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Research Article

Life review of elderly depression

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ABSTRACT
Bandarharjo village has a large number of elderly people. Among the elderly are experiencing some life problems, some are even experiencing depression. The purpose of this study is to describe the results of the implementation of the Life Review and its effect on the elderly who experience depression in the Bandarharjo Village, Semarang. Life Review is a therapy that can explore past life experiences, strengths and achievements of the elderly and bring stories to the present in order to overcome one's end-of-life stage of integrity vs. despair according to Erikson's theory. This stage of therapy is a major challenge for older adults (elderly) in preserving one's healthy life in avoiding crises such as depression. This study used a quasy experiment design with the pre and post test method without control group, meaning that the data collection was carried out before and after the intervention by giving a theraphy life review. The total sample of 138 respondents with the determination in total sampling. Most respondents were 61-70 years old (60.9%), most graduates graduated from elementary school (47.1%) and most respondents did not work (42.8%). Before therapy most of the respondents experienced mild depression (43.5%) and after following therapy most of the respondents were not depressed (66.7%).
Conclusion: Using paired sample T test, the p value is 0,000, which means there is an effect of theraphy life review on elderly depression.

Keywords: Life Review, quasy experiment, pre and post test with control group

INTRODUCTION

Depression is a type of mental illness that often occurs in society. The prevalence of depressive disorders in Indonesia is 12.3% of the total population in Indonesia (Riskesdas, 2018) and only 9% are undergoing treatment. Women are twice as likely to experience depression as men, this is thought to be a difference in hormones, the effect of childbirth, and differences in psychosocial stressors. According to the World Health Organization (WHO, 2017), depression ranks fourth in the world. By 2020 it is estimated that depression will rank second for the global burden of non-communicable diseases. Depression is a leading cause of ill health and disability throughout the world. More than 300 million people now live with depression, an increase of more than 18% between 2005 and 2015.
Old age or more we know as the elderly, based on Erikson's theory of psychosocial development is at the stage of ego vs. hopeless integrity (maturity). This development is related to the previous development, if there is a problem in the previous stage it can affect the integrity of the elderly. Not only this but various physical and psychological changes make the elderly a vulnerable age group for depression, where the incidence of clinical depression in the elderly in the world is quite significant at around 8 - 16%. (Blazer, 2013). The tendency for the elderly to experience depression is higher because of the interaction of various causative factors related to the decline in physical condition with other factors.
According to WHO, depression is a mental disorder characterized by the appearance of symptoms of decreased mood, loss of interest in something, feelings of guilt, disturbance of sleep or appetite, loss of energy, and decreased concentration (World Health Organization, 2017). Depression is a serious mental disorder characterized by feelings of sadness and anxiety. This disorder will usually disappear within a few days but can also be sustained which can affect daily activities (National Institute of Mental Health, 2018).
Depressive disorders consist of various types, namely: Major depressive disorders, Symptoms of major depressive disorders in the form of changes in appetite and weight, changes in sleep and activity patterns, lack of energy, feelings of guilt, and thoughts for suicide that last at least ± 2 weeks (Kaplan, et al, 2010). Dysthymic disorder, Dysthmia is mild but chronic (long lasting). The symptoms of dysthmia last a long time from major depressive disorder that is for 2 years or more. Dysthmia is more severe than major depressive disorders, but individuals with this disorder can still interact with their daily activities (National Institute

of Mental Health, 2018). Minor depressive disorders, symptoms of minor depression are similar to major depressive disorders and dysthmia, but these disorders are milder and / or of shorter duration (National Institute of Mental Health, 2018). Psychotic depression disorder, Severe depressive disorder characterized by symptoms, such as hallucinations and delusions (National Institute of Mental Health, 2018). Seasonal depressive disorder, depressive disorder that appears in winter and disappears in spring and summer (National Institute of Mental Health, 2018).

Factors affecting Depression include Gender, Age and Social Culture. Gender, it is generally said that depressive disorders are more common in women than in men. Developing opinions say that differences in hormonal levels of women and men, differences in psychosocial factors play an important role in this major depressive disorder (Kaplan, et al, 2010). Age, Depression can occur from various age groups. About 7.8% of every population experience mood disorders in their lives and 3.7% have experienced mood disorders before. Socio-Economic and Cultural Factors, There is no relationship between socio-economic factors and major depressive disorders, but the incidence of Bipolar I disorder is higher found in low socio-economic groups (Kaplan, et al, 2010). From cultural factors no one knows why depression has increased in many cultures, but speculation focuses on social and environmental change.

The level of depression is divided into 4 (four), Namely: mild mood disorders and moderate depression, borderline depression limits, severe depression, extreme depression. Mild Depression Characterized by symptoms of prolonged depression for at least 2 years without major depressive episodes. To be able to diagnose mild-moderate depression a person must show feelings of depression plus at least two other mood-related symptoms. Borderline depression limits, characterized by symptoms of prolonged depressive feelings accompanied by feelings of depression more than two moods associated with symptoms. Severe depression, characterized by major depressive symptoms for 2 weeks or more. To be diagnosed with severe depression must experience 1 or 2 of a total of 5 major depressive symptoms. Extreme depression, characterized by prolonged major depressive symptoms. To be able to diagnose extreme depression experience more than 2 of a total of 5 major depressive symptoms.

METHOD

The study was conducted in the Bandarharjo District of Semarang in April-September 2019. The variable in this study was Depression, measured by the Beck Depression Inventory (BDI) instrument consisting of 21 questions with 4 answer choices. The design of this study was quantitative using a descriptive analytic pre-post test without control group design. The research sample obtained as many as 138 respondents, the sampling technique is done by the total sampling method that is taking all samples with due regard to established criteria. The criteria are the elderly who are depressed, physically fit, willing to be respondents, able to communicate, can read and write. The data collection method in this study was conducted after the client selection stage that met the inclusion criteria by distributing demographic questionnaires (containing elderly identities including age, education, occupation, and marital status) and depression questionnaires using Beck Depression Inventory (BDI) consisting of 21 questions, with 4 answer choices. Grading scores ranging from 0 to 3 based on the selected answers. The results of the assessment are obtained categories: no depression 0-9, mild depression 10-15, moderate depression 16-19, severe depression 20-29 and very severe 30. Measurement of Depression is done before giving Life Review therapy and after giving Life Review therapy, to find out if there's a difference.

RESULTS

Characteristics of Respondents

Table 1: Frequency Distribution of Characteristics of Respondents by Age (N=138)

Age	Frequency	Percent (%)
51-60	12	8.7
61-70	84	60.9
71-80	38	27.5
81-90	4	2.9
Total	**138**	**100,0**

Based on table 1 the results show that the majority of respondents aged 61-70 years were 84 people (60.9%), while the smallest number of respondents with ages 81-90 years were 4 people (2.9%).

Table 2: Frequency Distribution of Respondent Characteristics by Education (N = 138)

Education	Frequency	Percent (%)
No School	31	22.5
Graduated Elementary School	65	47.1
Graduated from Junior High School	42	30.4
Total	**138**	**100.0**

Based on table 2, it was found that the majority of respondents having an education graduated elementary school as many as 65 people (47.1%), while the least respondents were not as many as 31 people (22.5%).

Table 3: Frequency Distribution of Respondent Characteristics by Occupation (N = 138)

Employment	Frequency	Percent (%)
Not Working	59	42.8
Labor	46	33.3
Others	33	23.9
Total	**138**	**100,0**

Based on table 3 above, it can be seen that the majority of respondents have not worked, as many as 59 respondents (42.8%), while respondents who still work privately are 33 respondents (23.9%).

Table 4: Frequency Distribution of Elderly Depression Rates (N = 138) pre-intervention

Depression	Frequency	Percent (%)
No Depression	10	7.2
Mild Depression	60	43.5
Moderate Depression	35	25.4
Severe depression	33	23.9
Total	**138**	**100,0**

Table 4 above can be seen that the most respondents experienced mild depression as many as 60 respondents (43.5%), while those who experienced severe depression were 33 respondents (23.9%).

Table 5: Frequency Distribution of Elderly Depression Rates (N = 138) post intervention

Depression	Frequency	Percent (%)
No Depression	92	66.7
Mild Depression	27	19.6
Moderate Depression	12	8.7
Severe depression	7	5.1
Total	**138**	**100,0**

Table 5 above can be seen that the most respondents did not experience depression as many as 92 respondents (66.7%), while those who experienced severe depression were 7 respondents (5.1%).

Table 6: Distribution of Average Depression Score before and after Following the Theraphy Life Review (N = 138)

Variabel	N	Mean	SD	T	p-value
Depression before therapy	138	16,28	5,335	35,56	0,000
Depression after therapy	138	2,66	0,924		

Based on table 6 above, the results of the analysis using paired sample t-test shows that the average depression score before participating in the theraphy life review is 16.28 and after following the theraphy life review 2.66 with a difference of positive 13.62 means that there are decreased levels of depression after following a theraphy life review with an average reduction of 13.62. In the table above, the calculated "t" value is 35.563 with p-value = 0.000, meaning that there is a significant difference between the average level of depression before and after the theraphy life review. Thus it can be concluded that there is a significant effect of theraphy life review on the reduction in depression levels.

DISCUSSION

Research respondents ranging from 51 years to 90 years, the majority aged 61-70 years were 84 people (60.9%) and at least 81-90 years old were 4 people (2.9%). Age 51-60 years as many as 12 people (8.7%) and aged 71-80 years as many as 38 people (27.5%). Depression is more common in adolescents, around the age of 20 years or 30 years, but depression can still occur at any age. Female sex is diagnosed with depression more than male sex, but this might also be because usually female sufferers seek help and treatment more often, than male sufferers.

Age distribution of respondents shows that most respondents are elderly in the elderly category. In this age, elderly people begin to experience a crisis in their lives. Sari's research (2012) shows that the elderly who experience depression are highest in the 60-74 years age group. Age is a risk factor for depression and other mental health disorders. As a person ages, the risk of depression will also double (Motjabai, 2014). This is because at that age there are many changes in a person including changes in physical, psychological, economic, social and spiritual.

The majority of respondents had an elementary school education of 65 people (47.1%), while the least respondents were 31 schools (22.5%). The rest, as many as 42 people (30.4%) of respondents graduated from junior high school. A person's education level is related to a person's ability to respond to the stimulus that comes, including about health. According to Notoatmodjo (2011) that someone's education level influences in responding to something that comes from outside. The percentage of population with a high school education level and above has a better health status when compared to residents with an education level below high school. It can be concluded that, the higher the level of education, the better the health status. Conversely the lower

the level of a person's education, the worse his health status.

Education can affect a person's behavior. The higher a person's education, the more easily he will receive information so the more knowledge he has. In addition, education is also an initial capital in cognitive development, where cognitive can be a mediator between an event and mood, so the lack of education can be a risk factor for the elderly suffering from depression (Steward, 2010). Out of 138 respondents, only 42 people graduated from junior high school. This greatly affects the ability of the elderly to receive and absorb information, so that the knowledge possessed is also not broad.

The majority of respondents have not worked, as many as 59 respondents (42.8%), while respondents who still work privately are 33 respondents (23.9%). As many as 46 people (33.3%) of respondents work as laborers. According to Hurlock in Gudawati (2012) that work can affect a person's ability to deal with problems that occur when he is still working. People who work will have the ability and experience in dealing with problems, he will have and use coping mechanisms when dealing with problems. But when it does not work, the problem faced tends to be simpler and the experience and capabilities possessed in dealing with the problem are also simple. When faced with complex and difficult problems he will experience excessive pressure which causes discomfort and anxiety.

The working respondent referred to in this study is doing something that can generate money for patient needs. This shows that the elderly who do not work tend to lose financial resources so that they have lower incomes. According to Djernes (2009), depression tends to be more often found in the elderly with low income, because the elderly will experience problems, especially in terms of the economy which can add to the burden of his mind. Nothing can be expected, children do not help elderly finance, jobs that make money also do not have.

The most depressed elderly condition is mild depression, as many as 60 respondents (43.5%) and only 10 respondents (7.2%) who did not experience depression. Moderate depression 35 respondents (25.4%) and severe depression 33 respondents (23.9%). This shows how high the rate of depression experienced by respondents, even by the elderly who should have been able to enjoy their old age with a decent life happily. As we get older, there will be an increase in morbidity, decreased functional status, and exposure to various risk factors and life experiences that can affect the mental health of the elderly, so the risk of putting the elderly in a state of depression.

Recent research shows that depression can accelerate brain aging, which causes a decrease in memory function and the development of Alzheimer's. A study published in The Lancet Psychiatry found that periods of depression and anxiety experienced in early and mid-adulthood were associated with memory loss at the age of 50 years. This study analyzes data from the National Child Development Study in the UK which involved more than 18,000 people from birth to age 50 years. One episode of depression or anxiety has a negligible effect on memory, two or three episodes between the ages of 20 and 49 predict a decline in stable memory function. This finding highlights the importance of effective depression management to prevent the development of recurrent mental health problems with long-term negative results. (Agustina, 2019)

Depression is a mood or mood disorder that causes feelings of sadness that are constantly and never disappear. Can make a person lose interest with things he likes, difficulty in doing normal daily activities, and sometimes feel life is not worth living. Depression occurs when there is a feeling of depression that makes an individual feel sad for weeks or even months and protracted. Depression is a real mental disorder with real symptoms. In contrast to sadness, depression is a condition that is more than just a feeling of sadness that can disappear in a few days and can not only with words of encouragement and can disrupt the daily life of individuals. Patients are not even aware that they are experiencing depression. Therefore, the sensitivity of the people around, proper handling, and support from the people closest to can help sufferers deal with depression experienced. Need serious and intensive management for people with depression.

Effect of Life Review on Elderly Depression

The analysis used paired sample t-test that the average depressive score before participating in the theraphy life review was 16.28 and after following the theraphy life review 2.66 with a positive difference of 13.62 means that there was a decrease in the level of depression after following a theraphy life review with an average decrease of 13.62. In the table above, the calculated "t" value is 35.563 with p-value = 0.000, meaning that there is a significant difference between the average level of depression before and after the theraphy life review. Thus it can be concluded that there is a significant effect of theraphy life review on the reduction in depression levels.

The most depressed elderly condition before giving therapy is mild depression, which is 60 respondents (43.5%) and only 10 respondents who did not experience depression. Moderate depression 35 respondents (25.4%) and severe depression 33 respondents (23.9%). While the elderly depression condition after the

administration of therapy most of the respondents did not experience depression, as many as 92 respondents (66.7%) and only 7 respondents (5.1%) experienced severe depression. Moderate depression 12 respondents (8.7%) and mild depression 27 respondents (19.6%).

Life Review Therapy Therapy is a therapy that can explore past life experiences of the elderly. This therapy is a major challenge for older adults in preserving one's healthy life in avoiding crises such as depression (Nasrudin, 2015).

Life Review Therapy is given in 4 sessions, session 1, telling and remembering the child's childhood. Session 2 tells about the experience of the elderly during adolescence. Session 3 tells stories or experiences in adulthood. Session 4 tells about experiences in the elderly. Each session is conducted within 25-30 minutes, by oral dialogue. Every elderly is given the opportunity to tell all experiences according to stages. Life Review Therapy based on the recognition of the elderly makes the elderly feel better in their condition.

Research conducted by Kushariyadi (2011) results that a process of life review therapy with good operational procedural standards will reduce depression and increase self-confidence, well-being or psychological health, and life satisfaction. Research by Rita (2013) entitled the influence of gamelan music interventions on depression in lasia at the Panti Werdha Harapan Ibu Semarang, states that the control and management of depression, especially in the elderly, requires ongoing and ongoing treatment to prevent suicide due to feelings of guilt, failure, and disappointment experienced as a result of depression. Aswanira's research (2015) on life reviews on depressed elderly results that depression can be reduced by continuously controlling and caring for the elderly.

CONCLUSION

In conclusion, depression levels before the theraphy life review averaged 16.28 with most experiencing mild depression (43.5%). The level of depression after the theraphy life review averaged 2.66 with most not experiencing depression (66.7%). There is a significant effect of theraphy life review on decreasing the level of depression with a p-value of 0,000. Suggestions, The implementation of mental nursing specialist therapy in all areas of nursing (healthy, risk and mental disorders), needs to be intensified further and disseminated so that people can benefit from the existence of mental specialist nurses. The results of this study can be used as basic data for researchers and subsequent research. Several methods and types of research can be developed about theraphy life reviews. Educational institutions are expected to continue to provide more support and opportunities for researchers in the framework of applying specialization abilities.

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Conflict of Interest: None

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