

A Quasi-Experimental Study to Assess the Effectiveness of Reminiscence Therapy on Level of Depression among Elderly in Selected Old Age Homes, Punjab

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ABSTRACT

Background: Old age is often viewed as a challenging and undesirable phase of life, where mental health issues like depression are common. Reminiscence therapy, involving the structured recall of past memories using artifacts such as photos and music, has been applied to improve mental health in the elderly.

Aim: To assess the effectiveness of reminiscence therapy on depression among elderly in selected old age homes, Punjab.

Material and Methods: A quantitative quasi-experimental approach with a non-randomized control group design was used. A total of 60 subjects were selected through purposive sampling and divided into experimental and control groups. Depression levels were measured using the Geriatric Depression Scale (Long Form) before and after intervention.

Findings: In the experimental group, mild depression was observed in 56.7% and severe in the rest during the pre-test. Post-test results showed 40% with mild depression, 33.3% with severe depression, and 26.6% with no depression. In the control group, mild depression increased from 60% to 63.3%, and severe depression decreased slightly. A significant improvement was observed in the experimental group (mean difference = 2.871, $p < 0.05$) compared to the control group (mean difference = 0.283).

Conclusion: The findings suggest that reminiscence therapy is effective in reducing depression among the elderly.

How to cite this paper: Ms. Poornima Chopra | Mrs. Ramanpreet Kaur | Mrs. Varinder Kaur "A Quasi-Experimental Study to Assess the Effectiveness of Reminiscence Therapy on Level of Depression among Elderly in Selected Old Age Homes, Punjab" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-9 | Issue-3, June 2025, pp.943-949, URL: www.ijtsrd.com/papers/ijtsrd88492.pdf



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KEYWORDS: Elderly, Depression, Reminiscence Therapy

I. INTRODUCTION

Old age represents an intrinsic aspect of human existence, akin to the evening of life. Despite its inevitability, it is often viewed as an undesirable and burdensome phase, laden with challenges. Paradoxically, while individuals aspire for longevity, the prospect of aging is met with reluctance. Although no stage of life is devoid of challenges, those encountered in old age are particularly daunting due to physical and mental decline. This phase becomes more difficult when elderly individuals are deprived of companionship and support.

According to the United Nations, old age is defined as 65 years and above. However, in many regions, including India, the age benchmark often begins at 60

years. The shift from traditional joint family structures to nuclear families has resulted in social isolation for many older adults. With urbanization and changing societal norms, the elderly are frequently neglected, leading to increased risks of depression.

Mental health is a crucial component of elderly well-being. Disorders like depression often remain unrecognized, causing significant distress and dysfunction. Older adults are more prone to depression due to physiological changes, reduced autonomy, retirement, loss of loved ones, and limited social interactions. Symptoms include persistent sadness, irritability, fatigue, changes in appetite and sleep, and even suicidal ideation.

Pharmacological treatments for depression exist but come with side effects and are not always preferred. Non-pharmacological interventions like reminiscence therapy have gained attention for their simplicity, accessibility, and psychological benefits. Reminiscence therapy involves recalling past experiences through guided activities and sensory stimuli such as old photographs, music, scents, or artifacts. It enhances self-worth, emotional comfort, and provides therapeutic value.

Pioneers like Erikson and Butler have advocated for reminiscence in late life, emphasizing its role in life review, conflict resolution, and psychological adaptation. Numerous studies support its effectiveness in reducing depression and improving psychological well-being among elderly populations.

In the context of Punjab, a significant portion of the elderly population experiences depression, necessitating effective and accessible mental health interventions. This study focuses on evaluating the impact of reminiscence therapy as a method to reduce depression in elderly residents of selected old age homes in the region.

II. Literature Review

Depression in elderly populations remains a pervasive and growing concern worldwide, particularly in institutionalized settings such as old age homes. A substantial body of research highlights the efficacy of non-pharmacological interventions, notably reminiscence therapy, in mitigating depressive symptoms among older adults. This section explores relevant empirical studies that have assessed the role of reminiscence therapy in elderly mental health care. A quasi-experimental study in Mysore evaluated the impact of reminiscence therapy on psychological well-being, depression, and loneliness among 70 elderly participants residing in old age homes. The intervention led to significant reductions in depression and loneliness and improvements in psychological well-being, indicating the therapeutic benefit of structured memory recall sessions supported by statistical evidence ($t=5.365$ for depression)

In Madurai (2011), reminiscence therapy was administered over a four-week period to 30 elderly individuals. The study reported a statistically significant drop in depression scores, from a mean pre-test of 18.70 ($SD=3.81$) to a post-test mean of 13.23 ($SD=3.82$), validated by a t -value of 6.73. Similarly, in Chennai (2016), reminiscence sessions held for five days a week over four weeks demonstrated meaningful decreases in depression levels, with a pre-test mean score of 21.66 dropping

to 18.46 post-intervention. The paired t -value of 4.417 confirmed the therapy's effectiveness at a significance level of $p<0.001$. An experimental study in Greater Noida (2019) reinforced these findings, where reminiscence therapy significantly lowered depression scores from 13.08 to 7.54, with a t -value of 10.28 ($p<0.02$), further validating its therapeutic utility among geriatric populations

III. RESEARCH DESIGN

"A quasi-experimental study i.e. is non randomized control group design was considered to find out effectiveness of reminiscence therapy on level of depression among elderly in selected old age homes, Punjab.

A. VARIABLES OF THE STUDY

- **Independent Variable:** Independent variable was reminiscence therapy.
- **Dependent Variable:** Dependent variable was depression among elderly.
- **Extraneous Variable:** Extraneous variable of the study was age, gender, religion, educational status, marital status, source of financial support, history of any disease, duration of staying in old age home, relative visit in old age home, habit of smoking/ alcoholism

B. RESEARCH SETTING

The investigation was carried out at specifically chosen elderly care facilities in Punjab: Pingla Ghar located in Jalandhar and an old age home Mahilpur catering to the elderly were designated for the study. The cohort subjected to experimental procedures was drawn from Pingla Ghar in Jalandhar, whereas the control cohort was recruited from the elderly care facility in Mahilpur. The main rationale behind selecting these particular residences for the elderly encompassed the convenience of the researcher, their familiarity with the facilities, anticipation of cooperation from the participants, and securing permission from the respective establishments to conduct the study.

C. TARGET POPULATION

The focal point of this study was the examination of depression among the elderly residing in selected old age homes in Punjab.

D. SAMPLE SIZE AND SAMPLING TECHNIQUE

The selection of the 60 elderly individuals experiencing depression for the research was accomplished through non-probability purposive sampling. Within this cohort, 30 participants were assigned to both the experimental and control groups, respectively.

E. CRITERIA FOR SAMPLE SELECTION

Based on the following criteria, the sample was selected

Inclusion Criteria:

Elderly individuals who:

- Were in the age group of 60 years and above.
- Exhibited mild to severe depression
- Exclusion Criteria:

Elderly individuals who:

- Were not willing to participate.
- Were ill at the time of data collection.
- Had undergone reminiscence therapy previously.
- Were receiving any psychiatric treatment.

F. DEVELOPMENT AND DESCRIPTION OF TOOL

The study aimed to investigate the efficacy of reminiscence therapy in alleviating depression among the elderly. A thorough review of the literature and consultation with subject matter experts informed the development of the assessment tool. The tool was crafted under the following sections:

Section A

The assessment tool encompassed socio-demographic variables including age, gender, religion, marital status, educational Status, duration of residence in the old age home, frequency of visits by relatives, source of financial support, health problems and habits of smoking/alcohol consumption.

Section B

Geriatric Depression Scale (Long Form) was employed to evaluate the degree of depression among

the elderly. It consisted of 30 items, with ratings ranging from normal to severe depression on a scale of 0 to 30. A score of 0 indicated normal mental health, while a score of 30 indicated severe depression. Thus, the total scale spanned from 0 to 30, reflecting the range of depressive symptoms assessed.

Criterion Measure:

Level of Depression	Score Interpretation
Normal	0–9
Mild depression	10–19
Severe depression	20–30

A **pre-experimental study conducted in old age homes of Punjab in 2019** evaluated the effectiveness of reminiscence therapy on depression among geriatric individuals. The study included a total of **150 participants**, all elderly residents. Each participant underwent **six sessions of reminiscence therapy**, conducted **twice weekly over three weeks**. The **pre-test depression mean score** was **16.50** (SD = 3.99), and the **post-test mean score** decreased significantly to **7.87** (SD = 3.23). The calculated **t-value** was **38.65**, which was statistically significant at **p < 0.05**, indicating a substantial reduction in depression levels following the therapy. The researchers concluded that reminiscence therapy was highly effective in improving psychological well-being and reducing depression among the elderly population in Punjab.

IV. Results

This section presents the analysis and interpretation of data collected from 60 elderly participants, divided equally into experimental (n = 30) and control (n = 30) groups. The data are presented in accordance with the study objectives and are supported by relevant statistical tables.

Objective 1: To assess the level of depression among elderly in experimental and control group.

Table 2(a): Level of Depression Among Elderly in Experimental Group (N = 30)

Level of Depression	Criterion Measures	Pre-test (%)	Post-test (%)
Normal	0–9	0	26.6
Mild Depression	10–19	56.7	40.0
Severe Depression	20–30	43.3	33.3

The table indicates a shift from severe and mild depression to normal levels post-intervention, demonstrating the effectiveness of reminiscence therapy.

Table 2(b): Level of Depression Among Elderly in Control Group (N = 30)

Level of Depression	Criterion Measures	Pre-test (%)	Post-test (%)
Normal	0–9	0	0
Mild Depression	10–19	60.0	63.3
Severe Depression	20–30	40.0	36.6

The control group did not show notable improvement in depression levels.

Objective 2: To compare the level of depression among elderly in experimental and control group

Table 3: Comparison of Mean Pre-test and Post-test Depression Scores Among Elderly

Group	N	Pre-test Mean \pm SD	Post-test Mean \pm SD	t-value	Significance
Experimental	30	18.56 \pm 4.53	14.46 \pm 5.23	2.871	*p < 0.05
Control	30	18.53 \pm 4.62	18.23 \pm 4.92	0.283	NS

There is a statistically significant reduction in depression levels in the experimental group compared to the control group.

Objective 3: To find the relationship between post-test depression levels and selected socio-demographic variables

The following table shows the relationship between depression and demographic characteristics.

Table 4: Relationship of Mean Post-test Level of Depression Among Elderly with Selected Socio-demographic Variables (N = 60)

Socio-demographic Variables	Experimental Group (Mean \pm SD)	Control Group (Mean \pm SD)	Test Value	Significance
Age				
60–65 years	17 \pm 4.39	20 \pm 4.47	f = 0.838	NS
66–70 years	13.4 \pm 5.79	19.4 \pm 5.91	f = 0.860	NS
71–75 years	13.8 \pm 3.64	17.4 \pm 4.42		
76–80 years	14.6 \pm 4.92	16 \pm 4.80		
Gender				
Male	14.6 \pm 5.54	17.25 \pm 4.44	t = 1.390	NS
Female	14.7 \pm 5.34	18.71 \pm 5.29	t = 0.470	NS
Religion				
Hindu	14.8 \pm 5.16	18.4 \pm 4.81	f = 2.942	NS
Sikh	16.5 \pm 5.33	19 \pm 5.38	f = 1.479	NS
Muslim	16.5 \pm 6.33	9 \pm 0		
Christian	9 \pm 2.23	12.5 \pm 2.12		
Marital Status				
Married	16.6 \pm 5.42	18 \pm 9.89	f = 1.178	NS
Unmarried	19.5 \pm 2.12	20.5 \pm 5.8	f = 0.669	NS
Widow/Widower	13.5 \pm 5.45	17.4 \pm 4.4		
Divorced	14 \pm 2.82	20.6 \pm 5.77		
Educational Status				
Illiterate	11 \pm 1.41	19.4 \pm 5.02	f = 0.947	NS
Primary Education	13.8 \pm 5.98	19 \pm 4.21	f = 1.416	NS
Secondary Education	16.3 \pm 6.0	15.25 \pm 4.33		
Graduation and above	16.6 \pm 4.41	19.6 \pm 5.73		
Duration of Stay in Old Age Home				
Less than 1 year	11.27 \pm 2.96	18.7 \pm 4.46	f = 3.126	NS
1–3 years	15.6 \pm 5.12	21.3 \pm 3.8	f = 3.20	NS
More than 3 years	14.9 \pm 4.62	16.27 \pm 5.17		
Relative Visits in Old Age Home				
Yes	14.5 \pm 5.21	16.1 \pm 5.04	t = 0.299	NS
No	15.6 \pm 5.1	17.6 \pm 5.01	t = 1.008	NS
Source of Financial Support				
Pensioner	13.25 \pm 2.54	17.8 \pm 4.29	f = 2.42	NS
Family	12.4 \pm 2.66	18.5 \pm 5.51	f = 0.66	NS
Saving	10.2 \pm 2.87	17.8 \pm 4.53		
Health Problems				
Yes	17.7 \pm 5.25	18.7 \pm 18.75	t = 1.227	NS
No	15.85 \pm 5.69	17.8 \pm 17.88	t = 0.099	NS

Habits (Smoking/Alcohol)				
Yes	10 ± 2.64	18 ± 5.65	$t = 1.620$	NS
No	14.9 ± 5.23	17.5 ± 5.79	$t = 0.0682$	NS

NS = Non-Significant

The findings show that socio-demographic variables had no statistically significant relationship with post-test depression scores, implying that improvements were primarily due to the intervention.

V. Discussion

This study was undertaken to assess the effectiveness of reminiscence therapy on the level of depression among elderly residents in selected old age homes in Punjab. The discussion section interprets the results in light of the research objectives, previous findings, and theoretical framework.

A. Objective 1: To assess the level of depression among elderly in experimental and control groups
The findings revealed that in the experimental group, the percentage of elderly participants with severe depression decreased from 43.3% to 33.3%, and those with mild depression decreased from 56.7% to 40%. Notably, 26.6% of the participants had no depression post-intervention. In contrast, the control group showed no substantial improvement. These outcomes suggest that reminiscence therapy was effective in reducing depression among the elderly.

These results are supported by a previous study conducted in Punjab (2019), where reminiscence therapy significantly reduced depression levels among 150 elderly individuals, demonstrating the technique's potential in non-pharmacological elderly mental health care.

B. Objective 2: To compare the level of depression among elderly in experimental and control groups
The comparison of mean depression scores pre- and post-intervention indicated a statistically significant reduction in the experimental group (mean reduction of 4.1 points), while the control group showed only a marginal change. This reinforces the conclusion that reminiscence therapy had a significant positive impact on depression levels. This aligns with findings from other studies reviewed in Chapter II, which consistently reported significant improvements in psychological well-being among elderly individuals receiving reminiscence therapy. The effectiveness observed in this study is thus in agreement with the growing body of literature on the benefits of reminiscence therapy in geriatric care.

C. Objective 3: To find the relationship between post-test depression levels and selected socio-demographic variables

The study found no statistically significant association between post-test depression scores and any socio-demographic variables, including age,

gender, marital status, education, financial support, health status, or habits. This implies that the effectiveness of reminiscence therapy is largely independent of demographic factors, highlighting its universal applicability in elderly care settings.

The findings align well with Wiedenbach's Helping Art of Clinical Nursing Theory, which emphasizes identifying patient needs, providing targeted care (in this case, reminiscence therapy), and validating the outcomes. The measurable reduction in depression validates the central purpose of providing meaningful, individualized, non-pharmacological intervention for the elderly.

VI. Conclusion and Recommendations

A. Conclusion

The study concludes that reminiscence therapy is an effective intervention for reducing depression among elderly individuals residing in old age homes in Punjab. The experimental group showed a significant decrease in depression levels post-intervention, while the control group showed no notable change. The findings confirm that reminiscence therapy can be a reliable, low-cost, and non-pharmacological method to enhance the mental well-being of the elderly, irrespective of their demographic background.

B. Recommendations

- 1. Integration into Routine Care:** Reminiscence therapy should be included as part of standard geriatric mental health programs in old age homes.
- 2. Training for Healthcare Workers:** Nursing staff and caregivers should be trained to conduct reminiscence sessions effectively.
- 3. Policy Support:** Government and healthcare administrators should support non-pharmacological interventions like reminiscence therapy in elderly care policies.
- 4. Further Research:** Similar studies should be conducted on larger samples and in different settings to validate and expand on these findings.
- 5. Community Awareness:** Awareness programs can be launched to educate families and caregivers about the psychological needs of the elderly and the benefits of reminiscence therapy.

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