

Effectiveness of Video Assisted Reminiscence Therapy (VART) on subjective wellbeing of Institutionalized Elderly

Mr. Saneesh. A .Thomas.; Mrs. Hena N.N

M.Phil (Disability Studies) Inter University Centre for Disability Studies Mahatma Gandhi University, Kottayam

Lecturer Inter University Centre for Disability Studies Mahatma Gandhi University, Kottayam.

Abstract: *The study indented to find out the effectiveness of Video assisted Reminiscence Therapy (VART) on subjective well being of the institutionalized elderly. Pre- experimental one group pretest post design was adopted for the study. The sample size of the study consists of 26 institutionalized elderly. Data on subjective well being were collected through standardized tool subjective well being inventory (SUBI) developed by Nagpal and sell (1985) and VART package developed by the investigator. The collected data were analyzed by using frequency, mean, median, standard deviation, paired t test and chi-square test. The subjective well being of the institutionalized elderly was found to be improved significantly after the intervention.*

Key Words: *Video Assisted Reminiscence Therapy, Subjective well being, Institutionalized Elderly.*

I. Introduction

Population ageing is expanding World Wide including developing countries like India. Kerala, one of the states in India, has the largest proportion of elderly population and the growth rate among the aged is increasing higher and higher. Therefore one of the many challenges facing Kerala is the growing elderly population. The percentage of its growth is much faster than the percentage of the overall population itself. Because of the declining birth rate and fewer children in families, there will be lower and lesser people. They have difficulties in taking care of elderly people. Due to the migration old people don't get enough consideration even from the family. Old people face the problem in connection with dual carrier and growing consumerism. All these make the well being of old people a growing challenge of 21th century. A significant aspect of the challenge comprises the socio – economic and psychological status of the aged.

Institutionalization during old age requires tremendous adaptability. Among the main consequences of the difficulty of adapting to the institutional context are prevalent depressive symptoms and low well-being. Human beings need social contact, just as they need physical care (Bowlby, 1952, 1980).

Erikson (1982) described ego- integrity as a positive reminiscence of life. A person will experience ego integrity if they feel their lives were successful, and they can consequently accept their mortality. Telling elderly to look back on their past and letting them know the value of their life can be very beneficial. Attainment of ego integrity is integral to human development and, as such is an essential task for all older people (Guzman et al. 2011)

Reminiscence therapy is one of the advanced psychological treatments that specially designed for the elderly to improve their mental health status by recalling and assessing their existing memory. It is derived from Erikson's (1982) theory of ego development and the theoretical frame work. This theory is composed of eight levels of developmental phases, and it looks up on success of the task of fulfillment of ego integrity in elderly adults. Reminiscence has been shown to have therapeutic value for elderly adults.

Reminiscence therapy makes use of life events by having participants vocally recall episodic memories from their past. It helps provide people with a sense of continuity in terms of their life events. Reminiscence therapy may take place in a group setting, individually, or in pairs depending on the aim of the treatment. It can also be structured or unstructured within these configurations. While the primary aim of this therapy is to strengthen cognitive memory components, a secondary goal may be to encourage either intrapersonal development or interpersonal development. These individual needs will determine whether the therapy is conducted in a group setting or alone with a practitioner. Memories are processed chronologically starting at birth and focusing on major, significant life events. The focus is reflection, not simply recall. Reminiscence therapy may use prompts such as photographs, household items, music and personal recordings.

Objectives of the study:

1. To develop Video assisted Reminiscence Therapy package.
2. To find out the effectiveness of reminiscence therapy on Subjective Well-being of Institutionalized Elderly.
3. To find the association between Subjective Well-being and selected demographic variables such as age, sex, religion, marital status, education status, length of stay and reason for institutionalization.

Hypotheses:

1. Video assisted Reminiscence therapy will increase the subjective well-being of institutionalized elderly.
2. There will be a positive association between the subjective well-being and selected demographic variables.

II. Methodology

Pre-experimental (one group pre-test post-test) design was adopted to determine the Effectiveness of Video Assisted Reminiscence Therapy (VART) on subjective wellbeing of Institutionalized Elderly. The tool used for the study was subjective well being inventory (SUBI) developed by Nagpal and sell (1985) and VART package developed by the investigator. The sampling technique used was non probability purposive sampling. 26 subjects both male and female inmates in old age home. The data was collected in two stages; first the pre-test data was collected. Then the inmates were subjected to structured intervention programme by the investigator. On the seventh day following the intervention the post-test data was collected using the same tool. Data collected from the samples were analyzed by descriptive and inferential statistics.

Analysis and Interpretation of data

The socio-Demographic details of the subjects are given in Table- 1

Table 1: Frequency and percentage distribution of sample characteristics

N=26

Variable	f	%
1. Age		
a. 60-70	11	42.3
b. 71-80	15	57.7
2. Gender		
a. Male	05	19.2
b. Female	21	80.8
3. Religion		
a. Muslim	01	3.8
b. Christian	25	96.2
4. Marital Status		
a. Married	06	23.1
b. Single	10	38.5
c. Others	10	38.5
5. Education		
a. Primary Education	14	53.8
b. High School & above	12	46.2
6. Reason for stay		
a. Neglected from the family	16	61.5
b. No relatives	5	19.2
c. Other reasons	5	19.2

Evaluation of the effectiveness of VART in terms of gain in Subjective well being scores

In order to find significant difference between mean pre-test and post-test subjective well being scores paired 't' test was used.

To test the significance, following hypothesis was stated:

H₀: The posts subjective well being scores are greater than the pre Subjective Well- being scores.

H: There is no significant difference between the pre and post Subjective Well- being scores.

Table 2: Mean, standard deviation of pre-test and post-test Subjective Well-being score

N=26

Subjective well being score	Max. possible score	Min. score obtained	Max. score obtained	Mean	t	df	SD
Pre-test	120	55	97	77.04	11.606*	25	11.417
Post-test	120	69	116	98.19			12.290

*Indicates significant at 1% level

The data presented in Table 2. reveals that there is a significant difference between before and after the Video assisted Reminiscence Therapy. The mean post test Subjective Well-being scores (98.19) was significantly higher than the mean pre-test Subjective Well-being score (77.04).

Table 3: Dimension-wise paired ‘t’ test showing the significant difference between pre-test and post-test Subjective Well- being score

N=26

Dimension	Pre-test			Post-test			Paired ‘t’ value	Significance
	Mean	SD	Mean	SD	Mean	SD		
General well being – positive affect	6.54	1.303	8.42	0.902	10.573		.000	
Expectation – achievement congruence	6.12	1.275	8.12	1.143	8.062		.000	
Confidence in coping	6.42	1.837	8.50	.860	7.354		.000	
Transcendence	6.08	1.742	8.08	1.197	6.814		.000	
Family group support	5.46	1.679	6.77	1.336	5.442		.000	
Social Support	5.38	1.651	7.81	6.223	1.932		.032	
Primary Group Concern	5.15	1.255	6.08	1.197	3.825		.001	
Inadequate mental mastery	13.15	3.585	16.27	3.040	5.057		.000	
Perceived ill health	10.73	3.014	12.73	2.290	5.563		.000	
Deficiency in social contact	5.73	1.564	7.31	1.569	6.669		.000	
General well being- negative affect	6.27	2.051	8.12	1.211	6.325		.000	

The data presented in table 3.shows that the ‘t’ value computed between pre-test Subjective Well-being scores for each dimension is statistically significant. This shows that Video assisted Reminiscence Therapy was effective in all the areas in improving the Subjective Well- being of Institutionalized Elderly.

Association between the pre-test Subjective Well-being score and selected demographic variables

To find the association between the Subjective Well-being score and selected demographic variables, the following hypothesis was formulated and tested using chi-square test.

H₀: There will not be any significant association between pre-test score of Subjective Well- being with selected demographic variables.

H₁: There will be significant association between pre-test score of Subjective Well-being with selected demographic variables.

To test the null hypothesis, the Institutionalized Elderly was classified into three groups based on the scores 40-60, 61-80, 81-120. As the frequency in each cell was more than five, chi-square test was used to find out the association.

Table 4: Association between pre-test Subjective Well-being score and selected demographic variables

N=26

Variable	Pre-test Subjective Well-being score			χ ² value	df	Significance
1. Age in years						
a. 60-70	0	5	6	1.210	2	.546
b. 71-80	2	7	6			
2. Gender						
a. Male	1	2	2	1.760	2	.415
b. Female	1	10	10			
3. Religion						
a. Muslim	0	0	1	1.213	2	.545
b. Christian	2	12	11			
4. Education						
a. Primary Education	2	8	4	4.540	2	.103
b. High School and above	0	4	8			
5. Marital status						
a. Married	0	3	3	6.933	4	.139
b. Single	0	3	7			
c. Others	2	6	2			
6. Reason for stay						
a. Neglected from family	1	8	7	2.681	4	.612
b. No relatives	1	1	3			
c. Other reason	0	3	2			

The data presented in the table 4 shows that the value of the Chi-square statistics was not significant at 5% level. Hence we accept the null hypothesis.

So the study concluded that there was no significant association between pre-test Subjective Well-being score and demographic variables like age, gender, religion, marital status, education and reason for stay.

Major findings of the study

- The subjective well being of the institutionalized elderly was found to be improved significantly after the intervention.
- The result shows that demographic variables have no influence on the subjective wellbeing of the elderly.
- The VART was found to be effective in increasing the subjective well being of the elderly.

III. Conclusion

The study conducted to evolve a new therapeutic intervention to help the elderly to improve their subjective well being and over all mental health. VART package is a highly innovative method to address the issues related to interpersonal and intrapersonal conflicts through active group participation and interactions of the elderly during therapeutic sessions.

Reference

- [1]. Erikson development theory. Retrieved on 15 August, 2014 from [http:// en. Wikipedia. Org/wiki/Eriksson stages of psychosocial development](http://en.wikipedia.org/wiki/Eriksson_stages_of_psychosocial_development).
- [2]. World health organization annual report. Retrived on 14 April 2011 from [http:// www.worldlifeexpectency. Com/ India -life-expectancy](http://www.worldlifeexpectency.com/India-life-expectancy).
- [3]. Sell, H. & Nagpal, R. (1992) assessment of subjective wellbeing. The subjective wellbeing inventory (SUBI). Regional Health paper, SERO, 24. New Delhi: WHO Regional office for South East Asia.