

Original Research Article

Effect of reminiscence group therapy on depression, self-esteem and loneliness among elderly women residing in old age home

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Received: 19 February 2019

Accepted: 31 August 2019

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ABSTRACT

Background: Elderly women residing in old age home requires greater adaptability. Prevalence of depression, low self-esteem and feelings of loneliness are more among them. RGT has proven as a most effective alternative intervention especially for elderly at minimizing these above outcomes. Therefore, the present study assessed the effect of RGT on depression, self-esteem and loneliness among elderly women residing in old age home.

Methods: Quantitative Research approach and quasi- experimental design was adopted. A total of 50 elderly women aged ≥ 60 yrs residing in Nirmal Hriday, Missionaries of charity old age home, Bhubaneswar were selected for experimental (N=25) and control (N=25) group by using purposive sampling. Baseline data were collected by using Socio demographic data Performa, Geriatric depression scale, Rosenberg self-esteem scale and UCLA loneliness scale after getting written informed consent from each participant. Total 3 biweekly reminiscence sessions for 45 minutes was held by dividing the experimental group into 4 groups.

Results: Analysis revealed that after RGT, the experimental group showed that level of depression was decreased (before intervention 10.08 ± 1.41 and after intervention 6.36 ± 1.38), self-esteem was improved (before intervention 23.4 ± 2.69 and after intervention 29.56 ± 2.58) and loneliness was reduced (before intervention 36.92 ± 4.57 and after intervention 20.96 ± 5.09) significantly. There was a statistically significant difference found in depression, self-esteem and loneliness scores among experimental group as compared to control group ($p < 0.0001$).

Conclusions: On the findings of the study it was concluded that RGT yielded positive effects among elderly women residing in old age home.

Keywords: Depression, Elderly women, Loneliness, Reminiscence group therapy, Self-esteem

INTRODUCTION

Change is an inevitable law of nature. Everything is dynamic in this world. An individual is normally going through different stages of life, namely infancy, childhood, adolescence, adulthood and old age.^{1,2} Old age is an integral part of human life not a disease.³

The population of the older adults in India is continuously increasing.⁴ Based on profile of elderly person in the country, it stated that the elderly over 60 yrs

of age constituted 8.6% of the India's population in 2016, likely to increase to 20- 30% by 2050 as predicted.⁵

Ageing in and ageing by itself is not a health problem. It is considered as a gradual, lifelong biological process bringing about irreversible changes in physical, psychological, sociological, spiritual aspects. All these changes may lead to the feeling of rejection, depression, hopelessness, loneliness, anxiety, lowered self-esteem and insecurity, which in turn may lead to social withdrawal and apathy.^{6,7}

Among the above problems, Depression is an emerging public health problem in old age in all over the world. It leads to morbidity and disability among older adults.⁸ Factors like loss of spouse or loving one, chronic illness, social isolation, economic dependence, dependence for daily activity is that increase the risk of depression among elderly.⁹ The WHO estimated that the prevalence rate of depression among the elderly populations varies in between 10% and 20%, depending on the cultural situations.¹⁰

Depression is not only a single factor that the old age people are faced; the other corresponding factor is there like low self-esteem. Lowered self-esteem is most common disorder among elderly people both in developed and developing countries.¹¹ Low self-esteem develops as a risk factor for depression later in the life of an individual particular in the older age.¹² Situation of dislike and rejection by the family members and relatives and social environment further leads to low self-esteem among older population.¹³

Loneliness often also considered as a major problem for growing elderly. Loneliness means being alone, confiding relationship, lack of closeness, social isolation. Elderly male are more sociable as compared to the elder women, but both are equally experienced the feeling of loneliness.¹⁴ It is a complex and unique experience to each individual. Loneliness acts as a predictor for depression among older population.¹⁵ Low self-esteem, mental stress, feeling of worthlessness, disability, interpersonal conflicts, accidents, lack of confidence, lack of companionship, poor coping strategies with situation may cause loneliness in elderly.¹⁶

So, to overcome these changes in old age, RGT, a non-pharmacological intervention is considered as a vital part in advancement age that helps the elderly to keep in touch with things and times and also memories the events that make them happy. It also helps to improve self-esteem, decrease depression and provide a sense of belongingness, fulfilment and comfort as they look back at their lives.¹⁷

Several studies have assessed the effects of RGT on depression, self-esteem and loneliness among elderly. Soumya Sonalika, Sikandar Kumar, (2015) conducted a planned teaching program to assess the efficacy of reminiscence therapy among elderly person of Missionaries Charity of Mother Teresa Old Age Home, Satyanagar, Bhubaneswar, Odisha. The results revealed that planned teaching program was highly effective in elderly wellbeing regarding reminiscence therapy.¹⁸ Zeinab A., (2012) conducted a quasi-experimental study to assess the effect of reminiscence on self-esteem and depression among the elderly individuals. Findings of the study revealed that reminiscence intervention increased self-esteem significantly, and the reduction in depression levels did not occur significantly.¹⁹ Kai- Jo- Chiang et al., (2010) conducted an experimental study to evaluate the effects of reminiscence therapy on psychological well-

being, depression and loneliness among institutionalized elderly people. There was a significant positive short term effect on depression, psychological well-being and loneliness in experimental group after receiving the therapy as compared to control group.²⁰ Liu SJ, et al, (2007) conducted a quasi-experimental study entitled to assess the effect of reminiscence therapy on self-esteem, depression, loneliness and life satisfaction among elderly people living alone in Taiwan and the study concluded that reminiscence therapy was effective to increase self-esteem, decrease loneliness and improve life satisfaction among elderly people living alone.²¹

Therefore, the present study aimed to determine the effectiveness of RGT on depression, self-esteem and loneliness among elderly women residing in old age home.

METHODS

Research approach: Quantitative research approach was used for the present study. Research Design: Quasi-Experimental nonrandomized control group design was used in the present study. Setting: Present study was carried out at Nirmal Hriday, Missionaries of charity old age home, Bhubaneswar. Population: The population of the present study comprised of elderly women (≥ 60 yrs) residing in old age home of Bhubaneswar. Sample: Elderly women (≥ 60 yrs) residing in the selected old age home, Bhubaneswar were selected as samples. Sample Size: A total of 50 elderly women residing in old age home were adopted in the present study. Sampling technique: Purposive sampling technique was used to separate the total samples into experimental and control group.

Inclusion Criteria

Elderly women were included if they were

- Aged ≥ 60 yrs,
- residing in selected old age home, Bhubaneswar,
- willing to participate in this study,

Exclusion criteria

Elderly women were excluded if they were

- not present at the time of collection of data,
- diagnosed as having mental illness.

Data Collection tool

In the present study Geriatric depression scale, Rosenberg's self-esteem scale and UCLA loneliness scale were used to collect the data.

Geriatric depression scale

It comprised of 15 items. Responses of the items are in terms of 'Yes'/'No'. Among them 10 indicated the presence of depression, when answered positively, which the rest

(question no 1, 5, 7, 11, 13) indicated depression, when answered negatively. Scoring: 0-4: normal, 5-8: mild depression, 9-11: moderate depression and 12-15: severe depression. The reliability value for GDS was 0.75.

Rosenberg self-esteem scale

It consisted of 10-items. All items answered using Likert scale format ranging from strongly agree to strongly disagree. Items 2, 5, 6, 8, and 9 are opposite scored. Give 1 point for “Strongly Disagree”, 2 points for “Disagree”, 3 points for “Agree”, and 4 points for “Strongly Agree”. Scoring: Low self-esteem- 10-20, Moderate self-esteem- 21-30 and High self-esteem- 31-40. The reliability value for Rosenberg self-esteem scale 0.73.

UCLA loneliness scale

It consisted of 20-items. Response of the items are in terms of O (“I often feel this way”), S (“I sometimes feel this way”), R (“I rarely feel this way”), and N (“I never feel this way”). O=3, S=2, R=1, and N=0. Scoring: 0- 15: no loneliness, 16-30: mild loneliness, 31-45: moderate loneliness and 46- 60: severe loneliness. The reliability value for UCLA loneliness scale was 0.74.

Data collection procedure

A formal prior written permission was obtained from the selected old age home authority, Missionaries of charity, Bhubaneswar after obtaining ethical clearance from the ethical committee of SOA University for conducting the study. Based on inclusion and exclusion criteria, investigator identified the eligible samples. Among them 25 samples were selected for experimental group and another 25 samples were selected for control group by using purposive sampling technique. Purpose of the study and process of the data collection was explained, and adequate information was given to the samples and their caregivers, and an informed written consent was obtained from each sample. Then the socio-demographic information was collected from all 50 samples using interview schedule. Then by using Geriatric depression scale, Rosenberg’s self-esteem scale and UCLA loneliness scale, pretest was conducted for both groups to assess the level of depression, self-esteem and loneliness among them. RGT was only given to experimental group for three biweekly sessions and each session was for 45mins by dividing them into 4 groups (6 no. in 3group and 7 no. in 1 group). RGT sessions was based on different themes like discuss about the school days, discussion regarding friends, remember the past through old songs and encourage them to clapping and singing, discussion about family life, discussion about the best moments of their life and job life followed by 5mins relaxation exercise. Then after 3wks, post-test was done in both experimental and control group. Finally, the participants and the caregivers were thanked for their cooperation and participation in the study.

RESULTS

Analysis of data

Descriptive and inferential statistics were used to analyse the data. Demographic data, pre-test and post-test scores of levels of depression, self-esteem and loneliness among both the groups were expressed as frequency and percentage. Quantitative data expressed as mean±SD. Both paired and unpaired “t” test was performed to determine the effectiveness of reminiscence group therapy. Chi square test was performed to determine the association of the level of depression, self-esteem and loneliness with selected demographic variables.

Socio-demographic characteristics of study participants

Out of 50 elderly women maximums (44%) were within 60- 70 years of age. Majority of the study samples (76%) were Hindu. According to educational status, majority of the study samples (86%) were belonged to 1st-5th standard. Majority of the study samples (78%) were widow/divorced. Majority of the study samples (64%) were staying in old age home in 0-5yrs. According to level of dependency of ADL, maximum of the study samples (52%) were independent. Maximum of the study samples (50%) were having more than 2 children. According to financial dependency, majority of the study samples (86%) were totally dependent. Majority of the study samples (84%) were having chronic illnesses and majority of the study samples (90%) were having no family history of psychiatric illnesses.

Pre-test and post-test score on level of depression, self-esteem and loneliness among elderly women

The result reveals that in the experimental group the pre test scores showed that, 20% elderly had mild level of depression, 72% elderly had moderate level of depression, 8% elderly had severe level of depression and on post test results revealed that 88% elderly had mild level of depression, 12% elderly had moderate level of depression and no one had severe depression where as in the control group pre-test results showed that 44% elderly had mild, 36% elderly had moderate level of depression, 20% elderly had severe level of depression and on post test results showed that 32% elderly had mild level of depression, 60% elderly had moderate level of depression and 8% elderly had severe level of depression (Figure 1).

The result reveals that in the experimental group the pre test scores showed that, 16% elderly had low self-esteem, 80% elderly had moderate self-esteem, 4% had high self-esteem and on post test results showed that 4% elderly had low self-esteem, 60% elderly had moderate self-esteem and 36% had high self-esteem where as in the control group of pre test scores showed that 20% elderly had low self-esteem, 76% elderly had moderate self-esteem, 4% elderly had high self-esteem and on post test results showed that 16% elderly had low self-esteem,

84% elderly had moderate self-esteem and no one had high self-esteem (Figure 2).

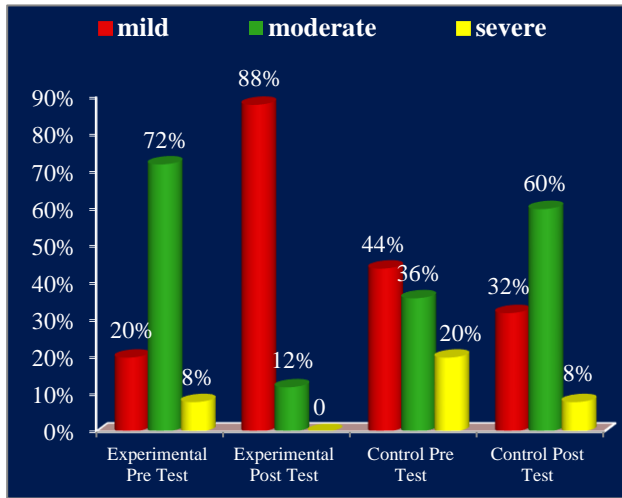


Figure 1: Bar diagram showing percentage distribution of pre-test and post-test scores on level of depression in both experimental and control group. N= n1(25)+n2(25) = 50.

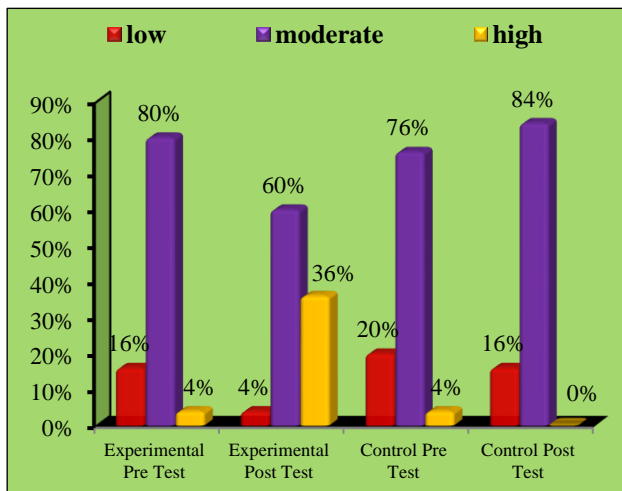


Figure 2: Bar diagram showing percentage distribution of pre-test and post test scores on level of self-esteem in both experimental and control group. N= n1(25)+n2(25) = 50.

The result reveals that in the experimental group the pre test scores showed that, 16% elderly had mild loneliness, 76% elderly had moderate loneliness, 8% had severe loneliness and on post test results showed that 4% elderly had no loneliness, 80% elderly had mild loneliness, 16% elderly had moderate and no one had severe loneliness where as in the control group of pre test scores showed that 20% elderly had mild loneliness, 72% elderly had moderate loneliness, 8% elderly had severe loneliness and on post test results showed that 16% elderly had mild loneliness, 80% elderly had moderate loneliness and 4% elderly had severe loneliness (Figure 3).

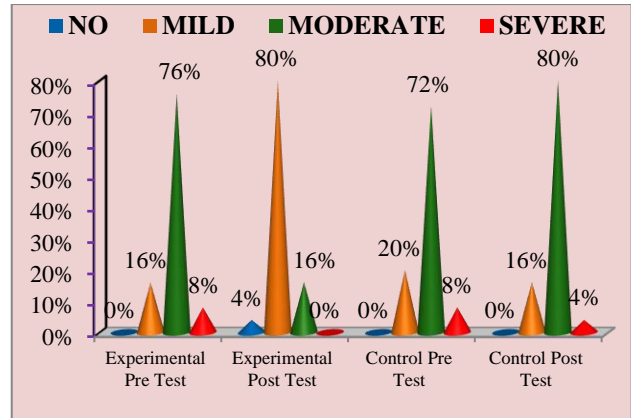


Figure 3: Bar diagram showing percentage distribution of pre-test and post test scores on level of loneliness in both experimental and control group. N= n1(25)+n2(25) = 50.

Effect of group reminiscence therapy on level of depression, self-esteem and loneliness among elderly women

H₁-There would be significant difference between pre-test scores of control group and experimental group in level of depression, self-esteem and loneliness, at p<0. 05 level of significance.

The result reveals that there was no significant difference of pre-test score of the level of depression, self-esteem and loneliness between both groups as the calculated t value was 1.144, 0.145 and 0.173 respectively. The p value for depression (0.258), self-esteem (0.885) and loneliness (0.864) was being >0.05 level of significance. So, the null hypothesis (H₀₁) was accepted and research hypothesis (H₁) was rejected. (Table 1)

H₂: There would be significant difference between post test scores of control group and experimental group in level of depression, self-esteem and loneliness, at p<0. 05 level of significance.

The result reveals that there was significant difference of post test scores of the level of depression, self-esteem and loneliness between both groups as the calculated t value was 7.50 8.03 and 11.07 respectively. The p value was (<0.0001) being <0.05 level of significance. These differences were considered as extremely significant, which meant the group reminiscence therapy intervention was effective on the level of depression, self-esteem and loneliness among elderly. So, the research hypothesis (H₂) was accepted and null hypothesis (H₀₂) was rejected (Table 2).

Findings related to Chi square analysis of level of depression, self-esteem and loneliness with selected demographic variables

It was revealed that the chi square association of the level of depression with age was statistically significant as the

calculated chi square value is 10.85, calculated P value (0.004) was <0.05 level of significance. And also, the chi square association of the level of loneliness with period of staying in old age home was statistically significant as

the calculated chi square value was 7.20, and calculated P value (0.027) was <0.05 level of significance. But there was no significant association between self-esteem with selected demographic variables.

Table 1: Comparison of pre-test scores of levels of depression, self-esteem & loneliness of control group with experimental group by using unpaired t test (N= 50).

Items	Group	Mean±SD	Unpaired 't' test calculated value	DF	p value
Depression	Control	9.52±2	1.144	48	0.258
	Experimental	10.08±1.41			
Self esteem	Control	23.52±3.13	0.145	48	0.885
	Experimental	23.4±2.69			
Loneliness	Control	36.68±5.24	0.173	48	0.864
	Experimental	36.92±4.57			

p≤0.05

Table-2: Comparison of post-test scores of levels of depression, self-esteem & loneliness of control group with experimental group by using unpaired t test (N= 50).

Items	Group	Mean±SD	Unpaired 't' test calculated value	DF	p value
Depression	Control	9.44±1.52	7.50	48	<0.0001***
	Experimental	6.36±1.38			
Self esteem	Control	23.34±2.97	8.03	48	<0.0001***
	Experimental	29.56±2.58			
Loneliness	Control	36.64±4.92	11.07	48	<0.0001***
	Experimental	20.9 ±5.09			

p≤0.05

DISCUSSION

The present study evaluated the effect of reminiscence group therapy on depression, self-esteem and loneliness among elderly women residing in old age home. The results revealed that before intervention the mean scores of depressions in both control and experimental group was (9.52±2, 10.08±1.41), the mean scores of self-esteems in both control and experimental group was (23.52±3.13, 23.4±2.69), the mean scores of loneliness in both control and experimental group was (36.68±5.24, 36.92±4.57). But after intervention the results revealed that the mean scores of depressions in both control and experimental group was (9.44±1.52, 6.36±1.38), the mean scores of self-esteems in both control and experimental group was (23.34±2.97, 29.56±2.58), the mean scores of loneliness in both control and experimental group was (36.64±4.92, 20.9±5.09). The results of the present study were supported by the study conducted by Sharif F, et al, (2010), as the result showed that after RGT, depression level was decreased significantly (before intervention 8.18±1.20 and after intervention 6.73±1.20).²²

Similar Zeinab A. (2012) studied the effect of non-pharmacological treatment, reminiscence on self-esteem and depression among the elderly individuals. Findings of

the study revealed that reminiscence intervention increased self-esteem significantly, but the depression levels did not reduce significantly.²³

Similar Kai- Jo- Chiang et al, (2010) studied the effects of reminiscence therapy on psychological well-being, depression and loneliness among institutionalized elderly people. Finding of the study revealed that there was a significant positive short-term effect on depression, psychological well-being and loneliness in experimental group after receiving the therapy as compared to control group.²⁴

ACKNOWLEDGEMENTS

Authors would like to thank the Management and Institutional Research Committee of SUM Nursing College, Bhubaneswar, Odisha for supporting, permitting me for conducting this study. Sincere thanks to my guide Ms. Sailabala Mohanty, Asst. Professor (Community Health Nursing) and my co-guide Mrs. Suchismita Pahantasingh, M. Sc. (N) Tutor, Mental Health Nursing, SUM Nursing College, Bhubaneswar, Odisha for their valuable and expert guidance, constant advise, timely support, cooperation throughout the study. Sincere thanks Mr. Prasanta Kumar Brahma, Assistant Professor, Medical Record Department and Department of Biostatistics, IMS and SUM Hospital,

Bhubaneswar, Odisha, for helping in data analysis. Sincere thanks to The Sister- in- Charge of Missionaries of Charity, old age home, Satya Nagar, Bhubaneswar for allowing and supporting me for conducting the study. Heartfelt thanks to all the elderly women who participated in the study and have an opportunity to the researcher to be a part of their journey.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee 'SOA' University (A Deemed University)

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Cite this article as: Sahu I, Mohanty S, Pahantasingh S. Effect of reminiscence group therapy on depression, self- esteem and loneliness among elderly women residing in old age home. Int J Res Med Sci 2019;7:3685-90.