

Original Research

Effect of Life-Review Therapy on Self-Esteem among Elderly with Depression



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Article Info	Abstract
Article history: Received: 22 December 2022 Accepted: 27 January 2023	<i>Introduction:</i> Depression incidence is more common among the elderly who are living in nursing homes compared to the elderly in the community. There is still a limited number of psychological interventions offered to manage depression cases and increase the self-esteem of the older adults. Therefore, this study aimed to investigate the effect of life-review therapy in increasing self-esteem among elderly with depression in the <i>Seksi Kesejahteraan Sosial Lanjut Usia Padu Wau Maumere</i> (Padu Wau Maumere Senior Social Welfare Facility). <i>Methods:</i> This study employed a quasi-experimental design with a one-group pretest-posttest approach. Thirty-six eligible participants were selected using the consecutive sampling technique. Depression level was measured using 15 question items in the Bahasa Indonesia Version of the Short Questionnaire Geriatric Depression Scale (GDS). Ten question items in the Bahasa Indonesia Version of the Rosenberg-Self Esteem Questionnaire were employed to measure the self-esteem level. <i>Results:</i> Wilcoxon statistical test also showed the significant effect of life-review therapy in increasing self-esteem level among depressive elderly people, with the p-value of $0.000 < \alpha (0.05)$, indicating the acceptance of the alternative hypothesis. <i>Conclusion:</i> Findings demonstrated a significant effect of life-review therapy in improving the level of self-esteem among depressive older adults in the Padu Wau Maumere Senior Social Welfare Facility. These findings implied the need for psychosocial therapy intervention development targeting the depressive elderly to improve their self-esteem and quality of life.
Keywords: depression, elderly, self-esteem, life- review therapy	

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INTRODUCTION

Elderhood is a part of the growing phases in human development and the final stage in the human life cycle. Indonesia ranked fifth in terms of the highest number of older age population worldwide. According to BAPPENAS (National Development Planning Board), a total of 36 million older adult population are forecasted in 2025. In 2050, this number will reach 60 million. An increasing number of this older population will greatly impact the provision of health services, as multiple changes in the older population: physical, psychological, social, and cultural would also offer the risk of distinct health issues in physical and psychosocial domains. High stressors and unpleasant life events can lead to the incidence of anxiety, loneliness, and depression among the elderly [1], [2].

Depression in the older adults is one of the serious mental issues experienced by the elderly. In several literature, it also known as a late-life depression. This term implies that depression in the elderly population is often overlooked and not handled properly due to limited knowledge. Depressive conditions can reduce the quality of life and alter the immune system, creating a vulnerable condition to disease and infection. At some points, depressive symptoms also increase the severity of pre-existing comorbidities. In the end, this situation would construct more constraints to fulfill their developmental tasks [3].

The depression rate among the elderly living in a nursing home is higher than the elderly living in the community, with an

estimated number of 11 to 78%. Especially, those with chronic courses and the distressing consequences, such as increased disability, decreased daily function, heart disease, service utilization, and death due to suicide and non-suicide [4]. Older adults living in nursing homes generally perceived a lack of family, social, economic, and health support [5], [6]. Low self-esteem is a clear sign of depression and generally appears as worthlessness, uselessness, diffidence, hopelessness, inferiority, and dishonor feeling. Low self-esteem in the elderly can worsen the depression issues.

Self-esteem is a subjective assessment of one's self-esteem. This judgment includes feeling of self-acceptance and positive attitude toward oneself. A person develops a sense of self-worth as a result of positive and negative experiences in life. The highest increase in self-esteem occurs during childhood and adulthood, reaches a peak around the age of 60-70 years, and then gradually declines. Secure older individual shows a higher level of self-esteem and seems sufficiently cope with psychosocial problems. On the other hand, older individual who is dissatisfied with their lives, have negative past experiences, and lack self-confidence perceives themselves as incompetent individual [7]-[9].

Positive self-esteem also provides a foundation for strong mental development and wellness. Positive self-esteem generates a better capability to deal with emotionally difficult situations. However, low self-esteem would result in withdrawal from social life and activities. In addition, it can be a risk factor for the development of depression,

anxiety, and eating disorders, as well as the inappropriate formation of defense mechanisms, (such as acts of violence, addiction to alcohol or psychoactive drugs). Many factors determine the construction of self-esteem, including decreased physical capacity and mental abilities, increased symptoms due to pre-existing comorbidities, gender, ethnicity, socioeconomic status, social relationship, the loss of a partner, and previous incidents of falling. Other vital elements include respect and attention from loved ones (including family members) and meaning in life [8]–[10].

A preliminary study was conducted on October 14th, 2021, on 59 older adults living in the Padu Wau Maumere Senior Social Welfare Facility. According to the Geriatric Depressions Scale, all elderlies were experiencing mild to moderate levels of depression. Elderlies stated the lacked of support from their family and caregivers in the nursing facility. The unstable economic situation and health support also made their experience worse. A caregiver in the nursing home mentioned several interventions conducted in the facility for the residents, including medical and spiritual therapy (joint prayer activities). The psychological issues have not been properly addressed due to the shortage of workers. This facility only employed a nurse as a medical professional. The rest of the employers were social workers. The proposed intervention was a group remedy as non-pharmacological approach of depression, namely life-review therapy. This therapy brings an individual closer to the realities of life through a reminiscing mechanism about events in the

entire life cycle. This therapy enables an individual to comprehend themselves and consider changing their quality of life. This therapy will reduce depression and improve psychological health [3], [11], [12].

Life-review therapy is considered the safest intervention administered in the older adult population due to the nature of the elderly who are fond to retell their stories from their life experiences, placing this therapy as a appropriate intervention in the older population [13]. Another positive effect of life-review therapy is the increased development of the elderly, referring to Ericson's Theory: achieving better self-integrity and increasing self-esteem [14]. The effectiveness of life-review therapy in reducing depression in the elderly has been documented by several studies. These studies confirmed the positive impact of the life-review therapy in reducing depression among older adults living in nursing homes [6], [13], [15]–[18]. Other studies also mentioned an increase in the wellness status and self-esteem level in a concurrent manner [19]. Narullita also stated a significant relationship between life-review therapy and low self-esteem in the older adult population [20]. Similarly, Ningtyas, Kusumawati, and Saifulah also reported a strong correlation between life-review therapy and low self-esteem in the elderly people [21]. These studies revealed the significant effect of life-review therapy on the self-esteem among older adults. The implementation of life-review therapy in a broad area and population has provided a chance to investigate the effect of the therapy on the older adult population in different locations. However, those studies had several

limitations: all participants were older adults with depression and the unclassified depression level. In addition, most studies did not specifically mention the number of sessions of life-review therapy. We tried to overcome these gaps by setting several exclusion and dropout criteria in the recent study. Older adults diagnosed with major depression, sensory disorder, decreased cognitive function, and Alzheimer's were subsequently excluded from the study. Researchers also terminated the participation of eligible participants who were unable to complete the study and followed the previously determined procedure. These findings highlighted the importance of improving the quality of life among the older adults living in nursing homes. Hence, we were intrigued to investigate the effect of life-review therapy in increasing the self-esteem among elderly with depression in the Padu Wau Maumere Senior Social Welfare Facility.

METHODS

This was an analytic study with a cross-sectional approach. The study population was all 59 individuals in the Padu Wau Maumere Senior Social Welfare Facility. Thirty-six eligible participants were finally selected using the consecutive sampling technique. The Slovin formula was applied to calculate the adequate sample size. Study inclusion criteria included all older adults who experienced depression, had low self-esteem, engaged in conversation effectively, and willing to participate in the study. Older adults diagnosed with major depression, sensory disorder, decreased cognitive function, and

Alzheimer's were subsequently excluded from the study. Researchers also terminated the participation of eligible participants who were unable to complete the study and followed the previously determined procedure.

This study was conducted in 16 days that separated into three phases: pretest (4 days), intervention (8 days), and posttest (4 days). The pretest phase was conducted in four days and aimed to measure the depression and self-esteem levels using the Bahasa Indonesia Version of the Short Questionnaire Geriatric Depression Scale and Bahasa Indonesia Version of Rosenberg Self-Esteem Scale. Participants were equally distributed into six groups in the intervention phase. The life-review therapy was administered in the eight days through four smaller sessions. One session was delivered in two days, 45-60 minutes each. In the first session, participants narrated the life events that occurred during their childhood. On the third to the fourth day, participants were requested to explain life events during their adolescent days (second session). In the third session, the researchers asked the elderly to elaborate their experiences in adulthood. Finally, in the fourth session, participants were instructed to describe their experiences in older age. The fourth session was the final stage in the intervention phase. It concluded all life events and left a pledge to transform in a more positive direction. An evaluation was also done at the end of each session. The posttest phase was subsequently conducted to measure the level of depression and self-esteem after the life-review therapy. This phase was conducted in four days.

Bahasa Indonesia Version of the Short Questionnaire Geriatric Depression Scale (GDS) was applied to measure the level of depression. Three experts were involved in the process of forward-backward translation of the questionnaire. Pearson's item-total score correlation was significant at the 0.05 level, by calculating the Content Validity Index for Item (I-CVI) of 1.00. In terms of its internal consistency, it was found that Cronbach's alpha for the Bahasa Indonesia Version of the GDS questionnaire was 0.80.

The Rosenberg Self-Esteem Scale Instrument was applied to measure the level of self-esteem. Ten question items in the questionnaire have been translated into Bahasa Indonesia. The translation version of the questionnaire has passed the instrument construct validity test using a factor analysis approach in the form of confirmatory factor analysis (CFA). This CFA analysis test was conducted by using LISREL 8.70 software. The statistical analysis found that the questionnaire was valid (significant, $t > 1.96$). This instrument comprised four categories of responses: Strongly Agree (4), Agree (3), Disagree (2), and Strongly Disagree (1) [22]. Data analysis used was the frequency distribution and bivariate analysis of the Wilcoxon Test. The ethical permission for the study has been granted by the Board of Research Ethics of the Faculty of Medicine, the University of Nusa Cendana, Kupang, through

the letter number: 112/UN15.16/KEPK/2021 issued on October, 04th 2021. Permission from the local authorities has been provided by the KESBANGPOL (National Unity Board) of Sikka Regency.

RESULTS

Table 1 shows that most participants were female (72.2%) and classified into the elderly category with the age range of 60-74 years (83.3%). Table 2 reveals the level of depression before the life-review therapy. Most participants (83.3%) were experiencing moderate depression before the therapy. After the intervention, most participants demonstrated a lower level of depression, 72.2% showed no depressive symptoms, and 27.8% experienced a mild depression (Table 3).

Further, Table 4 showed that the level of self-esteem among the participants with depression before the life-review therapy was low (83.3%). An increase in the level of self-esteem was reported after the life-review therapy. A high and normal level of self-esteem were documented among 22% and 16.7% of participants, respectively. Wilcoxon test also confirmed the significant effect of life-review therapy on the self-esteem level among the depressive elderlies, with a p-value of 0.000 and a mean difference between the post and pretest of 2.61 and 1.17, respectively.

Table 1

Participant's Characteristics

	Category	Frequency (f)	Percentage (%)
Gender	Male	10	27.8
	Female	26	72.2
Age	60-74	30	83.3
	75-90	6	16.7

Table 2

Level of depression before life-review therapy

Depression level	Frequency (f)	Percentage (%)
Mild	6	16.7
Moderate	30	83.3

Table 3

Level of depression after life-review therapy

Depression level	Frequency (f)	Percentage (%)
Not Depressed	26	72.2
Mild	10	27.8

Table 4

Level of self-esteem before life-review therapy

Self-esteem level	Frequency (f)	Percentage (%)
Low	30	83.3
Normal	6	16.7

Table 5

Level of self-esteem after life-review therapy

Self esteem	Frequency (f)	Percentage (%)
Normal	14	38.9
High	22	61.1

Table 6

The effect of life-review therapy on self-esteem among elderly with depression

Self-esteem level	n	Mean±SD	p-value
Pretest	36	1.17±0.378	0.000
Posttest	36	2.61±0.494	

DISCUSSION***Level of Self-Esteem Before the Life-Review Therapy***

Measurement was conducted before and after the life-review therapy. Those who were included in the study were experiencing mild to moderate depression, referring to the basic requirements of the life-review therapy. Table 2 shows that most participants demonstrated a moderate level of depression before the life-review therapy (83.3%). Furthermore, participants with depression also showed low self-esteem (30 people; 83.3%). This finding implied that elderlies with depression also demonstrated low self-esteem. This situation was quite common. Typically, older adults encounter multiple issues as they enter older age, both physical and psychological crises. Elderly living in nursing homes is put at a greater risk of depression which in turn has an impact on lower self-esteem. Living in the nursing home are more vulnerable to loneliness, especially with no visitation from their loved ones or lack of support from their friends and caregivers at the nursing home [5]. Several studies have shown that the highest prevalence of depression occurred at the age > 60 years [23], [24].

Studies concerning self-esteem in the elderly population mentioned that a sense of

self-worth is the result of positive and negative experiences in life. Secure elderly individual shows a higher level of self-esteem and seems sufficiently cope with psychosocial problems. On the other hand, elderly individual who is dissatisfied with their lives, have negative past experiences, and lack self-confidence perceives themselves as incompetent individual [7], [9].

Low self-esteem leads to withdrawal from social life and new activities. In addition, it can be a risk factor for depression and the improper formation of defense mechanisms, such as violence. Many elements determine self-esteem formation, including decreased physical capacity and mental abilities, increased symptoms due to co-morbidities, gender, ethnicity, socioeconomic status, social relationships, the loss of a partner, and previous incidents of falling. Other vital elements include respect and attention from loved ones (including family members), and meaning in life [8], [9].

Most of the older adults who were living in the Padu Wau Maumere Senior Social Welfare Facility stated that they were not voluntarily willing to live in the nursing home. They mentioned the feeling of being abandoned, thrown away, or no longer wanted by their family after being put in the facility. Several issues may push their family to put the elderly in a nursing home. Most of

them were unable to take care of the elderly adequately. Stemming from these backgrounds, participants stated the feeling of hopelessness, loneliness, and isolation. Eventually, they would start to withdraw themselves from real life. These feelings were clear signs of depression in the older adult population. Due to the limited human resources availability, the facility only organized spiritual-based activities to cope with these issues.

The Level of Self-Esteem After the Life-Review Therapy

Measurement was also conducted on the level of depression and self-esteem after the life-review therapy. These results are presented in Table 3. Most participants demonstrated no depressive symptoms after the intervention (72.2%). Table 5 also shows that most participants were experiencing high-level self-esteem (61.1%). In addition, Table 6 also reveals a significant increase in the mean value after the life-review therapy, from a total of 2.61 (SD:0.494). Further, the Wilcoxon test obtained a p-value of 0.000, more than α (0.05) that implied the significant effect of life-review therapy in increasing the self-esteem among depressive elderly in the Padu Wau Maumere Senior Social Welfare Facility.

Life-review therapy aims to prevent and reduce depression, increase self-esteem and improve quality of life. This therapy provides a chance to narrate and retell the life experiences both the pleasant and sad ones, during their entire life phases: childhood, adolescence, and older age. By telling their personal stories, older adults are expected to

express all their hidden emotions and find a proper space to show their genuine feelings. Through reminiscing the old days, they could rediscover positive things about themselves that may promote their confidence, thereby increasing their self-esteem. By slowly constructing positive emotions in themselves, they could gradually return to daily activities with high enthusiasm, actively participating in various activities at the facilities and improving their quality of life. This goal could be achieved through four sessions in the life-review therapy. In each session, they were requested to tell their entire life experiences, from childhood to older age. They were also asked to think about the positive values from each period of life which will be used as the source of coping.

Life-review therapy have been broadly applied as an effective non-pharmacological therapy to reduce or prevent depression in the elderly [25]. This finding was in line with studies conducted by [20], [21], [25]–[27]. Previous studies mentioned the substantial effect of life-review therapy on the self-esteem of the older adults. The positive impacts of life-review therapy on the older adults have been extensively documented, which included the eagerness to tell stories, readiness to express their genuine feelings, and enthusiasm to involve or interact with friends in a group. In the therapy sessions, they were also asked to think about the positive values from each period of life, which will be used as a coping mechanism to deal with changes or issues encountered in older age.

LIMITATION

Participants were confined only to one location in the study. Further, this study only used one intervention group with no control. Thus, future studies are suggested to employ a case-control study design or use two study groups, the intervention and the control group, to improve the quality of the study.

CONCLUSION

Most participants had low self-esteem before the life-review therapy (83.3%). However, after the therapy, most participants experienced an increase in self-esteem in the high self-esteem category (22%). Wilcoxon test also confirmed the effect of the life-review therapy among the depressive participants (p -value=0.000) with the post and pretest mean values of 2.61 and 1.17, respectively.

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CONFLICT OF INTEREST

Authors declared no conflict of interest to disclose in the work of this manuscript.

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