



## Research Article

# Effectiveness of Reminiscence Therapy on Elderly Depression

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### Article Information

Received: 10 March 2025  
Revised: 20 May 2025  
Accepted: 25 May 2025  
Available online: 25 May 2025

### Keywords

depression; elderly;  
reminiscence therapy;  
community-based  
intervention; non  
pharmacological treatment

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### Doi

10.35568/healthcare.v7i2.6628

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### ABSTRACT

Depression is a common mental health issue among older adults, especially in rural areas where access to psychosocial support is limited. One promising non-pharmacological approach is reminiscence therapy (RT), which encourages emotional expression and social connection through structured memory-sharing. This study aimed to evaluate the effectiveness of community-based reminiscence therapy in reducing depressive symptoms among elderly individuals at the Kubutambahan I Public Health Center in Bali, Indonesia. A quasi-experimental pre-test–post-test control group design was used with 40 elderly participants divided evenly into intervention and control groups. Depression levels were assessed using the Geriatric Depression Scale (GDS-15). Demographic data were comparable between groups. Post-intervention results showed a significant decrease in mean GDS scores in the intervention group (from 9.1 to 5.4;  $p < 0.001$ ), while the control group experienced no significant changes. Qualitative feedback highlighted improvements in emotional relief and social engagement. Reminiscence therapy significantly reduced depression in elderly participants in a short period. This intervention should be integrated into primary care services, particularly in rural settings, to enhance elderly mental health through scalable, community-based approaches.

## INTRODUCTION

Depression is a widespread psychological condition among older adults, especially in under-resource, underserved rural regions facing structural barriers to mental health service provision and societal stigma is prevalent (Moon & Park, 2020). The World

Health Organization (2022) reports that (World Health Organization, 2022). National health data from Indonesia's 2018 Basic Health Survey revealed that 8.9% of the elderly population suffer from emotional and mental health issues, many of which go

undetected and untreated (Kementerian Kesehatan RI, 2019).

Depression in elderly patients is typically managed with medication, while psychological therapies remain underused. Reminiscence therapy is a non-pharmacological intervention that involves guiding older adults to recall and share meaningful life experiences to support their mental well-being. (Justo-Henriques et al., 2023) This approach helps improve emotional health by encouraging self-reflection, enhancing a sense of identity, and promoting feelings of self-worth. Conducted in group settings, it also reduces social isolation by fostering interaction and connection among participants. In addition to emotional benefits, the therapy can stimulate memory function and cognitive engagement (Yen & Lin, 2018).

Research has shown that reminiscence therapy effectively reduces depressive symptoms and enhances overall life satisfaction, making it a practical, low-cost option for improving mental health in older adults, particularly in rural or limited-resource communities. (Vathke et al., 2023) This therapy is often conducted in group sessions and has shown benefits in increasing self-esteem, promoting social interaction easing depressive symptoms (Ayano et al., 2023) Research from various regions, including Taiwan (T. Li et al., 2022) highlights the effectiveness of group-based reminiscence therapy in reducing depression among the elderly. (Yen & Lin, 2018), These studies also suggest that group settings provide additional emotional support and social benefits compared to individual sessions (Shin et al., 2023). In the Indonesian context, (Husna et al., 2022) found similar positive results in nursing home environments and (Wang et al., 2024) recommended incorporating such interventions into routine primary care to broaden access and improve outcomes.

Despite strong evidence supporting its effectiveness, community level implementa-

tion and evaluation of reminiscence therapy in rural primary health centers remain limited. Older adults in these regions often face challenges such as cultural stigma, transportation difficulties, and financial constraints (Morales-De-Jesús et al., 2021). These barriers are further supported by recent findings showing that mental health stigma discourages help-seeking behavior among the elderly. (Putri et al., 2021) Moreover, inadequate transportation infrastructure and long distances to health facilities significantly hinder access to care (Van et al., 2021) Financial limitations, including the absence of health insurance and high out-of-pocket expenses, add to the burden, making timely mental health services difficult to obtain. (Cui et al., 2022) These obstacles underline the need for affordable, locally accessible interventions such as community-based reminiscence therapy. The objective of this study is to examine how structured reminiscence therapy, implemented through primary health services, influences depression levels in elderly populations living in rural areas. Specifically, the study examines shifts in depression severity before and after the intervention, compares the outcomes of the intervention and control groups, and explores participants' personal experiences with the therapy. It is anticipated that the intervention will lead to a meaningful reduction in depressive symptoms.

## **METHOD**

This study employed a quasi-experimental design featuring pre- and post-tests with control and intervention groups to evaluate the effects of community-based reminiscence therapy on depression in older adults at the Puskesmas Kubutambahan I, located in Buleleng Regency, Bali. The study was carried out over a six-week period, from January to February 2025.

A total of 40 elderly participants aged 60 and above were selected through purposive sampling, with 20 individuals assigned to the intervention group and 20 to the control

group selection criteria included: (1) being 60 years or older, (2) enrolled in the elderly program at the Kubutambahan I PHC, (3) scoring between 5 and 11 as assessed using the Geriatric Depression Scale-15 (GDS-15), identify mild to moderate depressive symptoms, (4) the ability to communicate verbally, and (5) having provided trained community nurse and followed a consistent format that included a warm-up, storytelling reflection, and group discussion. Participants in the control group continued with standard activities and were not exposed to the reminiscence therapy intervention. (World health Organization, 2021) Depression levels were measured before and after the intervention using the validated Indonesian version of the GDS-15. (Erazo et al., 2020), a reliable tool for identifying depressive symptoms in older populations.

Additionally brief post intervention interviews were conducted to capture participants subjective experiences, although this qualitative data was analyzed descriptively rather than statistically. Statistical analysis involved using paired t-tests to examine changes within each group, while independent t-tests assessed differences between the intervention and control groups.

The study adhered to established reporting standards for non-pharmacological trials, ensuring transparency in intervention delivery, participant flow and outcome measurement (Fisher & Ryan, 2018) informed consent to take part in the study.

## RESULTS

### Demographic Participants

The demographic profile of the study participants is presented in **Table 1**, which shows that both the intervention and control groups

**Table 1** Demographic Characteristics

Characteristic	Intervention (n=20)	Control (n=20)
Age (Mean ± SD)	68.5 ± 5.2 years	68.2 ± 5.4 years
	65%	60%

Gender (F %)	80%	85%
Education	75%	70%
Living with family Monthly income	90%	85%

The mean age of participants in the intervention group was 68.5 years (SD = 5.2), compared to 68.2 years (SD = 5.4) in the control group. The majority in both groups were female (65% in the intervention group and 60% in the control group), had primary school education or less (80% and 85%, respectively), and lived with family members (75% and 70%). Most participants had a monthly income below IDR 1 million, which is consistent with rural elderly economic conditions. The demographic similarity between the groups supports the internal validity of the study.

### Comparison of Depression

As shown in **Table 2**, prior to the intervention, most participants in both groups were categorized as having moderate depression based on GDS-15 scores

**Table 2** Comparison of Depression

Depression Category	Intervention Pre (%)	Intervention Post (%)	Control Pre (%)	Control Post (%)
No depression (0-4)	0%	35%	5%	10%
Mild depression (5-8)	25%	55%	30%	30%
Moderate depression (9-11)	75%	10%	65%	60%

In the intervention group, 75% were classified as moderately depressed, which decreased dramatically to only 10% after therapy. Conversely, the percentage of participants with no depression in the intervention group increased from 0% to 35%, while the proportion with mild depression increased from 25% to 55%. The control group

showed only minimal shifts across categories, with a slight reduction in moderate depression and a small increase in the “no depression group. These change indicate that the reminiscence therapy had a clear effect on reducing the severity of depression.

### GDS Scores

in **Table 3** shows that the mean GDS score in the intervention group.

**Table 3.** Mean GDS score

Group	Pre-Test Mean (SD)	Post-Test Mean (SD)	Mean Difference	p-value
Intervention (n=20)	9.1 (1.7)	5.4 (1.6)	-3.7	<0.001
Control (n=20)	8.9 (1.5)	8.7 (1.6)	-0.2	0.334

### Participant Feedback

As illustrated in Table 4, the intervention group experienced a reduction in their mean GDS score, decreasing from 9.1 (SD = 1.7) to 5.4 (SD = 1.6), representing a significant reduction ( $p < 0.001$ ). Meanwhile, the control group had a negligible change in scores, from 8.9 (SD = 1.5) to 8.7 (SD = 1.6), which was not. The p-value of 0.334 indicates that the change was not statistically significant. Nevertheless, these findings imply that the intervention effective in reducing depressive symptoms in the elderly population.

**Table 4.** Participant Feedback After Reminiscence

Theme	Frequency Mentioned	Example Quote
Emotional relief	14 of 20	"I felt like a burden was lifted."
Social connection	12 of 20	"I enjoyed being with others and talking."
Memory stimulation	10 of 20	"It reminded me of happy times."
Increased self-worth	8 of 20	"I realized my life had meaning."

These themes were frequently mentioned and support the observed improvements in GDS scores. Participants expressed that sharing memories made them feel “light-hearted,” and “less alone,” indicating that the therapy may have had benefits beyond symptom reduction.

### DISCUSSION

The findings of this study demonstrate that reminiscence therapy, when implemented in a community setting at the Kubutambahan I Public Health Center, Effectively lowered depressive symptoms in older adults. This is consistent with recent systematic reviews and meta-analyses that have confirmed the effectiveness of reminiscence therapy in reducing depression in elderly populations (Liang & Zhang, 2024; Shin et al., 2023).

The reduction in depression levels aligns with theoretical frameworks underpinning reminiscence therapy, including Erikson’s theory of psychosocial development, especially the stage focusing on ego integrity versus despair. and cognitive behavioral perspectives that emphasize meaningful reflection and interpersonal connection. (Gil, 2021) Participants in the intervention group reported experiencing emotional relief and stronger social bonds, echoing findings that reminiscence therapy enhances feelings of personal value and reduces loneliness in older adults. (Khan et al., 2022; Wang et al., 2024) In the Indonesian cultural context, where storytelling and communal sharing are deeply embedded traditions, (Mailin Mailin et al., 2023) culturally tailored reminiscence therapy may provide additional therapeutic benefits (Cipta et al., 2024).

This cultural congruence likely contributes to greater acceptability and effectiveness of the intervention, as supported by similar findings in Asian elderly populations. (Agga et al., 2022; S. Li et al., 2023) Beyond its statistical significance, the practical value of integrating reminiscence therapy into primary healthcare services is noteworthy

(Cubillos et al., 2021). This approach offers a cost-effective and scalable alternative to pharmacological treatments and aligns with global health advocating for non-pharmacological mental health through community based care. (American Psychiatric Association, 2020; Castellano-Tejedor, 2022). Additionally, digital adaptations of reminiscence therapy have shown promise in maintaining social connection and mental health during periods of isolation, such as the COVID-19 pandemic (Xu et al., 2023).

## CONCLUSIONS AND RECOMMENDATION

This study found that reminiscence therapy delivered in a community setting can serve as an effective, non-pharmacological approach to lowering depressive symptoms in elderly individuals. Participants who received the therapy showed a notable reduction in their Geriatric Depression Scale (GDS-15) scores in comparison with the control group reflecting a marked improvement in emotional health over a brief intervention timeframe. These outcomes support the study's original aim to assess the role of reminiscence therapy of primary healthcare, especially among older adults living in rural areas of Indonesia. By facilitating structured recollection of personal memories within a group setting, the intervention created a positive, supportive environment that contributed to the emotional and social well-being of participants.

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