

The Effect of Reminiscence Therapy on The Level of Anxiety for Elderly People

Retno Indarwati¹, Abdul Fauzi¹, Candra Panji Asmoro¹

Abstract--- *The amount of anxiety was increased in the elderly person. The anxiety was caused by several factors, and there were elderly internal factors and the environment. Anxiety had a negative impact on the elderly's life. One of the non-pharmacological therapy that can be used to treat anxiety was reminiscence therapy. Reminiscence therapy was an intervention that memorizes a beautiful experience. This research was aimed to determine the effect of reminiscence therapy to reduce the elderly's anxiety level. This research used Pre-Experimental One Group Pre-Post Test design. The population of this research was 20 elderly who experience anxiety. This research used a total sampling technique. The number of respondents in this study was 20 respondents. The independent variable in this research was reminiscence therapy, and the dependent variable was the level of anxiety. Data were collected using the Zung Self-Rated Anxiety Scale (ZSAS) questionnaires which consisted of 20 questions. The anxiety levels were analyzed by using the Wilcoxon signed-rank test, with a level of significance $\alpha < 0.05$. The results showed that reminiscence therapy influenced the anxiety level with a significant level of $p = 0.000$. This reminiscence therapy could reduce the anxiety level of the elderly. This therapy was recommended as one of the options that can be used modality therapy in the elderly who experience anxiety*

Keywords--- *anxiety level, elderly, reminiscence therapy*

I. INTRODUCTION

Anxiety is the feeling of fear about something happening at the moment or in the future [1]. Several surveys about anxiety disorders in elderly people found that elderly people could experience anxiety twice greater than the younger people. This indicates that anxiety is one of the main problems that are currently often faced by the elderly [2]. Based on data from the Central Statistics Agency in 2013, the population of the elderly in Indonesia was 20.04 million people or around 8.05% of the entire population of Indonesia. East Java alone was 10.96% or around 2.2 million elderly people. Meanwhile, in Surabaya, there were 300 elderly people and 6.5% of them experienced emotional, mental disorders in which one of them was anxiety [3].

In addition, the number of people with emotional, mental disorders increases along with the increase in age. Furthermore, it is more common in women than in men [3]. Based on data, the number of elderly people up to September 2015 was 54 people. The number of elderly women was 35 people, and the number of elderly men was 19 people. In addition, the number of elderly people who experienced anxiety was 20 people. Anxiety in elderly people can be caused by several factors, namely from the inside of elderly people and from their surroundings [4]. The elderly people will experience changes in the function of their organ in which the changes happening require good preparation because in some people, being elderly is an unpleasant time and not everyone can easily accept these changes. Changes happening include biological aspects, psychological aspects, social aspects, spiritual aspects, and sexual aspects [5]. Several studies have also found that the cause of anxiety can be seen from the neurological aspect in which brain function in individuals who have anxiety disorders is damaged, especially in the area between the left

and right prefrontal cortex [6].

Anxiety in elderly people harms their lives [7]. According to Brens, Guralnik, Williamson, Frierd, and Pennix, the impact that could be caused by anxiety in elderly people was the complaint about the physical condition, for example, the increase of physical disability, the disruption in daily activities, and the decrease of the welfare and satisfaction of life [8]. Anxiety can also cause problems such as dizziness, high blood pressure, irritability, sadness, difficulty in concentrating, the change of appetite, inability to sleep, or continuous smoking [8]. The treatment of anxiety in elderly people can be conducted by applying modality therapies in which one of them is the reminiscence therapy.

The reminiscence therapy was developed by Erikson, who thought that memories would increase the integrity of self-acceptance and life cycle as something that had happened [9]. For activities in this therapy, the therapist will facilitate the elderly to recollect the memories from childhood, adolescence, and adulthood and memories about the relationships with the family. After that, it was shared with other clients. Through this therapy, it is expected that the elderly will look back on their pleasant past [10].

This reminiscence therapy is used to help the elderly to adapt to the problems that they are faced at the moment [11]. In accordance with nursing theory by Callista Roy, humans were considered as holistic beings. This adaptation theory applied a dynamic approach in which the nurses' role was to facilitate their client's ability to adapt to face the changes [12]. The purpose of this study was to analyze the effect of reminiscence therapy on the level of anxiety for elderly people.

II. METHODS

This study applied the pre-experimental method using one group pretest-posttest design. The population in this study was elderly people who experienced anxiety, namely 20 elderly. The applied sampling technique was the total sampling technique in which the number of all elderly who experience anxiety was 20 elderly. The level of anxiety was measured using the Zung Self-Rated Anxiety Scale (ZSAS) questionnaire, which consisted of 20 questions. The independent variable was reminiscence therapy, and the dependent variable was the level of anxiety.

The level of anxiety was measured one day before applying the reminiscence therapy. After that, the elderly were divided into four groups. The therapy was given for five sessions in 5 days. Each session had a duration of about 45-60 minutes. One session was completed in 1 day and carried out to all groups consecutively. After given the reminiscence therapy for five meetings, respondents were asked to fill out again the ZSAS questionnaire as the posttest. This study has implemented the ethical principle and received consent from participants.

III. RESULTS

Table 1. The level of anxiety before given the reminiscence therapy

Level of Anxiety	n	%
Not experiencing	0	0
Mild Anxiety	13	65
Moderate Anxiety	6	30
Severe Anxiety	1	5
Total	20	100

Table 1 showed that all respondents experienced anxiety. More than half of respondents experienced mild anxiety with a percentage of 65%. Less than half of respondents experienced moderate anxiety with a percentage of 30%. Moreover, a small proportion of respondents experienced severe anxiety, with a percentage of 5%.

Table 2. The level of anxiety after given the reminiscence therapy

Level of Anxiety	n	%
Not experiencing	8	40
Mild Anxiety	10	50
Moderate Anxiety	2	10
Severe Anxiety	0	0
Total	20	100

The table 2 showed that the results of the level of anxiety after given the reminiscence therapy were that half the respondents (50%) experienced mild anxiety; less than half of the respondents (40%) did not experience anxiety; a small portion of the respondents (10%) experienced moderate anxiety, and none of the respondents (0%) experienced severe anxiety.

Table 3. The difference in the level of anxiety before and after given reminiscence therapy

Level of Anxiety	Before		After	
	n	%	n	%
Not experiencing	0	0	8	40
Mild Anxiety	13	65	10	50
Moderate Anxiety	6	30	2	10
Severe Anxiety	1	5	0	0
Total	20	100	20	100
Wilcoxon signed-rank test $p = 0.000$ $P \leq 0.05$				

Table 3 showed that all respondents experienced anxiety before given reminiscence therapy. After given reminiscence therapy, the level of anxiety decreased. Half of the respondents (50%) experienced mild anxiety. Less than half of the respondents (40%) did not experience anxiety. In addition, a small portion of respondents (10%) experienced moderate anxiety. The results of the Wilcoxon signed-rank test before and after reminiscence therapy indicated $p = 0.000$ in which $p < 0.05$ meaning that there was an effect of reminiscence therapy on the level of anxiety before and after given the intervention.

IV. DISCUSSION

Before given reminiscence therapy, all of the respondents experienced anxiety. More than half of the respondents (65%) experienced mild anxiety. Anxiety is confusion and worries about something that will happen with an unknown cause and is associated with feelings of uncertainty and helplessness [13]. Anxiety arises because there is a problem faced. The problem that is most often experienced by the elderly besides health problems is psychological problems such as loneliness, alienation, feelings of uselessness, lack of confidence, and post power syndrome [14].

The elderly will generally be faced with problems such as job loss, health problems, and death [15]. These problems will encourage the elderly to find a way out of the problem. The unpreparedness to face the problems will make them feel frustrated, which results in feelings of nervousness, irritability, panic, sleep disturbance, frequent urination, and others [16]. After given reminiscence therapy for five sessions, all of the respondents' scores of the level of anxiety before and after given the intervention indicated changes. The results after the intervention found that half the respondents (50%) experienced mild anxiety; less than half of the respondents (40%) did not experience anxiety, a small portion of the respondents (10%) experienced moderate anxiety, and none of the respondents (0%) experienced severe anxiety. The biggest change or difference before and after given the reminiscence therapy was 17, and the smallest change or difference before and after given the reminiscence therapy was 1.

Reminiscence therapy is a therapy for the elderly that encourages or motivates them to discuss past events to identify their problem-solving skills which have been applied in the past [17]. Frisch stated that reminiscence therapy aimed to increase self-esteem and to help individuals achieve their self-awareness and self-understanding to adapt to

stress [11]. Roy's adaptation model focused on the concept of adaptation in humans. This concept included nursing, human, health, and environment in which all of them were interrelated in a mutually sustainable system [18]. The system consisted of input, output control, and feedback processes. In the input process, the respondents would be given a stimulus that included focal, contextual, and residual stimulus.

The reminiscence therapy as a focal stimulus will not be able to give maximum effect without being followed by contextual and residual stimulus [19]. Respondents who experienced a decrease of 17 points in the documentation carried out during therapy activities were found to always follow therapy activities well. Furthermore, the respondents who experienced the 1 point change before and after given the reminiscence therapy made experience difficulties during therapy activities.

The focal stimulus that was reminiscence therapy and contextual stimulus, such as a calm atmosphere were conducted to all respondents. The residual stimulus was the only one that was not the same. Based on the observation of the elderly with the highest difference in the level of anxiety, they indicated that they believed that all problems came from God. Moreover, for the elderly with the lowest difference in the level of anxiety, they experienced difficulties when sharing their pleasure moment during activities. They always told about problems in their families in which they seemed unsatisfied in their life.

Based on the results of this study, it found that there were significant changes in the level of anxiety before and after given the reminiscence therapy. This proved that there was an effect of reminiscence therapy on the level of anxiety. Based on the Wilcoxon signed-rank test, the p -value indicated 0.000 in which $p < 0.05$, meaning that there was an effect of the reminiscence therapy on the level of anxiety for the elderly people. Changes occurred in the anxiety responses, which included cognitive responses, psychological responses, affective responses, and physiological responses.

The respondents' cognitive responses before and after given the reminiscence therapy experienced changes. The changes were that the scores after therapy were smaller than the scores before given the therapy, meaning that the cognitive responses from anxiety had decreased. Putra stated that reminiscence therapy could motivate elderly people to create feelings of happiness and pride in themselves so that the negative feelings and the received sadness could be reduced or even lost [20]. According to Roy, the concept of nursing focused on human adaptation. Stimulation was expected to affect the work of regulators and cognators [18]. The cognator system involved the cognitive and emotional processes to interact with the surroundings.

According to the researcher, the provision of reminiscence therapy for elderly people who experienced anxiety was used to help the elderly to adapt to the changes faced. Reminiscence therapy was a stimulus that would later work on the cognators system. In the process of therapy, the researcher would help and facilitate the elderly to find their life expectancy during their elderly age and to find what he wanted to achieve in their old age so that their integrity was self-achieved. The elderly who were able to achieve self-integrity would feel satisfied and happy with their life and think that he was still able to do positive things so that they found self-confidence and felt that they were still useful and had a positive perception.

After given the reminiscence therapy for five sessions, the results showed that the psychological responses of anxiety changed. The item questions included nervousness, anxiety, irritability, panic, fear, unpleasant feelings, and nightmares. Ebersole, Hess, & Touhy stated that the reminiscence therapy aimed not only to provide pleasant experiences to improve the quality of life but also to improve socialization and relationships with others, to provide cognitive stimulation, to improve communication, and to be the effective therapy for depressive symptoms and anxiety [21].

Reminiscence therapy for the elderly who experience anxiety would help them to increase their motivation [22].

This reminiscence therapy would help the elderly to recall pleasant memories in their past [22]. During the process of therapy, the researcher could motivate and facilitate the elderly to recall their success or joy experiences so that it created the feeling of happiness, pleasure, and pride during the therapy. By establishing positive coping, it would make the elderly feel that they were still useful, were able to accept the changes. All of those pleasure feelings were indicators of the decrease in the level of anxiety from psychological responses.

The affective responses after given therapy showed a change in respondents. In the questionnaire, the item questions indicating affective responses were questions for numbers 1, 2, 3, and 9. The affective responses asked about nervousness, anxiety, fear, irritability, panic, and calmness.

Effectively, people with anxiety would express their anxiety in the form of confusion and excessive suspicion as an emotional reaction to anxiety [13]. Putra stated that reminiscence therapy could motivate elderly people to create feelings of happiness and pride so that the negative feelings and the received sadness could be reduced or even lost [20].

Reminiscence therapy would affect the cognator system. In this condition, the researcher helped the elderly to be able to reveal their pleasant past experiences. These pleasant experiences would later motivate them and improve their coping so that the elderly could adapt to the problem. Therefore, the feeling of fear, nervousness, and irritability could reduce. In physiological responses after given reminiscence therapy, from 11 questions regarding physiological response, six questions did not change after the reminiscence therapy. The physiological responses that did not change were about feeling weak, easily tired, heart palpitations, frequent urination, dry and warm hands, hot face, and sleep disturbance.

According to Roy, the concept of nursing on the provision of the intervention focused on human adaptation [18]. The provision of the stimulus was expected to affect the work of regulators and cognators. The work of these regulators involved physiological processes such as chemical response, endocrine, and nervous system.

Besides, the factor of age also played a role because, in the elderly stage, there was an aging process that would affect the work of the heart, motor muscle strength, bladder capacity, sleep patterns, and other organs functions in the body. The provision of other interventions to reduce physiological responses from anxiety was needed. This was in line with Setiawan's opinion that the planned and structured exercise which involved repetitive body movements would nourish the heart, muscles, and bones [23]. The physical exercise could also make elderly people more independent, reduce anxiety, and increase self-confidence.

V. CONCLUSION

There was an effect on the level of anxiety after applying reminiscence therapy. Reminiscence therapy can be included in the routine activities conducted by nurses in elderly care facilities to deal with anxiety. Future studies are expected to add more samples and combine reminiscence therapy with health exercises to obtain optimal results.

REFERENCES

- [1] X.-M. Zhong *et al.*, "Concurrent benzodiazepine use in older adults treated with antidepressants in Asia," *Int. Psychogeriatrics*, vol. 31, no. 5, pp. 685–691, 2019.
- [2] M. Dong *et al.*, "Concurrent antipsychotic use in older adults treated with antidepressants in Asia," *Psychogeriatrics*, vol. 19, no. 4, pp. 333–339, 2019.
- [3] Badan Pusat Statistik, "Statistik Indonesia 2013," 2013.
- [4] E. Effendy, N. Prasanty, and N. Utami, "The effects of brain gym on quality of sleep, anxiety in elderly at nursing home care case Medan," *Open Access Maced. J. Med. Sci.*, vol. 7, no. 16, pp. 2595–2598,

2019.

- [5] A. Yusuf, H. E. Nihayati, and Z. Abidin, "Cognitive Therapy Decrease the Level of Depression," *J. Ners*, vol. 3, no. 2, pp. 163–169, 2017.
- [6] K. B. Wolitzky-Taylor, N. Castriotta, E. J. Lenze, M. A. Stanley, and M. G. Craske, "Anxiety disorders in older adults: a comprehensive review," *Depress. Anxiety*, vol. 27, no. 2, pp. 190–211, 2010.
- [7] M. A. Bahar, Y. Wang, J. H. J. Bos, B. Wilffert, and E. Hak, "Discontinuation and dose adjustment of metoprolol after metoprolol-paroxetine/fluoxetine co-prescription in Dutch elderly," *Pharmacoepidemiol. Drug Saf.*, vol. 27, no. 6, pp. 621–629, 2018.
- [8] M. D. D. Putri, "Penggunaan intervensi kelompok cognitive behavioral therapy (CBT) pada lansia untuk menurunkan kecemasan pada lansia= Intervention group cognitive behavioral therapy (CBT) to reduce anxiety in older people," 2012.
- [9] W. Boylin, S. K. Gordon, and M. F. Nehrke, "Reminiscing and ego integrity in institutionalized elderly males," *Gerontologist*, vol. 16, no. 2, pp. 118–124, 1976.
- [10] I. Söchting, E. O'Neal, B. Third, J. Rogers, and J. S. Ogrodniczuk, "An integrative group therapy model for depression and anxiety in later life," *Int. J. Group Psychother.*, 2013.
- [11] N. C. Frisch and L. E. Frisch, *Psychiatric mental health nursing*. Delmar Pub, 2006.
- [12] Nursalam, "Rancangan penelitian," in *metodologi penelitian ilmu keperawatan, salemba medika*, 2014.
- [13] M. Ester, "Konsep Dasar Keperawatan Kesehatan Jiwa," 2012.
- [14] S. P. Suardiman, "Psikologi usia lanjut," *Gajah Mada Univ. Press*, 2011.
- [15] E. J. Anto, L. O. Siagian, J. M. Siahaan, H. A. Silitonga, and S. E. Nugraha, "The relationship between hypertension and cognitive function impairment in the elderly," *Open Access Maced. J. Med. Sci.*, vol. 7, no. 9, pp. 1440–1445, 2019.
- [16] D. Mariani, R. A. Muzasti, and A. Thamrin, "The relationship between quality of sleep and quality of life of patients in medan, Indonesia," *Open Access Maced. J. Med. Sci.*, vol. 7, no. 11, pp. 1794–1797, 2019.
- [17] Syarniah, "Pengaruh Terapi Kelompok Reminiscence Terhadap Depresi Pada Lansia Di Pantti Sosial Tresna Werdha Budi Sejahtera Provinsi Kalimantan Selatan," *Psikogeraitric*, 2010.
- [18] L. Basford and O. Slevin, "Teori dan Praktik Keperawatan: Pendekatan Integral pada Asuhan Pasien," *Jakarta EGC*, 2006.
- [19] L. Nur Hidayanti, Mustikasari, and Y. Susanti Eka Putri, "Terapi individu Reminiscene Menurunkan Tingkat Depresi Pada Lansia Di Pantti Sosial," *Univ. Indones.*, vol. 10, no. 2, pp. 222–232, 2015.
- [20] H. Putra, "Pengaruh Terapi Reminiscence (Mengenang Msa Lalu Yang Menyenangkan) Terhadap Depresi pada Lansia di Unit Rehabilitasi Sosial Pucang Gading Semarang," *Jurna l*, 2014.
- [21] P. Ebersole, P. Hess, and T. Touhy, *Gerontological nursing & healthy aging*. Mosby, 2005.
- [22] S. Housden, "The use of reminiscence in the prevention and treatment of depression in older people living in care homes," *Groupwork*, vol. 19, no. 2, pp. 28–45, 2012.
- [23] T. Setiawan, "Keefektifan Terapi Latihan Fleksibilitas Dan Kekuatan Terhadap Pasca Cedera Otot Gastrocnemius," 2016.