



# The Effect of Reminiscence Therapy on Death Anxiety of Tazelenme University Students

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## ABSTRACT

**Purpose:** The aim of this study was to investigate the effect of reminiscence therapy on death anxiety among the students of Tazelenme University.

**Methods:** It was planned to be conducted on 25 elderly people enrolled in our university between June 2024 and December 2024, and 20 elderly people who were willing to participate in the study were studied with the quantitative research method. The Death Anxiety Scale was first administered to the students, and then reminiscence therapy was started. After the therapy was finished, the scale application was repeated. Necessary information was provided for the study and ethical permission was obtained.

**Results:** According to the results, the majority of the participants (70%) were aged 65-74 years, in the middle-aged elderly category. It was determined that the majority of the participants were married (90%) and did not have a diagnosis of chronic disease (70%), although they had problems requiring regular medication (67%). It was determined that the age, gender, marital status, presence of chronic disease and medication use status of the elderly were effective on death anxiety and the difference was statistically significant.

**Conclusions:** As a result, death anxiety decreased after the therapy and the difference was statistically significant. This shows that reminiscence therapy applied to the elderly reduces death anxiety in them.



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# Tazelenme Üniversitesi Öğrencilerine Verilen Anımsama Terapisinin Ölüm Kaygıları Üzerine Etkisi

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## MAKALE BİLGİSİ ÖZET

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*Anahtar Kelimeler:* Anımsama terapisi, tazelenme, yaşlı, ölüm kaygısı.

**Amaç:** Bu çalışmanın temel amacı Tazelenme Üniversitesi öğrencilerine uygulanan anımsama terapisinin, ölüm kaygısı üzerinde etkisini incelemektir.

**Yöntem:** Haziran 2024 - Aralık 2024 döneminde üniversitemize kayıtlı 25 yaşlı üzerinde yapılması planlanmış ve nicel araştırma yöntemiyle çalışmaya katılmaya istekli 20 yaşlı ile çalışılmıştır. Öğrencilere önce Ölüm Kaygısı Ölçeği uygulanmış, sonra anımsama terapisi verilmeye başlanmıştır. Terapi bittikten sonra, ölçek uygulaması tekrarlanmıştır. Çalışma için gereken bilgilendirmeler yapılmış, etik izin alınmıştır.

**Bulgular:** Çalışma sonuçlarına göre; katılımcıların büyük çoğunluğu (%70) 65-74 yaş aralığında, orta yaş yaşlı kategorisindedir. Katılımcıların büyük çoğunluğunun evli (%90) olduğu ve kronik hastalık tanısı olmadığı (%70), buna rağmen düzenli olarak ilaç kullanımı gerektiren sıkıntılar yaşadıkları (%67) belirlenmiştir. Yaşlıların, yaşları, cinsiyetleri, medeni durumları, kronik hastalık varlığı ve ilaç kullanma durumlarının ölüm kaygısı üzerinde etkili olduğu ve aradaki farkın istatistiksel açıdan anlamlı olduğu belirlenmiştir.

**Sonuç:** Sonuç olarak, terapiden sonra ölüm kaygısı azalmıştır ve aradaki fark istatistiksel açıdan anlamlıdır. Bu durum göstermektedir ki, yaşlılara uygulanan anımsama terapisi, onlardaki ölüm kaygısını azaltmaktadır.



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## 1. Introduction

When the population distribution of societies is analysed, it is seen that the elderly population is increasing every year (Kalayci & Uysal, 2021). The world's elderly population is growing. By 2050, the proportion of the elderly population is expected to increase from 9.3% in 2020 to 16.0%. In Turkey, 9.5% of the population consisted of elderly people in 2020, and this rate is expected to reach 16.3% in 2040 (TUIK, 2023). Due to the increase in the elderly population, problems related to old age have started to appear more. While some of these problems are related to the physical and psychological state of the elderly, some of them are caused by environmental factors (Kurt, Yücel Beyaztaş & Erkol, 2010). People have to cope with more chronic diseases in old age.

Reminiscence plays an important role in producing coping strategies when faced with the problems of old age. For many years, geriatric individuals' reminiscence of the past has been considered as a problem such as incompatibility and being stuck in the past. However, in the last 25 years, reminiscence has been used as a therapeutic tool in geriatric individuals (Bohlmeijer et al., 2009). Reminiscence is the name given to the process of thinking or narrating past experiences that the person finds important (Bornat, 2002). Especially when communicating with older individuals, reminiscence is among the first behaviours observed (Lieberman & Tobin, 1983). No matter how difficult it is for elderly people to remember recent events, past experiences always remain clear and crystallise with the years. When an elderly person remembers his/her childhood, adolescence, and the first years of his/her marriage, he/she especially enjoys sharing them with someone who is listening.

Reminiscence therapy was first used by geriatric nurses, social workers, occupational therapists, psychologists and psychologists in and out of institutions (Schweitzer & Bruce, 2008). Today, it is a widely used and very important active ageing process promoter. It also provides the protection and maintenance of mental health (Capellez et al., 2005).

The aim of reminiscence therapy is to do something for individuals to keep them busy, to enable them to communicate and chat, to create a fun atmosphere that

they will enjoy, to show that they are valued as individuals and their life stories (Sajith, 2024). Reminiscence therapy provides an opportunity for individuals to review their past experiences, and at the same time, the patient's recollection of the past provides satisfaction to the individual applying the therapy (Tricia, 2021). This practice reduces social isolation and increases mental well-being by creating an environment of mutual interaction within the group.

Tazelenme Universities are an important activity to support the active ageing process, which was initiated at Akdeniz University as a social responsibility project and then started to be implemented in various provinces. The main feature of this university is to support the independent roles of elderly individuals through education and activities and to provide society with elderly individuals who are satisfied with life. After four years of education and training, the main objectives of this model are to ensure that elderly individuals who reach the graduation stage have knowledge and competence in both the periodic characteristics of old age and the management of the aging process (Okur & Oktay, 2021).

In the literature, reminiscence therapy is performed for a total of 6-12 weeks, 1-2 times weekly and in sessions lasting approximately 30-60 minutes. In the literature, it was reported that the most positive results were obtained in groups of 6-10 people formed with elderly individuals living in the institution and as a result of sessions conducted by giving sufficient time to each individual in these groups. In the light of this information, death anxieties were evaluated with reminiscence therapy applied during an education period on 20 elderly people studying at Sivas Cumhuriyet University Refresher Campus. There is no example of an application similar to this application in the literature.

## 2. Method

### 2.1. Type of Study

The experimentally planned study was conducted between June 2024 and December 2024. The steps applied in the study are shown in Figure 1.

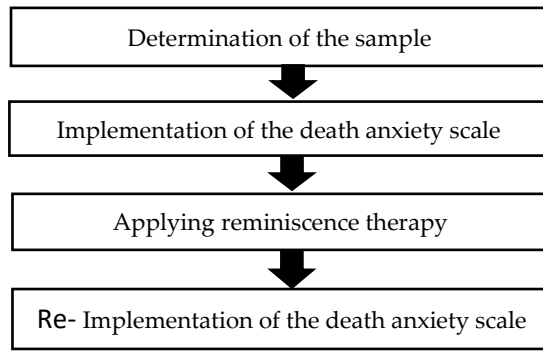


Figure 1. Research Model

## 2.2. Population and Sample

The population of the study consisted of 25 students enrolled in our university during the period between June 2024 and December 2024, while the sample of the voluntary study consisted of 20 elderly people. In experimental studies where pre-test post-test is performed, 20 samples are sufficient. Studies similar to this issue are available in the literature (Demirci, 2013; Kayacan, 2016). The scale was applied before the intervention and the scale applied after the intervention was repeated.

## 2.3. Socio Demographic Form

It was prepared based on the literature. It consists of 7 questions including information such as age, gender, marital status, educational status, employment status, presence of an additional chronic disease, and previous hospitalisation status of the elderly.

## 2.4. Death Anxiety Scale

The validity and reliability study of the 'Death Anxiety Scale (DEAS)' developed by Templer in 1970 was conducted by Şenol in 1989. Akça and Köse (2008) applied the scale to different groups in order to improve it and conducted a validity and reliability study again. It is a 15-question, true-false scale that evaluates the anxiety and fears related to one's own death and the danger of death. Each 'yes' answer to the first 9 questions in the scale is given a score of '1' and each 'no' answer is given a score of '0', and each 'no' answer to the other 6 items is given a score of '1' and each 'yes' answer is given a score of '0'. The sum of the scores obtained from the scale shows the death anxiety score. 0-15 points are obtained from the scale. 0-4 points are defined as 'mild level', 5-9 points as 'moderate level', 10-14 points as 'severe level', 15 points as 'panic level' death anxiety. Cronbach alpha

value of the scale was calculated as 0.79 (Akça & Köse, 2008).

## 2.5. Statistical Evaluation of Data

The data obtained by face-to-face collection were evaluated with SPSS 23.0 programme in computer environment. The number and percentage distributions of the descriptive characteristics of the participants were given. Shapiro-Wilk's W-test was used to evaluate whether they showed normal distribution, and mean, standard deviation and Anova test were used for variables with normal distribution.  $p < 0.05$  will be accepted.

## 2.6. Ethical Dimension

Before starting the study, the necessary ethical permission was obtained from Sivas Cumhuriyet University Non-Interventional Research Ethics Committee with the decision numbered 2023-05/31, and the study was started after official permissions were obtained. Before the data were collected, the students were informed and the informed consent form was signed.

## 3. Results

The distribution of participants according to some demographic characteristics is also shown in Table 1.

Tablo 1. Sociodemographic Characteristics

Sociodemographic Characteristics	N	%
Age	55-64	4
	65-74	14
	75-85	2
Gender	Female	10
	Male	10
Marital Status	Single	2
	Married	18
Education Status	Primary School	2
	Middle School	4
	High School	4
	University	10
Presence of Chronic Disease	Yes	6
	No	14
Regular Use of Medication	Yes	12
	No	6

Table 1 shows the sociodemographic characteristics of the participants. According to this, the majority of the participants (70%) are in the 65-74 age range, in the middle-aged elderly category. When the gender distribution is analysed, it is seen that there is an equal distribution. It was determined that the majority of the participants were married (90%) and did not have a diagnosis of chronic disease (70%), although they had problems requiring regular medication (67%).

The responses of the participants according to their demographic characteristics before and after reminiscence therapy are shown in Table 2.

Table 2.

Death Anxiety Levels of Participants Before and After Reminiscence Therapy (\*p<0.05, significant)

Sociodemographic Characteristics		Before	After
Age	55-64	9.50 ± 2.88	9.50 ± 3.00
	65-74	9.14 ± 2.56	8.50 ± 2.47
	75-85	10.00 ± 0.01	10.00 ± 0.01
	p	0.05*	0.001*
Gender	Female	8.20 ± 2.93	7.50 ± 2.54
	Erkek	10.40 ± 1.07	10.20 ± 1.39
	p	0.03*	0.01*
Marital Status	Single	10.00 ± 0.01	10.00 ± 0.01
	Married	9.22 ± 2.55	8.72 ± 2.53
	p	0.02*	0.03*
Education Status	Primary School	12.00 ± 0.01	10.50 ± 0.70
	Middle School	8.50 ± 2.88	7.75 ± 2.62
	High School	8.50 ± 1.73	8.50 ± 1.73
	University	9.40 ± 2.54	9.10 ± 2.80
	p	0.36	0.31
Presence of Chronic Disease	Yes	7.66 ± 3.38	6.83 ± 2.92
	No	10.00 ± 1.56	9.71 ± 1.63
	p	0.04*	0.03*
Regular Use of Medication	Yes	8.50 ± 2.74	7.83 ± 2.44
	No	11.00 ± 0.89	11.00 ± 1.09
	p	0.01*	0.04*

Table 2 shows the Death Anxiety Levels of the Participants before and after the Reminiscence Therapy. Accordingly, there is a significant relationship between age and death anxiety levels of the participants both before and after the therapy. It was determined that as the age increased, death anxiety increased and this ratio was statistically significant (p<0.05). When the relationship between gender and death anxiety is analysed, it is seen that male participants have significantly higher death anxiety than female participants and the difference is significant (p<0.05). When the participants' marital status and death anxiety levels were evaluated, it was determined that single participants had higher death anxiety and this rate was higher both before and after therapy. The death anxiety of married participants was lower and the result was statistically significant (p<0.05). When analysed between the presence of chronic disease and death anxiety levels, the result surprisingly shows that the death anxiety of the participants without a diagnosis of chronic disease is higher. Individuals with a diagnosis of chronic disease experience less death anxiety and the result is statistically significant (p<0.05). Another surprising result is that individuals without regular medication use have higher death anxiety. Participants without regular medication use had higher death anxiety and the difference was statistically significant (p<0.05). This result can be interpreted as 'individuals who experience different physical problems and use medication without a diagnosis of chronic disease may experience more death anxiety'. This is because, especially in the elderly, even if they are not diagnosed with a chronic disease, they may use medication on the recommendation of a specialist to prevent symptoms of the disease (such as pain, insomnia, anxiety) and to feel better. This situation shows that elderly people who do not use medication to prevent symptoms of illness experience more death anxiety.

Table 3 shows the comparison of mean scores before and after reminiscence therapy.

Table 3.

Death Anxiety Scale Score Averages Before and After Reminiscence Therapy (\*p<0.05, significant)

Reminiscence Therapy	Death Anxiety Scale Score SD
Before	9.30 ± 2.43
After	8.85 ± 2.44
P	0.01*

According to this, death anxiety decreased after the therapy and the difference was statistically significant. This shows that reminiscence therapy applied to the elderly reduces death anxiety in them.

#### **4. Discussion and Conclusion**

In this study, which was conducted to examine the effect of reminiscence therapy on death anxiety, 20 students participated in the study. The Death Anxiety Scale was first administered to the students, and then reminiscence therapy was started. After the therapy was finished, the scale application was repeated. Necessary information was provided for the study and ethical permission was obtained.

The results of this study show that reminiscence therapy is an effective method to reduce death anxiety in elderly individuals. The study was conducted on the students of Tazelenme University and the data obtained showed that reminiscence therapy significantly reduced death anxiety. Reminiscence therapy encourages individuals to recall their past experiences, reuniting them in a social context and enhancing their emotional well-being (Ros et al., 2016). Especially for elderly individuals, recalling positive memories of the past has the potential to improve their mental state. In our study, significant relationships were found between the demographic characteristics of the participants and their death anxiety levels. For example, the effects of factors such as age, gender, marital status and presence of chronic illness on death anxiety were found to be statistically significant. This situation shows that the psychological status of elderly individuals is in a close relationship with their physical health status. In particular, the fact that individuals without a diagnosis of chronic disease experience higher death anxiety emphasises the effect of health status on their mental well-being (Doran et al., 2018). This finding suggests that health services should provide both physical and psychological support for elderly individuals (Ohta & Sano, 2022).

The implementation of reminiscence therapy increased social interaction among the participants, which may have played an important role in reducing death anxiety. Social isolation is a common problem in the elderly, which has negative effects on mental health. Reminiscence therapy reduces the feeling of loneliness

and provides emotional support by strengthening the social connections of individuals (Laidlaw et al., 2023).

In addition, the results obtained after the therapy support that reminiscence therapy is an effective intervention method (Anderson & Weber, 2015, Latha et al., 2014). In the study, it was observed that the death anxiety scores of the participants decreased significantly after the therapy. This demonstrates the potential of reminiscence therapy to improve the psychological state of older adults. However, further research on the sustainability and long-term effects of this therapy is recommended (Shin et al., 2023).

In conclusion, this study reveals that reminiscence therapy is an effective method to reduce death anxiety in elderly individuals. The findings suggest that reminiscence therapy is an effective method for elderly individuals to remember their past experiences and the positive effects of their presence on their mental health are demonstrated. Reminiscence therapy improves the psychological well-being of older people and reduces social isolation. However, more on the feasibility and effectiveness of reminiscence therapy research should be conducted. Future studies will be carried out in different age groups and the effects of reminiscence therapy on individuals with health conditions by examining the scope of this therapy.

#### **5. Limitations and Future Studies**

The number of students in the Tazelenme Campus where the study was carried out is among the limitations of the research. It would be useful to repeat the study in larger samples. There is also a time limitation regarding the project design period of the study. The study can be repeated with a larger time frame and sample.

#### **Statement of Research and Publication Ethics**

Before starting the study, the necessary ethical permission was obtained from Sivas Cumhuriyet University Non-Interventional Research Ethics Committee with the decision numbered 2023-05/31.

#### **Authors' Contribution to the Article**

This study was prepared by Fatma Hastaoğlu (80%) and Rumeysa Nur Yılmaz (20%)

#### **Declaration of Interest**

This research is not subject to any conflict of interest.

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