

## **Reminiscence Counselling Therapy and Loneliness Behaviors among Older Adults in Sokoto Central Constituency, Sokoto State, Nigeria**

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### **Abstract**

*The study investigated on the effectiveness of Reminiscence Counselling Therapy (RCT) in reducing loneliness behaviour among female older adult population in Sokoto Central constituency, Sokoto State. The study used quasi-experimental of pre-test and post-test design. The population of the study consist of the all-female older adults affected with loneliness disorder in Sokoto Central Constituency. The sample size of 40 older adult participants were purposively selected to form Experimental /Treatment Group. Participants received reminiscence therapy session ones in each week for 12 weeks. Each therapy session lasted for 80 minutes in length. Two instruments were used for data collection during pre-test and post-test assessment period. Each participant completed the instruments before and immediately after the intervention. The data obtained from pre-test and post-test result with the help of research instruments were compared to determine the effectiveness level and indeed the differences in quality of life of older adult before and after the reminiscence counselling intervention. Paired sample t-test was used to test the formulated hypotheses with the help of Statistical Package for Social Science (SPSS) Version 20. The findings of the study, revealed that, the act of loneliness of the respondents significantly reduced after they were exposed to Reminiscence counselling Therapy (RCT). Therefore, RCT counselling should be used in managing female older adults with behavior disorder of loneliness. The findings further revealed that RCT proved to be effective among female older adults in Sokoto central constituency. The counselling intervention finally, revealed that Reminiscence counselling Therapy (RCT) helps in improving the quality of life of the female older adult.*

**Keywords:** Reminiscence therapy & Loneliness Behaviour

### **Introduction**

Ageing is a process that begins with conception practically, although ageing is associate with phase in life when body functioning begins to decline and characterizes by loss of adaptive responses to life stressors as well as higher level of vulnerability to risk in term of age-related diseases. The mental disorders of elderly people, especially the high incidence of geriatric anxiety, loneliness emotional blame and depression, has become an issue of increasing concern due to the rapid population growth rate of the older adult. Ageing is an unavoidable reality of life which takes place at different dimensions, such as social, behavioural, psychological morphological and otherwise. In addition to physical

challenges, mental disorder is the commonest problem surrounding the period. The identified problems associates with old age are; feelings of loneliness, feelings of unwantedness, feeling of inadequacy, obsolescence of skill and at severe stage dementia of various degree. These directly or indirectly affect the quality and quantity of the cognitive functioning of the aged individual. Quality of life is about needs and the satisfaction of one's needs values and preferences, which naturally change with the development of a human personality (Čevela R, Kalvach Z, Čeledová L. Sociální ,2013).

The WHO reports further stated that by 2050, 80 percent of those aged 60 and over will be residing in low-and-middle-income countries where there is limited access to geriatric care and support such as adequate facilities and trained personnel (World Health Organization, 2019). Moreover, a recent study indicated that 60% and 66% of older adults with mild level of dementia exhibit behavioral disorders like Loneliness behaviors and aggressive behaviors respectively (Imtiaz, Khan, & Seelye, 2018). The severity of dementia may affect interpersonal relations and working ability, increasing care-related difficulties. Dementia is the main cause of disability in older adults and of being unable to live independently.

Loneliness is the most common cause of elderly mentally unbalanced states such as depression and intense despair, which is unpleasant, negative, frustrating, and painful personal experience, which caused bored, useless, depression, anxiety in person (Hsieh & Wang, 2003). The findings indicate that loneliness is not synonymous with living alone (Kunz & Soltys 2007). Loneliness occurs when an important and meaningful social interaction in terms of quantity or quality is diminished with aging. Experts believe that any attempt to eliminate feelings of loneliness among elderly may result to psychological barrier against complex problems and such can improve their self-esteem (Hao, 2008).

Furthermore, successful treatment of loneliness may enhance general health which also improve social interaction among the elderly. Understanding of loneliness from perspective of old people can enhance the ability of providers of health and rehabilitation to check prevention and care interventions about this phenomenon (Kawamoto, Yoshida & Oka, 2005). One of the interventions that promote quality of mental health among elderly and reduce their loneliness is reminiscence of group counselling therapy. Treatment through reminiscence includes intervention situation which is often used for elderly as a reminder of events, thoughts, and feelings of the past in order to create and facilities sense of fun and enhance quality of life or cope with current situation. Reminiscence therapy reduces social isolation and loneliness and improves cognitive performance, self-esteem, life satisfaction and self-worth levels. Sharing memories with others and reminiscence help people to attain their integrity (Hsieh & Wang, 2003). It may also be a tool for individual matching with unpleasant past (Burnside, 1995). In addition, reminiscence increases elderly attention to themselves and helps them in coping with conflicts and absence of this period, (Jones, 2003), reconstruction of life stories and evaluations of positive and negative experiences Bryant, Smart & King, 2005).

The roles of reminiscence for elderly individuals include: Promoting self-understanding, preservation of individual and collective memories, overcoming physical and world limitations, creating opportunities for understanding human law and strengthening coping strategies by minimizing rate of loneliness (Chiang, 2009). It is again this background that the study ascertained the effectiveness of reminiscence counselling therapy in reducing loneliness behaviour among female older adult population in Sokoto Central constituency, Sokoto State.

### **Objective of the study**

- i. To identify the effectiveness of Reminiscence Counselling Therapy (RCT) on the treatment of loneliness among Female older adult with dementia in Sokoto Central constituency, Sokoto State
- ii. To determine the effectiveness of Reminiscence Counselling (RCT) therapy on improving quality of life among elderly with dementia in Sokoto Central constituency, Sokoto State.

### **Research Hypotheses**

**HO<sub>2</sub>** There is no significant effect of Reminiscence Therapy (RCT) in treatment of loneliness among female Older Adult in Sokoto Central constituency, Sokoto State

**HO<sub>3</sub>** There is no significant effect of Reminiscence Counselling (RCT) therapy in improving quality of life of elderly in Sokoto Central constituency, Sokoto State

### **Methodology**

The study adopted Quantitative approach of Quasi- experimental two groups of one pre-test and post-test and control group design. Elderly with dementia residing at selected districts within Sokoto Central Constituency were the target population of the study. A sample size of 40 of participants with mild dementia were purposively selected to represent the entire population. Two instruments were used these are;

- Simplified Questionnaire for Early Detection of Dementia (SQEDD), designed by (Yoshimasa et al, 2016).
- The revised UCLA Loneliness Scale by; (Russell, Peplau., & Cutrona, 1980)

### **Research Therapeutic Process**

The study used three groups: Experimental /Treatment Group and the control group. Participants in Experimental Group 1 will receive reminiscence therapy. Participants in the comparison group will engage in normal activities. Participants in the experimental groups that will receive reminiscence therapy session appears ones in each week for 14 weeks. Each therapy session will last for 120 minutes in length. Each participant

completed the instruments immediately before the intervention and 1 and 6 weeks after completion of the intervention.

The researchers and the therapy specialist developed the action plan for all of the therapy sessions before the first therapy sessions began. The week-by-week activity plan included the main theme, objectives, description of the activities, and materials needed. Each therapy session lasted for 50 minutes, which included getting everyone seated (5 minutes), a warm-up exercise (5 minutes), a main theme activity (35 minutes), and a closing activity (5 minutes). Example of warm-up activities included choosing background music for the day, greeting and passing name tags to other participants, doing light stretching exercise, sharing snacks, and introducing the main theme for the current day's session. Participants differed in terms of cognitive impairments. Active and silent older adults were placed together so that the active older adults-initiated interaction with the therapist, providing other participants with opportunities to imitate and learn. Each older adult introduced herself or himself, which improved their verbal greeting and interaction skills. Each activity was guided by a specialist who had received training in reminiscence therapy and occurred in the activity rooms of the dementia care centers included in the study.

**Table 1:** Descriptions of Weekly Reminiscence Therapy

<b>Week</b>	<b>Main Theme</b>	<b>Learning Objective</b>	<b>Resources Used</b>
1	Pretest assessment period	Identify the baseline level of behaviours	Questionnaires
2	Personal preferences	(a) Introducing each other (b) Establishing ground rules for weekly activities (c) Sharing things, they like and dislike (d) Assessing participant's ability for abstract thinking and communicating in a group setting	Marker pens, group calendar, picture cards for foods, clothes, houses, transportations, animals
3	Hometown	(a) Learning each other's birthplace (b) Listening and sharing special things about everyone's hometown	Maps, tour guides, computer, Internet access, projector
4	Foods	(a) Learning each other's favorite snacks or dishes they eat as a child (b) Tasting some snacks and dishes from the past	Rice tea, rice cake, sesame paste, maltose candy, computer, Internet access, projector
5	Works	(a) Learning each other's job or work they did when they were young (b) Sharing special things about everyone's former work or job	Job picture cards, computer, Internet access, protector
6	Daily routines	(a) Learning each other's daily routines or chores to do when they were young (b) Sharing the differences between the past and present daily routines	Comparative pictures of the past and the present, computer, Internet access, projector
7	Friendship	(a) Connecting with friends (b) Sharing stories about them and their old friends	Pictures of group activities and social activities, computer, Internet access, projector
8	Songs	(a) Learning each other's favorite old songs	CD and cassette players, speakers,

Reminiscence Counselling Therapy and Loneliness Behaviors among Older Adults in Sokoto Central Constituency, Sokoto State, Nigeria

		(b) Sharing the meaning of their favorite songs (c) Assessing the participant's hearing ability	music sheets, computer, Internet access, projector
9	Loves and affections	a) Learning each other's romantic or love stories when they were young (b) Sharing the ways they maintain a healthy relationship with others	Pictures of romantic themes, computer, Internet access, projector
10	Travel	(a) Learning each other's favorite place to travel (b) Sharing what makes their favorite place unique to them	Maps, tour guides, pictures, computer, Internet access projector
11	Memories	(a) Viewing pictures from this group therapy (b) Sharing their most memorable moment (c) Concluding the reminiscence therapy program	Pictures from this group therapy, computer, Internet access, projector
12	Games	(a) Learning each other's favorite games to play as a child (b) Introducing and sharing special things about everyone's favorite games	Games from the past, computer, Internet access, projector
13	Evaluation	Highlight of main activities carried out	Pictures of group activities and social activities, computer, music CDs, Internet access, projector
14	Post-test assessment period	Measure the effectiveness level	Questionnaires

**Results**

**HO<sub>2</sub>** There is no significant effect of Reminiscence Therapy (RCT) in treatment of loneliness among female Older Adult in Sokoto Central constituency, Sokoto State

**Table 2:** Reminiscence Counselling Therapy among Female Older Adult

Variables	Mean	Std. Deviation	t-Cal	p-Value	df	Decision
RT Pre / RT Pos	-2.04750	1.08573	-8.434	.000	19	Rejected

p < 0.05

Table 2 above shows the paired Sample t-test result of (M = -204750, SD = 1.08573, t = -8 434, df. 19 and p-Value =000). Thus, the respondents' loneliness level reduced as a result of Reminiscence Counselling Therapy (RCT) intervention received. Because the realized p-Value is less than .05 level of significance. This showed that there is significant reduction of loneliness among the respondents due to counselling intervention. Therefore, the **HO<sub>1</sub>** which stated that, there is no significant effect of Reminiscence Counselling Therapy (RCT) in the treatment of loneliness among female older adult in Sokoto Central constituency, Sokoto State is hereby rejected.

**HO<sub>3</sub>** There is no significant effect of Reminiscence Counselling therapy (RCT) in improving quality of life Quality of elderly in Sokoto Central constituency, Sokoto State

**Table 3:** Reminiscence and of Life of Elderly

Variables	Mean	Std. Deviation	t-Cal	p-Value	df	Decision
QL Pre / QL Pos	-2.82830	21233	-59570	.000	19	Rejected

p< 0.05

Table 3 above shows the paired Sample t-test result of (M = -2 82830, SD = 21233,  $t = -59570$ ,  $df. 19$  and  $p\text{-Value} = 000$ ). Thus, the respondents’ quality of life (QL) improved as a result of Reminiscence Counselling Therapy (RCT) intervention received. Because the realized  $p\text{-Value}$  is less than .05 level of significance. This showed that there is significant improvement in quality of life among the respondents due to reminiscence counselling intervention. Therefore, the **HO<sub>1</sub>** which stated that, there is no significant effect of Reminiscence Counselling Therapy (RCT) in improving quality of life among the older adult in Sokoto Central constituency, Sokoto State is hereby rejected.

### Discussion

The finding of hypothesis number one and two revealed that there is significant effect of RCT in the treatment of loneliness after comparing the mean scores of pre-test and post-test among the older adult in Sokoto Central constituency, Sokoto State . The null hypothesis was rejected on the ground that the p-value of .000 is less than 0.05 level of significance. This clearly indicates that there is significant effect of reminiscence counselling therapy in the treatment of loneliness among the older adult in Sokoto Central constituency.

This finding concord with Zhou (2011) looked at 125 older adults living in eight randomly selected communities in Changsha city, divided into experimental and control groups. The former received six weeks of reminiscence therapy on the topics of self-introduction, recalling old songs, sharing old photos, recalling happy moments growing up, recalling lifetime achievements, and future expectations. The topics chosen deliberately respected the cultural background of the elderly involved. After this their mental health was assessed using three measures: Geriatric Depression Scale, Self-Esteem Scale and the Affect Balance Scale. The study found that reminiscence therapy significantly reduced the symptoms of depression and improved affect balance; however, there was no difference in the self-esteem of the experimental and control groups.

The finding also concurs with the research conducted by Meléndez-Moral, Charco-Ruiz, Mayordomo-Rodriguez, and Sales-Galan , (2013) on the extent of integrative reminiscence intervention effect using a quasi-experimental design with pre-test and post-test and control group of patients on the waiting list with 34 healthy elderly people attending eight sessions found that in comparison to the control group ,the intervention group demonstrated a statistically significant reduction in depression symptoms and a significant improvement in self-esteem, integrity, life satisfaction, and psychological well-being.

However, the finding of the third hypothesis which reveals significant improvement in quality of life among the respondents due to reminiscence counselling intervention concurs with recent study by Lök, Bademli, and Selçuk-Tosun (2018) found positive effects of reminiscence therapy on reducing depression symptoms and on increasing quality of life in older patients with dementia. It's also in line with Antony, (2005) research conducted which assess the quality of life before and after laughter therapy in old age homes 30 samples were selected Quality of Life (QOL) tool was used. Intervention Laughter therapy was given for a week. After the intervention there was significant difference in quality of life. Statistical significance in all domains. Findings suggested that reminiscence therapy was effective for old age people.

### **Conclusion**

Based on the findings of the study, the act of loneliness of the respondents significantly reduced after they were exposed to Reminiscence counselling Therapy (RCT). Therefore, RCT counselling is useful in managing female older adults with loneliness behavior. The findings further revealed that RCT proved to be effective among female older adults in Sokoto central constituency. The counselling intervention finally, revealed that Reminiscence counselling Therapy (RCT) helps in improving the quality of life of the older adult.

### **Recommendations**

1. RCT interventions should be used by counsellors and other social workers in managing female older adults with loneliness in Sokoto Central Constituency and beyond.
2. RCT interventions should also be used by counsellors and other social workers in improving quality of life of the older adults in Sokoto Central Constituency and beyond.

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