Evaluate the Effectiveness of Reminiscence Therapy

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Author's contribution

The sole author designed, analyzed, interpreted and prepared the manuscript.

Original Research Article

ABSTRACT

Background: The aging begun with the birth and observed as a continuous change in different phases of life due to weakening of the body function with respect to the time and quantity. Aging also causes a continuous stress on the adaptive response and indirectly enhance the disease conditions. The adaptive childhood degree is more important to the man for his well- being and happiness. But, due to stress increasing, a strong decreased adoptability led to the increase of the inner withdrawal,bitterness, weariness of life and depression are the results of failure to adapt.
Methodology: The geriatrics eventually lead to depressed state and lack a prominentsupport. The current study aimed to analyze efficiency of the Reminiscence based therapy in aged and depressed people. The present work was based on quasi experimental nonequivalent control group designin selected senior citizen home, Chennai.Of 64 samples, experimental group (31)and control group (33) using Non-probability, purposive- sampling technique and measured based on Yesavage geriatric depression scale.
Results: Continuously, twenty-one days, two session per day (morning and evening) the experimental group were demonstrated with Reminiscence therapy. Reminiscence therapy characteristically having non-pharmacological psychosocial intervention for depression remedy. The results showed the significant difference in degree of depression between the two groups.
Conclusion: As conclusion, the study showed that reminiscence therapy had tremendously decreases the depression and elevated the well-being feeling in elder people.

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1. INTRODUCTION

The old age usually increase the feeling of loneliness and neglected association in aged people. Due to broken up the nuclear family type, the loneness increased among the aged [1]. The urban life and modernization subsequently contribute for the severity of the problem. Further, the moral value distress also make serious effects on it. Previously, the simple and value added life had given the aged people, as a desirable and fruitful one. The depression lead to collapse the normal life and provoke the suicidal thoughts [2]. Presently, the rate of suicidal and its thoughts had tremendously increased among the people. The ratio usually seemed to be highest among the elder adults (< 50years) than he aged population (> 50 years). The depression elevate the suicidal thoughts to the highest level (NIMH), 2010. Nearly, 18% of people committed suicides from the elderly population due to the unrecognized severe depression without any treatment [3]. The nuclear family life style make a greater remedy for those kind of patients, since a notable care could be given for them. The reminder therapy is one of the popular therapy given for the depressed people. It is based on the self- help reference material given to the patients and instructed to refere at the required time during the depression [4-7]. The depression is considered to be a disorder since, it severely affects a number of body parts and the individual thoughts also. Most of the people complain that the severe headache and pain also a kind of depression based on its ration, such as mild, moderate and severe. The depression may have physiological or genetical basis and causing a chemical imbalance in the brain systems [8]. On the depressed conditions, an experienced old man could be considered as an unnecessary burden to the younger people and require an awful loneliness, competitive helpings from others. Of the whole, nearly, up to 30% of elderlypopulation has a remarkable ill effects of depression and in India, he scenario too worst comparatively (with 13% - 15% of old age population). Tamil Nadu accounted for 47% to 49.5% of elder population and particularly 25% to 27% of them had been associated with the depression [9]. The Reminiscence therapy (RT) is a kind of talk therapy that use the counseling for recalling the better memories from the past and encouraging the people to relieve from the memory loss [10- 12]. The present study aimed to analyse the recalling the power from the memory loss patient using the Reminiscence therapy.

2. METHODOLOGY

2.1 Research Design

2.1.1 Study design

Grouping with Non-randomized, non-equivalent Control

O1 and O2- Pre-and Post-testanalysis for depression level among elderly, respectively.

2.1.2 Requirement of the patients

The target population was consist of elderly (< 60 yrs) only from Chennai. The sample number was 64 (33 and 31 for control and experimental group respectively) based on the non-probability purposive sampling method.

2.1.3 Description of the methodology

The inclusion criteria included the aged between 60 and above 60 yrs of age. The patients have mild depression (calculated using Geriatric scale) and either gender. The people with unwell state at the starting time, with previous reminiscence therapy and under going for any kind of psychiatric treatment. After getting proper permission, the data would be collected and processed. The data collection consist of following three-phase. Phase One:The pretest analysis to know the status of self-estimation by depression scale for Geriatricpopultion. Phase Two: The reminiscence therapy was given(four hour per day, totally 21 days). Phase Three: It consist of post-test for assessing the final out-put of the reminiscence training. The effects of reminiscence therapy on experimental and control group was statistically analyzed. The collected data were statistically analyzed using paired t-test I and t-test.

Type of Group (non-randomized)	Evaluation on PRE-TEST	Interventional analysis for Reminiscence therapy	Evaluation on post-test
Experiment with therapy	O1	x	O2
Control – No therapy given	O1	-	O2

3. RESULT AND DISCUSSION

Regarding the pre-test (Table. 1 and Fig. 1), the degree of depression (n=33) higher in control group 33(100%) than the experimental group 33(100%). Our result was similar to the previous study [10].

All the subjects in the experimental group showed chances for mild depression falls under the normal level (Table 2 and Fig. 2).

Table 3 represented statistical parameters such as mean, standard deviation, mean (%), and mean difference and the "t" value. The results showed no statistical significant value (as t = 0). Previous studies also reported the similar results [11-13].

Table 4 showed that "t" value was 5.307 and p<0.001 level. Hence, the result were statistically significant in the experimental groups using paired test.

Table 5 showed the "t" value was 22.25 in unpaired t test, statistical significance at p<0.001level. Hence, the reminiscence therapy had significant effect on depression reduction that varied with the control and the experimental groups and the results were concordant with the previous reports [13- 14].

Table 6 showed the relationship between the samples on different aspects such as age, gender, marital status and so on. The chi square test revealed the strong association of the studied variable between the groups as indicated in Table 6 and they were statistically significant.
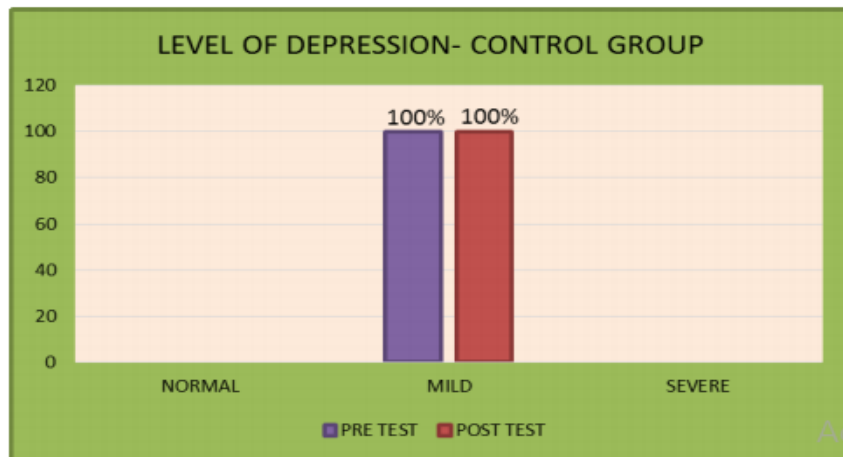

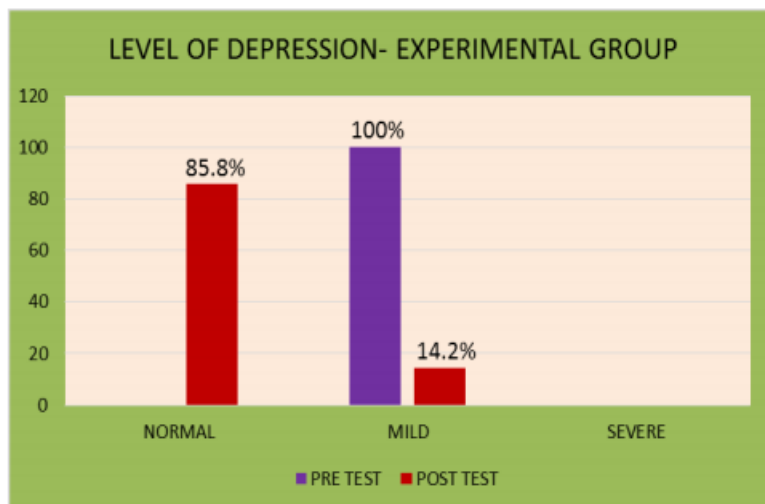**Fig. 1. Statistical analysis on the control group**

Fig. 2. Statistical analysis on the experimental group

Table 1. Statistical evaluation on control groups based on different parameters

Depression level	Pre-test		Post-test		Mean difference
	Mean (%)	Standard Deviation	Mean (%)	Standard Deviation	Mean (%)
	49	0	49	0	0

Table 2. Statistical evaluation on experimental group

Depression Level	Pre-test			Post-test			Mean Difference
	Mean	Standard Deviation	Mean (%)	Mean	Standard Deviation	Mean (%)	Mean (%)
	14.9	2.42	49.6	14.7	1.35	26	23.6

Table 3. Statistical analysis using Paired "t" on control group

Level of Depression	Analysis for Pre-test			Analysis for Post-test			Mean (%)	Value of "t"	Value of "p"
	Mean	Standard Deviation	Mean (%)	Mean	Standard Deviation	Mean (%)			
	14.7	0	49	14.7	0	49	0	0	1.0

Table 4. Statistical analysis using Paired "t" on experimental group

Level of depression	Pretest			Posttest			Mean (%)	Value of "t"	Value of "p"
	Mean	Standard Deviation	Mean (%)	Mean	Standard Deviation	Mean (%)			
	14.9	2.42	49.6	7.8	1.35	26	23.6	5.307	0.000***

Table 5. . Statistical analysis using UnPaired "t" on controls

Level of depression	Post-test			Post-test			Mean (%)	Value of "t"	Value of "p"
	Mean	Standard Deviation	Mean (%)	Mean	Standard Deviation	Mean (%)			
	14.7	0	49	78	1.35	26	23	22.25	0.000***

***p<0.001 level was highly significant

Table 6. Pre - test analysis in experimental group and control group for depression reduction

Geographic Variables	Higher than Mean value	Lower than Mean value	χ2	P value
Age (years)	F	%	F	%
60-65	0	0		
66-70	9	13		
71-75	15	7	3.3	0.347
More than 75	12	8		
Gender				
Male	19	2		
Female	25	18	6.6	0.0102*
Religion				
Hindu	19	24		

Muslim	8	7	1.04	0.791
Christian	4	2		
Others	0	0		
Educational status				
Illiterate	26	22		
Primary education	5	3	2.52	0.471
middle	1	2		
Graduate and Above	1	4		
Marital status				
Married	3	18		
Unmarried	13	8	12.78	0.0051*
Widow	7	3		
Separated/ Divorced	5	7		
Monthly Income				
Below 5000	30	13	4.1	0.2509
5000-10000	6	8		
Above 10000	3	4		
Nil	0	0		
Source of income				
Family	17	22		
Friends	0	0		
Pension	6	3	1.8	0.772
Interest from savings	9	7		
Others	0	0		
No of Children				
Nil	17	4		
Single	0	2		
Double	2	2	6.78	0.0793
Triple or more	20	17		
Duration of stay in old age home (yrs0				
Less than a year	19	10		
1 – 3	8	12	5.24	0.1550
3 – 6	5	10		
More than 6	0	0		
Details about medical illness				
Diabetes Mellitus	36	3		
Hypertension	11	14		
Respiratory problems	0	0	18.14	0.0012*
Cataract	0	0		
Nil	0	0		
History of taking medications for major illness				
Yes	29	35		
No	0	0	0	1.000

p<0.05 – significant

4. CONCLUSION

The reminiscence therapy is based on the drug-less and psychosocial counseling on against the different depression types and it has actively reduced the stress magnification in elderly people.

CONSENT

As per international standard or university standard, patients' written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

COMPETING INTERESTS

Author has declared that no competing interests exist.

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