is Christian Mission Hospital, Keelavaasal which is run by C.S.I Diocease of Madurai and Ramnad, 8 kms away from C.S.I. Jeyaraj Annapackiam College of Nursing

Control group: The setting selected for the present study is Inbaillam, Pasumalai, 1 km away from C.S.I. Jeyaraj Annapackiam College of Nursing.

POPULATION:

- The target population includes elderly, above 60 yrs of age in Madurai.
- The accessible population is elderly people with depression in Christian Mission hospital and Inba Illam at madurai.

SAMPLE SIZE:

The total sample for this study will be 64 in number in which

33-belongs to Control group

31-belongs to Experimental group

SAMPLING TECHNIQUE:

Samples for this study were selected through non probability purposive sampling technique.

SAMPLING CRITERIA:

Inclusion criteria

1. Who are of 60 and above 60 yrs of age
2. Who are identified with mild depression (by Geriatric depression scale) Both male and female

Exclusion criteria

1. Who are ill at the time of data collection.
2. Who underwent reminiscence therapy previously.
3. Who are receiving any psychiatric treatment.

METHOD OF DATA COLLECTION

After obtaining permission from the concerned authority and informed consent from the samples, the researcher will collect the data. It consists of the following phases.

Phase I- Pretest was conducted to assess the level of self esteem using Geriatric Depression scale.

Phase II- Reminiscence therapy was given for 21 days (four hour per day).

Phase III- Post test was conducted to assess the level of Depression using the same scale in the following week.

TOOL DESCRIPTION:

The tool used in this study was standardized tool to assess the level of Depression among elderly.

The research tool consists of

Part I: Demographic data

Part II: Geriatric depression scale(Yesavage J.A)

Part I: Demographic variable Performa

It consists of demographic variables of old age people which includes, age, sex, marital status, number of children, religion, education, previous occupation, pensioner, family support, duration of stay, mode of admission, Income, chronic illness and amount spent for medicine.

Part II : Geriatric depression scale - Yesavage's Geriatric Depression Scale (GDS) consisting of 30 items related to geriatric depression with 'yes' or 'No' options was used for the study to collect the data. Reliability score was (0.83) ,established by split half method.

Scoring procedure

Scoring was based on the responses of the client. Each depressive answer count one. Positive and negative items were scored based on the framing of questions. If Q 1, 5,7,9,15,19,21,27,29 and 30 has "No" responses scored as one for each question and for the rest if responses were 'Yes" it was scored as one and then the total scores were obtained. Thus the total obtainable score is 0-30.

Obtained score is interpreted as follows:

- Normal 0-09
- Mild depression10-19.
- Severe depression 20-30.

VALIDITY

Content validity is the degree to which an instrument measures what it is supposed to measure. Content validity is the sampling adequacy of the content being measured (Polit and Hungler 2007). The content validity of the tool was obtained by getting opinion from several experts. The experts have suggested some specific modifications in the demographic and clinical variables performa and rating scale. The modifications and suggestions of experts were incorporated in the final preparation of the tool. GDS is a standardized and valid tool

developed by Yesavage and was used in many studies including India.(Rajeshwari (2010), Hirch et al (2008)).

RELIABILITY

Reliability is the degree of consistency with which an instrument measures the attribute which is designed to measure (Polit & Hungler 2007). Original version of GDS has internal consistency (alpha 0.94), split half reliability (0.94) and test retest correlation of 0.85 over a week. The reliability of translated version in Tamil is established by split half method and the reliability score was (0.83).

PILOT STUDY

Pilot study was conducted at Nesam trust old age home, Thirunagar Madurai. After obtaining approval from the concern authorities, the researcher was clearly explained about reminiscence therapy and verbal consent was obtained from samples. Pre- test was conducted among both experimental and control group. Reminiscence therapy was given to experimental group and post test was conducted both experimental and control groups. The study was found to be feasible with regard to time, availability of subjects and cooperation of samples. The pilot study revealed that the study was feasible . Data was analyzed to find out the suitability of statistics and found to be significant.

DATA COLLECTION PROCEDURE

The main study was conducted after obtaining the formal permission from the principal , C.S.I. Jeyaraj Annapackiam college of Nursing and the concerned

authorities. The data was collected among the elderly people in Christian mission hospital elderly home and inba illam elderly home, Madurai. The period of data collection was six weeks in which the investigator selected 64 samples , who fulfilled the inclusion criteria using non – probability purposive sampling method. In that 31 elderly of Christian mission hospital old age home were in experimental group and 33 elderly of inba illam were in control group. Pre -test assessment for experimental group and control group was done.

Following week, the eldely in experimental group was given reminiscence therapy. The duration for reminiscence therapy given 2hr in forenoon and 2 hr in afternoon daily for 3weeks. Schedule was made for each week. It includes, a reminiscence kit which helps in recollecting of life experience for the elderly, the kit was designed based on stimulating sensory stimuli (visual, auditory, tactile taste/smell), through the sharing of their life experience and memories their depression will get reduced. After 2weeks, posttest was done with the same questionnaire. Effects were determined and compared with experimental group and control group before and after reminiscence therapy. All the elderly were co – operative and the investigator expressed her gratitude for their co – operation. In all sessions the elderly people in old age home ventilate their experience and memories.

STEPS OF DATA COLLECTION

STEP I

- Introduction

STEP II

- Explanation of the purpose of the study
- Conduction of Pre - test among both experimental and control group.

STEP III

- Administration of Reminiscence therapy to the experimental group with the help of a kit.

STEP IV

- Post – test assessment among experimental and control group with Geriatric Depression Scale.

SCHEDULE FOR DATA COLLECTION PROCEDURE:

WEEKS	SETTINGS	ACTIVITY
Ist Week	Christian mission hospital old age home home & Inba Illam Madurai.	Pre-test was conducted.
II , III & IV Week	Christian mission hospital old age home keelavasal, Madurai	Reminiscence therapy was administered.
V &VI Week	Christian mission hospital old age home & Inba illam.Madurai	Post-test was conducted followed by Reminiscence therapy administration to control group.

SCHEDULE FOR REMINISCENCE THERAPY

WEEK 1

FORENOON:

INDIVIDUAL SESSION:

- Visual- pictures of leaders (e.g. Mahatma Gandhi, Pandit Nehru)
- Tactile- clothes walk stick (things used by clients at present)
- Taste & smell- coffee/tea powder for smell. Salt and sugar for taste
- Audio- old movie songs

AFTERNOON:

GROUP SESSION:

- Visual cues of political leaders of earlier (60's & 70's) and current political leaders. Conducting a discussion regarding political transformation in Tamilnadu.

WEEK 2

FORENOON

INDIVIDUAL SESSION:

- Visual- pictures of food items
- Audio- old tamil movie songs

- Tactile- things they used in their home & profession (E.g. if teacher means chalk piece fountain pen etc)

- Smell- sandal powder fragrance sticks. Taste: sour tamarind, sweet mango according to client likes & dislikes. Encouraging them to share the recipes they like.

AFTERNOON

GROUP SESSION

- Old movie actor & actress musician pictures; sharing their ideas about their favorite movie stars

WEEK 3

FORENOON

INDIVIDUAL SESSION

- Visual- pictures of famous places around Madurai (Meenakshi temple, Naicker mahal etc)

- Audio- old Tamil songs

- Tactile- dresses (silk, woolen, cotton) ornaments, jewels.

- Smell & taste- betel nuts aromatic curry leaves flavoring agents of food for smell. Snacks & dishes in which clients expertise in preparation as well as their like towards the taste of food.

AFTERNOON:

GROUP SESSION:

- Encourage the clients to share their life experience & achievements.
- Screening of a Tamil movie

Plan for data analysis

Data analysis helps the researcher to organize, summarize, evaluate, interpret and communicate the numerical facts. For the present study the collected data from the participants was grouped and analyzed using both descriptive and inferential statistical methods. Statistical analysis was done by using SPSS 17.0 software. Data was analyzed using both descriptive and inferential statistics.

Organize the data in master sheet:

Descriptive statistics application:

- Frequency and percentage distribution to analyze the demographic variables
- Mean and Standard deviation to compare pre – test and post – test level of depression among elderly.

Inferential statistics application:

- Paired 't'test and Unpaired 't' test to compare the pre – test and post - test level of depression among lderly in experimental and control group.

- Association between demographic variables and post – test level of depression among elderly was analyzed by using chi -square test .

Ethical consideration

Approval from the research committee and concerned authorities was obtained. Each individual was informed about the purpose of the study and confidentiality was promised and ensured. The client has the freedom to leave the study at their wish without assigning any reason. Thus the ethical issues were ensured in this study.

PROTECTION OF HUMAN RIGHTS:

The pilot study and main study were conducted after the approval of the research and ethical committee. Permission will be sought from the concerned authorities of the institution. Assurance was given to the study subjects of their anonymity and confidentiality of the data collected from them is maintained.

CHAPTER IV

DATA ANALYSIS AND INTERPTRETATION

This chapter deals with analysis and interpretation of the present study involves compilation, editing, coding, classification and presentation of the data for statistical calculation in order to draw inferences and conclusions, Using descriptive and inferential statistic, the study objectives were computed. The data collected from the samples to evaluate the effectiveness of reminiscence therapy on the level of depression among elderly were organized, analyzed, tabulated and interpreted.

ORGANIZATION OF STUDY FINDINGS

Section A: Data on description of demographic variables of elderly in experimental and control group.

Section B: Data on assessment of level of depression among elderly in experimental and control group.

Section C: Data on effectiveness of reminiscence therapy on the level of depression among elderly in experimental and control group.

Section D: Data on association between the levels of depression with the selected demographic variables among elderly.

SECTION A: DATA ON DESCRIPTION OF DEMOGRAPHIC VARIABLES OF ELDERLY IN EXPERIMENTAL AND CONTROL GROUP:

Table 4.A.1: Frequency and percentage distribution of elderly based on demographic variables in the experimental and control group.

N=64

Demographic Variables	Experimental Group (n = 31)		Control Group (n=33)	
	F	%	F	%
Age:				
a. 60-65 years	0	0	0	0
b. 66-70 yeas	10	32.2	12	36.3
c. 71-75 years	11	35.4	11	33.3
d. >75 years	10	32.2	10	30.3
Gender:				
a. Male	11	35.41	10	30.3
b. Female	20	64.5	23	69.6
Religion:				
a. Hindu	20	64.5	23	69.6
b. Muslim	2	6.4	4	12.1
c. Christian	9	29.0	6	18.1
d. Others	-	-	-	-

Educational status:				
a. Illiterate	25	80.64	23	69.6
b. Primary education	2	6.4	6	18.1
c. middle	2	6.4	1	3.0
d. Graduate and Above	2	6.4	3	9.09
Marital status:				
a. Married	11	35.4	10	30.3
b. Unmarried	10	32.2	11	33.3
c. Widow	5	16.1	7	21.2
d. Separated/ Divorced	5	16.1	5	16.1
Monthly Income:				
a. Below 5000	22	70.9	21	63.6
b. 5000-10000	7	22.5	7	21.2
c. Above 10000	2	6.4	5	16.1
d. Nil	0	0	0	0
Source of income:				
a. Family	20	64.5	19	57.5
b. Friends	0	0	0	0
c. Pension	5	16.1	4	12.1
d. Interest from savings	6	19.3	10	30.3
e. Others	0	0	0	0

No of Children:				
a. No children	10	32.2	11	33.3
b. One children	1	3.2	1	3.0
c. Two children	1	3.2	3	27.2
d. More than two	19	61.2	18	54.5
Duration of stay in old age home:				
a. Less than 1 yrs.	13	41.9	16	48.4
b. 1 – 3 yrs.	11	35.4	9	27.2
c. 3 – 6 yrs.	7	29.0	8	24.2
d. More than 6 yrs.	0	0	0	0
Any medical illness:				
a. Diabetes Mellitus	20	64.5	19	57.5
b. Hypertension	11	35.4	14	42.4.
c. Respiratory problems	0	0	0	0
d. Cataract	0	0	0	0
e. Nil	0	0	0	0
History of taking medications for major illness:				
a. Yes	31	100	33	100
b. No	0	0	0	0

Table 4.A.1 shows the frequency and percentage distribution of elderly based on the demographic variables such as age, gender, religion, education, marital status, monthly income, source of income, number of children, duration

of stay in old age home, any medical illness, history of taking medication for major illness in experimental and control group.

Regarding age, majority 12(36.3 %) belonged to the age group of 66-70years in control and 11(35..4%) belonged to the age group 71-75 years in experimental group . Regarding gender in control group, both male and female constituted as 10(30.3%) and 23 (69.6%) respectively. In experimental group, both male and female constituted as 11(35.4%) and 20(64.5%) respectively.

Regarding religion, majority 23(69.6%) of elderly were from the Hindu back ground and rest of them were Christians and Muslims in control group, and in experimental group most 20(64.5%) of them were Hindus and remaining were Christians and Muslims.

Regarding educational status, Majority 23(69.6%) of elderly were illiterates in control group and 25(80.64%) in experimental group .

With regard to marital status, majority 11(33.3%) were unmarried in control and 11(35.4%) were married in experimental group.

With regard to monthly income, majority 21(63.6%) of elderly in control group and 22(70.9%) in experimental group were getting monthly income below Rs5000.Regarding source of income, majority 19(57.5%) of elderly in control group and 20(64.5%) in experimental group were getting from their family.

Regarding number of children, majority 18(54.5%) of elderly in control group and 19(61.2%) in experimental group were having more than two children.

Regarding length of stay in the institution, majority16(48.4%) in control group and 13(41.9%) in experimental group were stayed less than one year.

Regarding any medical illness, majority 19(57.5%) in control group and 20(64.5%) in experimental group were having diabetes mellitus.

Regarding medications, majority 33(100%) in control group and 31(100%) in experimental group were taking hypoglycemic medications.

SECTION B: DISTRIBUTION OF SUBJECTS BASED ON THE LEVEL OF DEPRESSION AMONG ELDERLY IN EXPERIMENTAL AND CONTROL GROUP.

Table 4.1: Frequency and percentage distribution of pretest and posttest level of depression among elderly in control group.

n=33

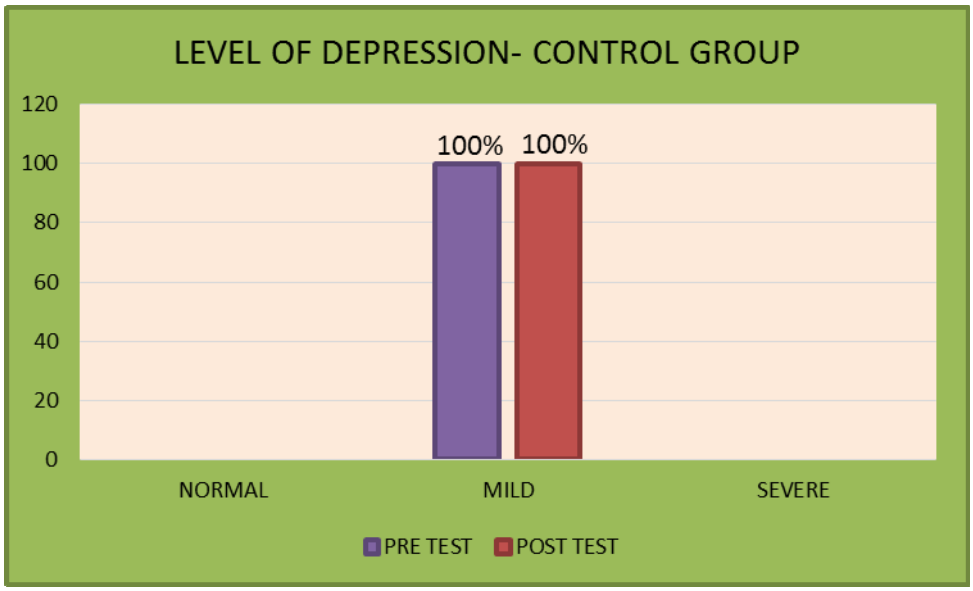


Table 4.1: Depicts the frequency and percentage distribution of pretest and posttest level of depression among elderly in control group.

Regarding the pretest level of depression among elderly in control group,33(100%) had mild depression and post level of depression among geriatrics in control group, 33(100%) had mild depression.

Fig 4.2: Frequency and percentage distribution of pretest and posttest level of depression among elderly in experimental group.

n=31

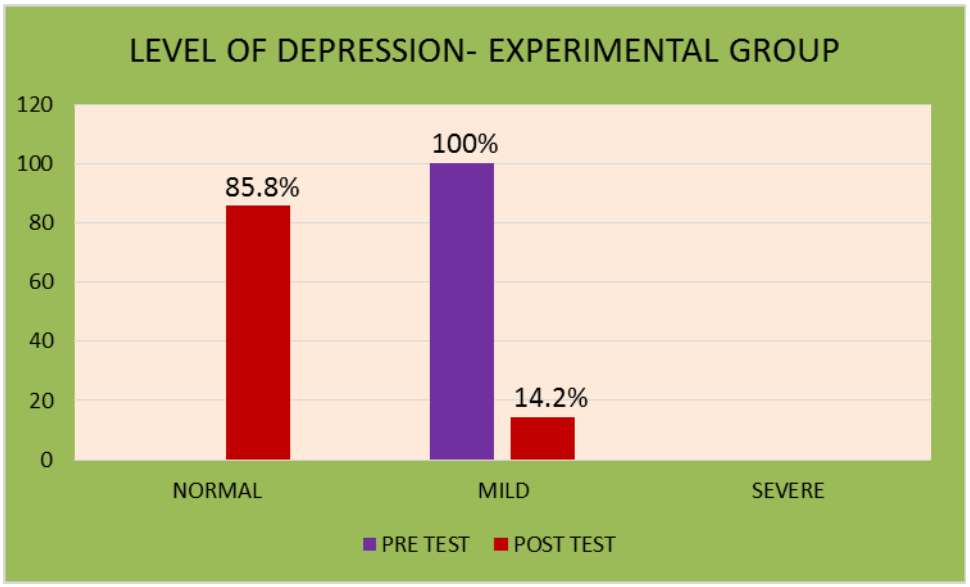


Fig 4.2: shows the pretest level of depression among elderly in experimental group, all the subjects,(i.e) 31(100%) had mild depression and in posttest 5(14.2%) had mild depression and rest of them falls under normal level.

SECTION C: DATA ON EFFECTIVENESS OF REMINISCENCE THERAPY ON LEVEL OF DEPRESSION AMONG ELDERLY IN EXPERIMENTAL AND CONTROL GROUP.

Table 4.C.1: Comparison of pretest and posttest level of depression mean scores among elderly in control group.

n=33

Level of depression	Control pretest		Control posttest		Difference in mean %
	Mean%	SD	Mean %	SD	Mean %
	49	0	49	0	0

Table 4.C.1 depicts the pretest and post test mean, SD and mean % score of control group. It reveals that mean percentage pretest score 49 (SD = 0) and the mean percentage post test score 49(SD = 0) in control group .The mean difference level in the control group is 0.

Table 4.C.2: **comparison of pretest and posttest level of depression mean scores among elderly in experimental group.**

n=31

Level of depression	**Experimental pretest**			**Experimental post test**			**Difference in mean %**
	Mean	**SD**	**Mean %**	**Mean**	**SD**	**Mean %**	
	14.9	2.42	49.6	14.7	1.35	26	23.6

Table 4.C.2 depicts the pretest and posttest mean, SD and mean % score of experimental group. It reveals that mean percentage pretest score 49.9 (SD = 2.42) and the mean percentage post test score 26(SD = 1.35) in experimental group. The mean difference level in the experimental group is 23.6.

Table 4.C.3 : **Paired "t" test showing the comparison of mean pretest and post test score of level of depression among elderly with in the control group.**

n=33

Level of depression	Control pretest			Control post test			Difference in mean %	"t" value	"p" value
	Mean	SD	Mean %	Mean	SD	Mean %			
	14.7	0	49	14.7	0	49	0	0	1.0

Table 4.C.3 shows the pretest and posttest mean, SD, mean %, mean difference and "t" value on the level of depression in control group. The mean pretest score 14.7 (SD = 0) was equal to the mean post test score 14.7 (SD=0). The mean difference in level of depression was only 0. Using the paired "t" test, the obtained pretest and post test score of level of depression among elderly in control group revealed that "t" value was 0 which showed no statistical significance

Table 4.C.4:Paired "t" test showing the comparison of mean pretest and post test score of level of depression among elderly within the experimental group n=31

Level of depression	Experimental pretest			Experimental posttest			Difference in mean %	"t" value	"p" value
	Mean	SD	Mean %	Mean	SD	Mean %			
	14.9	2.42	49.6	7.8	1.35	26	23.6	5.307	0.000***

p<0.001* -highly significant**

Table 4.C.4 shows the pretest and posttest mean, SD, mean %, mean difference and "t" value on the level of depression in experimental group.

The mean pretest level of depression score 14.9 ±2.42 was higher than the mean posttest on the level of depression score1 7.8 ±1.35 among elderly. The mean difference in level of depression was 23.6. Using the paired "t" test, the obtained pretest and post test score of level of depression among elderly in experimental group revealed that "t" value was 5.307 which showed a statistical significance at $p<0.001$ level. It was inferred that the reminiscence therapy was significantly effective in reducing depression level among elderly.

Table 4.C.5: **Unpaired "t" test showing the comparison of mean post test score of level of depression among elderly between experimental and control group.** **N=64**

Level of depression	Control post test			Experimental post test			Difference in mean %	"t" value	"p" value
	Mean	SD	Mean %	Mean	SD	Mean %			
	14.7	0	49	7.8	1.35	26	23	22.25	0.000***

***p<0.001 - highly significant**

Table 4.C.5 shows the posttest mean, SD, mean %, mean difference and "t" value on level of depression among experimental group and control group. The mean post test score 14.7± 0 was higher in control group than the mean post test score 14.7±1.35 in experimental group among elderly. The mean difference of level of depression was 23. The obtained "t" value was 22.25 which showed a statistical significance at p<0.001 level. It was inferred that the reminiscence therapy was significantly effective in reducing the level of depression in the experimental group compared to the control group.

SECTION D: DATA ON ASSOCIATION BETWEEN THE LEVELS OF DEPRESSION WITH THE SELECTED DEMOGRAPHIC VARIABLES AMONG ELDERLY IN EXPERIMENTAL AND CONTROL GROUP.

Table 4.D.1: Association between pre - test level of depression in experimental group and control group with selected demographic variables

Mean value- 14.8 **N=64**

Demographic variables	Above mean	Below mean	χ^2	P value
Age:				
a. 60-65 years	0	0		
b. 66-70 yeas	9	13	3.3	0.347
c. 71-75 years	15	7		
d. >75 years	12	8		
Gender:				
a. Male	19	2	6.6	0.0102*
b. Female	25	18		
Religion:				
a. Hindu	19	24		
b. Muslim	8	7	1.04	0.791
c. Christian	4	2		
d. Others	0	0		

Educational status:				
a. Illiterate	26	22		
b. Primary education	5	3	2.52	0.471
c. middle	1	2		
d. Graduate and Above	1	4		
Marital status:				
a. Married	3	18		
b. Unmarried	13	8	12.78	0.0051*
c. Widow	7	3		
d. Separated/ Divorced	5	7		
Monthly Income:				
a. Below 5000	30	13		
b. 5000-10000	6	8	4.1	0.2509
c. Above 10000	3	4		
d. Nil	0	0		
Source of income:				
a. Family	17	22		
b. Friends	0	0	1.8	0.772
c. Pension	6	3		
d. Interest from savings	9	7		
e. Others	0	0		

No of Children:				
a. No children	17	4		
b. One children	0	2	6.78	0.0793
c. Two children	2	2		
d. More than two	20	17		
Duration of stay in old age home:				
a. Less than 1 yrs.	19	10	5.24	0.1550
b. 1 – 3 yrs.	8	12		
c. 3 – 6 yrs.	5	10		
d. More than 6 yrs.	0	0		
Any medical illness:				
a. Diabetes Mellitus	36	3		
b. Hypertension	11	14	18.14	0.0012*
c. Respiratory problems	0	0		
d. Cataract	0	0		
e. Nil	0	0		
History of taking medications for major illness:	29	35	0	1.000
a. Yes	0	0		
b. No				

***p<0.05 - significant**

Table 4.D.1 : shows the association between pretest level of depression among elderly with selected demographic variables such as age, gender, marital status, religion, educational status, monthly income, source of income, number of children, duration of stay in old age home, any medical illness, history of taking medication for major illness in experimental and control group.

The chi square test revealed that there was significant association between pretest level of depression among elderly in experimental and control group with the selected demographic variables like gender($p=0.0102$), marital status($p=0.0051$) and any medical illness ($p=0.0012$)and remaining was not associated with demographic variables at $p < 0.05$ level.

CHAPTER V

DISCUSSION

This study finds out the effectiveness of reminiscence therapy on the level of depression among elderly in selected old age homes. This chapter discusses the findings of analysis in relation to the objectives of the study and further discusses how these objectives satisfied by the study.

The first objective is to assess the pretest and posttest level of depression among elderly in control and experimental group

In overall pretest level of depression among elderly in experimental group, 31(100%) had mild depression and 33(100%) had mild depression in control group. This study was supported by Biderman.et.al. (2002) conducted study on depression and falls among community dwelling elderly people in Europe. This was a cohort study drawn from a primary care clinic, with a one year follow up. Dependent measures included reporting two or more falls in the past year and a score of 7 or over on the SGDS (Short Geriatric Depression Scale).The sample included 283 General Sick Fund members, aged 60 and over, who completed both baseline assessments and one year follow up interviews. A set of five risk factors are included. For every risk factor added, there was a significant increase in the proportion of respondents who had depressive symptoms. A similar result was found for falls. These results show that there is a common set of risk factors that increase the risk of two common out comes in geriatric medicine, falls and depression.

In overall posttest, in experimental group 5(14.2%) had mild depression and in control group remained same as in pretest. This study was supported by, Gregory Robert, (2006), meta-analysis of 29 outcome studies of cognitive forms of reminiscence therapy for depression. Seventeen studies with stronger research designs (pretest-posttest waiting list control group) yielded a respectable effect size of 0.77, considered the best estimate of effect size from this study. This result compares favorably with outcomes from individual psychotherapy. In light of the substantial positive effects associated with reminiscence therapy for depression, the authors discuss clinically relevant questions related to the use of cognitive reminiscence therapy.

The second objective is to assess the post test level of depression among elderly in control and experimental groups.

Based on the objective, the pretest and posttest level of depression scores was compared using paired' test .The mean pretest level of depression score 14.9 ±2.42 was higher than the mean posttest on the level of depression score 17.8 ±1.35 among elderly. The mean difference in level of depression was 23.9. Using the paired "t" test , the obtained pretest and post test score of level of depression among elderly in experimental group revealed that "t" value was 5.307 which showed a statistical significance at $p<0.001$ level. It was inferred that the reminiscence therapy was significantly effective in reducing depression level among elderly.

The mean pretest score 14.7 (SD = 0) was equal to the mean post test score 14.7(SD=0). The mean difference in level of depression was only 0. Using the paired "t" test, the obtained pretest and post test score of level of depression

among elderly in control group revealed that "t" value was 0 which showed no statistical significance.

This study was consistent with Cumero.et.al, (1996), conducted a meta-analysis of reminiscence therapy studies in Illinois, to examine the efficacy of reminiscence therapy. Reminiscence therapy treatments were compared to the control groups and therapist administered treatment. The estimated effect size of 70 samples were analyzed and found to be 0.565 there was no significant difference between the effects of reminiscence therapy and therapist administered treatment. However reminiscence therapy did appeared more effective for certain problems like assertive training, anxiety and stress, post-traumatic stress disorder and life style modification.

Thus the study results show that there was significant reduction in the level of depression among elderly after reminiscence therapy in experimental group. Hence the research hypothesis H_1 stated earlier that, the mean posttest depression scores of experimental group is significantly lower than the mean pretest depression score of experimental group was accepted. Thus hypothesis H_1 is accepted.

The third objective was to determine the effectiveness of reminiscence therapy on depression among elderly by comparing the post test scores between control and experimental groups

Based on the objective, the effectiveness of reminiscence therapy on depression among elderly between control and experimental group was assessed by comparing posttest level of depression using unpaired 't' test. The mean post test score 14.7± 0 was higher in control group than the mean post test score 14.7±1.35 in

experimental group among elderly. The mean difference of level of depression was 23. The obtained "t" value was 22.25 which showed a statistical significance at $p<0.001$ level. It was inferred that the reminiscence therapy was significantly effective in reducing the level of depression in the experimental group compared to the control group. This indicates that the mean improvement level is true and had not occurred by chance.

This was consistent with the study done by Beck, et.al (1979) conducted a study among Thirty-one community-residing older adults age 60 or over either received 16 sessions of individual cognitive psychotherapy (Beck, Rush, Shaw, & Emery, 1979) or read *Feeling Good* (Burns, 1980) for reminiscence therapy. Post treatment comparisons with the delayed-treatment control indicated that both treatments were superior to a delayed-treatment control. Individual psychotherapy was superior to reminiscence therapy at post treatment on self-reported depression, but there were no differences on clinician-rated depression. Further, reminiscence therapy participants continued to improve after post treatment, and there were no differences between treatments at 3-month follow-up. Results suggest that reminiscence therapy and that individual psychotherapy are both viable treatment options for depression in older adults.

Thus the study result shows there is significant reduction in level of depression among elderly in experimental group. Hence the research hypothesis H_2 stated earlier, that the mean posttest depression scores of experimental group subjects is significantly lower than the mean posttest depression scores of control group. Hence, H_2 was accepted.

The fourth objective was to find out the association between pretest level of depression among elderly with selected demographic variables in both experimental and control group.

The association between the pretest levels of depression with selected demographic variables was done by using chi square test. The chi square test revealed that there was significant association between pretest level of depression among elderly with the selected demographic variables like gender($p=0.0102$), marital status($p=0.0051$) and any medical illness ($p=0.0012$) in experimental group and control group whereas others were not associated with demographic variables at $p < 0.05$ level.Thus the study results show that the research hypothesis H_3, stated earlier that there is a statistically significant association between pretest depression scores with selected demographic variables in both control and experimental group was rejected. Thus H_3 was rejected.

This finding is supported by Sati.P,et al ., (2012) who did a cross-sectional descriptive study to estimate the prevalence of depression and assess association between socio-demographic parameters and depression among older adults in the rural village of Sembakkam, Kancheepuram District in the state of Tamil Nadu, India.The village has a population of5948, 3.1% of whom are aged ≥60 years. Universal sampling technique was employed, in which every household in the community was visited and all elderly persons were selected. The inclusion criterion was a score >24 on the mini-mental state examination. Final sample size was 103. Study variables included socio-demographic parameters such as age, sex, education, occupation, socioeconomic status, and marital status.It is concluded that Depression was more common in women (27/45, 60%) than

men (17/58, 29.3%) and in the widowed (30/39, 76.9%) compared to married (14/63, 22.2%).Both associations were statistically significant. Among the 39 who were widowed, depression was present in 76.2% (16/21) of male respondents and 77.8% (14/18) of female respondents.No statistical significance was observed related to age and educational level.

CHAPTER VI

SUMMARY AND RECOMMENDATIONS

A study is said to be incomplete, if it results are not communicated effectively to its users and consumers. This chapter outlines the present study approaches, major findings with inferences drawn from it, implication for nursing profession, limitations, conclusion and recommendations.

SUMMARY

The main focus of the present study was to evaluate the effectiveness of reminiscence therapy on the level of depression among elderly in selected old age homes at Madurai.

The objectives of the study were

- To assess the pretest and posttest level of depression among elderly in experimental and control group.
- To compare the pretest and posttest level of depression among elderly in experimental and control group.
- To determine the effectiveness of reminiscence therapy on depression among elderly by comparing post test scores between experimental and control group.
- To find out the association between the selected demographic variables and pretest level of depression among elderly in experimental and control group.

RESEARCH HYPOTHESES

H_1 – The mean post test depression scores of experimental group is significantly lower than mean posttest depression scores of control group.

H_2 – The mean posttest depression scores of experimental group is significantly lower than mean pretest depression scores of experimental group.

H_3 - There is a statistically significant association between pretest depression score with selected demographic variables among elderly in both experimental and control group.

ASSUMPTION:

1. Depression is common among elderly.
2. Depression leads to unfavorable consequences.
3. Reminiscence therapy is one of the mind and body relaxation techniques.
4. Reminiscence therapy is a non-pharmacological treatment and it can be effective in reducing depression.

The extensive review of literature enabled the researcher to develop the conceptual framework, tool and methodology. Literature reviews was organized as follows

- Literature related to old age depression.
- Literature related to reminiscence therapy.
- Literature related to effectiveness of reminiscence therapy on old age depression.

The conceptual framework of this study was based on " Widenbach's helping art of clinical nursing theory". The research design selected for the study was quasi experimental research design with non-equivalent control group design. Independent variable in the study was reminiscence therapy and dependent variable was level of depression among elderly.

The tool used in the study was Yesavage's geriatric depression scale (GDS) after confirming the validity and reliability. The pilot study was conducted among six geriatrics at Nesam Trust, Madurai. The study was found to be feasible, practicable, and reliable to continue the main study.

The main study was conducted in a geriatric home , at Christian Mission Hospital,Madurai. Non- probability purposive sampling technique was used to select the samples. Total sample size was 64 in which 31 in experimental group and 33 in control group. The objectives and purpose of the study were explained and confidentiality was maintained. Pre- test was done using the tool and the reminiscence therapy was given for 21 days to the experimental group alone. After 21 days, post – test was done with same tool. After the data collection procedure reminiscence therapy was given to the control group for ethical consideration. Data collected were analyzed and interpreted using descriptive and inferential statistics.

The findings of the study were

* Regarding the pretest level of depression among elderly in experimental group , 31(100%) had mild depression and in posttest 5(14.2%) had mild depression and rest of them falls in normal.

* Regarding the pretest level of depression among elderly in control group,33(100%) had mild depression and post level of depression level of depression among geriatrics in control group 33(100%) had mild depression.

* comparison of pretest and posttest level of depression mean scores among elderly in experimental group using paired 't' test revealed that the 't' value was 5.307 which showed a statistical significance at $p<0.001$ level. It was inferred that the reminiscence therapy was significantly effective to decrease the level of depression among elderly.

* The comparison of mean post-test score of level of depression among elderly between experimental and control group using unpaired 't' test revealed that the 't' value was 22.25 which showed a statistical significance at $p<0.001$ level. . It was inferred that the reminiscence therapy was significantly effective to decrease the level of depression among elderly in experimental group.

* The chi square test revealed that there was significant association between pretest level of depression among elderly with the selected demographic variables like gender($p=0.0102$), marital status($p=0.0051$) and any medical illness ($p=0.0012$) in experimental group and control group and remaining was not associated with demographic variables at $p < 0.05$ level.

IMPLICATIONS

The results obtained from the present study proclaimed that, reminiscence therapy will decrease the level of depression among elderly. The

study also recommended the following implications in the nursing professional areas such as,

- Nursing practice
- Nursing education
- Nursing administration
- Nursing research

Nursing Practice:

- The study findings revealed the importance of Nurse's role in managing depression among elderly by using reminiscence therapy, which is cost-effective, safe, and non-pharmacological treatment.
- In all old age homes, time should be allotted for reminiscing and sharing their past life experiences, along with their daily routine activity.
- Nurses specialized in psychiatry need to be empowered in providing reminiscence therapy.
- Nursing administrator can enact legislation to monitor the welfare organizations in providing security and quality care to elderly.

Nursing Education

- Reminiscence therapy can be included as a treatment for depression, in nursing curriculum
- A considerable amount in the budget can be allocated for organizing the continuing Nursing education programme and training students to reduce depression among elderly. Professional conferences, workshop

or seminar can be conducted on old age depression and significance of reminiscence therapy in reducing depression.

Nursing Research

- The finding of the present study has added knowledge to the already existing literature and the implications for the nursing research are given in the form of recommendation.
- This study can be a base line for future studies to build upon and motivate other investigators to conduct further studies.

Nursing Administration

- The administrator can encourage the nurses to use different form of reminiscence therapy which are cost effective, safe and psychotherapeutic intervention in reducing depression among elderly both in community and general wards.
- Nursing personnel working in old age homes and wards should be given in service education regarding significance of reminiscence therapy in reducing depression.

CONCLUSION

Reminiscence therapy is a non pharmacological psychosocial intervention for the treatment of depression. There is a significant association exist between demographic variables like gender($p=0.0102$), marital status($p=0.0051$) and any medical illness ($p=0.0012$) in experimental group and control group and remaining was not associated with demographic variables at $p < 0.05$ level. So in clinical practice, reminiscence therapy can be used for all the clients.

RECOMMENDATIONS

On the basis of the present study the following recommendations have been made for further studies.

- A comparative study can be conducted between institutionalized and non-institutionalized geriatric who have depression.
- A qualitative approach can be applied in studying the effects of reminiscence therapy on depression.
- An experimental study on the effectiveness of reminiscence therapy on depression among different age group.
- A comparative study between effectiveness of breathing exercise and reminiscence therapy can be conducted among elderly.

LIMITATION

The present study had and encountered the following limitations,

a. The responses were based on self-report of the study samples.
b. Long-term follow up is not feasible.
c. The setting of the study was selected as per the convenience of the researcher.

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APPENDIX-A

LETTER SEEKING EXPERTS OPINION FOR CONTENT VALIDITY

From

Mr. Kirubakaran S.,

II Year M.Sc(N),

C.S.I Jeyaraj Annapackiam College of Nursing,

Pasumalai, Madurai-4.

To

Through

The Principal,

C.S.I. Jeyaraj Annapackiam College of Nursing,

Pasumalai, Madurai-4.

Respected Sir/ Madam,

Sub: Requisition for opinion and suggestion of experts for content validity of research tool.

With due regards, I kindly bring to your notice that I am a postgraduate student of C.S.I. Jeyaraj Annapackiam College of Nursing, Madurai. I have selected the below mentioned topic for dissertation to be submitted to the Tamilnadu Dr. M.G.R. Medical university, Chennai as a part of fulfillment of Master of Nursing degree. **A study to evaluate the effectiveness of reminiscence therapy on depression among elderly in selected old age homes at Madurai.**

Kindly validate the tool and render your expert opinion in this regard. I am thankful to you spending your valuable time for the validation of this tool. I will be grateful to you, if you do this favor to me as early as possible.

Thanking you.

Yours sincerely,

Date:
Place: Pasumalai.

(S.Kirubakaran)

APPENDIX-B

LETTER SEEKING PERMISSION TO CONDUCT PILOT STUDY

From,

Mr. Kirubakaran S.,

II Year M.Sc(N),

C.S.I Jeyaraj Annapackiam College of Nursing,

Pasumalai, Madurai-4.

To

The chairman,
Nesam trust home,
Thiru nagar

Forwarded through,

Prof.Dr.C.Jothi Sophia, M.Sc(N)., Ph.D(N).,
Principal,
C.S.I.Jeyaraj Annapackiam College of Nursing,
Madurai.

Respected Sir/Madam,

Sub: Requisition to conduct the pilot study - reg.

With due regards, I kindly bring to your valuable notice that, I am doing my post-graduation in nursing at C.S.I. Jeyaraj Annapackiam College of Nursing, Pasumalai, Madurai. I have selected the below mentioned topic for dissertation to be submitted to The Tamil Nadu Dr.M.G.R. Medical University, Chennai as a partial fulfillment of Master of Science in Nursing.

A study to evaluate the effectiveness of reminiscence therapy on depression among elderly in selected old age homes at Madurai

I have planned to do my pilot study in your esteemed institution. So I humbly request you to give me permission to conduct the study for which I remain grateful.

Thanking You

Place: Pasumalai. Yours sincerely,

Date:

(S.Kirubakaran)

APPENDIX-C

LETTER SEEKING PERMISSION TO CONDUCT RESEARCH STUDY

From

Kirubakaran S,
II Year M.Sc. (Psychiatric Nursing)
C.S.I. Jeyaraj Annapackiam College of Nursing,
Pasumalai,
Madurai.

To

The correspondent,Inba illam,
pasumalai,
Madurai.

Forwarded through,

Prof.Dr.C.Jothi Sophia, M.Sc(N)., Ph.D(N).,
Principal,
C.S.I.Jeyaraj Annapackiam College of Nursing,
Madurai.

Respected Sir/Madam,

Sub: Requisition to conduct the research study - reg.

With due regards, I kindly bring to your valuable notice that, I am doing my post-graduation in nursing at C.S.I. Jeyaraj Annapackiam College of Nursing, Pasumalai, Madurai. I have selected the below mentioned topic for dissertation to be submitted to The Tamil Nadu Dr.M.G.R. Medical University, Chennai as a partial fulfillment of Master of Science in Nursing.

A study to evaluate the effectiveness of reminiscence therapy on depression among elderly in selected old age homes at Madurai

I have planned to do my research study in your esteemed institution. So I humbly request you to give me permission to conduct the study for which I remain grateful.

Thanking You

Place: Pasumalai. Yours sincerely,

Date:

(S.Kirubakaran)

APPENDIX-D

LETTER SEEKING PERMISSION TO CONDUCT RESEARCH STUDY

From

Kirubakaran S,
II Year M.Sc. (Psychiatric Nursing)
C.S.I. Jeyaraj Annapackiam College of Nursing,
Pasumalai,
Madurai.

To

The medical director,
Christian mission hospital,
Madurai

Forwarded through,

Prof.Dr.C.Jothi Sophia, M.Sc(N)., Ph.D(N).,
Principal,
C.S.I.Jeyaraj Annapackiam College of Nursing,
Madurai.

Respected Sir/Madam,

Sub: Requisition to conduct the research study - reg.

With due regards, I kindly bring to your valuable notice that, I am doing my post-graduation in nursing at C.S.I. Jeyaraj Annapackiam College of Nursing, Pasumalai, Madurai. I have selected the below mentioned topic for dissertation to be submitted to The Tamil Nadu Dr.M.G.R. Medical University, Chennai as a partial fulfillment of Master of Science in Nursing.

A study to evaluate the effectiveness of reminiscence therapy on depression among elderly in selected old age homes at Madurai.

I have planned to do my research study in your esteemed institution. So, I humbly request you to give me permission to conduct the study for which I remain grateful.

Thanking You

Place: Pasumalai. Yours sincerely,

Date:

(S.Kirubakaran)

APPENDIX- E

LIST OF EXPERTS

1. **Dr. M.V. Preethi, M.D., (psychiatry),**
   Consultant psychiatrist,
   Preethi Child Guidance Clinic,
   Madurai.

2. **Mrs. Jancy Rachel Daisy M.Sc. (N), Ph.D.,**
   H.O.D of Mental Health Nursing department,
   C.S.I Jeyaraj Annapackiam College of Nursing,
   Madurai.

3. **Mrs. R. Sreevani M.Sc. (N), PhD.,**
   Professor,
   Dharwad Institute Mental HealthSciences.
   Dharwad,
   Karnataka.

4. **Mr. Suresh, M.Sc.**
   Clinical Psychologist,
   Government Rajaji Hospital,
   Madurai.

5. **Prof. Dr. Mrs. Jaya Thanga Selvi, M.Sc(N), Ph.D,**
   H.O.D of Medical Surgical Nursing Department,
   C.S.I Jeyaraj Annapackiam college of Nursing ,
   Madurai.

6. **Mrs. JoyChristy, M.Sc(N),**
   Asst. Professor,
   Mental Health Nursing Department,
   C.S.I. Jeyaraj Annapackiam College of Nursing

7. **Mrs. Rajamani, M.Sc(N),**
   Professor,
   Mental Health Nursing Department,
   College of Nursing
   Government Rajaji Hospital,
   Madurai.

8. **Mrs.Jesinda Vedanayagi,M.Sc(N),**
   H.O.D of Psychiatric Nursing,
   Sacred Heart Nursing College,
   Madurai

9. **Mr. Mani M.Sc., M.Phil.,**
   Statistician.
   Aravind Eye Hospital,
   Madurai.

10. **Prof. Mr. Edwin Rajkumar M.A (Socio), MSW,**
    Department of sociology,
    C.S.I Jeyaraj Annapackiam College of Nursing,
    Madurai.

APPENDIX-F

QUESTIONNAIRE ON DEPRESSION AMONG ELDERLY

SECTION- A DEMOGRAPHIC VARIABLES

Instruction:

Please put a tick mark in the following options.

Please be frank in answering.

Identification data:

1. Age in years

a. 60-65 years ☐

b. 66-70 yeas ☐

c. 71-75 years ☐

d. >75 years ☐

2. Gender:

a. Male ☐

b. Female ☐

3 .Religion:

a) Hindu ☐

b) Muslim ☐

c) Christian ☐

d) Others (specify) ☐

4 .**Educational status:**

a) Illiterate ☐

b) Primary education ☐

c) Middle school ☐

d) Graduate &above ☐

5. Marital status:

a) Married ☐

b) Un married ☐

c) Widow ☐

d) separated/divorced ☐

6. Monthly income*:*

a. Below 5000 ☐

b. 5000-10000 ☐

c. Above 10000 ☐

d. Nil ☐

7. Source of income:

a) family ☐

b) friends ☐

c) Pension ☐

d) Interest from Savings ☐

e) Others(specify)……. ☐

8. Number of children:

a) No children ☐

b) One ☐

c) Two ☐

d) More than two ☐

9. Duration of stay in old age home

a. Below 5000 ☐

b. 5000-10000 ☐

c. Above 10000 ☐

d. Nil ☐

10. AMI-Any medical illness

a) Diabetes mellitus ☐

b) Hypertension ☐

c) Respiratory problem ☐

d) Cataract ☐

e) Nil ☐

11. HTM- History of taking medication for major illness

a) Yes ☐

b) No ☐

SECTION-B

THE GERIATRIC DEPRESSION SCALE (GDS) (LONG FORM)

Patient's Name: _____ Date: _____

Instructions: Choose the best answer for how you felt over the past week.

Question Answer Score

1. Are you basically satisfied with your life? YES / NO
2. Have you dropped many of your activities and interests? YES / NO
3. Do you feel that your life is empty? YES / NO
4. Do you often get bored? YES / NO
5. Are you hopeful about the future? YES / NO
6. Are you bothered by thoughts you can t get out of your head? YES / NO
7. Are you in good spirits most of the time? YES / NO
8. Are you afraid that something bad is going to happen to you? YES / NO
9. Do you feel happy most of the time? YES / NO
10. Do you often feel helpless? YES / NO
11. Do you often get restless and fidgety? YES / NO
12. Do you prefer to stay at home, rather than going out and doing new things? YES / NO
13. Do you frequently worry about the future? YES / NO
14. Do you feel you have more problems with memory than most? YES / NO
15. Do you think it is wonderful to be alive now? YES / NO
16. Do you often feel downhearted and blue? YES / NO
17. Do you feel pretty worthless the way you are now? YES / NO
18. Do you worry a lot about the past? YES / NO
19. Do you find life very exciting? YES / NO
20. Is it hard for you to get started on new projects? YES / NO
21. Do you feel full of energy? YES / NO
22. Do you feel that your situation is hopeless? YES / NO
23. Do you think that most people are better off than you are? YES / NO
24. Do you frequently get upset over little things? YES / NO
25. Do you frequently feel like crying? YES / NO
26. Do you have trouble concentrating? YES / NO

27. Do you enjoy getting up in the morning? YES / NO

28. Do you prefer to avoid social gatherings? YES / NO

29. Is it easy for you to make decisions? YES / NO

30. Is your mind as clear as it used to be? YES / NO

Scoring key:

TOTAL

This is the original scoring for the scale: One point for each of these answers.

Cutoff:

NORMAL	0-9
MILD DEPRESSION	10-19
SEVERE DEPRESSION	20-30

ANSWER KEY

1. NO 6. YES 11. YES 16. YES 21. NO 26. YES

2. YES 7. NO 12. YES 17. YES 22. YES 27. NO

3. YES 8. YES 13. YES 18. YES 23. YES 28. YES

4. YES 9. NO 14. YES 19. NO 24. YES 29. NO

5. NO 10. YES 15. NO 20. YES 25. YES 30. NO

பகுதி I: தனி நபர் விவரம்

இந்த பகுதியில் உள்ள உங்கள் சொந்த விபரங்களுக்கு சரியான விடை அளீக்குமாறூ கேட்டு கொள்கிறேன்.

1) வயது:-
   அ) 60-65
   ஆ) 66-70
   இ) 71-75
   ஈ) 76-80
2) பாலினம்:
   அ) ஆண்
   ஆ) பெண்

3) மதம்:-
   அ) இந்து
   ஆ) கிறிஸ்தவர்
   இ) முஸ்லிம்
   ஈ) மற்றவை

4) கல்வித்தகுதி
   அ) படிக்காதவர்
   ஆ) தொடக்க கல்வி
   இ) நடுநிலை பள்ளி
   ஈ) பட்டதாரி

5) திருமண தகுதி
   அ) கல்யாணம் ஆகாதவர்
   ஆ) கல்யாணமானவர்
   இ) விவாகரத்து பெற்றவர்
   ஈ) விதவை

6) மாத வருமானம்
   அ) <5000
   ஆ) 5000-10000
   இ) >10000
   ஈ) இல்லை

7) பொருளாதார உதவி யாரிடமிருந்து வருகிறது:

அ) குடும்பம்

ஆ) நண்பர்கள்

இ) ஓய்வூதியம்

ஈ) நிதியுதவி

8) குழந்தைகளின் எண்ணிக்கை

அ) குழந்தை இல்லை

ஆ) ஒன்று

இ) இரண்டு

ஈ) இரண்டிற்கும் மேல்

9) எவ்வளவு காலமாக இங்கு உள்ளீர்கள்

அ) ஒரு ஆண்டுக்கு குறைவாக

ஆ) 1-3 ஆண்டுகள்

இ) 3-6 ஆண்டுகள்

ஈ) 6 ஆண்டுகள் மேல்

10) ஏதேனும் நோய்கள் உள்ளதா

அ) சர்க்கரை

ஆ) இரத்தக் கொதிப்பு

இ) சுவாச நோய்கள்

ஈ) கண்புரை

உ) இல்லை

11) ஏதேனும் மருந்துகள் எடுத்துக் கொண்டிருக்கிறீர்களா?

அ) ஆம்

ஆ) இல்லை

பொது நல அளவீடு

வழிமுறைகள்

கடந்த ஒரு வார காலமாக நீங்கள் எப்படி இருப்பதாக உணருகிறீர்கள். கீழ்குறிப்பிட்ட வினாக்களுக்கு தகுந்த குறியீடுகள்:

(ஆம் (✓) இல்லை (x))

வ.எண்	வினாப்பட்டியல்	ஆம்	இல்லை
1	நீங்கள் உங்கள் அடிப்படை வாழ்க்கையில் திருப்தி அடைந்துள்ளீர்களா?		
2	நீங்கள் உங்கள் தினசரி வாழ்க்கையில் செய்யும் செயல்களையும், அதன் ஆர்வத்தையும் இழந்தீர்களா?		
3	நீங்கள் உங்கள் வாழ்க்கையை வெறுமையாக உணர்கின்றீர்களா?		
4	உங்களுக்கு அடிக்கடி சலிப்புத்தன்மை ஏற்படுகிறதா?		
5	உங்கள் வாழ்க்கையை குறித்து நம்பிக்கை உள்ளதா?		
6	நீங்கள் சில அகற்ற முடியாத எண்ணங்களை குறித்து மன வருத்தம் அடைந்துள்ளீர்களா?		
7	உங்கள் அதிக நேரத்தை இறையான்மையில் செலுத்துகின்றீர்களா?		
8	உங்கள் வாழ்க்கையில் ஏதோ தவறு நடக்கப்போகின்றது என பயப்படுகின்றீர்களா?		
9	நீங்கள் அதிக நேரம் மகிழ்ச்சியாக இருக்கின்றீர்களா?		
10	நீங்கள் பல நேரங்களில் உதவியற்றவர்களாக உணர்கின்றீர்களா?		
11	நீங்கள் அடிக்கடி ஓய்வற்றும், பொறுமையற்றும் காணப்படுகின்றீர்களா?		
12	நீங்கள் வெளியில் செல்லுதல் மற்றும் புதிதான செயல்களில் ஈடுபடுதலை தவிர்த்துவிட்டு எப்பொழுதும் வீட்டிலேயே இருப்பதற்கு விருப்பப்படுகின்றீர்களா?		
13	நீங்கள் அடிக்கடி உங்கள் எதிர்காலத்தை குறித்து கவலைப்படுகின்றீர்களா?		

14	நீங்கள் முன்பை விட இப்பொழுது உங்கள் நினைவாற்றலில் ஏதாவது பிரச்சனை ஏற்பட்டுள்ளதாக நினைக்கின்றீர்களா?		
15	நீங்கள் இப்பொழுது வாழ்வதை மிக மகிழ்ச்சியாக கருதுகின்றீர்களா?		
16	நீங்கள் அடிக்கடி தாழ்வுமனப்பான்மை அடைகின்றீர்களா?		
17	நீங்கள் உங்களை பிரயோஜனம் அற்றவர்களாக நினைக்கீறீர்களா?		
18	நீங்கள் உங்கள் பின் காலத்தை நினைத்து கவலைப்படுகின்றீர்களா?		
19	நீங்கள் வாழ்க்கையை மிக உணர்ச்சிப்பூற்வமானதாக நினைக்கின்றீர்களா?		
20	நீங்கள் ஏதேனும் புதிய செயல்கள் செய்வதை மிகக்கடினமாக நினைக்கின்றீர்களா?		
21	நீங்கள் முழு உற்சாகத்துடன் இருப்பதாக நினைக்கின்றீர்களா?		
22	உங்கள் நேரம் இப்பொழுது சரியில்லை என்று நினைக்கின்றீர்களா?		
23	நீங்கள் உங்களை விட மற்றவர்கள் பலரும் நன்றாக இருப்பதாக நினைக்கின்றீர்களா?		
24	நீங்கள் சிறிய விஷயங்களுக்கு கூட அடிக்கடி மன வருத்தம் அடைகின்றீர்களா?		
25	அடிக்கடி அழ வேண்டும் போல் இருக்கின்றதா?		
26	உங்கள் மனதை ஒருமிதப்படுத்துவதில் பிரச்சனை ஏற்படுகின்றதா?		
27	நீங்கள் காலையில் படுக்கையை விட்டு எழும்பும் போது மிக மகிழ்ச்சியுடன் இருக்கின்றீர்களா?		
28	நீங்கள் பொதுக்கூட்டங்களுக்கு செல்வதைக் தவிர்க்கின்றீர்களா?		
29	உங்களுக்கு சில முடிவுகள் எடுப்பது மிக சுலபமாக இருக்கிறதா?		
30	எப்பொழுதும் போல் உங்கள் மனது குழப்பமற்று காணப்படுகிறதா?		

PPENDIX-G
REMINISCENCE THERAPY - GUIDE

INTRODUCTION

Reminiscence therapy makes use of life events by having participants vocally recall episodic memories from their past. It helps provide people with a sense of continuity in terms of their life events. Reminiscence therapy may take place in a group setting, individually, or in pairs depending on the aim of the treatment Reminiscence therapy can also be structured or unstructured within these configurations. While the primary aim of reminiscence therapy is to strengthen cognitive memory components, a secondary goal may be to encourage either intrapersonal development or interpersonal development. These individual needs will determine whether the therapy is conducted in a group setting or alone with a practitioner. Memories are processed chronologically starting at birth and focusing on major, significant life events. The focus is reflection, not simply recall. Reminiscence therapy may use prompts such as photographs, household items, music, or personal recordings.

Theories of reminiscence

Disengagement theory:

Disengagement theory in reminiscence is used by some therapists and researchers and focuses on the patient withdrawing from social responsibilities. This movement away from social life is encouraged so that the patient (in many cases an elderly person) can brace themselves for the rapid changes associated with the end of life. In withdrawing from interaction with others, disengagement theory aims to prepare the person for the most powerful and taxing separation of death. The hope in

using this therapy is that when death comes, it will not be as painful or upsetting an experience as typically thought. The notion can be a comforting one that instead of being fearful patients that participate in the disengagement aspect of reminiscence theory will no longer be afraid but empowered when meeting their end.

Ego integrity theory:

Ego Integrity Theory is based on the individual having a sense of fulfillment and success when looking back on their life and accomplishments. A person who has achieved ego integrity does not fear the uncertainty that comes with meeting their death. In a successful case of ego integrity theory the patient is at peace with the eventuality of death. This theory was developed from Eric Erikson's stages of development in which Integrity vs. Despair is a crucial stage for later life psychological development.

Continuity theory:

Disengagement and ego-integrity may offer tools helping the elderly or ill deal with the prospect of death but it is thought that Continuity Theory offers more profound insights when trying to fully understand the true meaning of reminiscence theory.[A passage from Lin illustrates the concept of continuity the best

"As individuals move from one stage to the next and encounter changes in their lives, they attempt to order and interpret changes by recalling their pasts. This provides an important sense of continuity and facilitates adaptation. Change is linked to the person's perceived past, producing continuity in inner psychological characteristics and in social behavior and social circumstances."

Reminiscence can provide a mechanism by which individuals adapt to changes that occur throughout life Continuity Theory requires the effective use of remote

memory. Reminiscence processes occur in this type of memory which is usually the last memory system to deteriorate. Research has found that frequent exercise of this system improves general cognitive function.

BENEFITS OF REMINISCENCE THERAPY- ACCORDING TO SPENCER& JOYCE (2000)

• Increases social interaction through the sharing of experiences

• Emphasize the individual identity and unique experiences of each person

• Allow the older people to take on a teaching role through the sharing of their experiences

• Help people to come to terms with growing older

• Encourage older people to regain interest in past hobbies and past times

• Encourage creativity

• Increase self worth and provide a sense of achievement

• Reduce apathy and confusion, especially in confused or disoriented people

• Alleviate depression

• Increasing life satisfaction

• Improving self care

• Helping older people deal with crisis, losses and life transitions (Jones 2003)

• Meeting psychological and emotional needs (Wareing, 2000)

• Involvement in a meaningful and pleasurable activity and positive interaction

TYPES OF REMINISCENCE THERAPY

***Simple reminiscence*:** Here the idea is to reflect on the past in an informative and enjoyable way.

***Evaluative reminiscence*:** Is more of a therapy and may for example, be used as a life reviewing or sometimes conflict resolving approach

Offensive – defensive reminiscence is occasionally, unpleasant and stressful information is recalled. It can be either the reason or the result of behavioural and emotional issues. Dealing with them can provide resolution- a coming to terms with life events and possible closure.

TIPS ON APPROACHING REMINISCING

A person centered approach used with sensitivity, flexibility, awareness and personal Warmth (Wareing, 2000).

- A focus on positive interaction with emphasis on brief, high quality interactions. Focus on the remaining abilities of the person with depression taking in to account each individual's strengths, their past and present interests and difficulties (Spender& Joyee, 2000).
- It does not matter if the enjoyment is for a short time or fleeting as it is still of value of that person (Coaten, 2001).
- Be aware of attempts to communicate as what we see as "difficult behavior" could simply be an attempt to communicate.
- Spending time listening to a person says to them they are special and what they have to say is valuable.
- Reminiscing with humor not only provides opportunities to enjoy it, but also
- Gives permission to express it (Kellick, 2003). It is important to recognize the many factors that influence one's life. Growing up in a different country, living in regional areas or interest at all offer different experiences. Other influences on a person's life can be growing up as part of a large family, different cultures, customs and language.

USE OF FIVE SENSES IN REMINISCENCE THERAPY

Hearing, sight, smell, taste, touch

Sight:

The sight of a certain color or pattern can bring back memories from a patient's earlier life. Visual cues can also include photographs, magazines or films from a time that is significant to the patient. An image can bring autobiographical memories to a patient's attention, which is then elaborated on through a therapist's prompting and encouragement.

Smell:

A smell has the power to take a person to another place and time in her life. Olfactory priming through food, perfumes or commercial items of a specific era can greatly enhance recall and prompt the patient to open discussion with her therapist or group members. Autobiographical stories surrounding a certain smell, such as a bouquet of flowers or a peach pie, can create emotional contact with a patient and group cohesion within a care facility.

Touch:

Items that engage the patient's tactile sense can include clothing, blankets, fabric swatches and fur, as well as occupation-specific items. For example, a patient who, as a young woman, worked in a bakery may have her memories primed by touching and rolling dough. An elderly patient who had a career as a teacher may have his memory primed when handed a piece of chalk.

Sound:

Recordings of sounds and voices with personal, historical, occupational or geographic significance to the patient can be a powerful memory cue. In her text "Psychology: An Exploration," Saundra Ciccarelli points out that music is one of the

most effective memory cues available. Carefully select musical cues that are chronologically appropriate to the patient, the Benevolent Society's "Reminiscing Handbook" recommends.

- Visually: photographs, slides. Painting pictures, looking at objects of auto biographical meaning.
- Music: using familiar tunes from the radio, C.Ds, or making music using various instruments.
- Smell or taste: using smell kits, different foods
- Tactile: touching objects, feeling textures, painting and pottery

Coaten (2001) quoted that few elderly may no longer have the ability to explain or express their thoughts through words. Reminiscing is much more than simply talking about a memory. Reminiscing can involve all the senses. For people with cognitive impairment and difficulties in communicating verbally the opportunities offered by a different, non verbal way of communicating may be of great importance (Coaten, 2001). Providing sensory stimulation through sound, movement, dance, rhythm, beat, smell, changes in light and colour, objects, tactile surfaces, materials, vibration, food and experiencing flavors can provide vivid and strong reminiscence. The importance of hearing and touch:

1. Hearing is one of the last senses to go as an older person looses abilities, thus hearing is a major sense. Deterioration of other senses can result in touch being one of the only nonverbal type of communication that can be fully perceived.
2. If elderly people are not touched they can lose touch with the environment. This can result in a loss of reality.

3. An agitated older person will often relax when someone sits and holds their hand and talks to them.
4. Touch conveys attitude and feelings. Touch is something which cannot be faked. So what is communicated if we do not touch? (Boney, 1994). When reminiscing brings up difficult, sad or distressing emotions.
5. Not all memories are positive so it is important to 'check in' with the person throughout the reminiscing experience. Keep the following in mind.
6. If an older person starts remembering a sad or difficult time in their life it is not necessarily a bad thing. Sometimes it is all right for the person to explore their feelings and for these feelings and to be acknowledged.
7. Often sad experiences will be recalled as part of reminiscence therapy. These experiences are just as important as happy ones, so don't feel you need to have discussion on to a happier topic unless it is clear that the person or group is becoming distressed.
8. Sometimes reminiscence can lead to feelings of depression and may require one to one follow up. Environment should be supportive and confrontations should be avoided. When painful emotions arise and the group has difficulty in dealing with it, the leader should intervene or advice should be sought from staff and family.

ENGAGING A PERSON IN A REMINISCING SESSION

It is important to gain the attention of the person you will be with during the reminiscing session: Be physically at the same level with the older person.Make eye contact if possible.

A) If eye contact is not possible be sure to have your hand or the reminiscing objects in a place the person will be able to see as this will help to make a

connection. If the person has sight impairment let them know you are with them through touch, movement, talking or possibly move them to an area

B) Always use a space where the person can feel comfortable, where there are minimal where there will be a difference in light. distractions and where you will not be interrupted.

C) Use the following methods for an introduction.

D) Introduce yourself and possibly mention something the person has told you on a previous reminiscence or use an object they reacted well to previously.

E) Give the person a clear introduction to the reminiscing session and theme.

F) Don't rush the person. Allow time for them to communicate in a way they are comfortable with.

G) If using objects from a reminiscing kit handle the person an object one at a time. Keep to the pace of the older person. Some people will keep interest in objects for a long time whilst others for only a short time.

H) When closing the reminiscence make sure the activity has a formal ending and that the person knows the reminiscing is coming to an end.

I) Check that the older person is not left thinking about a sad or distressing memory. If someone is thinking about a sad or distressing memory keep the following in mind.

J) 'Walk the person out of that memory onto another.

K) Acknowledge how the person is feeling, that their emotions are genuine.

L) Stay with the person a little longer if time permits.

TIPS FOR SUCCESSFUL CONVERSATION

1. Keep the following in mind for clear communication:
2. Don’t ask specific questions that are closed. Ask open ended questions as they often work better.
3. Building up a sense of trust is important. Be realistic and recognize that it may take a while to get to know the person.
4. Be a good listener. Listening means learning to stop wait and allow the older person time to speak. What may seem like an uncomfortable, silent wait for us can allow the older person time to gather their thoughts and respond.

REMNISCING WITH GROUPS

When holding a group reminiscence keeps the following in mind: Group numbers should be small. Let the following be a guide:

- No more than 8 or 10 when working with older people who do not have distress.
- No more than 3 when working with older people who have advanced depression
- An appropriate group size allows objects to be circulate rapidly to stimulate discussion. The right group size allows people a good experience and ensures everyone gets chance to speak or be involved.
- Session times may vary depending on the group.Let the following be a guide:
- Up to 45 minutes when working with a group of people who can reminiscence and communicate well.
- Quiet, intimate and comfortable surroundings are important in order to make people feel at ease.
- Placing seats close together helps promote an intimate atmosphere.

- Starting the session with a cup of tea or coffee and biscuits helps and to the sense of occasion.
- It is important not to use too many objects per session, as this can bombard
- participants with too much stimulus material.
- Select up to 6 objects that you feel are most appropriate for the group.
- As facilitator it is important to keep track of who has not spoken in the session. As a facilitator provide them with extra support and encouragement to join in, while always respecting the participant's right to privacy.
- Don't be concerned if the discussion leads to subjects beyond the theme of the session. One memory can trigger many others and all are important in his reminiscence process.

SUGGESTIONS FOR GROUP WORK

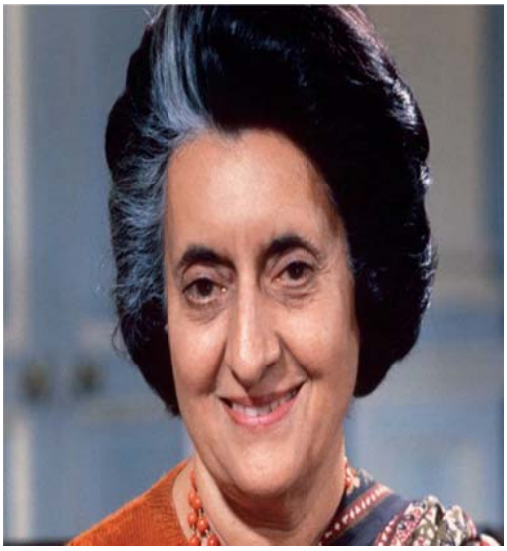
- Use a room where the participants will feel comfortable and able to talk.
- Seating in semi circle allows for easy passing of objects and for participants to hear others.
- Use the opportunity to hear different versions of an event from different People but be careful not to offend or disregard anyone's personal experience.
- Use the differences within the group, such as age, to obtain greater insights into each object or experience. Introduce the topic and then gradually pass the items around.

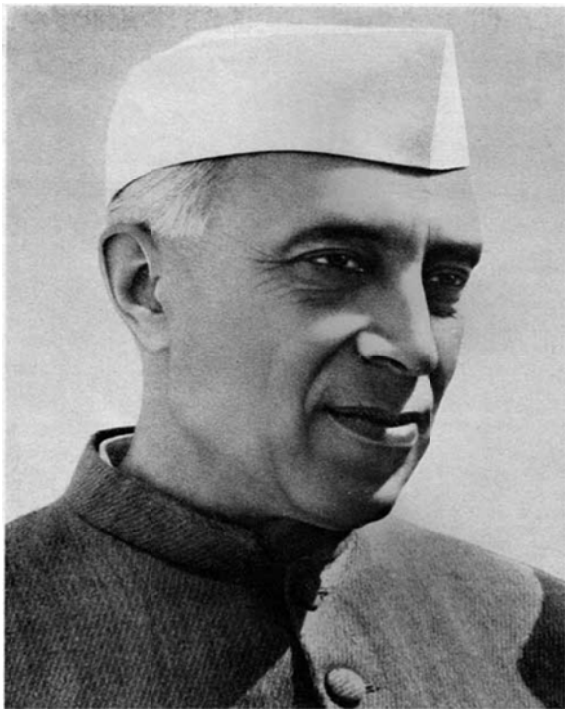
CONCLUSION:

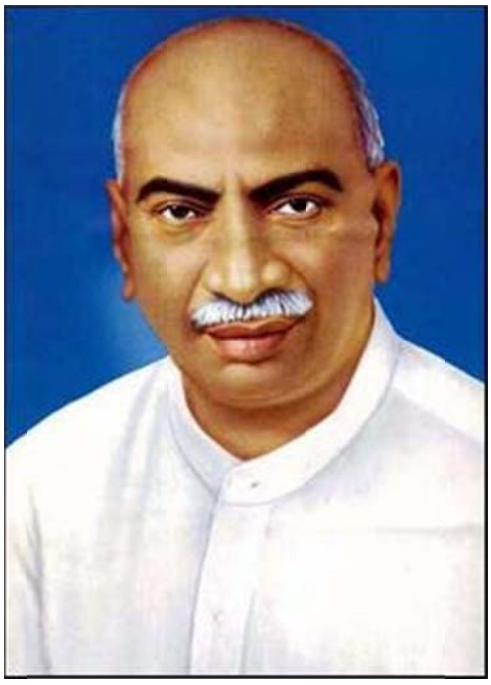
Overall reminiscence therapy is an inexpensive and potentially beneficial approach to helping the elderly age successfully and happily. It appears to provide them with a sense of overall life satisfaction and coping skills and may also help to ameliorate the symptoms of depression and dementia.

REMINISCENCE KIT

VISUAL

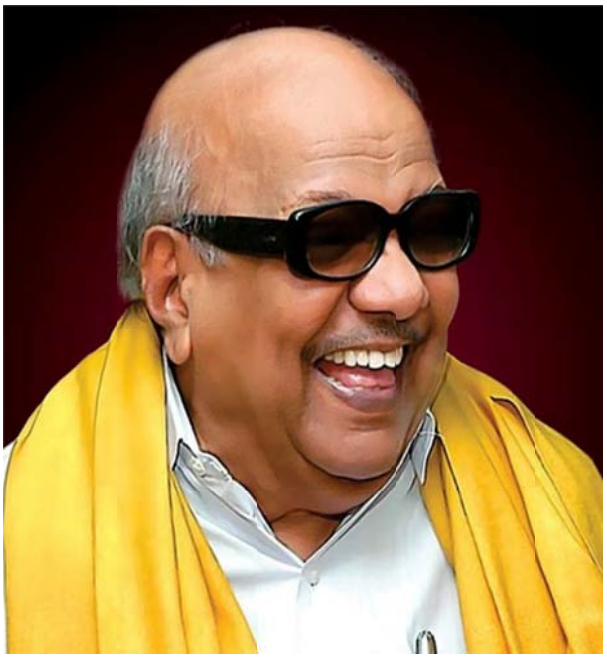






POLITICS

J. JAYALALITHA



M.KARUNANIDHI

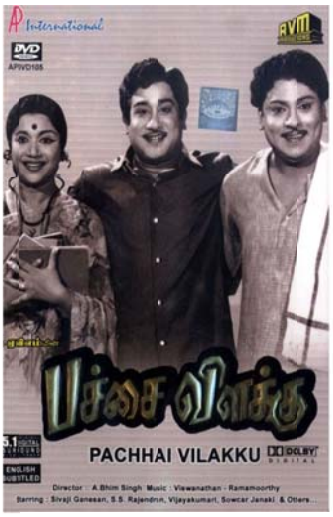
SIVAJI

M.G.R

SAROJA DEVI

PADMINI


திவ்யா பிலிம்ஸ்
நடிகர் திலகம்
சிவாஜி கணேசன்
அளிக்கும்
பத்மினி பிக்சர்ஸ்
கர்ணன்
RESTORATION
B.R.பந்துலு


PACHHAI VILAKKU


ANNAN ORU KOYIL
அண்ணன் ஒரு கோயில்


எதிர் நீச்சல்


விரைவில்
RESTORATION
CINEMASCOPE
பாசமலர்
9840073555, 9962073555

MOVIES

TACTILE

TASTE & SMELL


rosewater

AUDIO

TAMIL AUDIO SONGS

1. பார்த்த ஞாபகம் இல்லையோ
2. பசுமை நிறைந்த நினைவுகளே....
3. இந்த பச்சைக்கிளிக்கொரு செவ்வைந்தி பூவில்....
4. மலர்ந்தும் மலராத பாதி மலர் போல
5. சிட்டுக்குருவி முத்தம் கொடுத்து
6. மலர்களைபோல் தங்கை உறங்குகிறாள்
7. மாலைப்பொழுதின் மயக்கத்திலே நான்
8. வாராயோ தோழி வாராயோ
9. உள்ளத்தில் நல்ல உள்ளம் உறங்காதென்பது
10. நான் பேச நினைப்பதெல்லாம் நீ பேச வேண்டும்
11. சொன்னது நீ தானா சொல் சொல்
12. மயக்கமென்ன இந்த மௌன மென்ன
13. பொன்னை விரும்பும் பூமியிலே என்னை விரும்பும்
14. கண்ணே கலைமானே கன்னி மயில் என கண்டேண்
15. மல்லிகை முல்லை

APPENDIX H

SNAPSHOTS