

The Effectiveness of Reminiscence Therapy for Depression in Older Adults: An Updated Review

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Review Article

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Article History

Received: 10.03.2018

Accepted: 22.03.2018

Published: 30.03.2018

DOI:

10.21276/haya.2018.3.3.14



Abstract: Institutionalization during old age requires tremendous adaptability. Reminiscence therapy has proven to be among the most effective at minimizing these outcomes. Loneliness, anxiety, and depression are common problems for older adults in long-term care. Reminiscence therapy is a non- pharmacological intervention that may be of some benefit. In comparison to individual reminiscence therapy, group reminiscence therapy is a preferred option when dealing with the resource constraints of long-term care. The current study aims to understand the researcher has done an extensive literature review to understand in depth concepts and ideas about Reminiscence Therapy on Depression among the elderly. The objective of this systematic review is to provide healthcare professionals with information to assist in their decision to utilize reminiscence therapy for depression reduction in older adults outside of the primary care setting. Reviewed studies that were randomized controlled trials not only varied in person, outcome measurement, control, and exposure/intervention, the results of these studies was also diverse. About half of these studies showed that reminiscence therapy resulted in a statistically significant decrease in depression. Despite that reminiscence therapy requires further testing, it should be considered as a valuable intervention. Future directions of studies on reminiscence therapy are suggested.

Keywords: Reminiscence Therapy, Depression, Elderly.

INTRODUCTION

The early parts of life changes are evolutionary, in that, they lead to maturity of structure and functioning.

In later part of life, by contrast, changes are mainly involutions, involving a regression to earlier stages. These changes are the natural accomplishment of what is commonly known as “aging”. They affect physical as well as mental structures and functioning. Individual differences in the effect of aging have been recognized and it makes people difficult to get adapt to them. The aging population has looming public health challenges, as currently 355/380 million people, aged 60 years and older live in developing countries. In 2020, the number of old age people is projected to reach more than 1000 million, with 70% living in developing countries, especially in India, China, Brazil, Indonesia, and Pakistan[1].

Aging is a universal process. In the word of Seneca “Old Age is an Incurable Disease”. Aging is a natural process that begins at birth, a process that progresses throughout one’s life and ends at death [23]. The majority of old people are self-sufficient human beings who can carry on normal lives. Old age consists of age nearing the average lifespan of human beings, and thus the end of the human life cycle[1].

Reminiscence therapy is a process of life review by elderly individuals that promotes Self-esteem and provide assistance in working through unresolved conflicts from the past[2].

Reminiscence therapy is defined by the American Psychological Association (APA) as “the use of life histories – written, oral, or both – to improve psychological well-being. The therapy is often used with older people. This form of therapeutic intervention respects the life and experiences of the individual with the aim to help the patient maintain good mental health. The majority of research on reminiscence therapy has been done with the elderly community, especially those suffering from depression, although a few studies have looked at other elderly samples[3].

Depression

In this study, depression refers to sadness, loss of interest in activities and decreased energy, loss of confidence and self-esteem, inappropriate guilt, thoughts of death and suicide, diminished concentrations and disturbance of sleep and appetite as

measured by geriatrics depression scale interpreted in terms of level such as mild, moderate, severe. Nursing persons are a major force working in the healthcare delivery system. They have the responsibility of taking care of individuals, family, and community in various settings, which includes a home for the aged. The nurse can promote independence and self-esteem of patients who feel that life is not worth living. To provide effective nursing care, all nurses must foster a positive attitude towards the aged[4].

Reminiscence therapy and Life Review Process With the elderly:- [5] Stated Stimulation of life memories helps the older elder to work through their losses and maintain self-esteem. Life review provides older adults with an opportunity to come to grips with guilt and regrets, and to emerge feeling good about themselves. Studies have indicated that reminiscence or thinking about the past and reflecting on it, may promote better mental health in old age. Life Review is related to reminiscence but differ from it in that it is a more guided or directive cognitive process that constructs a history or story in an autobiographical way [6].

An elderly individual who spend time thinking about the past experience an increase in self-esteem and are less likely to suffer depression. Some psychologist believes that life review may help some people adjust to the memory of an unhappy past. Others view Reminiscence and Life Review as ways to bolster the feeling of well being, Particularly in older people who can no longer remain active[5].

Need for study

Butler is credited with starting the movement of reminiscence therapy. The next advancement in this area was done by Charles Lewis in 1971. Lewis was able to create the first experimental study of reminiscence. Lewis wanted to look at any cognitive changes that may occur from reminiscence as well as how people perceive themselves. This experiment proved to be worthwhile as in the following years this area became very popular to research. In the following years, research on reminiscence was focused on the functions and benefits of reminiscence. In 1978 The Department of Health and Social Security started a project called "The Reminiscence Aids Project". This project was done in order to start reminiscence as a therapy process. Finally, in the 1980s, reminiscence therapy was recognized by institutions and has begun to be used as group therapy. During this time period, there was an increase in the number of professionals trained in this therapeutic process. Reminiscence therapy has continued to be an area of research to this day. While there have been many studies done on reminiscence therapy lately, Butler and Erikson remain the two researchers most associated with this field of work [7].

Reminiscence Therapy is used predominately in elderly patients. This may in part be due to the common disorders reminiscence therapy has been used for are prevalent in the elderly, such as depression. It has often been used in nursing homes or assisted living facilities, as it provides a sense of continuity in one's life and therefore may aid these types of transitions. Patients with chronic conditions may also benefit from reminiscence therapy, as they often suffer socially and emotionally. Other issues have been addressed using reminiscence therapy, including behavioral, social, and cognitive problems. Studies have found group reminiscence therapy sessions may lead to strengthened social relationships and friendships within the group[8].

Review of Literature -A study was conducted on the use of reminiscence therapy for the treatment of depression in rural older adults at the University of North California in the US. This study reports that the use of reminiscence therapy is an effective means of reducing depression among rural elders. It was felt that reminiscence therapy is a nurse-initiated intervention that has the advantages of being cost-effective, therapeutic, social and recreational for older adults. Reminiscence therapy is a valuable intervention and extremely beneficial alternative, among all treatment modalities in reducing depression among geriatrics [9].

Reminiscence therapy

Structured and Unstructured Reminiscence Training and Depression among the Elderly [10], One hundred and sixty: two depressed Caucasian elderly were treatment and control subjects for a therapeutic intervention designed to test the efficacy of structured and unstructured reminiscence training for subjects' depression. Pre-and posttreatment measures of depression, ego-strength and self-assessment ratings were obtained. Consistent with hypotheses, a multivariate analysis revealed that subjects trained in structured reminiscence showed significantly greater improvement on the dependent measures than did subjects trained in unstructured reminiscence. Overall, subjects in both structured and unstructured reminiscence conditions reported more improvement than the no-treatment control subjects. Contents of subjects' reminiscence were factor-analyzed for sex differences and yielded four factors with high factor loadings. Results of the factor analysis and the effects of the two forms of reminiscence training were discussed in terms of their implications for the treatment of depression in the elderly[10].

The use of reminiscence therapy for the treatment of depression in rural-dwelling older adults, This article explores the potential for the use of reminiscence therapy as an effective means of reducing depression among institutionalized, rural-dwelling elders, especially elderly women. Reminiscence therapy is a nurse-initiated intervention that has the advantages of being cost-effective, therapeutic, social, and

recreational for the institutionalized older adult. As a communicative psychosocial process, reminiscence therapy has proven to be a valuable intervention for the depressed elderly client [11-13]. It has been shown that depressed elders living in rural areas resist treatment from mental health services for a variety of different reasons [9]. For those elders, reminiscence therapy may prove an extremely beneficial alternative to more traditional treatment modalities in reducing the effects of depression and depressive symptoms[9].

Comparative Study

The Comparative Effectiveness Among Institutionalized and Non-Institutionalized Elderly People in Taiwan of Reminiscence Therapy as a Psychological Measure[14]. This study examined the comparative effects of reminiscence on self-esteem, self-health perception, depressive symptoms, and mood status of elderly people residing in long-term care facilities and at home. A quasi-experimental design was conducted, using pre-intervention and post-intervention tests and purposive sampling. Rosenberg's Self-Esteem Scale (RSE), Health Perception Scale (HPS), Geriatric Depression Scale-Short Form (GDS-SF), and Apparent Emotion Rating Scale (AER) were used as study instruments. Each subject was administered pre- and post-experimental tests at a four-month interval and all subjects underwent weekly individual reminiscence intervention. Forty-eight subjects completed the study, with 25 institutionalized elderly people and 23 non-institutionalized home-based elderly people. Independent t-tests and paired t-tests were conducted to measure the differences in variable means between and within groups. A significant difference was found between groups in mood status post-test ($t = 5.96$, $p < .001$) and significant differences were noted in self-health perception, depressive symptoms, and mood status ($t = -2.56, 2.83, -3.02$; $p = .018, .009, .007$) between the pre- and post-intervention tests in the institutionalized group. These results suggest that reminiscence therapy is especially appropriate for older people who reside in care facilities. Implementing strategies that enrich the lives of elderly people residing in long-term cares is crucial, and reminiscence offers a method for promoting healthy aging[15].

Clinical trials

Conducted a study on “clinical effects of reminiscence therapy in older adults: a meta-analysis of controlled trials”. Reminiscence therapy through involving participants and sharing past events to enhance psychological well being is a popular psychosocial intervention for older adults. This paper aimed to examine the clinical effects of reminiscence therapy on the life satisfaction, happiness, depression and self-esteem of older adults aged 50 years and above. All pre-post-test design controlled trials before 2001 comparing the life satisfaction happiness depression and self-esteem of older adults receiving reminiscence therapy and no treatment were included.

Results say that reminiscence therapy showed significant beneficial effects on happiness and depression[16].

Conducted “a preliminary study of reminiscence therapy on depression and self-esteem in cancer patients” [17]. The present study investigated the use of life review, a form of reminiscence, on the depression and self-esteem in cancer patients. 15 cancer patients in the experimental group participated in individual reminiscence therapy. 21 patients in the comparison group received no therapy. All patients were measured on both depression and self-esteem scales during two testing periods. Analyses showed mean depression scores of the cancer patients decreased and mean self-esteem increased significantly after the life-review therapy sessions, while the scores of the comparison group did not change. “the effects of reminiscence therapy on depression, self-esteem, and life satisfaction of elderly nursing home residents” [18]. In this study, one-ward residents were taken as a control group and another group was considered as an experimental group. Nine weekly – one- hour sessions were designed for this study. Results indicated that group reminiscence therapy significantly improved self-esteem, although effects on depression and life satisfaction were not significant.

Symptoms

Conducted a study on “the effects of reminiscence therapy on depressive symptoms and mood status of the older institutionalized adults in Taiwan” [14]. The study was conducted as a longitudinal quasi-experimental study using pre-test and purposive sampling for 4 months interval. Results show that experimental group demonstrates fewer depressive symptoms and better mood status on post-test comparing to the control group. The study concludes that reminiscence therapy is a recommended therapy for older people. It can provide a basis for planning geriatric care in the community to promote the well-being and quality of life of older people.

Control studies

An experimental study was conducted in Taiwan to find out the effect of reminiscence therapy on psychological well-being, depression, and loneliness among the institutionalized aged. The samples consisting elderly of 65 years and above who were assigned randomly to two groups 45 in the experimental group and 47 in the comparison group. Data was collected using Centre of Epidemiological Studies Depression Scale (CES-D), Symptom Checklist –90-R (SCL-90-R), Revised University of California Los Angeles Loneliness scale (RULS – V3) and Mini-Mental Status Examination (MMSE). T-test, Mann Whitney U – test and Generalized Estimating Equation was used in the analysis of data. After the intervention of Reminiscence therapy the average depression score of group decreased from 19.11 point in pre-test to 16.18

and 15.49 after 3 months of intervention and follow up respectively, logical well-being score fell from 27.09 points to 24.13 and 23.91 after 3 months of intervention and follow up. The average score of loneliness decreased from 42.24 points to 34.82 and 35 respectively. The results showed reminiscence therapy had decreased depressive symptoms, improved psychological well-being and alleviated feelings of loneliness [19].

A Quasi-experimental study was conducted on the effect of group reminiscence therapy on depression in elderly attending day care center in 2007 at the Jahandidegan center, in the Republic of Iran. The purposive sampling method was used to select a sample of 50 Men and women above the age of 60 years. Data was collected using a geriatric depressive scale with 15 items (GDS – 15). The selected subjects were divided into 5 groups and reminiscence therapy was provided. The correlation was derived using The Munn–Whitney U test and Kruskal–Wallis test and Wilcoxon signed ranks test was used to find out the effect of group reminiscence on the depression of the subjects before and after the intervention. The results of the test have shown a significant decrease in the depression scores, especially in the married sample. The researcher concluded that reminiscence therapy is effective in the reducing the depression and nurses need to practice it in order to prevent and improve the depression[20].

A randomized control study was conducted in Sichuan, China on - cognitive behavior therapy and reminiscence technique for the treatment of depression among elderly as a systemic review. Fourteen randomized groups with 705 patients were allotted to CBT, Reminiscence and general psychotherapy respectively whereas 260 patients received placebo interventions, Symptom Scale (SCL – 20), Hamilton Rating Scale For Depression (HRSD), Beck Depression Inventory (BDI) and Geriatric Depression Scale (GDS) were used to collect data. Obtained data were analyzed using Review Manager (Rev. Man) 4.2 software. The results of the meta-analysis showed that CBT, reminiscence therapy and general psychotherapy were all more effective than placebo. Psychotherapy as an adjunct to antidepressant medication did not increase effectiveness. There was no significant difference between CBT and reminiscence in improving depression[21].

A quasi-experimental study was conducted on the effectiveness of reminiscence group therapy on self-esteem, depression, loneliness and life satisfaction of the people who are living alone in Taiwan. The study included 12 elders living alone in the experimental group who in 10 RGT sessions. Whereas the control group included 14 elderly people engaged in regular group activities for ten weeks. The effectiveness of RGT was evaluated by using nonparametric tests Results indicated that group reminiscence therapy

significantly improved self-esteem, although effects on depression and life satisfaction were not significant. Reminiscence groups enhanced elder's social interaction with one another in nursing home settings and become support groups for participants[22].

CONCLUSION

Reminiscence therapy can take place on a one to one basis or in a group setting. In reminiscence group, elderly individuals share significant past event with peers. The nurse leader facilitates the discussion of a topic that deals with specific life transitions, Such as childhood, adolescence, marriage childbearing, grandparenthood, and retirement. Members share both positive and negative aspects, including personal feeling, about this life cycle events.

As the individual reviews his or her life process, the nurse can validate feeling and help the elderly client come to terms with the painful issue may have been long suppressed. This process is necessary if the elderly individual is to maintain a sense of positive identity and self-esteem and ultimately achieve the goal of ego integrity as described by Erikson.

Care must be taken in the life review to assist clients to work through unresolved issues. Life review can work in a negative way if the individual comes to believe that his or her life was meaningless. However, it can be a very positive experience for the person who can take pride in past accomplishment and feel satisfied with his or her life, resulting in a sense of serenity and inner peace in the older adult.

Many studies have looked at the effectiveness of reminiscence therapy in clinically depressed older adults. This research suggests reminiscence therapy is a very effective way to reduce depressive symptoms in the elderly. Integrative and instrumental reminiscence therapy helped participants' effect improve over the long term by significantly decreasing depressive symptoms. Owing to the problems of the limited number of included studies, the small sample size of the trials, the possible play of publication bias, language bias and Hawthorne effect, no convincing conclusion regarding the effects of reminiscence therapy can be drawn.

REFERENCES

1. ONU, "World population, aging," *Suggest. Cit. United Nations, Dep. Econ. Soc. Aff. Popul. Div. (2015). World Popul. Aging*, vol. United Nat, no. (ST/ESA/SER.A/390, p. 164, 2015.
2. McDougall, G. J., Blixen, C. E., & Suen, L. J. (1997). The process and outcome of life review psychotherapy with depressed homebound older adults. *Nursing Research*, 46(5), 277.
3. Chen, T. J., Li, H. J., & Li, J. (2012). The effects of reminiscence therapy on depressive symptoms of Chinese elderly: study protocol of a randomized

- controlled trial. *BMC psychiatry*, 12(1), 189.
4. American Nurses Association. (2010). *Nursing: Scope and standards of practice*. Nursesbooks.org.
5. Wilson, S. C. (2008). Psychiatric Mental Health Nursing: Concepts of Care in Evidence-Based Practice. *Journal of Clinical Nursing*, 17(8), 1120-1120.
6. Westerhof, G. J., Bohlmeijer, E., & Webster, J. D. (2010). Reminiscence and mental health: A review of recent progress in theory, research and interventions. *Ageing & Society*, 30(4), 697-721.
7. Gaggioli, A., Scaratti, C., Morganti, L., Stramba-Badiale, M., Agostoni, M., Spatola, C. A., & Riva, G. (2014). Effectiveness of group reminiscence for improving wellbeing of institutionalized elderly adults: study protocol for a randomized controlled trial. *Trials*, 15(1), 408.
8. Yen, H. Y., & Lin, L. J. (2018). A Systematic Review of Reminiscence Therapy for Older Adults in Taiwan. *Journal of Nursing Research*, 26(2), 138-150.
9. Jones, E. D., & Beck-Little, R. (2002). The use of reminiscence therapy for the treatment of depression in rural-dwelling older adults. *Issues in mental health nursing*, 23(3), 279-290.
10. Fry, P. S. (1983). Structured and unstructured reminiscence training and depression among the elderly. *Clinical Gerontologist*, 1(3), 15-37.
11. Cully, J. A., LaVoie, D., & Gfeller, J. D. (2001). Reminiscence, personality, and psychological functioning in older adults. *The Gerontologist*, 41(1), 89-95.
12. Haight, B. K., Michel, Y., & Hendrix, S. (1998). Life review: preventing despair in newly relocated nursing home residents short-and long-term effects. *The International Journal of Aging and Human Development*, 47(2), 119-142.
13. Haight, B. K., Michel, Y., & Hendrix, S. (2000). The extended effects of the life review in nursing home residents. *The International Journal of Aging and Human Development*, 50(2), 151-168.
14. Wang, J. J., Lo, C. H. K., & Ku, Y. L. (2004). Problem solving strategies integrated into nursing process to promote clinical problem solving abilities of RN-BSN students. *Nurse Education Today*, 24(8), 589-595.
15. Wang, J. J. (2004). The comparative effectiveness among institutionalized and non-institutionalized elderly people in Taiwan of reminiscence therapy as a psychological measure. *The journal of nursing research: JNR*, 12(3), 237-245.
16. Chin, A. M. (2007). Clinical effects of reminiscence therapy in older adults: A meta-analysis of controlled trials. *Hong Kong Journal of Occupational Therapy*, 17(1), 10-22.
17. Ando, M., Tsuda, A., & Moorey, S. (2006). Preliminary study of reminiscence therapy on depression and self-esteem in cancer patients. *Psychological reports*, 98(2), 339-346.
18. Chao, S. Y., Liu, H. Y., Wu, C. Y., Jin, S. F., Chu, T. L., Huang, T. S., & Clark, M. J. (2006). The effects of group reminiscence therapy on depression, self esteem, and life satisfaction of elderly nursing home residents. *Journal of Nursing Research*, 14(1), 36.
19. Chiang, K. J., Chu, H., Chang, H. J., Chung, M. H., Chen, C. H., Chiou, H. Y., & Chou, K. R. (2010). The effects of reminiscence therapy on psychological well-being, depression, and loneliness among the institutionalized aged. *International Journal of geriatric psychiatry*, 25(4), 380-388.
20. Elias, S. M. S., Neville, C., & Scott, T. (2015). The effectiveness of group reminiscence therapy for loneliness, anxiety and depression in older adults in long-term care: A systematic review. *Geriatric Nursing*, 36(5), 372-380.
21. Peng, X. D., Huang, C. Q., Chen, L. J., & Lu, Z. C. (2009). Cognitive behavioural therapy and reminiscence techniques for the treatment of depression in the elderly: a systematic review. *Journal of International Medical Research*, 37(4), 975-982.
22. Liu, S. J., Lin, C. J., Chen, Y. M., & Huang, X. Y. (2007). The effects of reminiscence group therapy on self-esteem, depression, loneliness and life satisfaction of elderly people living alone. *Mid-Taiwan Journal of Medicine*, 12(3), 133-142.
23. Stern, L., Iqbal, N., Seshadri, P., Chicano, K. L., Daily, D. A., McGrory, J., ... & Samaha, F. F. (2004). The effects of low-carbohydrate versus conventional weight loss diets in severely obese adults: one-year follow-up of a randomized trial. *Annals of internal medicine*, 140(10), 778-785.