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A STUDY TO ASSESS THE EFFECTIVENESS OF WRITING THERAPY ON LEVEL OF DEPRESSION AMONG ELDERLY IN KARUNYA VISHRANTI BHAVAN AND SAI GRAM KERALA, TRIVANDRUM

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Abstract

Writing is a disciplinary act that gives new insights oneself. It is a therapy prescribed for everybody, not just for the disturbed, distressed or dying. Objectives of the study were: to assess the pretest level of depression among elderly, to assess the posttest level of depression among elderly, To find out the effectiveness of writing therapy, to determine the association between level of depression among elderly and socio demographic variables. The study was conducted at Sai Gram Kerala and Karunya Vishranthi Bhavan, Trivandrum . purposive sampling technique was used. In two old age homes, the investigator selected 30 elders in experimental group and 30 elders for control group. The investigator conducted a pretest for all the elders in both setting and identified mild and moderate level of depression among elders. Modified Yesavage Geriatric depression was developed to evaluate the effectiveness. The Comparison of posttest level of depression showed a mean value of 11.26 with S.D 3.34 and 17.23 with S.D 1.71 and 't' value 9.823, at P<0.05 level of significance. The analysis revealed that level of depression had statistically significant association with the socio demographic variables at P<0.05 level of significance.

Keywords: writing therapy, depression INTRODUCTION

The boundary between middle age and old age cannot be defined exactly because it does not have the same meaning in all societies. People can be considered old because of certain changes in their activities or social roles. people may be considered old when they become grandparents, or when they begin to do less or different work like the period retirement.

Operational Definitions Effectiveness

It refers to the outcome of writing therapy in the improvement level of depression among the elderly as elicited by, responses for the Modified Yesavage Geriatric Depression Scale during the time of interview.

Writing Therapy



It is a method of expressing the inner feelings by means of writing out the traumatic life experiences.

Depression

It is a mental state of unhappiness experienced by elderly for the past 1 week, which will be identified by the Modified Yesavage Geriatric Depression Scale.

Elderly people

Old men and women who are aged between 60-70 years and are living in Karunya Vishranti Bhavan and Sai Gram kerala, Trivandrum.

Objectives

1. To assess the pretest level of depression among elderly in experimental and control group by using modified yesavage geriatric depression scale.

2. To assess the posttest level of depression among elderly in experimental and control group by using modified Yesavage geriatric depression scale.

3. To find out the effectiveness of writing therapy.

To determine the association between level of depression among elderly and socio demographic variables.

Hypothesis

Hypothesis will be tested at .05 level of significance.

H1- There will be significant difference in the level of depression among elderly between the experimental and control group after writing therapy.

H2- There will be significant association between level of depression with selected socio-demographic variables.

Limitations

This study will be limited to selected settings in Trivandrum District.

This study will be limited for 1 week of data collection.

Sample size is only 60.

Setting

The study was conducted in old age homes, karunya Vishranti Bhavan and Sai Gram Kerala, Trivandrum.

Population

Target population of the study comprised of all elderly men and women. Accessible population of the study comprised of all elderly men and women residing at Karunya Vishranti Bhavan and Sai Gram Kerala, Trivandrum.

SAMPLE AND SAMPLING TECHNIQUE Sample

The sample of the study comprised of elders in aged 60 to 70 years who were staying in selected old age home, Trivandrum. The sample size of the study comprised of 30 elders in the experimental group and 30 elders in the control group.

Sampling Technique

Purposive sampling technique was used by the researcher

Sample Selection Criteria Inclusion Criteria

- 1. Elderly with mild and moderate depression.
- 2. Elderly between 60-70 years of age.
- 3. Elderly who were willing to participate in the study.
- 4. Elderly who were residing at old age home more than 1year.

Exclusion Criteria

- 1. Elderly who were receiving other therapies like music, laughing, yoga, meditation, massage therapy etc.
- 2. Elderly with other mental disorders.
- 3. Elderly with other chronic physical illness like paralysis, physically handicapped and bedridden.
- 4. Elderly those who take anti-depressant drugs.

Duration of the Study

The duration of the study was 1 year. The data collection period was 1 week.

Tool and Technique

The tool consists of 2 parts.

Demographic details like Gender, previous occupation, religion, marital status, educational status, number of children, type of family, family income, spiritual activities, adaptive devices, duration of stay in old age home.

Depression scale based on Modified Yesavage geriatric depression scale used to assess the level of depression.

Scoring Key

The questionnaire includes 30 yes or no type items. It includes 20 positive items and 10 negative items, each item consists of a given situation,

> The rate of positive items (no=0, yes=1) and The rate of negative items (yes=0, no=1).

The scoring scale:

- 0-9 Normal
- 10-16 Mild Depression
- 17-23 Moderate Depression
- 24-30 Severe Depression



Reliability of the Tool

The reliability of the tool was established by test retest method. The correlation was found using Karl Pearson's Correlation Coefficient. The "r" value was 0.9. The score indicates a high correlation and the tool were considered as highly reliable.

Pilot Study

The pilot study was conducted in Sancta Maria Home for aged and Sri Karthika Thirunal Lakshmi Bayi Geriatric Centre, Trivandrum, during April 2011 (02.04.2011-06.04.2011). The investigator selected 6 elders who fulfilled the inclusion criteria by Purposive Sampling Technique. A written consent was obtained from the elders. A brief introduction about self and the study was given by the investigator. Level of depression was assessed and the samples were divided into experimental and control group. Writing therapy was given to the experimental group for 4 days, control group was not given any therapy. End of 4th day again the level of depression was assessed. The data was collected by the investigator. There was significant difference in the level of depression among elderly between the experimental and control group after writing therapy. The study revealed a positive correlation (r=0.9). There were no practical difficulties met by the investigator and the tool was considered to be reliable and appropriate. Hence the same procedure was decided to be followed in the main study.

Ethical Consideration

Research proposal including the data collection tool was presented before the Institutional Ethical Committee. After making corrections suggested by the ethical committee the investigator got the ethical clearance from the Institutional Ethical Committee.

Data Collection Process

A formal permission was obtained from the old age home authorities to collect data. The investigator selected 60 elders who fulfilled the inclusion criteria by Purposive Sampling Technique, 30 elders in experimental group and 30 elders in control group. A written consent was obtained from elders. A brief introduction about self and the study was given by the investigator. They were assured that all information's would be fully confidential and even they can quit at any point if they feel any discomfort in continuing in the study. Level of depression was assessed by using modified Yesavage geriatric depression scale and the samples were categorized in to experimental and control group in two different institutions. Writing therapy was given to Experimental group for 4 days, 20-30 minutes per day. The control group was not given any therapy. At the end of 4th day again the level of depression was assessed.

The data was collected by Investigator administered questionnaire. Debriefing about the study was given before data collection.

Plan for Data Analysis

Descriptive statistics (mean, standard deviation, median and percentage) and Inferential statistics (chi square) was used for data analysis.

The data was analyzed under various sections.

- Section I: Socio demographic variables of elderly in experimental and control group.
- Section II: Assess the level of depression among elderly in experimental and control group.
- Section III: Assess the posttest level of depression among elderly in experimental and control group.
- Section IV: Effectiveness of writing therapy.
- Section V: Association between levels of depression among elderly with the socio demographic variables.

RESEARCH DESIGN

Table:1 Quasi experimental research design										
	Group	Pre test	Intervention	Post test						
	Experimental	O1	Х	O2						
	Control	03	_	O4						

Table: 2 Distribution of Pretest Level Of Depression among Elderly in Experimental and Control Group

Bno Tost	Normal		Mild		Moderate		Severe	
rie iest	No.	%	No.	%	No.	%	No.	%
Experimental group	0	0	9	30.0	21	70.0	0	0
Control Group	0	0	10	33.3	20	66.7	0	0

In experimental group 30.0% had mild depression and 70.0% had moderate depression. In control group 33.3% had mild depression and 66.7% had moderate depression while none of them had normal and severe level of depression in both group.



Table :3 Distribution of posttest level of depression among elderly in experimental and control group.

Dogt Togt	Normal		Μ	ild	Mod	erate	Severe	
Post Test	No.	%	No.	%	No.	%	No.	%
Experimental group	16	53.3	14	46.7	0	0	0	0
Control Group	0	0	10	33.3	20	66.7	0	0

In experimental group 53.3% were normal while 46.7% had mild depression. In control group 33.3% had mild depression and 66.7% had moderate depression.

Table :4. Pre and Post Test Level of Depression among Elderly in the Experimental Group

Experimental Group	Mean	S.D	d.f	Cal.value of t	Level of significance (p)
Pretest	16.16	2.29	20	<u> </u>	0.000
Post test	11.26	3.34	29	8.307	0.000

p<0.05, S - Significant

The mean value of pretest is 16.16 with S.D 2.29 and that of posttest is11.26 with S.D 3.34 and 't' value 8.307. It shows P<0.05. So it is significant.

Table:5. Pre and Post Test Level of Depression among Elderly in the Control Group

Control Group	Mean	S.D	't' Value
Pretest	17.23	1.71	0.000
Post test	17.23	1.71	

Correlation and t cannot be computed because standard error of the difference is 0.

The mean value of pretest is 17.23 with S.D 1.71, and that of posttest is 17.23 with S.D 1.71 and 't' value 0, it shows that both pretest and posttest means are equal.

Table:6 Effectiveness of Writing Therapy on Level of Depression.

Group	Mean	S.D	d.f	Cal.value of t	Level of significance(p)
Experimental	11.26	3.34	20	9.823	0.000
Control	17.23	1.71	29	(S)	0.000

p<0.05, S – Significant

The mean value of posttest of experimental group is 11.26 with S.D 3.34 and that of control group is 17.23 with S.D 1.71 and 't' value is 9.823, it shows that P<0.05 level of significance. Therefore, it can be concluded that writing therapy was effective in reducing elderly depression.

Table:7 Association of level of depression with socio-demographic variables.

S. No	Demographic	Normal	Mild	Moderate	Severe	Total	Chi-Square Value
	Variables						_
	Gender of the elderly						$\chi^2 = 0.094$
1.	Male	0	8	19	0	27	d.f = 1
	Female	0	11	22	0	33	los=.759
	TOTAL	0	19	41	0	60	NS
2.	Previous occupation of the elders						
	Labourer	0	9	5	0	14	$\chi^2 = 17.623$
	Retired government employee	0	2	16	0	18	d.f = 3
	Private employee	0	2	16	0	18	los=.001
	Others	0	6	4	0	10	S*
	TOTAL	0	19	41	0	60	
3.	Religion						
	Hindu	0	17	12	0	29	$\chi^2 = 6.887$
	Christian	0	2	24	0	26	d.f = 3
	Muslim	0	0	5	0	5	los=.076



	Others	0	0	0	0	0	NS		
	TOTAL	0	19	41	0	60	110		
4.	Marital Status	0			0	00			
	Married	0	3	10	0	13	$\gamma^2 = 32.951$		
	Unmarried	0	2	2	0	4	d.f = 4		
	Widow/Widower	0	0	25	0	25	los=.000		
	Divorced	0	7	4	0	11	S*		
	Separated	0	7	0	0	17			
	TOTAL	0	19	41	0	60			
5.	Educational status	-							
	Secondary	0	5	34	0	39	$\gamma^2 = 18.290$		
	Higher secondary	0	14	7	0	21	d f = 1		
	Under graduate	0	0	0	0	0	los=.000		
	Post graduate	0	0	0	0	0	S*		
	TOTAL	0	19	41	0	60			
6.	Number of children	-					$\gamma^2 = 879$		
	Only one	0	8	21	0	29	$\lambda f = 3$		
	Two	0	5	10	0	15	los=.830		
	More than two	0	4	8	0	12	NS		
	No children	0	2	2	0	4			
	TOTAL	0	19	41	0	60			
7.	Type of family	0			0				
	Nuclear	0	11	26	0	37	$\gamma^2 = 390$		
	Ioint	0	4	6	0	10	$\lambda = .550$		
	Extended	0	4	9	0	13	los = 823		
	TOTAL	0	19	41	0	60	NS		
8.	Family Income	Ŭ	17		Ū	00	- 1.0		
	< <u>Rs.5000</u>	0	10	5	0	15	$\gamma^2 = 12.602$		
	Rs.5001 to Rs.10000	0	8	24	0	32	$\int_{L} df = 2$		
	Rs.10001 to Rs.20000	0	1	12	0	13	los=.002		
	>Rs.2000	0	0	0	0	0	S*		
	TOTAL	0	19	41	0	60			
9.	Spiritual activities	0			0	00			
	Group pravers	0	18	14	0	32	$\gamma^2 = 19.294$		
	Slogan telling	0	0	13	0	13	$\int_{\lambda} df = 2$		
	Visiting spiritual places	0	1	14	0	15	los=.000		
	Individual worship	0	0	0	0	0	S*		
	TOTAL	0	19	41	0	60			
10.	Are you using any adaptive devices?	~							
	Spectacles	0	17	23	0	40	$\gamma^2 = 6.518$		
	Walkers	0	1	8	0	9	λ d.f = 2		
	Dentures	0	1	10	0	11	los=.038		
	Others	0	0	0	0	0	S*		
	TOTAL	0	19	41	0	60			
11.	Duration of stay in old age home	Ť							
	1-2vrs	0	16	23	0	39	$\gamma^2 = 18.960$		
	2-3vrs	0	0	9	0	9	d.f = 2		
	3-4vrs	0	1	6	0	7	los=.000		
	Above 4vrs	0	2	3	0	5	S*		
	TOTAL	0	19	41	0	60	1		

S*-Significant; NS-Not significant; los-level of significance; d.f-degree of freedom



Figure:1 Distribution of pretest level of depression among elderly in experimental and control group.

Figure:2 Distribution of posttest level of depression among elderly in experimental and control group.



Figure:3 Distribution showing mean score of depression of elderly in experimental group.





Figure:4. Distribution showing mean score of depression of elderly in control group.





SUMMARY

"Writing therapy for depression it's like a journey from darkness to light" A happy mind will bring upon the healing of the mind. It expresses the emotion in written communication. Writing has always been a type of 'therapy' in that it allows us to put into words our deepest secrets and feelings things that we might be afraid or unwilling to share with anyone. People are often encouraged to keep diaries of their innermost thoughts as a way of removing the burden of problems from our every waking moment.

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