

ORIGINAL PAPER

THE EFFECT OF GROUP REMINISCENCE THERAPY ON SELF-ESTEEM AND EMOTIONAL WELL-BEING OF OLDER ADULTS

Hassanat Ramadan Abdel-Aziz¹, Hanem Ahmed AbdElkhalek Ahmed²¹Department of Gerontological Nursing, Faculty of Nursing, Zagazig University, Zagazig City, Egypt²Department of Psychiatric and Mental Health Nursing, Faculty of Nursing, Zagazig University, Zagazig City, Egypt

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Abstract

Aim: To evaluate the effect of group reminiscence therapy (RT) as a nursing intervention on self-esteem and emotional well-being of older adults. **Design:** A quasi-experimental study. **Methods:** The study sample was composed of 50 older adults from the Geriatric social club in Zagazig City, randomly assigned into two groups. The reminiscence group received ten one-hour weekly sessions and the control group received only the routine club program. Pre- and post-intervention assessments were made using a self-esteem scale and emotional well-being dimensions (mental health continuum, emotion regulation, and satisfaction with life scale). Chi-square and Fisher's exact tests, an Independent-samples t-test, and a paired t-test were used for data analysis. **Results:** The study findings showed that the group reminiscence therapy led to statistically significant improvements in reminiscence group self-esteem and all emotional well-being dimensions compared with the control group ($p < 0.01$). **Conclusion:** Group RT is effective in increasing self-esteem and improving emotional well-being in older adults. The study provides evidence to support the idea that reminiscence therapy is an effective and safe nursing intervention for improving older adults' psychological well-being.

Keywords: emotional well-being, group reminiscence therapy, older adults, self-esteem.

Introduction

Population aging is a worldwide phenomenon. Globally, there were about 727 million older adults in 2020. All countries are experiencing growth in the size of their older populations. By 2050, it is estimated that the number of older people will have more than doubled, reaching over 1.5 billion (United Nations, 2020). The rising number of older adults will increase the prevalence of age-related health problems. Therefore, countries face several challenges in guaranteeing that their health and social systems are prepared for this demographic shift.

Advancing age is linked to challenging circumstances, such as declining physical health and loss of independence, which are related to negative psychological health. Moreover, psychosocial stressors such as loneliness, loss of loved ones, decreased income, and social changes may increase older adults' mental health problems and decrease their quality of life (QOL) (Shropshire, 2020). Psychological well-being is considered one of the most significant indicators of healthy aging

(Momtaz et al., 2011). Psychological well-being includes predictors such as life satisfaction, self-esteem, and mood (Yun & Sung, 2017). Older adults with higher psychological well-being are more likely to have better health, long life, and good QOL (Kubzansky et al., 2018; Momtaz et al., 2011). However, older adults are at risk of having low psychological well-being. Interventions that enhance older adults' psychological well-being are therefore warranted.

Reminiscence therapy (RT) is one of the most common psychosocial interventions that can promote older adults' well-being. RT is a process using the recall of past memories and the sharing of life experiences to promote older adults' positive feelings and coping strategies (Shropshire, 2020; Woods et al., 2018). The benefit of RT over other therapies is that it can help older adults increase their self-worth and identity through remembering past experiences (Elias et al., 2015). In addition, RT is a low cost and effective intervention that can be used easily to promote cognitive functions, social participation, positive feelings, self-identity, and QOL by the sharing of retrospective past events. RT sessions include stimulating materials such as old songs, pictures, and newspapers to arouse memories (Tam et al., 2021).

Corresponding author: Hassanat Ramadan Abdel-Aziz, Department of Gerontological Nursing, Faculty of Nursing, Zagazig University, Zagazig City, Egypt; email: hrrahman85@yahoo.com

Reminiscence-based interventions have been recommended by numerous studies as an effective strategy to increase older adults' self-esteem and promote their psychological health (Lai et al., 2018; Meléndez-Moral et al., 2015; Musavi et al., 2017; Tam et al., 2021). RT offers an alternative to the usual psychotherapies promoting older adults' mental health, and has been used as an effective psychosocial intervention for over three decades (Elias et al., 2015; Lodha & De Sousa, 2019).

RT is considered a nursing intervention in the US-based nursing intervention classification system (Butcher et al., 2018). In addition, the American Nurses Association supports RT as a standard nursing intervention, and approves of it as an intervention for older adults (Musavi et al., 2017). RT can be performed by a trained nurse. Therefore, it is recommended that nurses and other healthcare professionals take RT training (Cuevas et al., 2020).

In summary, there is theoretical and empirical support for the idea that RT interventions may lead to positive psychological outcomes for older adults. In Egypt, this type of therapy is uncommon and little is known of its efficacy. Therefore, RT was selected for the study both for its benefits, and to encourage more use of this therapy in this country.

Aim

The study aim was to evaluate the effect of group RT as a nursing intervention on the self-esteem and emotional well-being of older adults.

Study hypotheses:

- Hypothesis 1: Group RT increases self-esteem in the reminiscence group.
- Hypothesis 2: Group RT improves emotional well-being in the reminiscence group.

Methods

Design

A quasi-experimental design was used in this study.

Sample

The study was conducted in the geriatric social club in Zagazig City, Egypt. The club receives approximately 300 older adults each year and provides recreational and social services. A purposive sample was selected composed of 50 independent older adults who attend the geriatric club regularly and agreed to participate in the study. Participants were randomly assigned to two groups (25 in the reminiscence group and 25 in the control group). The open EPI software program was used to calculate the sample size based on mean and standard

deviation (SD) of self-esteem in a study by Wu (2011), in which the mean of posttest self-esteem of the intervention group was 26.71 (SD = 2.67) and the posttest self-esteem of the control group was 23.9 (SD = 1.67). Confidence level was 99%, with power of study at 95%.

Data collection

An interview questionnaire was developed by researchers based on a review of the literature, consisting of two parts: part one included questions about older adults' demographic characteristics such as age, gender, marital status, education, and income, while part two included questions about history of chronic diseases and use of medication.

The Self-Esteem Scale was established by Rosenberg (1965) to evaluate self-esteem, and is a frequently used self-esteem indicator in social science studies. It is a validated ten-item instrument answered on a four-point scale (1 – strongly disagree; 2 – disagree; 3 – agree; and 4 – strongly agree). Items 2, 5, 6, 8, 9 are reverse scored. The ten items were totaled, with higher scores indicating higher self-esteem. In this study, Cronbach's alpha for this measure was 0.88.

Emotional well-being was assessed by three scales:

- 1) *The Mental Health Continuum Short Form* (MHC-SF) measures older adults' mental health over the previous month using 14 items on six-point scales: 0 (never), 1 (once or twice a month), 2 (about once a week), 3 (about two or three times a week), 4 (almost every day), and 5 (everyday). The 14 items were totaled, with higher ratings indicating greater levels of mental health (Keyes, 2005). Cronbach's alpha for this scale was 0.83.
- 2) *The Emotion Regulation Questionnaire* (ERQ) is a validated ten-item scale used to measure older adults' propensity to regulate their emotions through Cognitive Reappraisal (CR; six items) and Expressive Suppression (ES; four items) on a seven-point Likert-type scale varying between 1 (strongly disagree) and 7 (strongly agree). The items for each emotion regulation strategy (CR, ES) were totaled, with higher ratings suggesting greater use of strategy (Gross & John, 2003). Cronbach's alpha for this scale was 0.79.
- 3) *The Satisfaction with Life Scale* (SWLS) is a validated five-item scale which asks older adults to rate their life satisfaction level on a seven-point Likert-type scale ranging from 1 (strongly disagree) to 7 (strongly agree). The total score was calculated (ranging from 5 to 35), with higher scores indicating higher life

satisfaction (Diener et al., 1985). Cronbach's alpha for this scale was 0.78.

The study was completed over six months between February 2020 and July 2020. In the week before group RT started, all participants in the reminiscence and control groups individually took the pretest. The researchers read out and explained each item of the data collection tool to older adults and recorded their responses. The administration of the forms took about 40 minutes. Group RT sessions were held once a week with groups of five to six older adults, in 60-min sessions, for a period of ten weeks. The researchers implemented the group RT intervention in accordance with previous research on RT (Cuevas et al., 2020; Meléndez-Moral et al., 2015; Musavi et al., 2017; Stinson, 2009). The following ten sessions were held for older adults in the reminiscence group:

- *Session 1:* Informing participants about the concept of RT, defining the objectives of the group, introducing themselves and facilitating their initial contact.
- *Session 2:* Remembering major events and memories that happened throughout the stages of childhood and adolescence.
- *Session 3:* Remembering favorite games and toys from childhood, discussing preferred toys and home-made toys, and looking at pictures of old toys.
- *Session 4:* Remembering school days, discussing the first day of school, favorite teachers, clothing styles, and looking at pictures of old schools.
- *Session 5:* Remembering favorite holidays, traditions and foods associated with holidays, and remembering songs from the past.
- *Session 6:* Remembering the first date with spouse, discussing weddings and marriage, and memories related to the birth of children and grandchildren.
- *Session 7:* Remembering foods, favorite foods of childhood, favorite foods for festive occasions, and favorite smells.
- *Session 8:* Remembering friends, talking about memories related to friends, and discussing fun times with friends.
- *Session 9:* Remembering older adults' various jobs, and their primary duties, and everyday needs at different times.
- *Session 10:* Closure, inviting participants to talk about their experiences in the group, and sharing any last thoughts about the topics previously discussed.

Sessions started with a brief introduction to the forthcoming activities, followed by various

reminiscence tasks, and finally, an evaluation or review of the session, and comments on the next session. The older adults were encouraged to focus on significant past events in their lives. In addition, old images and songs were used to inspire and renew memories of past accomplishments, as well as to assist older adults in making sense of their lives. Older adults in the control group received no intervention, and only the routine program of the geriatric social club was used. The week after the end of the ten-week group RT sessions, participants took the posttest individually.

Data analysis

The data were analyzed using SPSS version 20 for Windows (SPSS, Chicago, IL). Quantitative data were stated as mean and standard deviations. Qualitative data were stated as definite numbers and percentages. Percentages of categorical variables were compared using Chi-square test or Fisher's exact test, where suitable. An independent samples t-test was used to differentiate between two groups of normally distributed variables. A paired t-test was used for two dependent normally distributed variables. Cronbach alpha coefficient was calculated to assess reliability of the scales in terms of their internal consistency. Statistical significance was considered to be $p < 0.05$.

Results

The sample included 50 older adults (25 in the reminiscence group, 25 in the control group). Table 1 indicates that the mean age of older adults was 69.36 years ($SD = 5.08$) in the reminiscence group and 67.00 years ($SD = 3.78$) in the control group. The majority of the reminiscence group (64%) and the control group (60%) were female. Most of the reminiscence group (88%) and control group (72%) were from urban areas. Just under half of the reminiscence group and 44% of the control group had had a university education. The majority of the reminiscence group (80%) and control group (64%) were no longer working. Most older adults in both groups had chronic diseases and were on regular medication.

In terms of demographic characteristics and medical history, the study results indicated that there were no significant differences in the older adults' demographic characteristics and medical history between groups. Regarding older adults' self-esteem and all emotional well-being dimensions, the study results showed that there were no significant differences in older adults' self-esteem and emotional well-being dimensions between groups at pretest.

Table 1 Older adults' demographic characteristics and medical history in reminiscence and control groups

Items		Reminiscence group (n = 25) n (%)	Control group (n = 25) n (%)	χ^2	*p-value
Age (years)	60 < 70	12 (48)	17 (68)	2.10	0.15 ^a
	70 ≤ 80	13 (52)	8 (32)		
Mean (SD)		69.36 (5.08)	67.00 (3.78)		
Gender	male	9 (36)	10 (40)	0.09	0.77 ^a
	female	16 (64)	15 (60)		
Residence	rural	3 (12)	7 (28)	2.00	0.16 ^a
	urban	22 (88)	18 (72)		
Marital status	married	8 (32)	13 (52)	2.10	0.15 ^a
	unmarried	17 (68)	12 (48)		
Education	primary education	3 (12)	5 (20)	0.59	0.74 ^a
	secondary education	10 (40)	9 (36)		
	university	12 (48)	11 (44)		
Current working	working	5 (20)	9 (36)	1.59	0.21 ^a
	not working	20 (80)	16 (64)		
Living condition	with spouse	8 (32)	12 (48)	2.75	0.25 ^a
	with one of their children	6 (24)	2 (8)		
	alone	11 (44)	11 (44)		
Crowding index	< 1	15 (60)	9 (36)	2.89	0.09 ^a
	1+	10 (40)	16 (64)		
Income	not sufficient	5 (20)	9 (36)	2.74	0.25 ^a
	sufficient	13 (52)	13 (52)		
	sufficient and saving	7 (28)	3 (12)		
Chronic disease	yes	23 (92)	22 (88)	f	0.99 ^b
	no	2 (8)	3 (12)		
Medications	yes	24 (96)	22 (88)	f	0.61 ^b
	no	1 (4)	3 (12)		

* $p < 0.05$; ^aChi square test; ^bFisher's exact test; f – Fisher's exact test

Table 2 indicates that the mean score of self-esteem in the reminiscence group increased from 28.4 (SD = 2.2) in the pretest to 35.1 (SD = 2.1) after intervention. Older adults' self-esteem in posttest differed significantly in the reminiscence group ($p = 0.0001$), which indicates a statistically significant improvement in older adults' self-esteem after group RT. The difference was also significant between the groups at posttest. The difference in self-esteem in the posttest was statistically insignificant in the control group ($p = 0.07$).

The study results showed that there were statistically significant improvements in all emotional well-being dimensions (mental health continuum [MHC], emotion regulation, and satisfaction with life) after group RT ($p = 0.0001$). The differences also were significant between the groups at posttest (Table 3).

Table 3 indicates that the mean score MHC in the reminiscence group increased from 36 (SD = 11.3) in the pretest, to 51.5 (SD = 8.3) in the posttest. The difference of MHC in the posttest differed significantly in the reminiscence group ($p = 0.0001$), which indicates a statistically significant improvement in older adults' MHC after group RT. The difference was also significant between the

groups at posttest. The difference in MHC in the posttest was statistically insignificant in the control group ($p = 0.27$).

Regarding emotion regulation, table 3 indicates that the mean cognitive reappraisal (CR) score in the reminiscence group increased from 25.9 (SD = 7.7) in the pretest, to 34 (SD = 4.4) in the posttest. The difference in CR in the posttest was significant in the reminiscence group ($p = 0.0001$), which indicates a statistically significant improvement in older adults' CR. The difference was also significant between groups at posttest. The difference in CR in the posttest was statistically insignificant in the control group ($p = 0.5$).

Likewise, table 3 reveals statistically significant differences in the expressive suppression (ES) scores in the reminiscence group ($p = 0.0001$). The mean reminiscence group ES score increased from 18.4 (SD = 4.4) in the pretest to 23.5 (SD = 1.3) in the posttest, which indicates a statistically significant improvement in older adults' ES. The difference was also significant between the groups at posttest. The difference in ES in the posttest was statistically insignificant in the control group ($p = 0.33$).

Table 2 Comparison between reminiscence and control groups regarding Self-esteem scale

Items	Reminiscence group (n = 25)		Control group (n = 25)		*p-value ^c	
	pre mean (SD)	post mean (SD)	pre mean (SD)	post mean (SD)	pre	post
Self-esteem Scale score (40)^a	28.4 (2.2)	35.1 (2.1)	29.8 (3)	30.6 (3.6)		
Paired t ^b		21.0 ^b		1.8 ^b	0.051 ^c	0.0001 ^c
*p-value		0.0001		0.07		

*p < 0.05; ^a() maximum score; ^bPaired t-test; ^cindependent t-test

Table 3 Comparison between reminiscence and control groups regarding Mental Health Continuum, Emotion Regulation, and Satisfaction with Life scales

Emotional well-being dimensions	Reminiscence group (n = 25)		Control group (n = 25)		*p-value ^c	
	pre mean (SD)	post mean (SD)	pre mean (SD)	post mean (SD)	pre	post
Mental Health Continuum score (70)^a	36.0 (11.3)	51.5 (8.3)	43.2 (14.2)	44.5 (14.7)	0.12 ^c	0.04 ^c
Paired t ^b		10.9 ^b		1.1 ^b		
*p-value		0.0001		0.27		
Emotion regulation (Cognitive Reappraisal Score) (42)^a	25.9 (7.7)	34.0 (4.4)	29.3 (9.6)	29.5 (9.7)	0.17 ^c	0.042 ^c
Paired t ^b		9.4 ^b		0.68 ^b		
*p-value		0.0001		0.5		
Emotion regulation (Expressive Suppression score) (28)^a	18.4 (4.4)	23.5 (1.3)	17.6 (6.2)	17.7 (6.1)	0.60 ^c	0.0001 ^c
Paired t ^b		7.2 ^b		1.0 ^b		
*p-value		0.0001		0.33		
Satisfaction with Life Scale (35)^a	24.6 (5.4)	29.9 (3.7)	25.5 (5.3)	25.8 (5.5)	0.58 ^c	0.004 ^c
Paired t ^b		10.2 ^b		1.4 ^b		
*p-value		0.0001		0.16		

*p < 0.05; ^a() maximum score; ^bPaired t-test; ^cindependent t-test

Regarding satisfaction with life scale (SWLS), table 3 indicates that the mean score of SWLS in the reminiscence group increased from 24.6 (SD = 5.4) in the pretest, to 29.9 (SD = 3.7) in the posttest. The difference in SWLS in the posttest was significant in the reminiscence group ($p = 0.0001$), which indicates a statistically significant improvement in older adults' SWLS after group RT. The difference was also significant between groups at posttest. The difference in control group SWLS in the posttest was statistically insignificant ($p = 0.16$).

Discussion

Reminiscence-based intervention is a psychological therapy geared to the psychosocial needs of older people. Reminiscence is a method for improving self-acceptance, dispute resolution, encouraging a sense of purpose and personal value, and the integration of current and past experiences (Meléndez-Moral et al., 2015). In the current study, we aimed to test the effect of group RT on the self-esteem and emotional well-being of older adults. The findings supported our hypotheses, since the RT group demonstrated increased self-esteem and improved emotional well-being compared with the control group. The findings of this study provide evidence to support the idea that

RT is an effective and safe nursing intervention for improving older adults' psychological well-being.

In relation to older adults' self-esteem, the result of the study showed that the difference in self-esteem in the posttest was significant within the reminiscence group, which indicates a statistically significant improvement in older adults' self-esteem after group RT. The difference was significant between groups at posttest. Similarly, Tam et al. (2021) reported that reminiscence-based therapy was effective in improving self-esteem of older adults. The studies of Meléndez-Moral et al. (2015) and Wu (2011) also found that integrative reminiscence group therapy resulted in improvement in older adults' self-esteem. On the other hand, the current study results contradicted those of Lai et al. (2018) and Zhou et al. (2012), who reported no improvement in self-esteem after RT.

Regarding older adults' emotional well-being, the study findings revealed statistically significant improvements in all emotional well-being dimensions of the reminiscence group after group RT. During RT sessions, the participants were able to express their feelings, which brought them further peace of mind. The knowledge that everyone had lived a meaningful life filled with happiness and satisfaction made the

participants feel happy and proud of themselves. The participants experienced a process of self-improvement through reminiscence and interactive feedback, enhancing their psychological well-being. In agreement with this result, Tam et al. (2021) reported that reminiscence-based intervention was effective in promoting psychological well-being and improvements in life satisfaction in older adults. This result is consistent with Musavi et al. (2017), who found that group integrative RT significantly affected general mental health. Similarly, a study conducted by Meléndez-Moral et al. (2015) showed that older adults in an integrative reminiscence group made statistically significant improvements in psychological well-being. In addition, more recent reviews have found reminiscence-based therapies to have positive psychological effects in areas such as depressive symptoms, satisfaction with life, QOL, self-esteem, anxiety, and cognitive function (Elias et al., 2015; Shropshire, 2020; Yen & Lin, 2018).

The current study results indicated that the difference in mental health continuum (MHC) in the posttest was significant in the reminiscence group, which indicates a statistically significant improvement in older adults' MHC. The difference was also significant between groups at posttest. This result is consistent with Lai et al. (2018) who stated that life story books have been shown to improve mental well-being in general. Lamers et al. (2015) observed a similar result in their research, which found that an online self-help life assessment intervention was successful in enhancing mental well-being scores as assessed by MCH. According to their findings, the intervention was successful in improving depressive symptoms and mental and psychological well-being.

In relation to satisfaction with life (SWL), the current study results revealed that the mean score of SWL in the reminiscence group increased significantly in relation to the control group in the posttest. The difference was also significant between the two groups at posttest. This might be due to one of the most distinctive aspects of reminiscence is the ability to convert negative events into positive outcomes, which is directly related to life satisfaction. Similarly, a study conducted by El-Gilany and Alam (2018) revealed that the pre-intervention overall median life satisfaction score improved post-intervention. This result is consistent with Ching-Teng et al. (2018), supporting the idea that the structured group reminiscence protocol effectively enhances life satisfaction in older adults.

Similarly, a study carried out by Meléndez-Moral et al. (2013) revealed statistically significant

improvements in life satisfaction. In addition, O'Rourke et al. (2011) reported that satisfaction level increased in the RT group. Moreover, according to a recent report, taking part in a spiritual reminiscence intervention can significantly increase life satisfaction (Wu & Koo, 2016). However, this result is contradicted by a study conducted by Lai et al. (2018) who reported that there was no significant improvement in life satisfaction after using a life story approach. In addition, when comparing a life review group with an education group, Latorre et al. (2015) found no major associated impact on life satisfaction. The reasons why a relatively short-term intervention was able to improve feelings of satisfaction with life in this study require further investigation. Possibly through reexamination of our personal history during reminiscence, we become more realistic in our expectations from life.

Limitation of study

A limitation of this study was the absence of periodic follow-up after the reminiscence therapy. Therefore, the long-term effects of the RT intervention should be examined in future studies.

Conclusion

The study findings revealed that group RT led to statistically significant improvements in reminiscence group self-esteem and all emotional well-being dimensions: i.e., mental health continuum, emotion regulation, and satisfaction with life compared with the control group. Group RT is considered an effective and safe nursing intervention for increasing self-esteem and improving emotional well-being in older adults. Our study provides evidence to support the idea that RT can produce significant psychological improvements in older adults.

Recommendations the study findings suggest that group RT could be an effective nursing intervention to enhance self-esteem and emotional well-being in older adults. It is recommended that group RT be used as a nursing intervention in all geriatric settings and in older adults in the community to promote their psychological health. Further studies are required to examine the long-term outcomes of group RT, and to measure its continuing effects. Finally, more research is needed to determine the effectiveness of RT-based interventions in a wider and more diverse population of older people.

Ethical aspects and conflict of interest

This study was approved by the Scientific Research Ethical Committee at Faculty of Nursing, Zagazig

University (Code: M.D. ZU. NUR / 81). Once the approval was granted to collect study data, researchers visited the study setting and explained the study purpose to older adults and oral consent for participation was obtained. It was emphasized that participation in the study was voluntary, with the right to withdraw at any point during the study. The authors declare that they have no conflict of interests.

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Author contributions

The study concept and design (HRA, HAAA), data analysis and interpretations (HRA, HAAA), manuscript draft (HRA, HAAA), critical revision of the manuscript (HRA, HAAA), article finalization (HRA, HAAA).

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