

# Empowering the Mental Health of the Elderly Through Local Wisdom Based Reminiscence Therapy

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**Abstract** The Elderly is someone who is 60 years old or above and experiences various changes both physically, mentally, and socially. Meanwhile, Yogyakarta is the province with the largest number of elderly groups in Indonesia with a prevalence of 637,353 people as of December 2021. The prevalence of this large elderly group opens up greater opportunities for various problems in the elderly, one of which is psychological problems. This research aims to examine the effectiveness of reminiscence therapy utilizing local wisdom in reducing depression levels among the elderly in Budhi Dharma nursing home, Yogyakarta. In this research, participants are limited to 10 people with particular criteria and randomly assigned into two groups. They're guided to do several activities during two days of therapy. Depression levels were measured using the Geriatric Depression Scale (GDS) before, after, and two weeks post-therapy. The result is analyzed with the Friedman Test of Repeated Measures, revealed a p-value of 0.273, indicating that the score differences were insignificant in depression levels across the measurement times. These findings reveal that the lack of significant changes happened due to the participants' selection that was not screened based on their depression level. As a result, the participants were in good mental condition.

## 1. INTRODUCTION

Aging is a lifelong process that occurs in human life. Aging is a natural process, a sign that a person has gone through three stages in their life, namely child, adult, and old. These three stages are different both biologically and psychologically (Nasrullah, 2016). The Elderly can also be defined as someone who is 60 years old and above and experiences various changes both physically, mentally, and socially (Putri, 2021).

The elderly are one of the vulnerable groups that are often marginalized from mental health campaigns. The elderly are often considered a non-productive group whose mental health conditions are less considered and not prioritized. Meanwhile, Yogyakarta is the province with the largest number of elderly groups in Indonesia with a prevalence of 637,353 people as of December 2021 (Dukcapil, as cited in GoodStats Data, 2023). The

prevalence of this large elderly group certainly opens up greater opportunities for various problems in the elderly, one of which is psychological problems. In Erikson's theory, the elderly group enters the integrity vs despair stage, where the elderly will experience a process of reflection on what has been done throughout their lives. This reflection process will produce feelings of gratitude or despair. Gratitude will be achieved if the elderly can find happiness and achievement in the reflection process, while a sense of despair will arise if the elderly find regret and sadness. This shows that the elderly group is vulnerable to negative emotions and sadness while passing through the integrity vs despair stage. Hence, they need psychological assistance to be able to reflect on their lives positively. Meanwhile, according to Cicih & Agung (2022), the high prevalence of elderly people in Yogyakarta is an asset, not

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a burden, so the mental empowerment of the elderly needs to be implemented.

One of the most commonly used psychological elderly empowerment programs that has gone through many studies with positive implications is Reminiscence therapy. Reminiscence therapy is a mechanism to help someone remember pleasant events from their past life. Reminiscence Therapy was first mentioned in Robert Butler's "Life Review" article in 1963. This concept is based on Erikson's psychosocial development theory, which believes that for older adults, memories are not negative experiences; Butler emphasized the importance of transforming negative emotions from the past into positive ones to achieve self-integrity. Although it initially emerged as a psychoanalytic concept, Reminiscence Therapy has been used as a nursing component in long-term care institutions for the elderly (Bozkurt & Yildirim, 2022).

Reminiscence therapy is often used as a therapeutic tool to reduce depression, calm behavior and psychological symptoms of dementia, or affect the mood of the elderly (Khan et al., 2022). In the study of Chiang et al. (2009), during Reminiscence therapy, participants experienced a process of self-improvement that enhanced their psychological well-being, with criteria including being conscious, able to speak Mandarin or Taiwanese, aged 65 years or over, and having an MMSE score greater than 20. Similarly, Zhou et al. (2012) conducted an experimental study involving 125 participants, divided into 59 in the experimental group and 66 in the control group. After six weeks of therapy, the GDS scores in the intervention group significantly decreased compared to the control group ( $p < 0.001$ ), demonstrating the effectiveness of Reminiscence therapy in reducing depression among older adults.

These results support the finding that Reminiscence therapy can be a defense mechanism for the elderly. Furthermore, the Reminiscence therapy that will be applied must certainly be adapted to the culture and background of the participants. The fundamental objectives of cultural adaptation are to modify therapies to be more culturally acceptable, congruent, and syntonic with the client's cultural values and belief systems (Hwang, 2016). In this case, the participants are Yogyakarta natives, so the application of therapy through local wisdom such as local arts will stimulate participants to remember relevant experiences and express feelings appropriately. The objectives to be achieved from this activity include; empowering the mental health of the elderly through Reminiscence therapy, preventing and reducing negative emotions and mental problems in the elderly, increasing well-being in the elderly, and making Reminiscence a routine to maintain positive emotions in the elderly.

## 2. METHOD

This Reminiscence therapy consists of a series of activities that encourage participants to recall pleasant memories and share their stories with the therapy group. Since this therapy will be applied to elderly people in Yogyakarta, using local wisdom-based media as a trigger can stimulate memories

relevant to the experience so that they can express their stories and feelings expressively and appropriately. The process of remembering and sharing stories will also be guided according to the range of life stages from childhood to adulthood.

Previously, participants were selected based on age (over 65 years old), good cognitive function (can hear and speak clearly, understand what others are saying), and ethnicity (native of Jogja or Java). This therapy was conducted at Panti Wredha Budi Dharma over two days, from September 2 to 3, 2023. This therapy began with instructions from the MC and was then fully managed by the therapist, with the assistance of one therapist assistant and one observer. Additionally, there were volunteers responsible for preparing therapy instruments and handling documentation. The participants' characteristics of the program are explained in Table 1.

**Table 1 .** Characteristics of participants' ages and genders

Characteristic	Total	Percentage
<b>Age</b>		
Youngest-old (61 to 74 years)	5	50%
Middle-old (75 to 84 years)	4	40%
Oldest-old ( $\geq 85$ years)	1	10%
<b>Gender</b>		
Male	4	40%
Female	6	60%

### 2.1 Intervention

The methods of implementation is as follows:

#### 2.1.1 Pretest

The pretest was conducted on the first day, before starting the session. Participants were given the Geriatric Depression Scale (GDS) test, as detailed in Table 2, to measure their level of depression. The GDS is a depression level measurement scale first created by Yesavage, et al (1983, in Stone et al. (2021)) and has been tested and used extensively in the elderly. The GDS form consists of long and short types. The GDS used here is the short GDS, which is a short questionnaire containing 15 question items where participants are asked to respond by answering yes or no about how they felt during the past week. Of the 15 items, 10 indicate the presence of depression when answered positively (yes), while the rest (questions number 1, 5, 7, 11, 13) indicate depression when answered negatively (no). A score of 0-4 is considered normal, depending on age, education, and complaints; 5-8 indicates mild depression; 9-11 indicates moderate depression; and 12-15 indicates severe depression.

The GDS takes about 5 to 7 minutes to complete (Greenberg, 2019). The GDS demonstrated 92% sensitivity and 89% specificity when assessed against diagnostic criteria. Its validity and reliability have been affirmed through both clinical application and research. In a validation study comparing the Long and Short Forms of the GDS for self-assessment of depressive symptoms, both forms were effective in distinguishing between depressed and non-depressed adults, showing a strong correlation (r

= 0.84,  $p < .001$ ) (Sheikh & Yesavage, 1986, as cited in Greenberg, 2019). Observers and volunteers came to the participants to assist with the pretest by reading the questions and helping with the questionnaire, as seen in Figure 1.

**Table 2 .** Geriatric depression scale

No	Question
1.	Are you truly satisfied with your life?
2.	Have you given up many activities, interests, or hobbies you once enjoyed?
3.	Do you feel that your life is empty?
4.	Do you often feel bored?
5.	Do you feel energetic and motivated every day?
6.	Are you afraid that something bad might happen to you?
7.	Have you felt happy for most of your life?
8.	Do you often feel helpless?
9.	Do you prefer staying at home rather than going out and trying new things?
10.	Do you feel like you have more memory problems than most people?
11.	Do you think your life is enjoyable right now?
12.	Do you feel worthless in your current condition?
13.	Do you feel full of energy?
14.	Do you feel that your situation is hopeless?
15.	Do you think others are in a better situation than you?



**Figure 1 .** Pretest filling

### 2.1.2 Reminiscence therapy (90 minutes per session)

The therapy was conducted in 2 sessions, 1 session per day, with 10 participants divided into 2 groups with each group consisting of 5 participants. Each group will be accompanied by one therapist and his assistant and an observer from the students.

The MC read out the rules in the therapy session:

- Participants are expected to listen carefully to the stories of their group mates
- Participants are expected to respond positively to their group mates' stories by giving appreciation, applauding after they finish telling the story, and giving verbal appreciation

- Participants are not allowed to interrupt their group mates when they are telling their stories
- Participants are not allowed to reveal their group mates' stories outside the session because all stories in the session are confidential.

Meanwhile, the therapy phase adapts Stinson's Protocol for Structured Reminiscence (SPSR) with some changes and adjustments. This protocol has been implemented on more than 5,000 elderly men and women and the results show effectiveness in overcoming self-adjustment in the elderly who have been readjusted according to the target participants (Stinson & Long, 2014, as cited in Susanto et al., 2020). The details of the therapy sessions are explained in Attachment 1 below and can be seen in Figure 2.



**Figure 2 .** Therapy session

### 2.1.3 Posttest

After going through the therapy session on the second day, participants were given the same posttest as the pretest to find out if there was a difference in results from before as an indicator of the success of therapy. As in the pretest session, observers and volunteers assisted participants in taking the posttest by reading the questions and helping fill out the questionnaire.

### 2.1.4 Follow-up test

Two weeks after the therapy process, on September 19, 2023, we returned to conduct a follow-up test by asking questions from the same GDS sheet as the pre and posttest. This is to find out whether the effects of the therapy we provide persist or not.

## 2.2 Analysis

The pre-post-follow-up test results will be analyzed using the Friedman Repeated Measures Test with the Jamovi application. Additionally, the author will complement the Friedman Repeated Measures Test analysis with observations of the participants.

## 3. RESULT AND DISCUSSION

The author compiled the results of the pretest, posttest, and follow-up test to analyze the changes that occurred. The accumulated score results show that all participants fall within the normal criteria, namely within the range of 0-4.

Descriptive statistics as seen in Table 3 indicate that the mean depression level at the pretest was 1.90 (SD

= 1.45), indicating moderate variability in participants' scores at the initial measurement. At the posttest, the mean decreased slightly to 1.60 (SD = 1.07), suggesting a potential reduction in depression levels, although the standard deviation shows a smaller spread of scores compared to the pretest. Interestingly, at the Follow-up Test, the mean depression level increased to 2.10 (SD = 0.876), exceeding the initial pretest mean. The lower standard deviation at follow-up indicates that participants' depression levels were more consistent at this stage.

**Table 3 .** Descriptive statistics of test results

	Mean	Median	Standard Deviation
Pretest	1.90	2.00	1.45
Posttest	1.60	1.00	1.07
Follow-up Test	2.10	2.00	0.876

A Friedman Test for Repeated Measures was conducted to examine whether there were significant differences in depression levels across three-time points: pretest, posttest, and follow-up test. As seen in Table 4, the test revealed no statistically significant differences in depression levels across the measurement times,  $\chi^2 = 2.60$ ,  $p = 0.273$ . This indicates that, despite observed fluctuations in mean depression scores, these changes were not statistically meaningful. Therefore, the depression levels among participants remained relatively stable over the three measurement periods.

**Table 4 .** Friedman test for repeated measures

$\chi^2$	df	p
2.60	2	0.273

The absence of significant changes in depression levels aligns with findings from Stinson & Kirk (2006), who observed a non-significant decrease in depression within a reminiscence therapy group after six weeks. This highlights the importance of conducting a pre-assessment to ensure that participants selected for the therapy genuinely experience depressive symptoms. Similar to this study, our research did not conduct the depression screening before the program, resulting in participants already had normal GDS scores before the therapy began, which likely contributed to the stable results.

As for the qualitative aspect, we conducted in-depth observations and interactions during the three meetings. Our observations indicated that there were factors influencing participants' psychological well-being, that is the comfort of participants while living in the orphanage and the psychological condition of participants who were already positive before being given therapy. In line with the study conducted by Kim & Kim (2017) on elderly individuals receiving long-term care in hospitals, despite their illnesses, they felt very happy when people around them treated them pleasantly.

From the observations, it was also found that each participant experienced meaningful moments in their life.

In line with the study conducted by Afrashteh et al. (2024), on the elderly living in nursing homes, it was shown that individuals with a high level of meaning in life tend to feel less lonely, which in turn leads to lower levels of depression. One participant (A, 73 y.o) stated that she was relieved to know that therapy by a psychologist allowed her to talk freely without worry. The participants also expressed their concern for the orphanage to provide a psychologist to help them relieve stress and share their stories. Meanwhile, the rest of the participants shared their thoughts with the facilitators that they felt happy, relieved, and had fun nostalgia about childhood memories. In conclusion, although the statistical result is not significant in decreasing depression levels, the observations and sharing sessions show that the participants had meaningful experiences.

These findings suggest that while reminiscence therapy may have limited effects on depression for individuals without baseline symptoms, it provides meaningful emotional support. Future programs should include a pre-assessment to identify suitable participants and consider cultural and situational factors to maximize its effectiveness. Additionally, future programs should examine more participants' feelings and experiences by conducting one-on-one interviews or Focus Group Discussions (FGD).

## 4. CONCLUSION

Based on the results of the Geriatric Depression Scale (GDS) test that was conducted before, after, and 2 weeks after therapy, the findings revealed no significant changes in participants' depression levels. The statistical analysis (Friedman Test) confirmed that the observed fluctuations in depression scores were not statistically meaningful. From the qualitative interaction and observation, the author concluded that the participants already had a fairly good psychological condition before therapy, which is influenced by external factors such as the comfort of living in the nursing home and their generally optimistic outlook, so the answers given tended to be the same.

While reminiscence therapy did not significantly impact reducing depression levels in this study, it provided meaningful emotional support and an opportunity for participants to share their experiences, which they deeply appreciated. Future studies should ensure a pre-assessment to include participants with symptoms that align with the therapy's goals and consider individual and situational factors to enhance its effectiveness.

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## CONFLICT OF INTERESTS

The authors declare no conflict of interest during the program process concerning research and authorship.

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## ATTACHMENT

### Attachment 1. Reminiscence activity

Theme	Media	Activity	Duration
<b>Session 1</b>			
1. Introduction of the team, therapists, and residents of Panti Budi Dharma	<ul style="list-style-type: none"> <li>Animals</li> <li>Wayang (Javanese puppet)</li> </ul>	<ul style="list-style-type: none"> <li>Introduction</li> <li>Participants will be asked to choose an animal symbol that best represents their character</li> <li>Participants will be asked to introduce themselves and share why they chose the animal symbol</li> </ul>	30 minutes
2. Reminisce the past through old songs from 1960-1980	<ul style="list-style-type: none"> <li>Presenting traditional Javanese songs</li> <li>Speaker</li> <li>Microphone</li> </ul>	<ul style="list-style-type: none"> <li>Participants will be asked to tell a song that has special meaning to them (play the song chronologically)</li> <li>Participants will clap and sing together while forming a circle accompanied by a song they like</li> </ul>	20 minutes
3. Reminisce childhood toys	<ul style="list-style-type: none"> <li>Traditional games such as <i>dakon</i>, <i>bekel</i>, <i>gasing</i>, rubber rope jumping</li> </ul>	<ul style="list-style-type: none"> <li>Create groups with a random counting system to encourage socialization among participants</li> <li>In each group, there is one therapist and his/her assistant and an observer</li> <li>Discussing the toys that the participant likes to play with at that time</li> <li>Discussing toys that were often played with at home</li> <li>The assistant demonstrates the game in the group</li> </ul>	20 minutes
4. Reminisce teenage memories	<ul style="list-style-type: none"> <li>The wayang or puppet</li> <li>Dance shawl</li> <li>Javanese hairpin (<i>tusuk konde</i>)</li> <li>Video of cultural performances</li> </ul>	<ul style="list-style-type: none"> <li>Discussing what culture was most loved as a teenager and the story behind it</li> <li>Discussing how the show went</li> <li>Watch footage of a cultural performance</li> </ul>	20 minutes
<b>Session 2</b>			
1. Introduction, recalling previous activities	<ul style="list-style-type: none"> <li>Javanese sinden songs such as Gethuk, Suwe ora Jamu</li> </ul>	<ul style="list-style-type: none"> <li>Singing traditional songs together</li> <li>Back to the previous group</li> </ul>	15 minutes
2. Reminisce about the most grateful and happy experiences over the past 20 years	<ul style="list-style-type: none"> <li>Photos/mementos of participants if they have any</li> </ul>	<ul style="list-style-type: none"> <li>Discussing pleasant moments</li> <li>Discussing about how they feel about the moments</li> </ul>	50 minutes
3. Reminisce about old foods	<ul style="list-style-type: none"> <li>Ganjal rel</li> <li>Jamu</li> <li>Gethuk</li> <li>Other Jogja traditional snacks and drinks</li> </ul>	<ul style="list-style-type: none"> <li>Participants eat the snacks provided</li> <li>Discussing favorite traditional food</li> <li>Participants share experiences related to the food and describe the taste, shape, and smell of the food</li> </ul>	25 minutes