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The effect of self-affirmation on depressive symptoms in elderly people. A randomized controlled trial

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ABSTRACT

Introduction:

Successful ageing is reflected in the ability of older people to adapt to physical, social and emotional losses and to achieve contentment, security and life satisfaction. Because changes in life patterns are inevitable over a life time, older people need resiliency and coping skills when confronting depressive symptoms and change.

Need for the study:

Failure to adaptations of the ageing which can leads to frustration, loneliness, bitterness, and insecurity which makes older people prone for later life depression. The demand for curing depression is on the rise globally. Affirmation therapy helps to relax and get healed up from depressive symptoms especially for elderly people.

Aim:

To investigateself-affirmation on depressive symptoms in elderly people

Tool: Geriatric Depression Scale.

Study setting: kalaiselvikarunalaya old age home at west mogapair.

Data collection procedure: affirmation sentences were played through compact disc attached with speakers twice a day for four weeks.

Data analysis: Demographic variables and clinical variables were analyzed with descriptive statistics (percentage, mean, standard deviation) and correlated the levels of depressive scores with demographic variables by inferential statistics (paired't' test and chi square)

Study Results: The study shows the pretest score were 16.72 with standard deviation of $\pm$ 3.88. The posttests score were8.30 with standard deviation of $\pm$2.16. This study revealed that affirmation therapy as effective and healed the depressive symptoms among the elderly people. So the differences are large and it showed statistically significant difference ($P \leq 0.001$) in paired test.

Discussion: Depression being one of the causes of a variety of diseases and disorders in the world today, especially in elderly population, through this study it was proven that affirmation therapy reduces the level of depressive symptoms among elderly suffering from Depression. Therefore it is suggested that affirmation therapy can be done in all types of groups in long term basis as well for reducing depression. Hence the objectives have been achieved and hypothesis is proved.

Conclusion: There is effectiveness in affirmation therapy on depressive symptoms among elderly people. Since it is cost effective it can be practiced in home settings. So the investigator conducted a study to assess the effectiveness of affirmation therapy on depressive symptoms among elderly people in selected geriatric home at Chennai.

Key words: Elderly people, affirmation therapy, Depressive symptoms

Concept of "old"

Aging is a process that begins with conception but in practice, aging is regarded as that phase in life when body functioning begins to decline in the loss of adaptive response to depression and in increasing risk of age related disease. Physically the aging process consists of intrinsic, subtle changes in all body systems. Similarly, emotional and intellectual growth is influenced by physical and environmental factors.

Depression

Depression is referred to all processes, whether originating in the external environment or within the people, which impose a demand or requirement up on the organism, the resolution or handling of which necessitates or activity of the mental apparatus before any system is involved or activated. The elderly person who are residing in old age homes and admitted in hospital have more depression because they are staying away from their children and they don't have anyone's support to carry their works and to share their feelings. The National Health Interview Survey shows that 75 % of old age population experiences at least some depression, half of those experience moderate or high levels of depression during their life time. The APA survey shows that two thirds of Americans say they are likely to seek help for depression.

Affirmation therapy

Affirmation therapy refers to the practice of positive thinking. It is a carefully formed positive statement that should be repeated to ones self and written down frequently.

Elderly people:

Elderly people are those who came under the age of 60 – 80 years of age with depressive symptoms.

Need for the Study

Global level: **Wimo, Ribeiro, Ferri, 2013**It was estimated that 35.6 million people lived with depressive symptoms worldwide in 2010, with numbers expected to almost double every 20 years, to 65.7 million in 2030 and 115.4 million in 2050.

World Federation for Mental Health; 2012 Depression can cause great suffering and leads to impaired functioning in daily life.

Unipolar depression occurs in 7% of the general elderly population.

American Psychological Association : The state of LGBQ affirmative therapy clinical research: A mixed-methods systematic synthesis.**This review synthesizes the findings of the 49 empirical studies published from 2000 to 2015 that evaluated some aspect of lesbian, gay, bisexual, or queer (LGBQ) affirmative therapy. We found that although there are promising results regarding the effectiveness of LGBQ affirmative therapy, the majority of studies have focused on gay men, with little research evaluating effective therapy with lesbian and bisexual individuals. (PsycInfo Database Record (c) 2020 APA, all rights reserved)**

Self-affirmation and motivational interviewing: integrating perspectives to reduce resistance and increase efficacy of alcohol interventions17 Oct 2013

International Journal of Head and neck Surgery VOLUME **12** , ISSUE **3 (July-September, 2021) Gender Affirming Voice Care: A Literature Review** Joseph Chang, Katherine Yung

WHO Global Burden of Disease report 2004, depression is the leading cause of burden of disease during 2000-2002, ranked as third worldwide. It is projected to reach second place ranking worldwide by the year 2020 and first place by 2030.Depressive disorders leading to suicide are widely recognized.We got a permission to go for a visit to old age home as a requirement of Msc (N)I year. There the elderly people were found to have depressive symptoms. This situation made me to choose this topic for the study.

International level: **Luppa et al., 2010** A German population-based studies reported a prevalence of depressive symptoms of 14.3%, diagnosed with the

Center for Epidemiologic Studies Depression Scale (German cut-off of 23)   **Kristen. L. Mark. 2006** The chances of developing a depressive illness are estimated to be 1 in 5 for women and 1 in 10 for men. People 65+ represented 12.4% of the population in the year 2000 but are expected to grow to be 19% of the population by 2030.

       American Psychiatric Association *Diagnostic and Statistical Manual for Mental Disorders,* **2000** Nearly twice as many women 12.4 million (12.0 percent) as men 6.4 million (6.6 percent) in U.S are affected by a depressive disorder each year.

Indian level: **Population Ageing and Health in India (2003)** In India the size of the elderly population, i.e. persons above the age of 60 years is fast growing although it constituted only 7.4% of total population at the turn of the new millennium.

Community level: **Clindiagn J et al., (2013) Chitoor**Ten percent of the people who are older than 65 years have depressive symptoms and one percent have major depressive disorders. Increase in 69% in number of old age homes in four years.

Pallavi M et al., (2012) Thirchy Old age homes facilities for organizations working for the welfare of the aged and effective implementation of old age pension, are some of the measures that need to be taken.

Ego Integrity Theory 2015 Integrity vs Despair is a crucial stage for later life.

Continuity theory 2015 Disengagement and ego-integrity may offer tools helping the elderly.

Objectives:

1. To identify the socio demographic variables of the elderly people in selected geriatric home at Chennai.
2. To assess the depressive level before affirmation therapy among elderly people in selected geriatric home at Chennai.
3. To evaluate the depressive level after affirmation therapy among elderly people in selected geriatric home at Chennai.
4. To determine the effectiveness of affirmation therapy intervention.
5. To find the association of post test score with selected demographic variables.

Hypotheses:

H₁: Affirmation therapy is effective in reducing depressive symptoms among elderly people.

H₂: There is association between the selected demographic variables and level of depressive scores among elderly people.

Methodology:

Research approach: Quantitative approach

Research design: randomized controlled pretest and posttest design.

Sampling technique: Convenient sampling technique.

Study population: Elderly people residing in geriatric home.

Sample size: A Sample of 60 elderly people is selected for this study.

Sampling criterion:

Inclusion Criteria

1. Elderly people with depressive symptoms in the age group of 60-70 years.
2. Elderly people who are willing during the data collection period.

3. Elderly people who are willing to give consent (oral and written) for the study.

4. Elderly people who can able to understand and speak Tamil or english.

Exclusion Criteria

1. Elderly people who had previous affirmation therapy intervention.

2. Elderly people those who are having congenital disorders like hearing disabilities.

3. Elderly people who have medical illness like hemiplegic, chronic kidney disease etc

Sampling Technique

Convenient sampling technique was used to select the 60 samples of elderly people.

Research Variable

The two categories of variable discussed in this study were

Independent Variable: affirmation therapy

Dependent Variable: Level of depressive symptoms among elderly people.

Description of Tool:

The tool consisted of Section A and B

Section A: Socio – demographic profile

It includes socio demographic details such as: age, religion, marital status, education, occupation, financial support, number of children, mode of admission, recreational activities and duration of stay.

Section B: Structured Questionnaire

The structured questionnaire regarding assessment of depressive symptoms by using Geriatric Depression Scale.

The Geriatric Depression Scale (GDS) is a self-report measure of depression in older adults. Users respond in a "Yes/No" format. The GDS was originally developed as a 30-item instrument. This validation study was formulated by Sheikh and Yesavage in 1986. Of the 30 items, 20 indicate the presence of depression when answered positively while the other 10 are indicative of depression when answered negatively. This form can be completed in approximately 5 to 7 minutes. The GDS may be used with healthy, medically ill and mild to moderately cognitively impaired older adults. It has been extensively used in community, acute and long-term care settings.

Minimum score = 0   Maximum score =1 Questions= 30 Total score=30

Data Collection Procedure

The entire data collection procedure was spread out over a period of four weeks from 16.07.2023 to 17.08.2023. There are 70 old aged people above 60 years are from different

parts of Tamilnadu, irrespective of caste, creed and religion, relinquished by family in kalaiselvikarunalaya. Initially the investigator approaches each elderly after getting permission from the Director. The old age home consists of 70 elderly in whom 35 were males and 35 females. Investigator selected 70 elderly people initially. In that 2 of them were dropped due to chronic illness, 3 of them were unable to attend due to their physical inability and 5 were not willing to participate in the study. The investigator selected 60 elderly people as per the inclusion and exclusion criteria. The elderly people were introduced with the whole programme after an introduction and then a written informed consent was obtained from them for willingness to participate in the study. They were assured that their responses and details will be kept confidential and will be used only for the research purpose. Before the tool was administered some informal discussion were made with participants to establish rapport so that they would be relaxed.

The total 60 elderly people were divided into two groups. Each group contained 30 people. Every day the participants were gathered around 10am in the common hall. The pretest questionnaire was administered to them and they were asked to give appropriate answers for all statements to find out the depressive symptoms level by structured scale before AFFIRMATION therapy. First the investigator demonstrated the AFFIRMATION therapy steps to first group for 45 to 50 minutes in the morning and evening session per day up to first 2 weeks.

The data was collected in three stages

Stage I (Assessment First Week)

Informed written consent was obtained to select the samples to conduct affirmation therapy from the concerned authorities of old age home.

The samples were informed about the purpose and procedure of the study and an informed written consent from the samples were also collected.

Investigator established rapport with the samples and the purpose of the interview was explained to the study samples.

Pretest was administered to elderly people of the old age home who were willing to take part in the study. Geriatric depression scale was used to assist the level of depression among elderly people in the old age home.

Individual having audio logical deficits were excluded from the screened group

Purposive sampling was done to select the sample.

Stage II (Intervention Second and Third Week)

The investigator encouraged the samples to hear positive affirmation sentences with the help of the audio (Compact Disc) for 30 minutes as two sessions over a period of 4 weeks under the supervision of the investigator.

Step 1.Assessments & Evaluations

During the first two or three sessions with the elderly people. The investigator uses instruments and a basic session design (greeting & closing songs) that is some positive affirmation sentences to collect data. He/she will look at seven skill areas - physical, social, behavioral, cognitive, communicative, creative and affirmation. After the data has been collected, individual or group goals and objectives are chosen.

Step2. Sessions

After the goals and objectives are defined, the investigator meets the elderly people on a fixed weekly schedule in an agreed upon location. The duration is from morning 10 am to 12 pm and evening 2 pm to 4pm.Therapy sessions are individually designed to reach the goals stated and the investigator uses affirmation sentences and movement to support the elderly people in meeting those goals. Elderly people become active and central participants in affirmation making at whatever level they are currently able. After every session, the investigator takes notes to track the progress of the therapy.

Step 3. Re-assessment

Through the process of tracking the elderly people progress, the investigator might re-adjust the goals and objectives either because the first goals have been met or because other more important needs arise. In some cases, where affirmation therapy does not seem to be reaching the desired objectives, the investigator will recommend ending the treatment. However, affirmation therapy can be used as an on-going therapy for elderly people who respond positively and have on-going needs.

Step 4. Closure

The relationship between the investigator and elderly people is a close one. Therefore in the best interest of the elderly people, proper closure is very important, no matter what the reason for ending the therapy is.

Stage III (Reassessment second and third week)

An immediate posttest to the study samples is done to evaluate the changes in the level of depressive symptoms who would have under gone affirmation therapy.

Stage IV (Conclusion fourth week)

With the closure of the affirmation therapy the elderly people are assembled in one room. The investigator thanked everyone for cooperating for the study and also insisted about the importance of hearing affirmation for reducing depressive symptoms.

Table-1 Distribution of socio demographic variables of the Elderly People

Demographic variables		F	%
Age	60 -70 years	39	13.3%
	71 – 80 years	18	53.3%
	>80 years	3	33.4%
Educational Qualification	No formal education	31	28.3%
	Primary	19	43.4%
	High school	8	25%
	Higher secondary	2	3.3%
	College	0	0.0%
Marital status	Married	55	38.3%
	Single	1	28.3%
	Divorced	0	1.7%
Past occupation	Government job	7	53.3%
	Private sector	46	53.3%
	Business	7	38.3%
Family Monthly income	Below Rs.5000	20	33.3%
	Rs.5000-10,000	30	50.0%
	Rs.10,000-15,000	10	16.7%
	>Rs.15000	0	0.0%
Source of income	Pension	4	6.7%
	Deposit	17	28.3%
	Family Members	34	56.7%
	Institution	5	8.3%

Duration of stay	One week	27	45.0%
	Fifteen days	29	48.3%
	One month	4	6.7%
	>One month	0	0.0%
Frequency of visit by family members	Daily	10	16.7%
	Once in a week	18	30.0%
	Twice in a week	31	51.6%
	Thrice in a week	1	1.7%
	Never	0	0.0%
Number of children	One	5	8.3%
	Two	30	50.0%
	Three	21	35.0%
	None	4	6.7%
Physical illness	Diabetes Mellitus	20	33.3%
	Hypertension	24	40.0%
	Respiratory problems	10	16.7%
	Others	6	10.0%
Social support	Friends	2	3.3%
	Family members	34	56.7%
	Relatives	24	40.0%
	None	0	0.0%

Table 4.1: Shows the demographic information of elderly people who participated in this study.

Among the elderly people, the age group of 60-70 years is (13.3%), 71- 80 years is (53.3 %),>80 years is (33.4%).

Religion wise (40%) is Hindu, (50.0%) is Christian and (5.0%) is Muslim of the elderly people.

As far as the educational status of the elderly people is concerned, (28.3%) had no formal education, (43.4%) had Primary education, (25.0%) had higher secondary education and (3.3%) graduate.

In case of Marital status (38.3%) were Married, (28.3%) were single, (1.7%) were divorced, (31.7%) were widowed.

According to their occupational status, elderly people who worked in government job are (53.3%), in private sector is (53.3%), doing business (38.3%) and occupied with other jobs were (6.7%).

Elderly people receiving other sources of financial support is (68.3%), receiving government retired pension is (3.3%), receiving old age pension is (11.7%) and receiving none of the financial support is (16.7%).

Among the respondents, (48.3%) have no children, (31.7%) have more than two children, (20.0%) have one or two children.

Among elderly (45.0%) got admitted in the old age home is referred by trustee, (38.3%) are admitted voluntarily, (6.7%) were admitted by their children, (10.0%) are admitted through other mode.

Forty percent of the elderly were watching TV, (31.6%) were listening music (11.7%) were reading books, (16.7%) were talking with friends in their leisure time.

Among elderly people (20.0%) are staying below one year, (33.3%) were staying for 2-3 years,(30.0%)were staying 3-5 years , (16.7%) are

>5years in the old age home.

Table 2: Pre-test Level of depression Score

Table *2:* Shows pretest level of depressive symptoms score among elderly people. *None of them have no depression score, 73.3% of them have mild depression score and 26.7% of them have severe depression score.*

Level of depression	No. of clients	%
No depression	0	0.0%
Mild depression	4	73.3%
Severe depression	17	26.7%
Total	60	100%

Table 3: Post-test Level of depression score

Table 3 shows posttest level of depressive symptoms score among elderly people.46.7% of them have no depression score, *53.3% of them have mild depression score and none of them have severe depression score.*

Level of depression	No. of clients	%
No depression	12	46.7%
Mild depression	34	53.3%
Severe depression	0	0.0%
Total	60	100%

Table 4: Comparison of Pretest and Posttest Score

Significant at P≤0.05 ** highly significant at P≤0.01 *** very high significant at P≤0.001

Table: 4.4 Assess the **Pretest And Posttest Level of Score**.

Before Administration of **AFFIRMATION therapy**, *none of them have no depression score, 73.3% of them have mild depression score and 26.7% of them have severe depression score.*

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　　　After Administration *of AFFIRMATION* **therapy**, *46.7% of them have no depression score, 53.3% of them have mild depression score and none of them have severe depression score. Chi-square test was used to calculate the statistical significance.*

	No. of clients	Knowledge score Mean ± SD	Mean Difference	Student's paired t-test
Pre-test	60	27.55±3.61	11.18	t=17.43 P=0.001*** significant
Post-test	60	16.37±4.68		

*** very high significant at   P≤0.001

Table 5 Effectiveness of affirmation therapy

Table 4.6   shows the effectiveness of AFFIRMATION therapy

After AFFIRMATION therapy, Post test depressive score had reduced to 28.1%. Differences between pretest and posttest score was analyzed using percentage with 95% CI and mean difference with 95% CI.

	Max score	depression score Mean ± SD	Mean Difference of depression score with 95% Confidence interval	Percentage of reduction score with 95% Confidence interval
Pre-test	40	27.55±3.61	11.18(9.90 – 12.47)	28.1 %(24.7% –31.2%)
Post-test	40	16.37±4.68		

Table 6: Association between pre-test level of depression score and demographic variables

Table 4.7 shows the association between the levels of depressive symptom reduction scoreswith the socio demographic variables. Demographic variables such as age, education, financial support and duration of stay shows statistical significance when correlated with level of depressive symptom reduction score. Statistical significance was calculated using chi square test.

The other variables such as Religion, Marital status, Occupation, No.of.children, Mode of admission, Recreation have no statistical significance when correlated with level of depressive symptom reduction score.

Demographic variables		Pretest level of depression						Total	Chi square test
		Mild		Moderate		Severe			
		N	%	N	%	N	%		
Age	60 -65 years	1	2.6%	25	64.1%	13	33.3%	39	$\chi2=5.92$ P=0.20 DF=4
	66 -70 years	3	16.7%	11	61.1%	4	22.2%	18	
	71 -75 years			3	100.0%			3	
Gender	Male	2	6.9%	16	55.2%	11	37.9%	29	$\chi2=2.66$ P=0.26 DF=2
	Female	2	6.5%	23	74.2%	6	19.4%	31	

Variable	Category	n	%	n	%	n	%	Total	χ²
Educational Qualification	No formal education	3	9.7%	21	67.7%	7	22.6%	31	χ2=4.58 P=0.59 DF=6
	Primary			12	63.2%	7	36.8%	19	
	High school	1	12.5%	4	50.0%	3	37.5%	8	
	Higher secondary			2	100.0%			2	
Marital status	Unmarried			3	75.0%	1	25.0%	4	χ2=0.94 P=0.91 DF=4
	Married	4	7.3%	35	63.6%	16	29.1%	55	
	Widow			1	100.0%			1	
Past occupation	Unemployed	1	14.3%	6	85.7%			7	χ2=6.23 P=0.17 DF=4
	Daily wages	1	2.2%	30	65.2%	15	32.6%	46	
	Professional	2	28.6%	3	42.9%	2	28.6%	7	
Family monthly income	Below Rs.5000	2	10.0%	14	70.0%	4	20.0%	20	χ2=3.21 P=0.52 DF=4
	Rs.5000-10,000	2	6.7%	17	56.7%	11	36.7%	30	
	Rs.10,000-15,000			8	80.0%	2	20.0%	10	
Source of income	Pension			2	50.0%	2	50.0%	4	χ2=5.55 P=0.47 DF=6
	Deposit	2	11.8%	10	58.8%	5	29.4%	17	
	Family Members	2	5.9%	25	73.5%	7	20.6%	34	
	Institution			2	40.0%	3	60.0%	5	
Duration of stay	One year	2	7.4%	18	66.7%	7	25.9%	27	χ2=0.54 P=0.96 DF=4
	2-5years	2	6.9%	18	62.1%	9	31.0%	29	
	>5years			3	75.0%	1	25.0%	4	
Frequency of visit by family members	Weekly once			5	50.0%	5	50.0%	10	χ2=4.07 P=0.66 DF=6
	Once in a month	1	5.6%	12	66.7%	5	27.8%	18	
	Twice in a month	3	9.7%	21	67.7%	7	22.6%	31	
	Once in a year			1	100.0%			1	
Number of children	One			4	80.0%	1	20.0%	5	χ2=3.75 P=0.70 DF=6
	Two	3	10.0%	18	60.0%	9	30.0%	30	
	Three	1	4.8%	13	61.9%	7	33.3%	21	
	None			4	100.0%			4	
Physical illness	Diabetes Mellitus	1	5.0%	12	60.0%	7	35.0%	20	χ2=3.55

	Hypertension	2	8.3%	17	70.8%	5	20.8%	24	P=0.73DF=6
	Respiratory problems			6	60.0%	4	40.0%	10	
	Others	1	16.7%	4	66.7%	1	16.7%	6	
Social support	Friends			1	50.0%	1	50.0%	2	χ2=0.78 P=0.94 DF=3
	Family members	2	5.9%	22	64.7%	10	29.4%	34	
	Relatives	2	8.3%	16	66.7%	6	25.0%	24	
	None					0	0.0%	1	

Table 7: Association between post-test level of depression score and demographic variables

Demographic variables		Posttest level of depression						Total	Chi square test
		Mild		Moderate		Severe			
		N	%	N	%	N	%		
Age	60 -65 years	12	30.7%	21	53.8%	6	15.3%	39	χ2=9.68　P=0.05* DF=4 S
	66 -70 years	0	0.0%	11	61.1%	7	38.9%	18	
	71 -75 years	0	0.0%	2	66.7%	1	33.3%	3	
Gender	Male	10	34.5%	15	51.7%	4	13.8%	29	χ2=8.31 P=0.02*DF=2 S
	Female	2	6.4%	19	61.3%	10	32.2%	31	
Educational Qualification	Non formal education	8	25.8%	16	51.6%	7	22.6%	31	χ2=6.57　P=0.36 DF=3
	Primary	2	10.5%	14	73.7%	3	15.8%	19	
	High school	1	12.5%	4	50.0%	3	37.5%	8	
	Higher secondary	1	50.0%			1	50.0%	2	
Marital status	Unmarried			3	75.0%	1	25.0%	4	χ2=5.04　P=0.28 DF=4
	Married	11	20.0%	31	56.4%	13	23.6%	55	
	Widow	1	100.0%					1	
Past occupation	Unemployed	1	14.3%	5	71.4%	1	14.3%	7	χ2=2.90　P=0.57 DF=4
	Daily wages	11	23.9%	24	52.2%	11	23.9%	46	
	Professional			5	71.4%	2	28.6%	7	
Family monthly income	Below Rs.5000	0	0.0%	17	85.0%	3	15.0%	20	χ2=16.85 P=0.01** DF=3 S
	Rs.5000-10,000	8	26.6%	11	36.7%	11	36.7%	30	
	Rs.10,000-15,000	4	40.0%	6	60.0%	0	0.0%	10	
Source of income	Pension			3	75.0%	1	25.0%	4	χ2=8.44P=0.20 DF=6
	Deposit	2	11.8%	12	70.6%	3	17.6%	17	
	Family Members	10	29.4%	17	50.0%	7	20.6%	34	
	Institution			2	40.0%	3	60.0%	5	
Duration of stay	One year	9	33.3%	16	59.2%	2	7.4%	27	χ2=10.32 P=0.04*DF=4 S
	2-5years	3	10.3%	16	55.2%	10	34.5%	29	
	>5years	0	0.0%	2	50.0%	2	50.0%	4	
Frequency of visit by family members	Weekly once			6	60.0%	4	40.0%	10	χ2=6.46　P=0.37 DF=6
	Once in a month	4	22.2%	12	66.7%	2	11.1%	18	
	Twice in a month	8	25.8%	15	48.4%	8	25.8%	31	
	Once in a year			1	100.0%			1	

Variable	Category	n	%	n	%	n	%	Total	χ²
Number of children	One	2	40.0%	2	40.0%	1	20.0%	5	χ2=3.59 P=0.73DF=6
	Two	6	20.0%	17	56.7%	7	23.3%	30	
	Three	4	19.0%	13	61.9%	4	19.0%	21	
	None			2	50.0%	2	50.0%	4	
Physical illness	Diabetes Mellitus	6	30.0%	11	55.0%	3	15.0%	20	χ2=5.31 P=0.50 DF=6
	Hypertension	4	16.7%	13	54.2%	7	29.2%	24	
	Respiratory problems			7	70.0%	3	30.0%	10	
	Others	2	33.3%	3	50.0%	1	16.7%	6	
Social support	Friends			2	100.0%			2	χ2=2.16 P=0.70 DF=6
	Family members	6	17.6%	19	55.9%	9	26.5%	34	
	Relatives	6	25.0%	13	54.2%	5	20.8%	24	
	None			0	100.0%			0	

Table 8: Association between posttest level of depression score and demographic variables.

Demographic variables		n	Pretest Mean	SD	Posttest Mean	SD	Depression reduction=pre-post Mean	SD	Oneway ANOVA F-test and t-test
Age	60 -65 years	39	27.82	3.16	13.95	4.95	13.87	5.18	**F=3.65P=0.03* S**
	66 -70 years	18	27.50	4.54	17.00	3.47	10.50	4.40	
	71 -75 years	3	24.33	1.53	14.80	5.51	9.53	4.53	
Gender	Male	29	27.69	4.14	14.83	4.75	12.86	5.24	**F=1.99 P=0.05* S**
	Female	31	27.42	3.10	17.14	4.66	10.28	4.77	
Educational Qualification	Non formal education	31	27.19	3.91	16.03	5.00	11.16	5.29	F=0.15 P=0.92
	Primary	19	28.47	2.74	16.95	4.08	11.53	3.19	
	High school	8	27.75	4.17	16.75	4.53	11.00	7.09	
	Higher secondary	2	23.50	.71	14.50	9.19	9.00	8.49	
Marital status	Unmarried	4	29.00	1.63	18.50	4.51	10.50	3.70	F=0.32 P=0.72
	Married	55	27.49	3.72	16.33	4.67	11.16	5.09	
	Widow	1	25.00	.	10.00	.	15.00	.	
Past occupation	Unemployed	7	26.86	2.85	15.29	3.40	11.57	3.26	F=3.00

	Coolie	46	27.85	3.63	16.09	4.91	11.76	4.82	P=0.06NS
	Professional	7	26.29	4.27	19.29	3.40	7.00	5.89	
Monthly income	Below Rs.5000	20	27.50	3.02	19.50	3.33	8.00	4.29	**F=2.41**
	Rs.5000-10,000	30	27.40	4.31	15.97	5.74	11.43	5.90	**P=0.03* S**
	Rs.10,000-15,000	10	28.10	2.42	14.30	3.40	13.80	2.66	
Source of income	Pension	4	28.50	2.89	16.00	.82	12.50	3.00	F=0.34P=0.79
	Deposit	17	27.47	3.45	16.88	4.27	10.59	5.57	
	Family Members	34	27.06	3.63	15.53	5.00	11.53	4.86	
	Institution	5	30.40	4.04	20.60	3.85	9.80	5.63	
Duration of stay	One year	27	27.37	4.06	14.58	5.34	12.79	5.28	**F=2.01**
	2-5years	29	27.38	3.31	17.38	4.23	10.00	5.06	**P=0.05*S**
	>5years	4	30.00	1.63	19.45	3.59	9.55	2.22	
Frequency of visit by family members	Weekly once	10	30.60	2.22	19.30	4.19	11.30	3.71	F=0.59 P=0.62
	Once in a month	18	27.28	3.56	14.89	4.43	12.39	5.41	
	Twice in a month	31	26.74	3.62	16.23	4.74	10.52	5.13	
	Once in a year	1	27.00	.	18.00	.	9.00	.	
Number of children	One	5	28.40	2.88	14.00	6.08	14.40	3.58	F=2.04 P=0.11
	Two	30	27.47	3.51	16.47	4.82	11.00	4.71	
	Three	21	27.71	4.20	16.14	4.26	11.57	5.14	
	None	4	26.25	2.22	19.75	3.50	6.50	5.51	
Physical illness	Diabetes Mellitus	20	27.65	3.77	15.55	4.77	12.10	5.24	F=0.43 P=0.71
	Hypertension	24	27.54	3.24	16.50	5.05	11.04	4.66	
	Respiratory problems	10	28.50	2.99	18.50	3.24	10.00	4.78	
	Others	6	25.67	5.39	15.00	4.73	10.67	6.28	
Social support	Friends	2	30.50	.71	15.00	.00	15.50	.71	F=0.77P=0.46
	Family members	34	27.74	3.33	16.68	4.88	11.06	4.68	
	Relatives	24	27.04	4.05	16.04	4.67	11.00	5.50	

DISCUSSION

This chapter an attempt is made to highlight the important findings of the present study and to discuss them by comparing and contrasting with findings of the earlier studies. The aim of the study is to evaluate the effectiveness of AFFIRMATION therapy on depressive symptoms among elderly people in selected geriatric homes. The findings of the study were discussed under the following sections.

Objective: I To identify the socio demographic variables of the elderly people in selected geriatric home at Chennai.

Age: Analyses in the demographic data revealed that among 60 elderly people in the old age home the majority of 32 (53.30%) were between 71 to 80 years,20(33.4%) were above 80 years,8(13.3%)were between 60 to 70 years. Most of the studies related to Geriatric depression involved elderly whose ages were more than 60 years.

Religion: Among the study subjects, the elderly people belongs to Hindu were 27(45%), subject belongs to Christian were 30(50%) and Muslims 3 (5%).Most of the subjects are from Christian religion.

Marital Status: Majority of the study subjects of 23(38.3%) were married, 19(31.7%) of them were Widowed, 17(28.3%) were single. only one subject (1.7%) was a divorcee.

Seby K, Choudary S, RudhraParasad C(2011)   In a south Indian community study conducted in Vellore it was reported that the married persons were 48.1% ,Widowed were 51.4% and 0.5% were unmarried. The disparity in the value of may be due to the comparatively small sample size of the present study but it is clear that loss of the spouse could make the elderly lonely at home and they might choose to reside at an old age home. In their study on physical and psychiatric morbidity in urban Geriatric population have stated that being widowed single or separated status is an independent risk factor for developing depression in elderly.

Education: With regards to their education qualification 26(43.4%) of the study subjects had studied up to primary school, 15(25%) up to secondary school,17(28.3%) were no formal education,2(3.3%) complete the graduation. **Rajkumar AP et al.,(2009)** revealed majority 66.1% had no formal education and 19.5% were dropout at primary level of education and only 2.6% had secondary education.

M Sherina, Rampell L S (2005) were depicted that 17.7% of the study subject had no formal education,56.3% had primary education and 9% completed secondary education this may be due to the fact that researcher had restricted the study population to the senior citizen staying in the particular old age home where most inmates were educated.

Occupation: Among the study subjects, the elderly people of 32(53.3%) had skilled private jobs such as clerical works, receptionist etc., 23(38.3%) had performed business, 4(6.7%) engaged in other jobs, only 1(1.7%) had perform government jobs none of them working at present.

Mohanan P, Sajjan B S,(2005) were among the inmates of old age home 63% were employed in the past and now all are unemployed. All the study subjects were currently not working which could add to their dependency, depletion of the already existing financial resources and also to the shrinkage of the social networks which added to their depression.

Financial Support: Among the study subjects 41(68.3%) get income from any other resources, 10(16.7%) receive no income, 7(11.7%) of them receiving old age pension and only 2(3.3%) are receiving Government pension. This may be adding some more shrinkage in social network which leads to depressive symptoms.

No of Children: 29(48.3%) had no children, 19(31.7%) have more than 2 children, 12(20%) were having 1 to 2 children.

Mode of Admission: Among the study subjects 27(45%) were referred from trusty, 23(38.3%) were voluntarily admitted, 6(10%) were referred from others, 6.7% are admitted by their children.

Recreation: Among the study subjects24 (40%) were watching TV, 19(31.6%) use to listen AFFIRMATION, 10(16.7%) will talk with others,7(11.7%) of them will read books,

Duration of study: Among the study subjects 20(33.3%) were staying for 2 to 3 years, 12(20%) were staying less than 1 year, 18(30%) were staying 3 to 5 years, 10(16.7%) were staying more than 5 years.

The study consistent with this study which was conducted by**SerapSezgin,Msc et al., (2004)** The mean age and standard deviation of the study group was 69.60 ±5.6 years; the ages of 83% (n=249) of the subjects were between 65-74 years. 54.7% (n=164) were males, 32.7% (n=98) were widows, 43.7% (n=131) were illiterate, 81.3 % (n=244) had a health assurance and 65.3% (n=196) had a history of chronic diseases. About 39.7% (n=119) have been living with their children and 63.3% (n=190) stated that they were satisfying from their family environment .The mean monthly income of the elderly people was 245.1±82.6 million Turkish Liras (making approximately 150 (±50) U.S. dollars). The prevalence of depression symptoms was found to be 58.3 % (n=175) in the total study population. The prevalence of depression was found to be 45.1% (n=79) in male subjects and 54.9% (n=96) in female subjects . In the prevalence of depression in the elderly population, some

parameters a such as gender (x2= 15.372, p<0.001), education (x2=32.869, p<0.001) monthly income (t = 5.179, p <0 .000), marital status (x2=7.317, p<0.01), the presence of chronic disease, (x2= .8.242, p<0.01), satisfaction from the family environment (x2= 13.093, p<0.001) and living arrangements (x2=14.014, p<0.01) have statistically significant effect on depression prevalence. Nevertheless, different age groups (x2= 1.745, p>0.05) and social assurance status (x2=0.161, p>0.05) did not have any significant effect on the prevalence. The prevalence of depression was found to be significantly high in the subjects who were illiterate (57.1%), married (61.1%), had chronic disease (72.0%), where living together with children (48.6 %) and unsatisfied with the family environment (54.9%). On the other hand, various age groups presence of assurance status did not produce a statistically significant difference in terms of depression prevalence.

Objective: II To assess the level of Depressive symptoms among the elderly people before the AFFIRMATION therapy

The study result of depressive symptoms percentage before AFFIRMATION therapy and the overall depression score is 100%. The elderly people had no depression is none. In general 73.3% of the elderly people had Mild to moderate level of depression, 26.7% had severe depression. With mean and standard deviation as16. (72±3.88)

The study consistent within a study which is conducted by **Dr.Renukha.k et al.,(2015)** Totally 40 Elderly were participated in the study. It was observed that Majority of subjects resided for 3-5 years at the old-age home. Majority of the samples had Normal and Mild level of Depression. The study shows the distribution of level of Depression among elderly at Volontariat Home, Oupalam, Puducherry. It depicts that, out of the 40 subjects the pre test scores are   26 (65%) had mild depression, and 14(35%) had moderate depression .The mean pretest values of Depression score are (12.4250) and standard deviation (3.5911).

Objective: III To evaluate the level of depressive symptoms among the elderly people after the AFFIRMATION therapy.

The study result of depressive symptoms percentage after AFFIRMATION therapy and the overall depression score is 100%. The elderly people had no depression is 28(46.7%). In general 32(53.3%) of the elderly people had Mild to moderate level of depression, none of them had severe depression.

The study is similar with a study which is conducted by **Dr.Renukha.k et al.,(2015)**   After the introduction of AFFIRMATION therapy 22 (55%) had normal depression, 13 (32.5%) had mild depression, and 5 (12.5%) had Moderate depression

respectively. Posttest measurement of mean as (7.3375) and standard deviation (2.3172). Depression score which proved that there was significant reduction in the level of Depression among Elderly due to AFFIRMATION therapy. The obtained 't' value 7.5287 was highly statistically significant (0.0001) at p< 0.001 level. Depression being one of the causes of a variety of diseases and disorders in the world today, especially in Elderly population, through this study it was proven that AFFIRMATION therapy reduces the level of Depression among Elderly suffering from Depression. Therefore it is suggested that AFFIRMATION therapy can be done in all types of groups in long term basis as well for reducing Depression.

Objective: IV To determine the effectiveness of AFFIRMATION therapy intervention.

In effectiveness of AFFIRMATION therapy, the overall pretest score among the elderly people was 16.72 with standard deviation of $\pm$ 3.88 and in posttest, the score is 8.30 with standard deviation of $\pm$2.16. So the differences are large and it showed statistically significant difference (P $\leq$ 0.001) in paired test.   AFFIRMATION therapy is effective in reducing depressive symptoms among elderly people. Hence the statistical hypotheses have been proved.

The study coincides with a study which is conducted by **Erkkilä et *al.* (2011) Kerala** lay down a clear marker for the value of AFFIRMATION therapy as part of the range of interventions available for the treatment of people with depression. During the study period 123 people were screened, of whom 113 (92%) were eligible to participate in the study 31 eligible patients (27%) refused to take part in the study and 1 (1%) was considered unsuitable for AFFIRMATION therapy following assessment by a AFFIRMATION therapist. The remaining 81 (72% of eligible patients) were randomized 60 (74%) were men, and ages ranged from 18 to 64 years (mean 37). Of the 81 participants, 33 (41%) were randomized to AFFIRMATION therapy and 48 (59%) to control treatment.

Objective: V To find the association of post test score with selected demographic variables.

The association between the level of Depressive symptom reduction score with the socio demographic variables. Elders were with age 70-80, educated, pensioners, less duration of stay people are reduced more score than others. Statistical significance was calculated using chi square test.

There is a statistically significant association between the post depressive scores of elderly people with selected demographic variables of elderly people. Hence the statistical hypotheses have been proved.

The study is similar with a study which is conducted by**Norhidhayati M H (2005)** were depicted that 17.7% of the study subject had no formal education,56.3% had primary education and 9% completed

secondary education this may be due to the fact that researcher had restricted the study population to the senior citizen staying in the particular old age home where most inmates were educated. The present study had shown the prevalence of mild depression among the elderly was 37.8% and that of severe depression was 21%. The prevalence of depression had a significant association with education, occupation, income, spouse status, smoking and history of chronic illness.

CONCLUSION AND RECOMMENDATION

This chapter deals with the conclusion, Its implication to nursing, limitation and recommendations for the further study. The present study was designed to evaluate the effectiveness of AFFIRMATION therapy on depression, among elderly people in a selected geriatric home in Chennai.

Depression also increases the risk of suicide, especially in elderly. The suicide rate in people ages 80 to 84 is more than twice that of the general population. The National Institute of Mental Health considers depression in people age 65 and older to be a major public health problem. Depression in old age is a complex multifactorial phenomenon that is influenced by several biopsychosocial variables. Depressive symptoms are associated with the presence of chronic diseases, with being female, with low education and low income levels, and with poor perceived health assessment. In impoverished areas, older adults may have more physical disability, as they may have less access to health services. Therefore, they may be more likely to report depressive symptoms.

So the investigator conducted a study to assess the effectiveness of AFFIRMATION therapy to reduce depressive symptoms among elderly people in selected geriatric home at Chennai. The data was collected for four weeks from 16.07.2015 to 17.08.015. The collected data was analyzed by using the descriptive statistics (percentage, mean, standard deviation) and inferential statistics (student paired't' test and chi square test).

Recommendation for further studies:

Keeping in view, the finding of the present study can be used as a guide for future research.

A similar study can be replicated with on a large sample in different setting.

A similar study can be conducted to assess the effectiveness of other complimentary therapies on depression.

A longitudinal study can be undertaken to find out the long term effect of AFFIRMATION therapy on depression.

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