Effects of 8 weeks (8 Sessions) group reminiscence on mild cognitive impaired elders’ depression

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Key words: Mild cognitive impairment, reminiscence, cognitive abilities, group talks.

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Abstract

The purpose of the present study was determination of effects of 8 weeks (8 sessions) group reminiscence on depression of mild cognitive impaired elders of Iran’s “Jahandidegan-e-Shiraz” institute. Hence, 72 persons (48 females and 24 males) among 60-84 years old mild cognitive impaired elders were purposefully chosen as the subjects, and were randomly divided to 3 teams of group reminiscence, group intervention and without intervention, with consideration of equal proportions of males and females. Depression questionnaires were filled by the subjects, before and after the intervention. The intervention was in a manner that the group reminiscence team participated in 8 group reminiscence sessions (1 weekly 90 min session for 8 weeks). Meetings of the group intervention team were similar to the group reminiscence one, except the subjects of group intervention team only talk together as a group. The third team didn’t receive any intervention. In order to investigate and compare variations of under study variable, statistical methods of independent one-way variance analysis test, Kruskal-Wallis test, T paired test and K-squared test were utilized. Depression decreased significantly, among the two teams of group reminiscence and group intervention (P<0.05), but increased insignificantly in without intervention group (P>0.05). Also, the variation among the group reminiscence team was significantly more than its increment in the without intervention one (P<0.05) and was insignificantly more than its change among the group intervention one (P>0.05). This variation among group intervention team was insignificantly more than its change in the without intervention group (P>0.05). It’s appeared, in order to reduce depression, group community and especially group reminiscence could be noticed by mild cognitive impaired elders. Though, the requirement of further investigations is sensed.

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Introduction

Elder depression is a situation of disease with has occurred among people with depression precedent and might appear for the first time, in the old age (Hazzard, 2002). Depression doesn’t naturally appear because of aging (Reynolds et al., 2006). About 15% of older than 65 years old people reveal obvious signs of depression, and about 2% of them go forward to severe depression (Karel et al., 2002). In the other hand, the aging is a common process, which continues along entire life and it couldn’t be stopped or reversed. The elders often encounter feelings of losses of their beloveds, friends, communications, cognitive abilities and performances. These problems cause disruption of personal identity and separation from the modern world (the world that they feeling of not belonging to it). Besides, paramnesia could disturb social and interpersonal incorporations, which these whole issues lead to isolation the elderly. Understanding of Momeni et al., (2011) showed coherent memory processing approach is effective in reduction of depression signs among institutionalized women of sanitarium. Founds of Hojati et al., (2011) represented group reminiscence would cause increment of heart favorite and decrease in loneliness, among elders. Because, the elders have several motivations for depression, such as loneliness, frustration and useless feelings, losses experiments, retirement, economic problems and inability to fill leisure, and hence the elderly population increases year by year, therefore it’s the duty of the humankind to rise life quality of this social group. So, study and research about finding ways, which could help them and prevent appearance of depression among them, become necessary. One of this ways is group reminiscence (Momeni et al., 2011; Hojati et al., 2011).

The purpose of the present study was determining 8 weeks (8 sessions) group reminiscence on mild cognitive impaired elders’ depression of Iran’s “Jahandidegan-e-Shiraz” institute.

Material and methods

Subjects

Statistical society of the present study included elders of Iran’s “Jahandidegan-e-Shiraz” institute, who have mild cognitive impairment. Jahandidegan institute located in Shiraz city and is under supervision of welfare organization of Iran. This center has 5400 members. About 2400 persons of them are permanent members of the institute, who have regular relations with the center. Sampling method of the present research was purposeful accessible and among permanent members of this institute. The elderly persons, who gained marks from 21 to 25 in MMSE cognitive questionnaire, were chosen as the subjects. Based on the following formula, statistical subjects of the research evaluated as 72 persons, at significance level of 5% and test power of 80% (counting 20% loss) (Hajizadeh and Asqari, 2011). Nevertheless, in order to consider statistical loss, 21 persons (7 elders in each team) were participated in the study. And, as previously predicted, some of the subjects withdrew from the research continuation, before its completion. The withdrawals of the mentioned subjects were as reasons of their personal excuses, and the researcher morally recognized this right for them. Eventually, the evaluated 72 persons (24 elders in each group) were examined under final investigation. Inclusion criteria of the subjects followed that the elders who had mild cognitive impairment, based on MMSE questionnaire, and their depression grades were less than 10, which educed from filling GDS depression questionnaire, and they weren’t under drug treatment for cure of cognitive disorders, and had physical abilities to participate in this study, and they were interested and volunteer for collaboration in the research. Also, exclusion criteria morally considered for the subjects, and they were informed about it. This criteria involved physical or mental acute disease, which the last was being controlled by psychiatrist, unwillingness to continue the research participation and therapies of various kinds of cognitive disorders.

Formula 1: The subjects mass evaluation formula

\[ N = \left( \frac{Z_{1-\alpha/2} + Z_{1-\beta}}{\mu_2 - \mu_1} \right)^2 \left( S_1^2 + S_2^2 \right) \]

(\(\mu_2 - \mu_1\))^2
The 72 participant subjects of the study included 48 women and 24 men. Since, the women to men proportion equality among under study groups (the 3 teams) should be considered, 48 women were randomly divided in the 3 groups, initially, and thereafter 24 men were divided in these teams, randomly. The mentioned groups contained below matters:

1. Reminiscence group: the group, which its members gathered together, during the research period, and did group reminiscence.

2. First evidence group or group intervention team: the group that its members gathered together with the same time and location conditions of the first team, and talked together only in a group manner, not about their memories.

3. Second evidence group or without intervention team: the group, which didn’t receive any intervention.

Data Gathering Instruments
The Geriatric Depression Scale (GDS) is an authorized instrument to measure depression among mild cognitive impaired elders (Mui, 1996). This questionnaire has 15 items and person answers the questions in the figure of Yes/No. If a person earns score 4 or less, it indicates his/her normal depression. If the person earns score form 5 to 9, it denotes he/she has a moderate depression and when the person gains score from 10 to above, it represents he has moderate or severe depression (Li-Fen, 2011).

Information Collecting Methods
The participants elders of the research were investigated during a period of 8 weeks, and the elders, who gained scores from 21 to 25, in the MMSE questionnaire, were chosen as the subjects. After selection of 72 Mild Cognitive Impaired (MCI) elders, they filled the depression questionnaire (GDS) by aid of the researcher, and equally divided to three 24 persons groups, as mentioned previously. The research intervention applied on the first 24 persons group. In this figure, that the first team was divided to three 8 persons minor groups, and eight reminiscence sessions were held for each of these three 8 people subgroups, during eight weeks (1 weekly session). Span of each session was 1 hr and 30 min (90 min). The elderly talked about their interesting memories, in the reminiscence sessions. Also, the second 24 people team was divided to three 8 people subgroups and 8 group sessions were held for these subgroups, during eight weeks (1 weekly 90 min session), too. In the group sessions of the recent subgroups, just meeting were held and the elderly only talked about their daily and interesting issues. The difference of the recent group with the first one was simply in reminiscence. Also, the third 24 persons group didn’t receive any intervention, during the research period. After ending of the interventions, the GDS questionnaire filled by the subjects and with aid of the researcher, again.

Intervention of Group Reminiscence
The reminiscence sessions consisted of eight 90 min sessions, which were held weekly (1 weekly session in duration of 8 weeks). Propounded topics of each session depended on suggestions of the participant persons. Therefore, selective topics of men are different from women’s. But, because only the purpose of disburdening and reminiscence among a group of people is important, so these differences were neglected in results analysis and interpretation. In the beginning of the research, the subjects of the reminiscence study chose their interested topics to reminiscence and days and hours of the sessions were determined. Structural elements, which are common among the whole reminiscence sessions, are the below issues:

1. Determination of meeting agenda: At the beginning of each session, the nurse stated topic and purpose of meeting. For example, the subjects were asked to briefly talk about the experiences that have written, have thought and suppose to express about them in their group.

2. Homework overview: homework plays a substantial
role for helping the elderly to access memories, and also it’s effective for aiding the subjects to transfer learning of the sessions to the real life. Therefore, a note concerned to one of sextuplet topics, was being given to participant people, each week. The mentioned note contained some sensitizer questions, which was helping the elderly to recognize appropriate memories. The subjects were asked to represent a brief of their memories, about the determined topic, on the sheet. These notes aided focus, in sessions. Because, the homework should be gotten serious as an important part of the therapy by the subjects, hence homework overview is very critical, in sessions. Therefore, the first duty of the nurse was investigation and overview of the patron’s experience with weekly homework.

3. The rounds: the rounds consisted of a brief consult from the entire or some of the group members about particular topics, with the aim that each member of the team has had the chance to remark about issue of the group. The subjects weren’t forced to say anything, though they were being encouraged to talk. The nurse was trying to demonstrate a proper brief way in the rounds, in a manner that the whole members could remark about topics. After the entire members stated their memories, the rounds were implemented, during homework review and in feedbacks representations and also at the end of the sessions.

4. Focus on reminiscence: after preparation of meeting agenda, the participants were making effort to concentrate their attentions on memories, which have prepared for discussion in the session. Subsuming of a concentrating element in the meeting structure was because of the purpose of helping the participants to distance from their current anxieties and disturbing thoughts.

5. Contact action: the face to face relation of the nurse with the patron, in the group situation, is called “contact action”. The subjects were invited to do the contact action and the rejection right was reserved for them. Of course, re-establishment of the contact action was almost one of meeting agenda issues that had agreed about it, previously.

6. The feedback: after each member of the group performed the contact action, the other members were asked to propose their constructive criticisms and suggestions about the efforts of the researcher, for aim achievement of the group.

7. Decision about next session: in the last step of each meeting, the researcher was shortly representing the obtained progresses. In addition, the researcher was preparing a description of next session’s issue, and the sensitizer questions that the subject should implement in provision of their brief notes.

The first meeting agenda was somehow different from the other sessions. Because, this meeting had further emphasis about explain and learning of the group process. The components of the session were as following:

- Introduction (5 min)
- Expression of logic of reminiscence usage with cognitive impairments, which short explains were been giving about each of them (10 min)
- Preparation for the group and progress of working processes (5 min)
- Conversation about working processes of reminiscence (10 min)
- Working with the first topic (45 min)
- Discussion about homework (10 min)
- Questions and feedback (5 min)

Also, the second to eight meeting agenda was as below:

- Homework overview and preparation of working schedule (10 min)
- Relief and focus on reminiscence (5 min)
- Contact action (50 min)
- Feedback to the subjects (15 min)
- Homework determination (5 min)
- Answering the questions and end of the session (5 min)

Statistical methods
At first, the resultant data of the study were described by centralized (mean) and scattering (standard deviation) indices. Thereafter, in the inferential statistic operation, K-squared statistical test was used to compare nominal and ordinal data, between the three groups. Before execution of statistical inference, distributions of the relative data were investigated by Smirnov-Kolmogorov test, for these data, to use parametric tests for data with natural distributions and utilize non-parametric tests for data with unnatural distributions. Therefore, in order to compare the relative data between the three groups and also for inner-group investigations, statistical methods of independent one-way analysis of variance (ANOVA) test, Kruskal-Wallis test and T paired test were used. It should be mentioned, the statistical software SPSS v.16 was utilized for execution of statistical calculations, and significance level was considered as $P \leq 0.05$ for the whole statistical tests.

**Results**

According to the founds of the present study, there wasn’t any significant difference in variables of age, membership precedence in Iran’s “Jahandidegan-e-Shiraz” institute, matrimony status, monthly income, education level, the amount of leisure time among 24 hrs, the amount of sleep during 24 hrs, living location and quality of mild cognitive impaired elders of the three group reminiscence, group intervention and without intervention teams ($P>0.05$). So, the subjects of the three groups were homogeneous, in aspects of the above mentioned variables.

**Table 1.** Means and standard deviations of the variable (GDS).

<table>
<thead>
<tr>
<th>Group</th>
<th>Before the intervention</th>
<th>After the intervention</th>
<th>Variations amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group reminiscence</td>
<td>6.45±2.55</td>
<td>5.08±2.81</td>
<td>-1.375±0.923</td>
</tr>
<tr>
<td>Group intervention</td>
<td>6.25±2.98</td>
<td>4.70±2.61</td>
<td>-0.541±0.931</td>
</tr>
<tr>
<td>Without intervention</td>
<td>3.91±2.18</td>
<td>4.25±1.89</td>
<td>2.277±0.333</td>
</tr>
</tbody>
</table>

Comparison of the scores of the three group reminiscence, group intervention and without intervention teams, before and after the interventions, and also comparison of variations amounts of depression scores, from before to after the interventions, between the 3 groups of the research, using independent one-way analysis of variance test, have been shown in table 1. The determination of inner-group changes of depression scores, utilizing T-paired test, among the three teams, has been represented in this table, too. As represented in table 1, a significant difference was observed among the subjects of the 3 teams, before the interventions ($P=0.005$), and this difference was between the reminiscence group and the control one, based on Tukey’s post-hoc test ($P=0.003$). Although, the difference between the 3 teams weren’t significant, after the interventions ($P=0.508$). But, there was a significant difference in the depression variations amounts, among the three groups, from before to after the interventions (which is the most important index of depression variations comparison, between the 3 teams) ($P=0.001$). That, according to the Tukey’s post-hoc test, this significant difference was between the group reminiscence team and the without intervention one ($P=0.001$).

**Table 2.** Statistical results of independent t test concern to variants of three groups.

<table>
<thead>
<tr>
<th>Group</th>
<th>t</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group reminiscence</td>
<td>7.29</td>
<td>0.000*</td>
</tr>
<tr>
<td>Group intervention</td>
<td>2.849</td>
<td>0.009*</td>
</tr>
<tr>
<td>Without intervention</td>
<td>0.71</td>
<td>0.48</td>
</tr>
</tbody>
</table>

* Significant at the level of $P \leq 0.05$.

Also, the depression decreased in the group reminiscence team and the group intervention one, significantly ($P=0.000$ and $P=0.009$, respectively). Though, the depression increased in the without intervention group, insignificantly ($P=0.48$).
Discussion
According to the understanding of the present study, a period of group reminiscence caused significant decrease in depression of mild cognitive impaired elderly. Also, group conversation led to significant reduction of depression. Whereas, the without intervention didn’t present any significant change in the depression. The variations were in a figure that a significant difference was observed among depression variations amounts of the 3 groups, from before to after the interventions, and the difference was between the reminiscence group and the without intervention one. However, there wasn’t observed any significant difference between the reminiscence team and the group conversation one, and also between the group conversation team and the without intervention one. In agreement with the present understandings, research of Sotoodeh Navroudi et al., (2012) investigated effectiveness of group reminiscence on elderly men’s mental health of retirees institute, and their founds indicated there’s a significant difference between pre-test and post-test of experimental and control groups, in the aspect of depression. In other words, the elderly of experimental group would have better mental healthiness than the elderly of evidence one. Actually, in the last mentioned study, the elderly of the experimental group could considerably reduce their anxiety and depression, after participation in the group reminiscence sessions. These founds agree with results of previous researches (Hanaoka and Okamura, 2004; Shibani Tazrji et al, 2010; Chiang et al., 2010; Moradi Nejad et al., 2010; Elford et al., 2005).

| Table 3. Statistical results of independent one-way variance analysis test to compare depression scores between three groups. |
|---------------------------------|-------|-------|
| Group                          | F     | P-value |
| Before the intervention        | 5.765 | 0.005* |
| After the intervention         | 0.685 | 0.508  |
| Variations amounts             | 7.604 | 0.001* |

* Significant at the level of P≤0.05.

In other study, mental advantages of reminiscence among the elderly were investigated, and its results represented that reminiscence, with the aid of preservation of abilities and social connections and with the help of mental drain, would lead to creation of satisfaction and happiness, and improvement of the elders’ mental healthiness and life quality (Elford et al., 2005). Investigation of group reminiscence, among non-institutionalized elders, clarified this method would cause decrease in depression and apathy, in these people (Chia- jung, 2010; Wang et al., 2009). Also, results of research of Moradinedjad et al., (2010) showed reminiscence sessions would cause improvement of sanitarium institutionalized elders’ mental healthiness. Study results of Wang et al., (2005) were in agreement with the results of the present research, about signs of depression. They investigated effects of reminiscence on four indices of mental health, including depression, which intervention results represented a significant decrease in depression signs of experimental group (Wang et al., 2005). Inquiry results of Chiang et al., (2009) indicated reminiscence, among the elderly of experimental group, had an affirmative short-term influence, during 3 months pursuance of depression, in comparison to control group, which are in agreement with the understandings of the present research. In the other hand and in contrary to the understanding of the present study, Moradinedjad et al., (2010) (citation from Stinson and Kirk, 2006), reported there wasn’t seen any significant difference in depression reduction and self-esteem increment, which its reason could be the low number of subjects (24 persons). It has been shown, 10 to 12 reminiscence sessions would cause considerable decrease in depression, but more or less number of meetings doesn’t represent this influence. Nemati Dehkordi et al., (2008) state the reminiscence owns
an aiding ply in supporting mental healthiness and has long-term influences on improvement of the elders’ life quality. Founds of Nemati Dehkordi et al., (2008) indicated the group reminiscence would cause decrease in mean elderly depression score, among experimental team.

Based on their results, most of research units suffered mild depression, in both experimental and evidence groups, before intervention. Although, there wasn’t observed any considerable difference in depression scores, after intervention, compared to before intervention, but mild depression distributions of research units considerably decreased, after intervention. In contrast, severe depression distributions of experimental team units didn’t have any considerable change, after intervention, in comparison to before intervention (Nemati Dehkordi et al., 2008). In this relation, Jones (2003) presented in a study, named “Reminiscence therapy for older women with depression”, there were significant decreases in depression signs, compared to control group. Also, Wang et al., (2005) showed in their research, in the title of “The effects of reminiscence in promoting mental health of Taiwanese elderly”, significant differences in depression signs, among experimental team, after intervention, and Wang (2004) represented in a study, called “The comparative effectiveness among institutionalized and non-institutionalized elderly people in Taiwan of reminiscence therapy as a psychological measure”, that the reminiscence would lead to improve in mood situations of the elderly, especially among institutionalized elders of care centers.

Of course, the further reductive influences on depression of institutionalized elderly people of sanitariums were probably because of their higher depression levels, before the intervention. In contrast, Chao et al., (2006) stated about investigation of the effects of reminiscence on depression level, self-esteem and life satisfaction of the elderly people of sanitariums, although this intervention have had a significant influence on self-esteem of the elderly, but there wasn’t observed any significant change about depression levels and life satisfaction of the elderly people. Perhaps, one of the difference reasons between results of most previous researches and study founds of Chao et al., (2006) was difference in the research environment. Because, the last mentioned study, was executed in a sanitarium. However, Wang (2004) largely refuses this recent probable reason. Therefore, interpretations of the results should be done with more cautions, and suggestion of carrying out further researches is the wisest advice, before definitive conclusions.

However, regardless of study of Chao et al., (2006), research of Wu et al., (2010) indicated the reminiscence has affirmative effects on self-respect, life satisfaction and the elders’ depression signs. Also, Chiang et al., (2010) showed the reminiscence would cause improvement of depression signs. In their study, the GDS depression score reduced from 13.7 to 6.36 and this reduction has been from 7.37 to 6.23, in CSDD questionnaire. In the last mentioned research, eight reminiscence sessions (1 weekly meeting, in span of 90 min) were held (Chiang et al., 2010), which were the same as the reminiscence sessions of the present study, and because their founds were also in agreement with the present understandings, hence maybe one of the difference reasons between results of most previous researches (and the present understandings, too) and few contrary founds, is variances in studies methodologies and interventions manners. Perhaps, intervention execution manner, like span of session, number of weekly sessions and durations of the intervention (number of weeks) is the most important factors. Nevertheless, this is only a scientific intuition, based on methodology overview of the previous studies, and the most academic behavior is recommendation of performing “controlled more” researches with consideration of the above mentioned variables, before presentation of the final statement. Study of Chiang et al., (2010) represented the reminiscence has affirmative influences on depression, loneliness and mental healthiness of the elderly, in short-term (after 3 months). In contrast to the recent supposition, another research was done on some elderly people, to investigate effects of
reminiscence treatment. A society of 12 cognitive impaired elders, chosen from 90 resident elderly people of Pingtung sanitarium, was selected in this research. Eleven people agreed to cooperate for participation in this research, among these 12 elders, and one person was excluded from this study, before the research completion. Eight group reminiscence sessions were held about cooking and social activities. The subjects of this research had mild to moderate cognitive impairments, which means they earned scores from 12 to 26, in the MMSE questionnaire. These subjects were examined by the geriatric depression scale (GDS) questionnaire, before and after holding of the 8 reminiscence sessions. Analysis of the depression scale scores of the elderly, before and after intervention, showed lower GDS scores hadn’t any significant difference, statistically (Huang et al., 2009). Although, the differences in results of some researches might be confusing, but they could be generated by various reasons, among differences in studies methodologies including intervention span, situations and number of subjects and other cases. Characteristics of the elderly affect the reminiscence results, too (Moradi nejad et al., 2010; Shu-Yuan et al., 2008).

The recent issue is a substantial point and shouldn’t be ignored. Also, the elderly, who suffer depression, benefit from the reminiscence, more than the ones, who haven’t depression (Moradi nejad et al., 2010), and therefore initial level of depression is important, too. However, the effects of the reminiscence on reduction of depression signals and negative feelings of the elderly have been proved. According to the studies, group reminiscence intervention was performed for depressed elders, about 6 to 12 sessions (once or twice a week 40-60 min meeting(s)) (Ashida, 2000; Jones, 2003). The elderly would have better presage by recital of their bygones, which were their activity ages, and feel themselves in the past flavor. This matter would lead to superior self-evaluation of their healthiness situations, and they would carry out their daily activities with more energy (Nemati Dehkordi, 2009).

The recent issue could potentially cause improvement (reduction) of depression. Other researches showed the group reminiscence would cause decrease in loneliness, among the elderly, too (Chiang et al., 2010; Liu and Guo, 2007; Zikic et al., 2009; Routasalo et al., 2009). Also, Chiang et al., (2009) demonstrated the considerable affirmative effects of reminiscence therapy on improvements of mental situation, depression and loneliness of the elderly, in their study. Heravi et al., (2007) have shown in their research, named “Explanation of the elderly standpoints about loneliness”, most participants introduced memoirs as an option to escape from loneliness. Memoirs recalling could cause increases in social cooperation and adaptive performance and decrease in loneliness of the elderly, through increases in self-respect, self-evaluation and life satisfaction and depression decrease (Heravi Krymvy et al., 2007). Stinson and Kirk (2006) and Stinson et al., (2010) declared the reminiscence would cause decrease in depression and increase in heart favorite, because there’s an inverse relationship between the heart favorite and depression. It has been indicated in studies of Stinson and Kirk (2010) and Stinson et al., (2006) that the depression decreases with the increments of heart favorite and self-respect. Sheibani et al., (2010) stated, the reminiscence has a significant influence on reduction of the elders’ loneliness, and cause their social relations climbing. In a manner that sharing individual memoirs creates an affirmative feeling form personal identity, among people, and could valuably roles in treatments of life unsolved problems and negative memories (Sheibani et al., 2010). Also, Khoshkonesh et al., (2010) presented the cognitive group consultation would cause reductions of depression and anxious, among the elderly.

In Eriksson’s evolutionary theory, the reminiscence has a key role in final stages of life and acts as a potential factor in solving mental damages and aiding the elderly to achieve their return consolidations (Hsieh et al., 2003). This method is kind of defensive mechanism for the elderly, because it does strengthen the brain, reduces inconsistencies, and would
improve mental welfare of the elderly as a figure of mutual relations, among groups (Moradi nejad et al., 2010). When, resident elders of sanitarium participate in the reminiscence, they would achieve opportunities to find new friends and have deeper friendship connections, and would be able to communicate. In addition, the reminiscence would cause reduction of the missing emotions in a new situation, through mutual relationships among people, would lead to prepare social supports by the others (Moradi nejad et al., 2010).

It seems, the elderly would give vent their positive and negative feelings, by telling their memoires among a group, and reconcile with the present time. This point would cause to change in their attitudes. In the other hand, having an active role in reminiscence would lead to increase in self-esteem, cause feel being useful among the elderly and reduces their problems (Bohlmeijer et al., 2008; Wang, 2007). Also, researchers declare in examining effects of this treatment approach that the reminiscence has aiding plies in mental healthiness support and long-term influences on improvement of the elders’ life, too (Hanaoka and Okamura, 2004). Concerning to the mentioned issues, it appears increments of cooperation and human communications would cause decrease in depression of the elderly.

Also, giving vent the happiness and sadness, and sharing them to other persons, and listening to other people’s memories and sympathize with these persons, would gift a pleasant feeling to the elderly, and the purposes of the recent matter are support, anxious reduction and socializing increment of the elderly. The reminiscence is concentration on positive communications and with high quality. It allows the persons to talk about their paramount matters, provides a relaxant and supportive environments, increases relation and communication level and heart favorite of the people, and causes self-esteem and life satisfaction (Sheibani et al., 2010; Cappeliez et al., 2005). It has been reported in this way, the group reminiscence would lead to improvement of life quality of the elderly, in the aspect of depression (Nemati Dehkordy et al., 2008).

The group reminiscence, which because of its characteristics is a social group, raises social behavior of the elderly, and encourages the people of group to communicate active relationships with each other. Hence, isolation of the elderly would be reduced would raise social behaviors of the elderly, through this way. The reminiscence therapy provides opportunities to experience the people’s pasts and creates an affirmative self-viewing for the sender and receiver of message, and the existing interpersonal communications among the groups would lead to escape form social isolation and causes formation of social behaviors (Harrand and Bollstetter, 2000). The reminiscence therapy would lead to decrease in behavioral problems and increase in social communications (Wang et al., 2005). Results of Nemati Dehkordi et al., (2008) indicate positive changes after the reminiscence intervention, in aspect of the elders’ life satisfaction, and it’s definite that increment of life satisfaction would cause reduction of depression. So, Increase in life satisfaction could be some of the reasons improvement (reduction) of the depression scores in the present study.

It has been declared in this relation, the reminiscence would lead to increase in life satisfaction of the elderly (Moradi nejad et al., 2010). Outcomes of Nemati Dehkordi et al., (2008) showed the group reminiscence hadn’t a considerable effect on improvement of severe depression, but it could be a non-pharmacological method to heal mild depressions of the elderly. In the other hand, with implementation of this treatment, the reminiscence would become one of the activities of the elderly age and holding these sessions would fill the leisure of the elderly, and their loneliness would be reduced. The recent matter would cause changing attitudes of the elderly to life, cooperation feeling and well being, and would lead to increment of their self-estees. Therefore, the levels of their depression would be decreased.
The reminiscence could introduce relaxation and convenience feelings, being effective and conjunction with the society to the fear, chaos and idleness world of the elderly (Nemati Dehkordi et al., 2008). It’s an interesting point that Butters et al. (2000) reported depressed elders, who had more deficiencies at the beginning of study, would have further improvements in their cognitive performances, after receiving depression decreasing treatments. Accordingly, by proper planning, the elders could enjoy a happy and generative elderly age, and are considered incorporated with the society. It should be mentioned, because execution of each research encounters to particular limitations and the present study isn’t exempt from this prescript, low mass of the subjects and impracticability of controlling other effective variables (which were probably influencing on the results of the present study, outside of the Jahdandidegan-e-Shiraz institute), were some of limitations of the present research. Therefore, more reliable understandings would be achieved by identification of entire effective variables and accurate control of them.

**Conclusion**

According to the results of the present study and also investigation of the previous founds, it’s concluded an eight weeks period (consisting 8 group reminiscence sessions) would cause decrease in mild cognitive impaired elders. However, a more accurate conclusion and presentation of a clear statement still need further studies with more subjects and controlling other influencing variables, in various research conditions. Due to increasing elderly population and positive effect of the group reminiscence on improvements of elders’ depressions, it’s recommended the practitioners, caregivers and families effort to use this simple, inexpensive and executable approach.

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