



The efficacy of group reminiscence on the mental health of elderly men living in the 13th district of Kabul – Afghanistan

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Abstract

Global studies show that the elderly population is increasing due to promotion of wellbeing. This group, however, still suffers from many health issues that can jeopardize their mental health. The present study was carried out to examine the impact of group reminiscence on the mental health of elderly men residing in the 13th district of Kabul. The research method was quasi-experimental including pre-test and post-test with a control group. All elderly and retired men living in the 13th district of Kabul were the statistical population of this study. 16 men were selected (those who were eligible for the study and scored above 50 on the GHQ-28 mental health test). Out of 30 elderly men selected by convenience sampling method. Then the participants were paired and placed into experimental and control groups (8 participants for each group) according to the score of the questionnaire (pre-test) and demographic components. The participants in the experimental group took part in 10 sessions of reminiscences while no intervention was offered to the control group. At the end, the mental health questionnaire (post-test) was implemented in both groups and the pre-test and post-test data were analyzed by the MANCOVA. The group reminiscence contributed to a significant reduction in physical symptom components of elderly men in the experimental group (physical symptoms $P = 0.02$, anxiety $P = 0.01$, social dysfunction $P = 0.100$ and depression $P = 0.000$). Group reminiscence method can improve the mental health components of elderly men and can be used as an effective, inexpensive, and accessible method.

Keywords: Mental health, reminiscence therapy, elderly, men.

Introduction

Aging is an inevitable phenomenon that influences all facets of life. A wide range of physiological and psychological changes are associated with this stage of life that lead to a loss of independence and a deterioration in the quality of life and mental health¹. Global figures show that the elderly population of the world is increasing, so that the world population over 65 is projected to double in the next 40 years. There are many physical and emotional disorders and diseases that elderly people suffer from. For a number of factors, this age group is very prone to mental wellbeing². About 15 to 25% of older adults have serious mental health issues, the most significant of which are dementia and depression³. Aging, loss of loved ones, especially spouse, distance from children, chronic physical disease, use of various drugs, cognitive decline, natural and biological factors, are all factors that make the elderly susceptible to depression and anxiety⁴.

Researchers have shown that one-third of the elderly have mental disorders and depression. Cognitive impairment and anxiety are the most common mental disorders among these individuals, respectively⁵. Group Reminiscence is a type of group psychotherapy that promotes self-esteem and social intimacy through the replication of past experiences⁶. The primary aim of reminiscence is to provide older people with an

opportunity to share meaningful aspects of their lives with others, allowing them to re-realize their sense of personal identity, create links between the past and the present, and to analyze the situation more critically⁷.

Reminiscence plays a helpful role in fostering mental health and the advancement of the elderly and has a long-term influence on improving the quality of life of the elderly and making older people expect happy years at the end of their lives⁸. This type of psychotherapy improves coping with life difficulties by enhancing cognitive organization and promoting cognitive function⁹. It can also increase life satisfaction, improve life quality and minimize depression, stress and anxiety, and encourage socializing the elderly¹⁰. Researchers agree that reminiscence helps to improve mental health and prevent mental disorders¹¹. Many researchers have shown in their studies that reminiscence improves mood in the elderly while reducing depression and anxiety¹². Indeed, increasing life expectancy and decreasing fertility have contributed to an increase in the elderly aged 65 and over in the country's population¹³. Due to the changing pattern of the epidemiology of patients in middle age and old age, increasing the prevalence of chronic diseases, the need of healthy elderly for psychiatric support, and designing preventive policies to increase the components of mental health in the elderly seems necessary¹⁴. This study was carried out to find out the impact of group reminiscence on the mental health

of retired elderly living in the 13th district of Kabul, as group reminiscence is an independent, low-cost, and simple therapeutic intervention in solving the mental and psychological problems of the elderly¹⁵.

Methodology

The quasi-experimental design including pre-test and post-test with a control group was implemented. The statistical population was all elderly retired men living in the 13th district of Kabul in 2020. A total of 30 elderly men were selected from 168 men using convenient sampling method and were assessed in terms of inclusion criteria, such as the age of 75-60 years, willingness to participate in research and full awareness of time, place and person, no history of mental disorders and patients Physical activity (Alzheimer's, dementia, etc.) as well as not receiving any treatment that impairs mental ability and memory and components of mental health (Mental Health Questionnaire - 28 GHQ). Sixteen participants were selected with a mental health questionnaire score of more than 50 (moderate and poor mental health) and inclusion criteria. Then, based on the score of the pre-test and the demographic components, the members were matched and placed in the experimental and control groups (8 participants in both groups). Group reminiscence therapy included 10 sessions, two times in a week and one hour each time was implemented for the experimental group while the control group did not undergo any interventions. The content of the sessions was about the pleasant memories and experiences of the participants' past lives. There was a short break for snacks between sessions. At the end of the treatment intervention, both groups were post-tested with the mental health questionnaire.

Tools: The questionnaire used was researcher-made and included an assessment of personal characteristics including age, marital status, income, education and, history of physical and mental disorders. The General Health Questionnaire (GHQ-28) was used to assess the components of mental health in the elderly. In 1979, Goldberg and Hiller developed the questionnaire, and the aim was to screen for non-psychiatric disorders and contains four sub dimensions of anxiety disorder, physical displeasures, social dysfunction and depressive

symptoms¹⁶. Each dimension contains of 7 items using the Likert type scale in four ratings (0-1-2-3). Thus, a higher score indicates less health¹⁷. The final coefficients of retesting, sample-splitting and Cronbach's alpha of GHQ-28 were 0.70, 0.93, and 0.90, respectively, and its concurrent validity coefficient with the Midlex questionnaire was 0.55¹⁸.

Summary of group reminiscence treatment plan: Session 1: Introduction, reception of the client, determining the purpose of the meeting and, general policy of the group rule. Session 2: Each member was asked to voluntarily share a memory of their personal life, and at the end, everyone expressed their opinion. Session 3: Memories of first love. Session 4: Memories of marriage. Session 5: Memories of the birth of a child. Session 6: Memories of the military service period. Session 7: Child marriage and having a grandchild. Session 8: Memories of civil wars. Session 9: Memories of snow and rain in the 50s and 60s. Session 10: Conclusion and an overview of what happened. The participants in the research group did not have much desire to express their memories in the first sessions, but over time and by listening to the memories of others, they became more inclined to express their memories. Participants were also less likely to comment on the others' personal memories (first memories of love, marriage, and childbirth) and more restrained, while more willing to express and present public memories, including memories of civil wars and snow and rain. They commented on their own and others' memories and showed group participation.

Results and discussion

In this study, 16 elderly men were assigned to experimental and control groups. An attempt was made to match the demographic components of the two groups. The mean age of the experimental group was 62 years with a standard deviation of 3.46 and the mean age of the control group was 61.75 years and the standard deviation was 2.71.

Table-1 shows the frequency and percentage of demographic components of education, living with a spouse, and having an income other than a pension.

Table-1: Frequency and percentage of demographic components between experimental and control groups.

Demographic characteristics		examination Group	Control group
		Abundance (Percentage)	Abundance (Percentage)
Education level	High school	50%	62.5%
	Diploma	50%	37.5%
Marital status	Living with a spouse	62.5%	50%
	Loss of a spouse	37.5%	50%
Income status	Only pensions	75%	75%
	Separate income from pensions	25%	25%
	Pensions	25%	25%

The results of Table-2 show the mean and standard deviation of the studied components (physical symptoms, anxiety, social dysfunction, and depression) in the experimental and pre-test groups.

The box test was used to evaluate the equality and comparability of the groups and as it can be seen, the two groups of control and experiment are comparable.

Table-4 indicates the results of MANCOVA, which shows the effect of reminiscence therapy on the components of physical symptoms, anxiety, social dysfunction, and depression. Due to the level off and significant level, group reminiscence treatment significantly reduces physical symptoms, anxiety, social dysfunction, and depression in the elderly.

Discussion: This study investigated the effectiveness of group reminiscence on the mental health of elderly men living in the 13th district of Kabul. The results show that there are significant differences between pre-test and post-test of the experimental and control groups in terms of dependent variables (physical

symptoms, depression, anxiety, and social dysfunction). In other words, after performing reminiscence the participants in the experimental group benefited more mental health compared with the control group respectively. As the older people have multiple motivations for sense of uselessness, experiencing losses, retirement, financial hardship, and inability to fill their free time. By expressing their memories in a group, it seems that they throw out their positive and negative feelings towards the past and reconcile with the present, which result in changing their attitude. Conversely, taking active role in reminiscence enable the participants to increase self-confidence, reduce their difficulties and create sense of usefulness^{13,14}. The participants of experimental group indicated that the group reminiscence helped them to decrease their depression and anxiety significantly. These findings are supported by previous studies^{6,8,9,11,16}. In an investigation, the psychological benefits of reminiscence for the participants were examined. The findings revealed that reminiscence assisted to keep satisfaction and social interaction and supported to stimulate satisfaction and happiness, improve mental health and quality of life among the participants¹⁸.

Table-2: Mean and standard deviation of the studied components in the control and experimental groups.

Indicators	Test	Examination group		Control group	
		Average	Standard deviation	Average	Standard deviation
Physical symptoms	Pre - test	15.78	1.64	16.71	2.56
	Post - test	12.5	2.87	16.42	2.99
Anxiety	Pre - test	16	2.39	15.14	1.90
	Post - test	12.37	2.55	15	1.91
Dysfunction	Pre - test	16.87	1.81	15.42	1.90
	Post - test	12.25	2.37	42.42	1.71
Depression	Pre - test	15.78	3.09	16	4.48
	Post - test	11.78	2.41	16.42	3.86

Table-3: Box test results to measure the equality of variance of the studied groups.

Df1	Df2	F	box score	Significant level
10	766.55	1.65	25.25	0.08

Table-4: The results of MANCOVA analysis (showing the effect of reminiscence Therapy on the amount of studied components).

Indicators	Total squares	df	Mean square	f	Significant level	Eta coefficient
Physical symptoms	13.22	2	6.61	6.18	0.02	0.579
Anxiety	14.7	2	7.37	7.59	0.01	0.621
Dysfunction	50.45	2	25.22	16.62	0.001	0.787
Depression	31.16	2	15.57	36.35	0.0001	0.890

The findings of a group reminiscence in the elderly staying at home show that the treatment reduces depression and numbness in these people^{19,20}. Researchers also study the effectiveness of this treatment and state that reminiscence has a helpful role in supporting mental health and the progression of elderly people, as well as a long-term effect in improving the quality of life of the elderly⁸. On the other hand, group reminiscence has been shown to play an important role in cognition and emotional, social and, physical functioning of the elderly^{14,21}.

The results showed that the experimental group had better mood status after the intervention than before the intervention, which indicates the effect of reminiscence on the rate of depression and, anxiety in the elderly.

Conclusion

Group reminiscence helps to improve the cognitive status of the elderly by improving the state of depression and anxiety and stimulates and strengthens the memory of the elderly by creating a suitable atmosphere. This treatment is a type of memory exercise and the use of distant memory that occurs during reminiscence and it is helpful in improving the cognitive functions of the elderly¹⁸. According to the above mentioned, it seems that increasing human interaction and communication in society reduces depression in the elderly. Also, expressing the joy and sorrow and knowing others as partners in them and hearing the memories of others and sympathizing with them makes the elderly person feel good and the goal is to support, reduce anxiety and increase socialization in the elderly. Therefore, appropriate plan enables the elderly to have a happy, joyful and productive old age and be considered as an essential part of society. The limitations of this study include the small sample size, non-cooperation of the elderly in the first sessions and, the limited sample of men. Because group reminiscence affects the mental health of the elderly, it is recommended that this easily applicable method, be used in all nursing homes or at homes.

References

1. Mattay, Venkata, S., Goldberg, Terry, E., Sambataro, Fabio., Weinberger and Danie, R. (2008). Neurobiology of Cognitive Aging: Insights from Imaging Genetics. *Biological Psychology*, 12(70), 9-12.
2. Nelson, S. (2002). Global Health Expectancy Research Among Older People. *Aging and Health Technical Report Series*, 10(8), 10-18.
3. Namadian, M. and Gobadi, S. (2006). Evaluation of Mental Status Old Age s Zanjan on 2001. Tehran; Ashena press., 9(10), 8-12.
4. Taban, H., Ghasemi, G.H., Farzaneh, A., and kazemi, M. (2006). Evaluation Old Age Problems in Iran and Word. Tehran; Ashena press., 12(10),44-46.
5. Froghan, M., Ghaem magham, F., Akbari, A. and Kamrani, A. (2006). Disorders of Outpatient Mental Health Clenic Clients Pooya. *Senior Journal*, 2(1), 12-41.
6. Chao, S.Y., Liu, H.Y., Wu, C.Y., Jin, S.F., Chu, T.L, and Hung, T.S. (2006). The Effects of Group Reminiscence Therapy on Depression, Self Esteem, and Life Satisfaction of Elderly Nursing Home Residents. *J Nurs Res.*, 14(1), 36-45.
7. Thomas, B., Hardy, S., Stuart and Sunders (2000). *Mental Health Nursing: principles and practice*. New York, Mosby Company.,12(14), 638-45.
8. Hanaoka, H. and Okamura, H. (2004). Study on Effects of Life Review Activities on the Quality of Life of the Elderly: a Randomized Controlled Trial. *Psychosomatic.*, 73(5), 302-11.
9. Shibani, Tazrji, F., Pakdaman, S.H.,and Hasanzade Tavakoli M. (2010). The Effect of Reminiscence on Depression and Loneliness, Elderly. *Journal of Applied Psychology*, 4(1), 26-39.
10. Jonse, E.D. (2003). Examination of Reminiscence Therapy for Depressed Older Women Residing in a Long-term Care Facility Using the Nursing Intervention Classification. *Journal of Deontological Nursing*, 29(7), 27-33.
11. Chiang, K.J., Chou, H., Chang, H.J., Chung, M.H., Chen, C.H., Chiou, H.Y. and Chou, K.R. (2009). The Effects of Reminiscence Therapy on Psychological Well-being, Depression and Loneliness Among the Institutionalized aged. *International Journal of Geriatric Psychiatry.*, 25(4), 38.
12. Shellman, J. M., Mokel, M., and Hewitt, N. (2009). The Effects of Integrative Reminiscence on Depression Symptoms in Older African. *Western Journal of Nursing Research*, 31(14), 772- 76.
13. Bohlmeijer, E. T., Westerhof, G. J., & Emmerik-de Jong, M. (2008). The effects of integrative reminiscence on meaning in life: Results of a quasi-experimental study. *Aging and Mental Health*, 12(5), 639-646.
14. Wang, J. J. (2007). Group Reminiscence Therapy for Cognitive and Effective Function of Demented Elderly in Taiwanese. *International Journal of Geriatric Psychiatry.*, 25(4), 38-46.
15. Wang, J.J., Hsu, Yc., and Cheng, S.F. (2005). The Effects of Reminiscence in Promoting Mental Health of Taiwanese Elderly. *Lnt J Nurs Stud.*, 42(1), 31-6.
16. Moradi Nejad, S., Sahbai, F., Takavand, M., and Zare, M. (2010). Mental Health Impact of Reminiscence on the Elderly. *Senior Journal.*, 5(17), 66-95.
17. Taghvi, M. (2001). Assessment of the Validity and Reliability of the General Health Questionnaire. *J Psych.*, 5(4), 381-398.

18. Elford, H., Wilson, F., McKee, K.J., chung, M.C., Bolton, G., and Goudie, F.P. (2005). Psychosocial benefits of Solitary Reminiscence Writing: an Exploratory Study. *Aging Ment Health.*, 9(4), 305-314.
19. Chia- jung, Hsieh (2010). The Effect of Reminiscence Music Therapy Session on Changes in Depressive Symptoms in Elderly Persons with Dementia. *Journal of Nursing Research*, 18(1), 1-10.
20. Wang, J.J., Yen, M. and Ouyang, W.C. (2009). Group Reminiscence Intervention in Taiwanese Elders with Dementia. *Archives of Gerontology and Geriatrics.*, 49(2), 231-237.
21. Nemati Dehkordi, S.H., Nemati Dehkordi, M., Nekooi, A., and Frozandeh, R. (2008). The Memory Effect of Processing on Elderly Depression. *Armaghan Danesh Journal.*, 13(3), 57-64.