

# The Effect of Reminiscence Therapy on Stress, Anxiety and Depression Levels in The Elderly

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## INTRODUCTION

According to the Indonesian Law No. 13 of 1998, an elderly person is defined as someone who is 60 years old or older. There are various terms used to refer to individuals who have reached old age, one of which is "elderly". The elderly can be divided into three groups based on age: elderly aged 60-69 years, elderly in the age range of 70-79 years, and elderly who are over 80 years old. Over time, the number of elderly people continues to increase. From 1971 to 2020, the percentage of elderly in Indonesia has doubled,

reaching 9.92% (Central Agency of Statistics, 2020). The increasing number of elderly individuals, without adequate attention from various parties, will certainly lead to issues related to elderly health. Aging becomes a phase in the journey that lasts throughout human life, and it is also marked by physical and psychological changes that decline. The elderly need to adjust to various physical, mental, and social changes (Rahman, 2016). Physical and psychological decline in the elderly is one of the causes of stress. Stress in the elderly

## Abstract

**Objective:** This study aims to determine the effect of reminiscence therapy on stress, anxiety, and depression levels in the elderly, focusing on its potential to enhance emotional well-being and psychological resilience.

**Method:** This research used a quasi-experimental design with a one-group pre-post design approach, involving 30 elderly respondents. Inclusion criteria were elderly individuals who could still interact and communicate. The instrument used was the Depression Anxiety Stress Scales (DASS-42) questionnaire, with analysis conducted using the Wilcoxon Signed Ranks Test and Paired Sample T-test.

**Results:** The study was conducted on 30 elderly individuals at the Tresna Werdha Budi Pertiwi Social Home and the Titian Benteng Gading Elderly Foundation. The results showed that all the respondents were female (100%), and majority were widowed (80%). The most common reasons for entering the home are personal desire and family decision (40%). The most common health condition was hypertension (45%). Bivariate analysis showed the average stress level score from 18.03 decreased to 14.60, anxiety from 12.57 decreased to 8.53, and depression from 20.00 to 12.09, with a p-value of <0.05

**Conclusion:** Reminiscence therapy has a significant effect on the levels of stress, anxiety, and depression in the elderly, promoting emotional well-being, enhancing self-esteem, and fostering a sense of social connectedness and purpose.

**Keywords:** Stress, Anxiety, Depression, Reminiscence Therapy, Elderly

can be interpreted as a pressure that arises due to stress-triggering factors in the form of modifications that require adjustment from the elderly individual. Not only the level of stress, but also the anxiety experienced by the elderly in Indonesia has seen a significant increase. Anxiety can also be experienced by young and middle-aged adults, but it is currently more commonly experienced by elderly individuals aged 60 and above (Arifiati and Wahyuni, 2019). Stress, anxiety, and a decline in the ability to adapt to changes are often triggering factors that can lead to depression among the elderly. Elderly residents in nursing homes have different life backgrounds and reasons for being there. Each individual faces unique stressors related to their background, reasons, and current condition, and the impact of these stressors varies depending on individual factors (Carolin, 2019). Research by Hanaz et al. (2021) in Pratama et al. (2023) found that anxiety levels in the elderly are influenced by family support. Elderly individuals in nursing homes who do not receive visits from their families may experience significant anxiety. Depression in these individuals can also be caused by a lack of attention from their families, loss of jobs in daily routines, as well as a decrease in income. Stress, anxiety, and depression can be managed through both pharmacological and non-pharmacological therapies (Wiyani et al., 2019). Non-pharmacological therapies such as music therapy, spiritual therapy, relaxation techniques, and cognitive-behavioral therapy, including reminiscence therapy, can be applied. Reminiscence therapy is a psychological method aimed at improving the mental well-being of the elderly (Kartika and Mardalinda, 2017). Through this therapy, the elderly are encouraged to reflect on their life journey, re-evaluate their life, resolve past conflicts, find meaning in life, and assess the most appropriate coping strategies. Reminiscence therapy has the advantage of eliciting positive feelings and emotions in the elderly (Hidayatullah et al., 2021). This therapy is beneficial because it can be carried out anytime, by anyone, without time constraints. It

is a safe option for the elderly, cost-effective, and does not result in negative impacts or serious side effects.

## **METHODS**

### **Study design**

The research design used in this study is a quasi-experimental design with a "pre-post-test with one group" approach and a quantitative methodology. The location of this study was at the Tresna Werdha Budi Pertiwi Social Home and the Titian Benteng Gading Elderly Foundation, and the research was conducted from December 18 to 29, 2023.

### **Population and sample**

The population in this study consists of elderly individuals residing at the Tresna Werdha Budi Pertiwi Social Home and the Titian Benteng Gading Elderly Foundation. The sample in this study consisted of 30 elderly individuals from the Tresna Werdha Budi Pertiwi Social Home and the Titian Benteng Gading Elderly Foundation, selected using total sampling. The inclusion criteria were elderly individuals who could still interact and communicate. The exclusion criteria were elderly individuals in unstable conditions, such as being hospitalized, and those who were uncooperative. The exclusion criteria were elderly individuals in unstable conditions, such as being hospitalized, and those who were uncooperative.

### **Instrument**

The Depression Anxiety Stress Scales (DASS-42) is a widely used psychological assessment tool designed to measure the levels of depression, anxiety, and stress in individuals. It consists of 42 statements, which are divided into three subscales: Depression (14 items), Anxiety (14 items), and Stress (14 items). Each statement is rated based on how much the individual has experienced the symptoms during the past week. The response scale used for each item is a 4-point Likert scale from 0 = Did not apply to me at all to 3 = Applied to me very much, or most of the time. The total score is derived by adding the scores for all three subscales, which gives a comprehensive

measure of depression, anxiety, and stress. The severity ratings for each subscale are as follows:

**Depression:**

- Normal: 0–9
- Mild: 10–13
- Moderate: 14–20
- Severe: 21–27
- Extremely Severe: 28+

**Anxiety:**

- Normal: 0–7
- Mild: 8–9
- Moderate: 10–14
- Severe: 15–19
- Extremely Severe: 20+

**Stress:**

- Normal: 0–14
- Mild: 15–18
- Moderate: 19–25
- Severe: 26–33
- Extremely Severe: 34+

The DASS-42 has been extensively validated across various populations and research settings. In terms of reliability, the DASS-42 has shown high internal consistency. The Cronbach’s alpha coefficients for the three subscales (Depression, Anxiety, and Stress) are generally reported to be above 0.80.

**Procedure**

The intervention provided was reminiscence

therapy, conducted in three sessions associated with childhood, adolescence, and adulthood (Cahyono et al., 2021; Kartika, 2019). Reminiscence therapy was administered over two weeks with four interventions, each lasting a minimum of 30-35 minutes per session.

**RESULTS**

Table 1 Demographic Characteristics of Respondents' Age (n=30)

	Total (n=30)	Tresna Werdha Budi Pertiwi Social Home (n=20)	Titian Benteng Gading Elderly Foundation (n=10)
Age (Mean Score (±SD) Range)	75.6 (±SD 8.46) 61-96	77.6 (±SD 8.27) 61 - 96	71.6 (±SD 6.84) 63-84

Based on Table 1, the study results show that in the Tresna Werdha Budi Pertiwi Social Home, the youngest respondent is 61 years old and the oldest is 96, with an average age of 77.6 (±SD 8.27). In the Titian Benteng Gading Elderly Foundation, the youngest is 63 and the oldest is 84, with an average age of 71.6 (±SD 6.84).

**Table 2 Demographic Characteristics of Respondents (n=30)**

Characteristic	Tresna Werdha Budi Pertiwi Social Home (n=20)	Titian Benteng Gading Elderly Foundation (n=10)	Total (n=30)
Gender			
Male	0 (0%)	6 (60%)	6 (20%)
Female	20 (100%)	4 (40%)	24 (80%)
Education			
No School	8 (40%)	1 (10%)	9 (30%)
Elementary School	6 (30%)	2 (20%)	8 (26.7%)
Junior High School	2 (10%)	2 (20%)	4 (13.3%)
Senior High School	3 (15%)	3 (30%)	6 (20%)
Diploma/ Bachelor	1 (5%)	2 (20%)	3 (10%)
Marital Status			
Single	4 (20%)	3 (30%)	7 (23.3%)

<b>Characteristic</b>	<b>Tresna WerdhaBudi Pertwi Social Home (n=20)</b>	<b>Titian Benteng Gading Elderly Foundation (n=10)</b>	<b>Total (n=30)</b>
Married	0 (0%)	2 (20%)	2 (6.7%)
Widowed/ Divorced	16 (80%)	5 (50%)	21 (70%)
<b>Length of Stay in the Home</b>			
<1 year	7 (35%)	2 (20%)	9 (30%)
1-5 years	6 (30%)	8 (80%)	14 (46.7%)
≥5 years	7 (35%)	0 (0%)	7 (23.3%)
<b>Reason for Entering the Home</b>			
Own decision	8 (40%)	2 (20%)	10 (33.3%)
Family decision	8 (40%)	8 (80%)	16 (53.3%)
Living alone	4 (20%)	0 (0%)	4 (13.3%)
<b>Medical History</b>			
Hypertension	9 (45%)	6 (60%)	15 (50%)
Heart disease	1 (5%)	0 (0%)	1 (3.3%)
Asthma	0 (0%)	1 (10%)	1 (3.3%)
Diabetes	0 (0%)	1 (10%)	1 (3.3%)
Gout	3 (15%)	0 (0%)	3 (10%)
Cancer	1 (5%)	1 (10%)	2 (6.7%)
Other	2 (10%)	1 (10%)	3 (10%)
No illness	4 (20%)	1 (10%)	5 (16.7%)
<b>Treatment History</b>			
Yes	11 (55%)	8 (80%)	19 (63.3%)
No	9 (45%)	2 (20%)	11 (36.7%)
<b>Previous Occupation</b>			
Entrepreneur	4 (20%)	2 (20%)	6 (20%)
PrivateEmployee	3 (15%)	3 (30%)	6 (20%)
Laborer	4 (20%)	1 (10%)	5 (16.7%)
Housewife (Not working)	9 (45%)	4 (40%)	13 (43.3%)
<b>Has Family</b>			
Yes	14 (70%)	10 (100%)	24 (80%)
No	6 (30%)	0 (0%)	6 (20%)
<b>Family Visits</b>			
Never	14 (70%)	2 (20%)	16 (53.3%)
Occasionally	3 (15%)	7 (70%)	10 (33.3%)
Frequently	3 (15%)	1 (10%)	4 (13.3%)
<b>Communication with Family</b>			
Never	12 (60%)	2 (20%)	14 (46.7%)
Occasionally	4 (20%)	3 (30%)	7 (23.3%)
Frequently	4 (20%)	5 (50%)	9 (30%)

Based on Table 2, in the Tresna Werdha Budi Pertwi Social Home, all respondents were female (100%). The most common education level is no schooling (40%), the majority are

widowed (80%), and the length of stay in the home is most commonly less than 1 year and over 5 years (each 35%). The most common reasons for entering the home are personal

desire and family decision (both 40%). The most common health condition is hypertension (45%), the majority have a history of medical treatment (55%), the most common previous occupation is housewife (45%), and most respondents have families (70%) but are rarely visited (70%) and do not communicate with their families (60%). In the Titian Benteng Gading Elderly Foundation, 60% of respondents are female and 40% male. The most common education level is high school (30%), the

majority are widowed (50%), and the length of stay in the home is most commonly 1-5 years (80%). The most common reason for entering the home is family decision (80%). The most common health condition is hypertension (60%), the majority have a history of medical treatment (80%), the most common previous occupation is housewife (40%), all respondents have families (100%), families visit occasionally (70%), and most frequently communicate with their families (50%).

**Table 3 Overview of Stress, Anxiety, and Depression Levels in the Elderly**

Variable	Pre test		Post test	
	F (%)		F (%)	
	Tresna Werdha Budi Pertiwi Social Home (n=20)	Titian Benteng Gading Elderly Foundation (n=10)	Tresna Werdha Budi Pertiwi Social Home (n=20)	Titian Benteng Gading Elderly Foundation (n=10)
<b>Stress (Mean<sup>a</sup>)</b>	15.45	15.60		
Normal	-	6 (60%)	10 (50%)	5 (50%)
Light	14 (70%)	40 (40%)	7 (35%)	4 (40%)
Moderate	5 (25%)	-	3 (15%)	1 (10%)
Heavy	1 (5%)	-	-	-
Very heavy	-	-	-	-
<b>Anxiety (Mean<sup>a</sup>)</b>	16.23	14.05		
Normal	-	-	8 (40%)	4 (40%)
Light	7 (35%)	3 (30%)	4 (20%)	4 (40%)
Moderate	7 (35%)	6 (60%)	7 (35%)	2 (20%)
Heavy	2 (10%)	1 (10%)	1 (5%)	-
Very heavy	4 (20%)	-	-	-
<b>Depression (Mean<sup>b</sup>)</b>	17.60	24.80		
Normal	-	-	6 (30%)	-
Light	6 (30%)	-	10 (50%)	2 (20%)
Moderate	8 (40%)	4 (40%)	3 (15%)	7 (70%)
Heavy	4 (20%)	3 (30%)	1 (5%)	1 (10%)
Very heavy	2 (10%)	3 (30%)	-	-

<sup>a</sup>Mann-Whitney U

<sup>b</sup>Independent Samples Test

Based on Table 3, at Tresna Werdha Budi Pertiwi Social Home, 70% of respondents experienced mild stress, 35% had mild or moderate anxiety, and 40% had moderate depression. After the intervention, stress and anxiety levels improved, with 50% of respondents having normal stress and 40% having normal anxiety. Depression became mild for 50% of respondents. At Titian Benteng Gading Elderly Foundation, 60% had mild stress, 60% had moderate anxiety, and 40% had moderate depression. After the intervention, stress improved to normal or mild for 50% of respondents, anxiety became normal for 40%, and depression remained moderate for 70%.

**Table 4 The Effect of Reminiscence Therapy on Stress, Anxiety, and Depression Levels in the Elderly**

Variable	Mean	Std. Deviation	Mean difference	T	P-value
<b>Depression<sup>a</sup></b>					
Pre test	20.00	6.97	7.06	10.12	0.000
Post test	12.93	4.96			
<b>Anxiety<sup>b</sup></b>					
Pre test	12.57	4.83	4.04	-4.73	0.000
Post test	8.53	2.82			
<b>Stress<sup>b</sup></b>					
Pre test	18.03	3.72	3.43	-4.47	0.000
Post test	14.60	3.08			

<sup>a</sup> Paired Sample T-test

<sup>b</sup> Wilcoxon Signed Ranks

Table 4 shows a significant difference in the average stress levels before and after reminiscence therapy, with the pre-therapy level being 18.03 and the post-therapy level being 14.60. For anxiety levels, the average difference between before and after therapy is also notable, with pre-therapy at 12.57 and post-therapy at 8.53. In terms of depression levels, the average difference is observed, with pre-therapy at 20.00 and post-therapy at 12.93.

Based on the Paired Sample t-test and Wilcoxon Signed Ranks test calculations using SPSS version 23, a p-value of 0.000 < 0.05 is obtained, which leads to the rejection of the null hypothesis (H<sub>0</sub>) and acceptance of the alternative hypothesis (H<sub>a</sub>). This means that reminiscence therapy has a significant effect on reducing stress, anxiety, and depression in the elderly.

## DISCUSSION

Elderly individuals who are widowed or divorced often feel lonely due to the loss of support from their spouse. As a result, they tend to choose to live in a nursing home because their families do not provide enough attention. Elderly individuals have stayed in nursing homes for 1-5 years due to several factors, including changes in family structure, socialization factors, and a lack of family visits. Those who have lived in the nursing home for a longer period tend to adapt better to the environment compared to those

who have just moved in. However, staying in the nursing home for too long can also lead to feelings of longing for their family (Ngadiran, 2020).

Currently, some elderly individuals maintain positive relationships with their families, while others experience strained relationships, resulting in infrequent or no visits and communication. This is consistent with the study by Moniung et al. (2015), which found that the majority of respondents entered Tresna Werdha Social Home 'Agape' Tondano due to family circumstances (58%), rather than by their own choice. Similarly, Chandra (2019) highlighted that the primary motivation for families to place elderly members in nursing homes is often their inability to meet the elderly person's basic needs, such as food, shelter, and care, if they were to live together. Additionally, elderly individuals may feel isolated, as their family members are often occupied with work or have their own households. As a result, these individuals live alone at home. To alleviate concerns regarding their well-being, families may opt to place their elderly relatives in a nursing home rather than leaving them to live alone.

Elderly individuals experience stress because life in a nursing home demands independence without assistance from others. Their activities are restricted by the facility, which often leads to boredom due to the strict rules. In the nursing

home, their daily routine typically consists of eating, sleeping, praying, exercising, playing the angklung, and participating in religious activities on specific days. Furthermore, they rarely receive visits from their families, which contributes to their stress. Physical helplessness also leads elderly individuals to become dependent on others. This sense of dependence triggers feelings of anxiety (Mirani et al., 2021). This aligns with the research by Kaunang et al. (2019), which states that an individual is considered elderly when they are over 60 years old and undergo gradual physical and psychological decline. This decline can lead to psychosocial issues such as stress, anxiety, and depression. Similarly, research by Sukarni and Wahyu (2015) cited in Ngadiran (2019) suggests that as elderly individuals age, they experience increased anxiety, especially those living in nursing homes. This is caused by the decline in bodily functions due to aging, often accompanied by degenerative diseases.

The analysis using the Paired Sample T-test and Wilcoxon Signed Ranks Test yielded a p-value of 0.000, which is less than 0.05, indicating that the null hypothesis ( $H_0$ ) is rejected, and the alternative hypothesis ( $H_a$ ) is accepted. This means that reminiscence therapy has a significant effect on reducing stress, anxiety, and depression in elderly individuals. This study is consistent with the research by Ilham et al. (2020) titled "The Effect of Reminiscence Therapy on Stress Levels in Elderly at Tresna Werdha Social Home" which found a significant difference in stress levels before and after reminiscence therapy, with a pre-therapy average score of 2.67 and post-therapy score of 2.07, confirmed by a p-value of 0.000 ( $\alpha < 0.05$ ). Additionally, this study supports the research by Hariman et al. (2022) titled "The Effectiveness of Reminiscence Therapy to Reduce Depression in Elderly with Chronic Illnesses," where the Wilcoxon Signed Rank Test showed a significant difference in depression scores before and after reminiscence therapy (0.023;  $p < 0.05$ ). This indicates that reminiscence therapy can reduce depression in elderly individuals with chronic illnesses. Reminiscence therapy can decrease

stress, anxiety, and depression in the elderly because it is a nursing intervention that relies on memory. This therapy encourages elderly individuals to recall past successful experiences, which can bring feelings of happiness, joy, and pride, thus reducing negative emotions and sadness. This is in line with Kartika's (2018) theory, which explains that reminiscence therapy focuses on pleasant events in the elderly's life. By recounting and discussing these experiences, elderly individuals feel happy and proud, improving their self-integrity and receiving positive reinforcement, which helps eliminate unpleasant experiences.

## **CONCLUSIONS**

The findings of this study indicate that reminiscence therapy has a significant effect in reducing stress, anxiety, and depression levels among the elderly. This is supported by the statistical test result, where the p-value of 0.000 is less than the significance level of 0.05, indicating a meaningful difference before and after the intervention. The data show that older adults who received reminiscence therapy experienced a noticeable decline in psychological distress. Furthermore, differences were found in the levels of stress, anxiety, and depression between residents of the Tresna Werdha Budi Pertiwi Social Home and those at the Titian Benteng Gading Elderly Foundation. These differences suggest that the impact of reminiscence therapy may vary depending on environmental or institutional factors. Overall, reminiscence therapy proves to be an effective non-pharmacological intervention to improve the mental health and emotional well-being of older individuals in institutional care settings.

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## **Conflict of Interest**

The authors declare that there are no conflicts of interest associated with this study.

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