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The effect of reminiscence therapy to reduce loneness in elderly

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Abstract

This study investigates the impact of reminiscence therapy on reducing loneliness among the elderly. The research involved five participants who scored high to medium on loneliness assessments, specifically in the experimental group. Subjects for this group were chosen using a random assignment technique. The study employed a one-group pre-test and post-test design. The data collection tools used in this study included the UCLA Loneliness Scale (3-item version), observations, and interviews. For data analysis, the Wilcoxon Rank Test was employed to assess differences in loneliness scores in the experimental group before and after receiving reminiscence therapy. The results indicated a significant difference in loneliness scores, with a Z value of -2.060 and a p value of 0.039. This finding suggests that reminiscence therapy effectively reduces loneliness among the elderly.

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INTRODUCTION

The advancements in health and social welfare have significantly contributed to an increase in average life expectancy. Improved nutrition, greater access to healthcare services, and higher educational levels among the population have positively affected overall health and the ability to maintain it. As a result, there is a noticeable upward trend in average life expectancy. The rise in average life expectancy indicates a longer lifespan for the population, leading to an increase in the number of elderly individuals (Suardiman, 2016).

Over the past five decades, the proportion of elderly Indonesians has nearly doubled, rising to 9.92 percent (approximately 26 million) by 2020. Among them, women make up about one percent more than men, with elderly women at 10.43 percent compared to 9.42 percent for elderly men. The data shows that the young elderly (ages 60-69) comprise the largest group at 64.29 percent, followed by the middle elderly (ages 70-79) at 27.23 percent, and the old elderly (ages 80 and over) at 8.49 percent. This year, six provinces in Indonesia have reached an elderly population of 10 percent or more: DI Yogyakarta (14.71 percent), Central Java (13.81 percent), East Java (13.38 percent), Bali (11.58 percent), North Sulawesi (11.51 percent), and West Sumatra (10.07 percent). The rise in the elderly population is closely related to an increase in the number of households occupied by elderly individuals. In 2020, elderly households accounted for 28.48 percent of the total, with 62.28 percent of these households led by elderly individuals. An interesting aspect of the elderly population in Indonesia is the potential for both economic and social support that families typically provide. According to Susenas 2020 data (BPS, 2020), 9.80 percent of elderly people live alone, and among this group, the percentage of elderly women living alone is nearly three times higher than that of elderly men (14.13 percent compared

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to 5.06 percent). Addressing this issue requires significant attention from all segments of society, as elderly individuals living alone rely on support from their surrounding environment due to the higher risks they face in life, especially elderly women who are more likely to be marginalized (https://www.bps.go.id/). In South Sulawesi, the 2020 population data indicates that approximately 0.92 million elderly individuals represent 10.20 percent of the total population. This percentage suggests that South Sulawesi is experiencing a higher rate of population aging compared to Indonesia as a whole. Moreover, the proportion of the elderly population has shown a consistent increasing trend over the years (https://sulsel.bps.go.id/).

According to Law Number 13 of 1998, Chapter 1, Article 1, paragraph 2, elderly individuals are defined as those aged 60 years and older. The aging process can lead to various mental health issues, making the elderly increasingly susceptible to a range of complaints. Mental health problems in this demographic can stem from four key aspects: physical, psychological, social, and economic. Aging is often accompanied by a decline in physical function and increased vulnerability to diseases, with health problems being the most common issues faced by the elderly. Additionally, prevalent psychological problems include loneliness, social alienation, feelings of helplessness and uselessness, low self-confidence, dependence, neglect—particularly among impoverished elderly individuals—and post-power syndrome, among others (Suardiman, 2016).

Loneliness is the most prevalent mental health issue among the elderly. Worldwide, the rate of depression in older adults ranges from 8% to 15%. The National Council on Aging in the United States reports a high prevalence of loneliness among elderly individuals, with 62% affected (Y. Damayanti & Sukmono, 2013). In Indonesia, surveys indicate that 69% of elderly people experience mild loneliness, 11% experience moderate loneliness, 2% experience severe loneliness, while 16% do not experience loneliness at all (Kemenkes, 2013).

Loneliness is defined as a mismatch between desired and actual social relationships, often accompanied by feelings of anxiety, depression, and a sense of lacking social connections (Lou et al., 2012). To ensure that elderly individuals can live comfortably in their later years, the government has implemented various measures, as outlined in Law Number 13 of 1998 concerning the welfare of the elderly in the Republic of Indonesia.

Research by (K. P. Verawati, 2015) on loneliness among the elderly based on their living arrangements indicates that older adults living with their children tend to feel lonelier. Specifically, this group experiences social loneliness. Additionally, a review article by (Mushtaq et al., 2014) highlights the connection between loneliness and health, noting that loneliness can lead to various mental and physical disorders. These psychiatric issues may include depression, alcohol abuse, child abuse, sleep problems, personality disorders, and Alzheimer's disease. Physical disorders associated with loneliness include diabetes, autoimmune diseases such as rheumatoid arthritis and lupus, as well as cardiovascular conditions like coronary heart disease, hypertension (HTN), obesity, physiological aging, cancer, and impaired hearing. If not addressed, loneliness can lead to significant negative impacts on both mental and physical health. Given these issues, researchers have focused on the psychological well-being of elderly individuals who experience loneliness.

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Loneliness can be addressed through various methods, including group therapy (Brabenben, as cited in Putra et al., 2012) and horticultural therapy, which involves activities that promote the physical, mental, and social well-being of the elderly (Lin et al., 2020). Music therapy is also highly effective in alleviating loneliness among older adults, helping to relieve pain, reduce stress, and encourage growth and development (Arlis, 2019). Additionally, reminiscence therapy has proven effective in decreasing loneliness and addressing other psychology (Ebersole & Hess, 2001).

According to research by (Yoepiana et al., 2020), there is a significant difference in feelings of loneliness among elderly individuals before and after undergoing reminiscence therapy at the Wening Wardoyo elderly social service home in Semarang Regency. This type of therapy has proven to be effective in enhancing self-esteem, life satisfaction, and psychological well-being while also reducing loneliness in the elderly (Chen et al., 2012).

Reminiscence therapy, also referred to as memory therapy, is a technique used to help individuals recall and discuss their life experiences (Stinson, 2006). This therapy encourages elderly people to reflect on past events and experiences, as well as their problem-solving skills, and to share these memories with therapists, family, and friends (Syarniah, 2010). By learning to recount positive stories and experiences from their past, elderly individuals can enhance their ability to cope with loss and maintain their self-esteem. This sharing can lead to increased interactions with others, ultimately reducing their feelings of loneliness (Manurung, 2016).

The information presented above indicates that elderly individuals often experience loneliness, as shown by their tendency to wait for family visits, feelings of neglect, sadness, and a sense of worthlessness. They derive joy from visits by children, grandchildren, family members, or even acquaintances. Additionally, seniors enjoy asking questions and sharing stories. Therefore, the researchers believe that reminiscence therapy is an effective intervention to help reduce loneliness among the elderly.

The purpose of this research is to evaluate the impact of reminiscence therapy on reducing loneliness among the elderly. The research hypothesis proposes that there will be a significant difference in loneliness levels within the experimental group before and after receiving reminiscence therapy, with post-therapy scores indicating lower levels of loneliness compared to pre-therapy scores.

METHOD

Research Subject

The participants in this research consisted of five elderly individuals residing in social care institutions.

Research Design

This research employs an experimental design using a one-group pretest-posttest approach. In this study, participants receive an intervention, with their outcomes assessed through a pretest before the treatment, followed by a posttest and subsequent follow-up after the intervention.

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Manipulation of Independent Variables

In this study, the intervention utilized was reminiscence therapy, which consists of three main sessions: sharing childhood memories, discussing experiences from adolescence to adulthood, and recounting significant moments with family

Data Collection Method

1. **Scale**

   The UCLA Loneliness Scale was developed by Russell, Peplau, and Ferguson (Nurdiani, 2019) and comprises 20 statements that use negative phrasing to evoke feelings of loneliness. The UCLA 3 version has undergone validation and reliability testing (Nurdiani, 2019). This scale includes two subcategories of loneliness: emotional isolation and social isolation. It features 20 items, split into 10 positively framed items and 10 negatively framed items. Respondents to the UCLA 3 scale choose from four response options, with scores assigned on an interval scale from one to four: 1 for "Rarely," 2 for "Sometimes," 3 for "Often," and 4 for "Always" (Nurdiani, 2019).

2. **Observation and Interviews**

   This research employs unstructured observation, which is defined as a spontaneous process focused on specific symptoms without utilizing sensitive tools or controlling for observational precision (Indrawati, Herlina, et al., 2007). The goal of this observation is to identify the symptoms of loneliness experienced by the subject. Additionally, the research incorporates semi-structured interviews. According to (Sugiyono, 2012), unstructured interviews are informal discussions where the researcher does not rely on a systematically prepared interview guide for data collection. This approach allows for a more relaxed interaction with the subject, promoting a comfortable environment for conversation.

3. **Data Analysis Method**

   The data analysis for this research employs statistical methods using the SPSS software. Specifically, the Wilcoxon signed-rank test is utilized, which is a non-parametric statistical hypothesis test designed to compare two related samples or repeated measurements on a single sample to evaluate differences in population means (Sugiyono, 2012). The primary objective of the Wilcoxon test is to assess whether there is a difference in loneliness scores between the pretest and posttest data among the research subjects in the experimental group

RESULTS AND DISCUSSION←11 TNR Bold

Hypothesis testing was performed by conducting a difference test comparing the experimental group's measurements before and after the intervention using the Wilcoxon test. The results indicated a significant change in loneliness levels, with a Z value of -2.060 and a significance level of 0.039 ($p < 0.05$). The mean pretest score of 60.20 decreased to 45.60 after the posttest, demonstrating that the treatment led to a reduction in loneliness levels.

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This conclusion is supported by the results of the difference test comparing the posttest and follow-up, which revealed a significant change in loneliness levels, with a Z value of -2.023 and a significance level of 0.043, along with a mean score of 31.40. Compared to the posttest scores, these findings indicate a reduction in loneliness among research subjects who underwent reminiscence therapy intervention. Thus, the hypothesis of this research is accepted. The results of the difference test analysis are presented in the table below.

Table 1. Wilcoxon Rank Test Analysis Table

	Prestest – Posttest	***Posttest – Follow Up***
Z	-2,060	-2,023
Asymp. Sig. (2-tailed)	0,039	0,043

The findings of this study indicate a significant difference in loneliness levels among the elderly before and after receiving reminiscence therapy. Initially, all five subjects experienced feelings of loneliness. As noted by Weiss (Santrock, 2012), there are two distinct types of loneliness associated with the absence of various social conditions. Loneliness can be categorized into two types. The first type is emotional loneliness, which stems from the lack of a close, intimate figure, such as the affection a parent provides to a child or the connection shared with a fiancé or close friend. The second type is social loneliness, which occurs when individuals feel disconnected from social interactions or integration, often due to the absence of support from friends or colleagues.

Reminiscence therapy was selected as a therapeutic approach based on the premise that it effectively reduces loneliness levels (Ebersole & Hess, 2001). This therapy has proven to be very effective in enhancing self-esteem, life satisfaction, and psychological well-being while also decreasing feelings of loneliness among the elderly (Chen et al., 2012). Reminiscence therapy encourages older adults to recall past events and experiences, as well as their problem-solving skills, and to share these reflections with therapists, family, and friends (Syarniah, 2010). Consequently, interventions can involve using memories to recall, reflect upon, and derive meaning from them. Overall, reminiscence therapy focuses on reflecting on past information, experiences, and positive emotions.

Observation Result

Observations were conducted both before and after the intervention. The findings from the observations of the five subjects are as follows:

1. Subject B

Before the intervention, the subject appeared calm. Although his tone was loud, it lacked clarity. When discussing his life experiences, his expression was somber, and he occasionally nodded his head. On the first day of the intervention, the subjects were relatively quiet and appeared calm, showing reluctance to raise their hands to share their stories initially. However, when given the opportunity by the therapist, the

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subjects enthusiastically shared their experiences. By the second day of the intervention, the subjects began to engage more with other participants, particularly with Subject D. After the intervention, they smiled more frequently at the therapist, researcher, and fellow participants.

2. Subject D

Prior to the intervention, Subject D appeared quite calm about his daily life and the sources of his loneliness. He often gestured with his hands while speaking. During the first intervention meeting, the subject appeared calm and attentive but initially seemed hesitant to share his story. However, by the second session, the subject was eager to be the first to share. This was evident when the therapist invited participants to recount their memories; Subject D consistently raised his hand.

3. Subject P

Upon meeting Subject P for the first time, he appeared friendly and frequently smiled. Subject P shared various details, from the reasons for entering the institution to his current health condition, which left him unable to walk. He appeared visibly sad and teared up while discussing his family and his physical condition while seated in a wheelchair.

On the first day of the intervention, the subject appeared attentive and focused on the therapist's explanation. He was relatively responsive when asked questions, speaking calmly but with some hesitation. Occasionally, he laughed at the responses from other participants, though he also seemed sad when others shared their memories.

On the second day of the intervention, the subject appeared cheerful and enthusiastic, asking the researchers and therapists how they were doing. During the second meeting, he showed greater attentiveness to the stories shared by other participants.

4. Subject S

Before the intervention, Subject S appeared serious while discussing his family and looked sad when he expressed his desire to see them. At the first meeting, the subject appeared calm and attentively listened to the therapist's explanation, asking questions on several occasions.

By the second meeting, during the therapy session, the subject was observed whispering to nearby participants and making comments about one participant who was sharing a lengthy story. Throughout the process, the subject remained calm while telling his own story and listening to others. He expressed happiness during the therapy as he shared stories and connected with his friends.

5. Subject M

The subject looks sad and cries when telling about his life. He has a cane and walks with the help of it. During the first meeting, the subject did not share much about his experiences and opted not to elaborate further. At the second meeting, he declined to share his story multiple times but occasionally offered comments and suggestions to other participants. Throughout the therapy session, the subject appeared very calm and attentive until the session concluded.

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Interview Results

Interviews were conducted both before and after the intervention. The results yielded the following data:

1. **Subject B**

A 68-year-old man stated that he had only been living in the orphanage for two months. Subject B voluntarily chose to reside in the orphanage due to a lack of housing and because his wife is ill.

Before the intervention, Subject B mentioned that he spent most of his time in the room with his wife, feeling embarrassed to interact with the other residents of the orphanage. He sometimes felt confused and bored at night when his wife was asleep, often thinking about his circumstances and fearing the loss of his wife. After the intervention, Subject B expressed that he no longer felt alone. Through the intervention, he realized that there were other participants facing greater hardships, which helped him accept his own situation. He also indicated a desire to become closer to Subject D, hoping that when he felt bored, he could invite Subject D to share stories about his past experiences

2. **Subject D**

An 81-year-old man has been living in an orphanage for 10 years because he no longer has any family. Previously, the orphanage housed numerous elderly residents, but many were sent home due to COVID-19. After this occurred, Subject D felt a sense of emptiness from the departure of several friends. Before the intervention, he reported that he usually engaged in activities alone. Every night, he often reflected on his past and felt regret for not doing his best, particularly for his parents. Additionally, Subject D thought about his health condition and admitted to withdrawing from others after the other residents left, spending most of his time alone in his room.

After the intervention, Subject D expressed that he was more willing to open up and make friends, particularly with Subject B. He also mentioned that he enjoyed listening to the stories of other participants and didn't realize that some of them had faced such difficult lives.

3. **Subject P**

The woman, approximately 80 years old, stated that she had been living in the orphanage for a long time. Subject P was invited to the orphanage after previously living on the streets. She mentioned feeling bored with her daily life, particularly given her handicap which prevents her from walking.

Before the intervention, Subject P mentioned that he often contemplated his fate. He admitted to rarely interacting with the other residents of the orphanage and noted that he was usually visited by an intern nurse, who only cared for him until noon. As a result, Subject P often struggled to fall asleep at night due to concerns about his condition.

After the intervention, Subject P reported that he was now able to sleep well, rarely waking up during the night. He attributed this improvement to realizing that some participants faced much harder lives than his own. Additionally, he expressed gratitude for having a comfortable living situation and access to food.

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4. Subject S

An 87-year-old woman stated that she had been living in the orphanage for 25 years. Subject S moved to the orphanage on the recommendation of her neighbors after her husband passed away and she could no longer afford to rent a house. Before the intervention, Subject S admitted that every night she remembered her family in Java and often worried about her financial and health situations, especially following a recent fall.

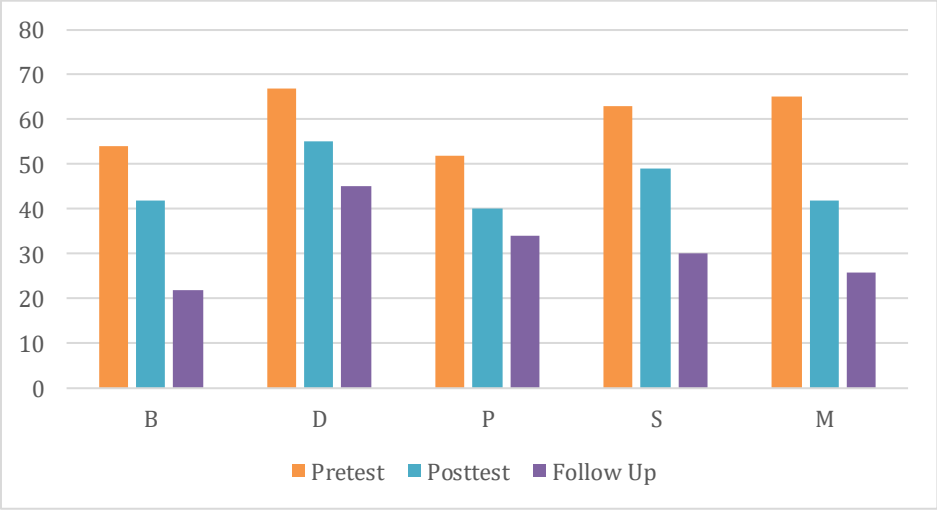
After the intervention, Subject S expressed that sharing his memories and past experiences brought him calmness and helped him come to terms with what had happened to him. He also acknowledged that while he had missed his family and wished to live with them, hearing the stories of the other participants inspired him to want to form closer connections with them

5. Subject M

A 66-year-old woman stated that she had only been living in the orphanage for two months. Subject M explained that he had no choice but to stay in the orphanage because his family did not accept him. He also admitted to spending most of his time in his room.

Before the intervention, Subject M acknowledged that he struggled to accept his situation. He revealed that he had been abandoned by his family and mistreated by his younger sibling. Subject M mentioned feeling bored at the orphanage, as his daily routine consisted of the same activities: waking up, praying, bathing, eating, and sitting around. He also admitted that he often woke up in the middle of the night, during which he would think about his family, lament his fate, and sometimes cry. Subject M expressed that he felt very sad and disappointed. However, after the intervention, he admitted to being more accepting of his situation. This change in perspective came from hearing the stories of other participants, many of whom had faced similar circumstances. Subject M also mentioned that he often visited the other participants to help alleviate his sadness when he thought about his family.

Figure 1. Comparasion graph of pretest, posttest and follow-u[scores for the experimental group



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The follow-up results revealed a reduction in loneliness levels among the subjects after the posttest was conducted. All five subjects showed a decrease in their loneliness scores following reminiscence therapy. After the intervention and follow-up, Subject B reported that he frequently engaged in cleaning activities in the dormitory's backyard, during which he and Subject D often shared stories. Meanwhile, Subjects M and S, who previously spent time just with each other, began to visit Subject P's room more often. Together, Subjects M, S, and P spent time together in the dormitory.

The findings from the description above indicate that reminiscence therapy can effectively reduce feelings of loneliness among the elderly. Therefore, it suggests that reminiscence therapy can serve as a valuable intervention to alleviate loneliness in this population. Overall, the activity sessions included in this therapy can be beneficial for diminishing loneliness in older adults.

CONCLUSION

Based on the research results and discussion, it can be concluded that the hypothesis was confirmed, showing a notable difference in loneliness levels within the experimental group before and after the intervention. The results indicated that the loneliness scores at posttest and follow-up were lower compared to the pretest scores measured before the intervention. Therefore, it can be concluded that reminiscence therapy positively impacted reducing loneliness among the research subjects. This effect is attributed to the activity sessions in the intervention, which helped participants discover meaningful aspects and positive influences within themselves and among one another, fostering communication and mutual concern as they shared stories about their lives.

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