

The Effects of Group Reminiscence Therapy on Depression, Self Esteem, and Life Satisfaction of Elderly Nursing Home Residents

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ABSTRACT: The need to provide quality mental health care for elders in nursing home settings has been a critical issue, as the aging population grows rapidly and institutional care becomes a necessity for some elders. The purpose of this quasi-experimental study was to describe the effect of participation in reminiscence group therapy on older nursing home residents' depression, self-esteem, and life satisfaction. Purposive sampling was used to recruit participants who met the study criteria. Residents of one ward were assigned to the reminiscence therapy group intervention, while residents of the other ward served as controls. Nine weekly one-hour sessions were designed to elicit reminiscence as group therapy for 12 elders in the experimental group. Another 12 elders were recruited for a control group matched to experimental subjects on relevant criteria. Depression, self-esteem, and life satisfaction were measured one week before and after the therapy. The Statistical Package for the Social Sciences (SPSS, Version 10.0) was used to analyze data. Results indicated that group reminiscence therapy significantly improved self-esteem, although effects on depression and life satisfaction were not significant. Reminiscence groups could enhance elders' social interaction with one another in nursing home settings and become support groups for participants. The model we created here can serve as a reference for future application in institutional care.

Key Words: group reminiscence therapy, elders, depression, life satisfaction, self-esteem.

Introduction

The elderly population of Taiwan is increasing rapidly, with 9.7% of the population currently over the age of 65 (Department of Accounting and Statistic, 2005), and has been predicted to increase to 14.4% by the year 2020 (Department of Health, 2001). With more nuclear families than in the previous generation and more women being employed outside the home, home care for the elderly is increasingly unavailable. Approximately 21.7% of Taiwan's elderly population whose ADL (activity of daily life) needed to be cared has received institutional care (Chen,

2005). Thus, long-term, high-quality institutional care for the elderly has become a necessity.

Based on prior studies, depression is a serious health risk prevalent in nursing home settings (Brozovic & Wold, 2000). An estimated 26% to 43% of nursing home residents suffer from mild to severe depression in the United States (Ryden, Pearson, Kaas, & Hanscom, 1999). Deterioration of health, lack of economic and social resources, loss of established interpersonal relationships, and a sense of weakened control over one's life, all contribute to the high incidence of depression in nursing home residents and lead to diminished life satisfaction and psychosocial well-being

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(Mosher-Ashley & Lemay, 2001; Ranzijn, Keeves, Luszcz, & Feather, 1998; Rogers, 1999; Wong, Heiby, Kameoka, & Dubanoski, 1999). In Taiwan, although there were no obvious data to indicate the prevalence of depression in elderly people in nursing homes, a prevalence of depressive symptoms has been found in 13% to 39.6% of older residents in rural communities (Liu et al., 1997; Lu & Lin, 2000; Shih et al., 2005; Wang, 2001). Demographic characteristics, physical status, social support, and social activity were related to the depressive symptoms in these studies.

Although we have a good understanding of the epidemiology and manifestations of depression in later life, effective treatments for improving elders' life satisfaction in nursing homes are still not well developed (Meeks & Depp, 2002; Mosher-Ashley & Lemay, 2001). Finding resources and ways to elevate the quality of psychosocial care for nursing home residents is a critical issue in the 21st Century.

Several studies have suggested that reminiscence therapy, programs in which elders recall and review their past experiences, is effective in addressing their psychological needs (Copenhaver, 1995; Nugent, 1995; Rentz, 1995; Sellers & Stork, 1997). Since reminiscence therapy is believed to be effective in both individual and group settings to help individuals integrate past experiences, improve self-understanding, reduce feelings of loss, and increase socialization, nursing professionals began applying reminiscence therapy in elderly care in the late 1960s. Reminiscence therapy has been shown to improve self-esteem, socialization, and life satisfaction as well as reduce solitude, sadness, and depression (Copenhaver, 1995; Nugent, 1995; Parker, 1995; Rentz, 1995; Ryden et al., 1999; Sellers & Stork, 1997; Vivero-Chong, 2002).

In Taiwan, studies of reminiscence therapy are still rare. Hsiao, Yin, Shu, Yeh, and Li's (2002) study of the institutionalized elderly suggested that individual reminiscence therapy could improve self-control, self-assertion, socialization, achievement, and depression. A recent study conducted by Wang (2004) also investigated the effect of individual reminiscence on institutionalized and non-institutionalized elderly. In this study, positive effects were found in both groups. Improved emotional status was found in both non-institutionalized and institutionalized groups, whereas self-perception and depressive symptoms were only found to have improved in the institutionalized group.

However, there have been no studies conducted in Taiwan on group reminiscence therapy. The purpose of this study is to fill this gap by developing a reminiscence group therapy model and investigating its effects on elderly nursing home residents' self-esteem, depression, and life satisfaction, with the goal of developing an effective nursing strategy to care for this population.

Definition of Terms

Reminiscence group therapy in this study refers to a closed-group activity in which the participants share personal past events with one another.

Depression is characterized by a sense of hopelessness, lack of interest in life, sadness, self-criticism, self-blame, slow thinking, poor concentration, and appetite and sleep disturbances. In the present study, depression was measured using a Chinese version of the GDS-S (Geriatric Depressive Scale-Short Edition) (Liu et al., 1997).

Self-esteem is the feeling of self-worth and self-acceptance and was assessed by means of the Rosenberg Self-esteem Survey (RSE) (Rosenberg, 1965). Life satisfaction is the participants' subjective response to their lives and surroundings as measured by the Quality of Life Index (QLI) (Hyland, Finnis, & Irvine, 1991).

Research Framework

Our research hypotheses stated that reminiscence group therapy would reduce elders' depression and improve self-esteem and life satisfaction. The variables of demographic characteristics including age, educational level, and gender, as well as time residing in nursing home, activities of daily living functional status, and cognitive status also affect residents' depression, self-esteem and life satisfaction, which had been controlled by the statistical method. The framework depicted in Figure 1 was used for the study.

Methods

Design

This quasi-experimental study applying group therapeutic theories (Yalom, 1983) was a pilot study to plan and design activities for reminiscence group therapy. Purposive sampling was used to recruit participants. Two wards in a private 120-bed nursing home in northern Taiwan were selected. Residents in both wards were similar with respect to physical and cognitive status. Residents of one ward

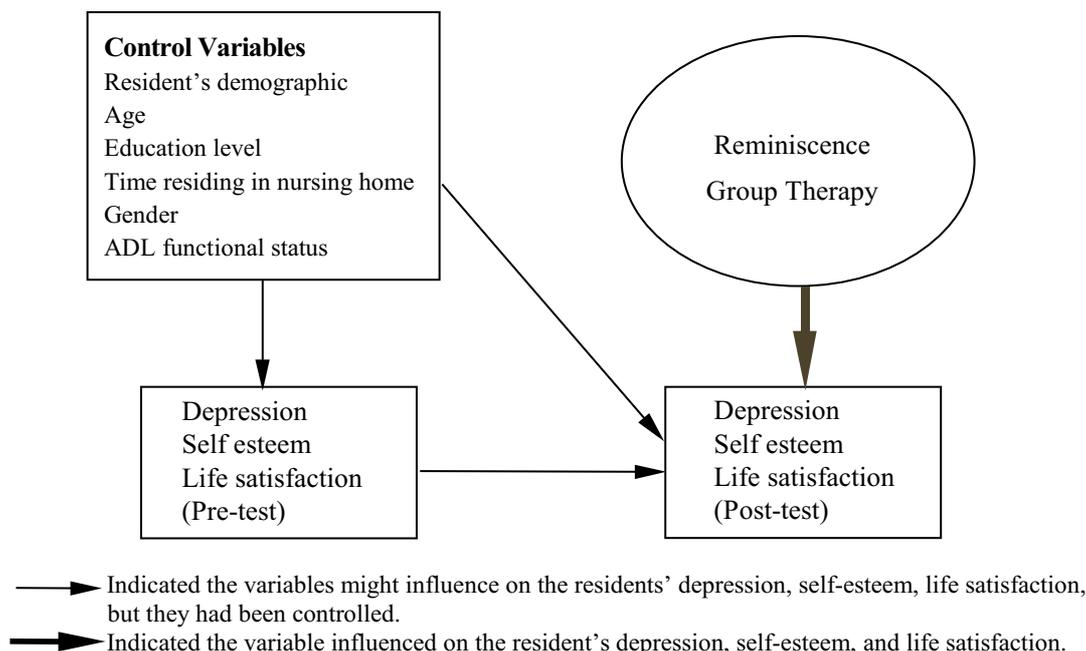


Figure 1. The effect of Reminiscence Group Therapy on resident's depression, self-esteem and life satisfaction.

were assigned to the reminiscence therapy group intervention, while residents of the other ward served as controls. Experimental group members participated in nine reminiscence group therapy sessions held at the nursing home for one hour once a week from September 2002 to November 2002. Participants' levels of depression, self-esteem, and life satisfaction were measured in face-to-face interviews before and after the series of nine one-hour weekly reminiscence group therapy sessions.

Participants

The participants in this study were elders who were able to share their stories with others. Criteria for potential participants included the following:

- A score > 24 points on the mini-mental state examination (MMSE) (Folstein, Folstein, & McHugh, 1975)
- Fluency in Taiwanese
- Between 65 and 85 years of age
- Without a diagnosis of major depression or suicide attempt, memory loss, or acute mental disorder (e.g., delusion),
- Without physical discomfort or pain caused by disease or severely damaged sensory function (e.g., loss of vision or hearing);

- Reported by caregivers as not having a defensive or critical personality, not becoming distressed when recalling past events, and not apt to become hostile when talking about the past.

The researcher and head nurse of the nursing home used purposive sampling to recruit participants who met these criteria.

Since a small number of participants (8–10) has been recommended (Yalom, 1983) to facilitate interactions within groups and based on an anticipated 20% withdrawal rate (Polit & Hungler, 1991), 12 eligible participants were selected from one ward for the experimental group and 12 participants from another ward in the same building for the control group. Participants in the two wards were matched for demographic characteristics, depression, self-esteem, and life satisfaction. The study was approved and written informed consent was obtained from each participant prior to the study.

Procedure

A college-level instructor who specialized in psychiatric nursing led group activities. The head nurse of the nursing home served as group co-leader. The co-leader's tasks were to observe interactions among group members,

encourage group discussions, protect participants from losing emotional control during activities, and record participants' emotional changes, if any, after each group activity.

Each group activity centered on a topic carefully designed to avoid threatening or irritating participants. Topics such as "That's how I grew up" and "The home I created" were chosen by the researcher after reviewing participant records and interviewing two nursing home caregivers and participants' family members about participants' early lives and interests. When group activities occurred close to traditional Chinese holidays (e.g., Mid-Autumn Festival, Elders' Day), special snacks or topics relevant to the holidays were also arranged. In preparation for group activities, the researcher and leader organized supporting materials (e.g., tape recorder, incense holders, posters) and encouraged both participants and their family members to gather old photos, magazine articles, albums or news clippings, most of which might never have been shared with others. Such sharing was crucial to the success of the activity since it served as a catalyst for participants to tell their stories and build connections with other group members.

Participants were reminded of the group activity the day beforehand, so that all routines would be completed. Five observers closely monitored each group activity and assessed group functions immediately afterward. These observers were two senior nursing faculty members, two nursing home supervisors, and one nursing professor expert in group dynamics.

Creating a safe environment for participants required a brightly lit, sizeable space with a quiet, warm, and comfortable atmosphere. Being able to sit in a circle allowed participants to have eye contact with one another, to hear what each person said, and to readily join the conversation whenever they wanted. Burning essential oil a half hour before each activity created a fresh therapeutic environment.

Each activity started with some old melodies as warm-ups. To facilitate group interactions, the leader modeled and encouraged addressing each participant by his or her nickname. Participants frequently required encouragement to tell their stories. At times, the group lapsed into silence as some participants temporarily drifted into memories of the past or took time to sequence their life events. Patience and constant encouragement were particularly important in conducting these activities. Participants' most unforgettable stories were represented on a poster and dis-

played in the activity room for all to share. At the last meeting, family members were invited to share stories with their beloved.

Instruments

Five instruments were used to evaluate the effects of reminiscence group therapy on participants: (1) two questionnaires regarding demographic characteristics and functional ability, (2) a depression inventory, (3) a self-esteem inventory and (4) a life-satisfaction inventory.

- (1) A researcher-designed questionnaire was used to record information on participants' age, gender, education, and duration of residence in the nursing home. Self-care ability, or the ability to perform activities of daily living (ADL), was assessed by the Barthel Index (Shah, Vanclay, & Cooper, 1989), a 10-item rating scale.
- (2) A Chinese version of the GDS-S (Geriatric Depressive Scale-Short Edition) was used to measure participants' depression. Respondents answered each of the 15 items with "yes" or "no" in relation to how they had felt over the past few weeks. Possible scores range from 0 to 15. The higher the score, the more severe the depression. Scores on the GDS-S showed a high correlation with those on the original form. The tool displayed a sensitivity of 96.3% and a specificity of 87.5% for identifying depression in a Chinese population (Liu et al., 1997).
- (3) Self-esteem was assessed by the Rosenberg Self-Esteem Survey (RSE) (Rosenberg, 1965), a simple and highly reliable instrument ($\alpha = .83-.85$). The RSE has 10 items, with responses from 1 (completely agree) to 4 (completely disagree). Possible scores range from 10 (low self-esteem) to 40 (high self-esteem).
- (4) Life satisfaction was assessed by the Quality of Life Index (QLI) (Hyland et al., 1991), which was selected for its simplicity, high validity, and reliability ($\alpha = .948$). This 12-item index grades the frequency of participants' subjective responses about their lives from 0 (never) to 3 (always). Possible scores range from 0 to 36. Higher scores indicate greater life satisfaction.

Data Collection

One week before reminiscence group therapy started, all participants in the experimental and control groups were interviewed for 20–25 minutes to complete the instruments. One week after the final reminiscence group therapy activity, participants were interviewed a second time. The second interviews took about half an hour since additional time was spent probing the feelings of reminiscence group therapy members.

In addition to the interviews, the audio and video tape recordings and feedback discussions right after each session provided valuable input for data interpretation.

Data Analysis

The data were analyzed using the Statistical Package for the Social Sciences (SPSS, Version 10.0). Mean and Standard deviation were used to describe participants' demographic characteristics, depression, self-esteem, and life satisfaction. Since the sample size was less than 10,

Mann-Whitney tests were used to compare (1) participants' depression, self-esteem, and life satisfaction before and after reminiscence therapy and (2) the improvement in self-esteem, life satisfaction, and depression of the experimental and control groups.

Results

Participant Characteristics

Of the 12 participants in each group, two in the experimental group and four in the control group had withdrawn by the end of the study because they had been discharged from the nursing home. As shown in Table 1, the mean ages of participants in the experimental and control groups were 79.58 and 76.92 years, respectively. Over half of the participants in each group were classified as "seriously dependent" on help with ADL.

There was no significant difference as measured by *t*-tests between the experimental and control groups in

Table 1.
Comparison of Participant Characteristics Before Group Reminiscence Therapy

Characteristic	Group		<i>p</i>	
	Experimental (<i>n</i> = 12)	Control (<i>n</i> = 12)		
	<i>n</i>	<i>M</i> ± <i>SD</i>		
Age (years)		79.58 ± 5.15	76.92 ± 5.83	.66
Educational Level				.10
Illiterate	8		9	
Primary school and above	4		3	
Gender				.00
Male	9		9	
Female	3		3	
Time Residing in Nursing Home		2.08 ± 1.51	1.58 ± 0.67	.88
Range (months)	1–4		1–3	
ADL (Activities of Daily Living)				.38
Total dependence	2		3	
Serious dependence	5		4	
Moderate dependence	2		2	
Slight dependence	2		1	
Independent	1		2	
Depression		3.75 ± 1.86	4.50 ± 1.73	.77
Self-Esteem		24.58 ± 1.91	25.83 ± 1.90	.30
Degree of Life Satisfaction		19.75 ± 7.74	21.33 ± 7.54	.72

demographic characteristics, length of time residing in the nursing home, cognitive status, depression, self-esteem, or life satisfaction at the beginning of reminiscence therapy.

Effect of Reminiscence Therapy

After the nine group reminiscence therapy sessions had been conducted with the experimental group, the level of depression, self-esteem, and the degree of life satisfaction were reevaluated for both groups of participants. As shown in Table 2, depression, self-esteem and life satisfaction all showed a marked improvement in the experimental group. Only the variable of self-esteem, however, achieved a significant level of improvement ($p = .001$). In the control group, only the self-esteem variable showed improvement, but this was not statistically significant.

Discussion

The results of this study suggest that group reminiscence therapy can improve self-esteem in elderly nursing home residents. During the group sessions, residents were stimulated to recall life events and to interact with others. The activity encouraged participants to share acquired life philosophy and earlier memories of historic and personal events which shaped their lives, and thus promoted a sense of identity and a positive contribution to the next generation, and reaffirmed the meaning of their lives.

In addition, reminiscence group therapy provided residents with an opportunity to enhance their interactions

within and outside the group. By expressing and releasing emotions and by feeling fully supported, participants experienced catharsis. At the end of the group, participants reflected on their contributions to the group and to their loved ones. The supportive atmosphere of this group created a sense of "togetherness", of being accepted and being a valued group member. This cohesiveness may have contributed to the participants' feelings of being significant to those around them, including their families and other residents. These factors are related to self-esteem and may have contributed to its improvement, a finding congruent with those of studies by previous authors (Clarke, Hanson, & Ross, 2003; Kelly & Mosher-Ashley, 2002; Nugent, 1995).

The purpose of the group reminiscence was to lessen depression and increase life satisfaction. Although the results showed trends toward improvement, the differences were not statistically significant. The results were consistent with those of previous research conducted by Jonsdottir, Jonsdottir, Steingrimsdottir, and Tryggvadottir (2001), Reddin (1996), Stevens-Ratchford (1993), but not with the findings of research conducted by Cook (1998) and Wang (2004). The conflicting findings might be attributable to the fact that the procedure and content were differently applied in various studies (Kurlowicz et al., 1997; Lin, Dai, & Hwang, 2003). Further, small sample sizes and differences in outcome measures may have also played a role in discrepancies between studies. The small sample size in our study was compounded by the fact that we used a closed-group structure and did not recruit more partici-

Table 2.
Effect of Group Reminiscence Therapy on Depression, Self-esteem, and Life Satisfaction

Item	Group					
	Experimental ($n = 10$)			Control ($n = 8$)		
	<i>M</i>	<i>SD</i>	<i>p</i>	<i>M</i>	<i>SD</i>	<i>p</i>
Depression			.432			.339
Pre-test	3.73	1.95		4.50	1.41	
Post-test	2.91	2.77		4.63	2.00	
Self-esteem			.001*			.239
Pre-test	24.45	2.21		24.75	2.05	
Post-test	29.18	4.00		25.88	1.96	
Life Satisfaction			.245			.578
Pre-test	19.64	8.10		22.35	8.86	
Post-test	21.64	8.13		21.63	8.00	

* $p < .05$.

pants when some left. One reason for the high dropout rate might be the long span of group reminiscence therapy, since the average stay in the nursing home was only slightly over two months. The loss of participants not only influenced the statistical power level, but might also have biased effects, because the time available for a subject to share his or her experiences was not consistent (Hsieh & Wang, 2003).

Quantitative measurement showed non-significant differences in elders' depression and life satisfaction. Observations of participants, however, indicated that experimental group members engaged in more interaction with each other during and after the meetings and participated in more events in the nursing home. These observations suggest that reminiscence group therapy assisted participants to become more actively involved in their surroundings, an effect that might contribute to improving quality of life.

With respect to group development theory and cognition theory, reminiscence provides an opportunity for social interaction, cognitive stimulation, and reaffirmation of the value of past experience (Vivero-Chong, 2002; Zauszniewski & Rong, 1999). Through the development of the group, the existential meaning and value of life will be realized. It had been proposed that reminiscence therapy would help subjects to enhance their self-control, self-recognition, and socialization and acquire a sense of achievement, which would enhance their quality of life (Hsiao et al., 2002; Zauszniewski & Rong, 1999). Jones and Beck-Little (2002) further stated that reminiscence interventions have had a substantial positive effect on feelings of accomplishment, a sense of a job well done, and a desire to fulfill the time left in life, thus effectively reducing symptoms of depression among elderly women in nursing homes.

Ideally, the individuals selected should have shared experiences such as careers, hobbies, or social activities. Although we considered a similar age group, similar level of mental and physical capabilities, and same native language in order to promote communication, we did not address other potential areas of similarity. For example, we found that topics of interest were different among men and women. Further research might have to consider the gender factor. As to the selected topics, like the suggestions of past reminiscence groups, topics were suggested to focus on past meaningful events, beginning from earlier life stages, to better enable participants to look back at

their life with increased satisfaction and a sense of self-accomplishment.

Although the optimal number of sessions for reminiscence groups is still undetermined, we noted that after the third session members began to respond spontaneously to other members and were more willing to share experiences. This is consistent with Yalom's (1983) process of group development, whereby by the third or fourth session, groups enter a working phase characterized by greater interaction and response without encouragement from the group leader.

Previous research has suggested that group participation is most useful for newly relocated older persons because it establishes rapport with other residents. Group reminiscence can also be helpful to confused or demented patients in offering structured ways to remember and in validating memories through others in the group (Soltys & Coats, 1995).

Soltys and Coats (1995) emphasized the benefit of involving family members in group reminiscence therapy. In our study, family members were invited to participate in the last group activity. Even with such limited participation, some family members said they acquired a better understanding of and a stronger connection with their loved ones. Perhaps this factor could be measured further in future studies.

Conclusion

The results of our study indicate that group reminiscence therapy significantly improved self-esteem, and the effects on depression and life satisfaction were positive although not statistically significant. In the future, we suggest increasing sample size in order to magnify the effects, thereby more easily validating the effect of therapy.

This study has shown that the model created here for developing group reminiscence therapy activities for residents of nursing homes, including criteria for participants, choice of properties for each activity, theme selection, and functions of the leaders, can serve as a reference for future application in institutional care.

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團體懷舊治療對護理之家老年住民憂鬱狀態、 自尊與生活滿意度之成效探討

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摘要：老年人口快速上升，機構式照護已成為許多長者所需。如何為護理之家老年住民，提供優質之心理衛生照護，已成當今重要之議題。本研究以準實驗研究法探討正向懷舊團體對於護理之家老年住民的憂鬱狀態、自尊及生活滿意度之成效。以立意取樣方式，從某護理之家選取二病房符合研究條件之老年住民，分別為實驗組與對照組進行研究。懷舊治療團體於實驗組病房進行，每次 1 小時，每週 1 次，共舉行 9 次，自 2002 年 9 月至當年 11 月。實驗組與對照組之參與者，均分別於實驗前後一週衡量其憂鬱狀態、自尊及生活滿意度。以 SPSS 第 10 版統計軟體分析資料。結果顯示，團體懷舊治療顯著提昇住民之自尊，雖然在憂鬱狀態與生活滿意度方面之成效未達統計上顯著意義。懷舊團體可以促進護理之家老年住民之互動，此團體可成為日後之支持團體。本研究所發展之模式或可作為日後應用之參考。

關鍵詞：團體懷舊治療、老年人、憂鬱、生活滿意、自尊。

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