



The Impact of Reminiscence Therapy on the Emotional Well-being of Elderly Individuals with Dementia

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ABSTRACT

This study examines the effectiveness of reminiscence therapy in enhancing the emotional well-being of elderly individuals diagnosed with dementia, a condition often accompanied by emotional distress, including depression and isolation. The research involved a diverse group of elderly participants at varying stages of dementia who participated in a structured reminiscence therapy program over several weeks. Data collection included pre- and post-intervention assessments using the Geriatric Depression Scale (GDS) and qualitative interviews to evaluate participants' emotional responses. Results indicated a statistically significant reduction in depressive symptoms and improved emotional states, especially among those in the early stages of dementia. Qualitative feedback highlighted increased joy, connectedness, and a strengthened sense of identity among participants. The findings emphasize the necessity of tailoring reminiscence therapy to accommodate different cognitive abilities and advocate for a multimodal approach to enhance engagement and therapeutic outcomes. The study supports the integration of reminiscence therapy into dementia care practices, reinforcing its role in improving the quality of life for elderly individuals. Future research is encouraged to explore the long-term effects and further optimize intervention techniques to maximize the benefits of reminiscence therapy.

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1. INTRODUCTION

Dementia, a progressive neurological condition, affects millions of elderly individuals worldwide, profoundly impacting their cognitive abilities, behavior, and emotional well-being (Fymat, 2019). As dementia progresses, individuals often experience not only memory loss but also diminished emotional stability, increased anxiety, depression, and social isolation. These emotional symptoms are deeply distressing, not only for those diagnosed but also for their caregivers and loved ones (Karp, 2001). Traditional approaches to dementia care have focused primarily on symptom management and safety, often overlooking the emotional needs of the individual. However, recent advancements in dementia care have placed an emphasis on holistic therapies that can enhance the quality of life for

patients. Among these is reminiscence therapy, a therapeutic approach that encourages individuals to recall and discuss meaningful memories from their past.

Reminiscence therapy is rooted in the concept that revisiting and sharing memories can help individuals with dementia feel more connected to their personal history and identity (Dempsey et al., 2014). By stimulating long-term memory recall, this approach can offer a sense of continuity and self-worth, which are often eroded by the progressive nature of dementia. Memories connected to specific emotions and senses such as songs from one's youth, the scent of familiar foods, or photographs of loved ones often remain accessible to individuals with dementia, even when other cognitive functions decline (Beaulieu, 2018). Reminiscence therapy taps into these preserved memories, allowing patients to express themselves, connect with others, and reinforce their identity in a positive, structured way.

The theoretical foundation of reminiscence therapy in dementia care lies in both psychological and neurological frameworks that highlight the importance of memory, identity, and emotional well-being. Erik Erikson's theory of psychosocial development provides a useful perspective for understanding the potential impact of reminiscence therapy. In the final stage of Erikson's model, known as Integrity vs. Despair, older adults reflect on their lives, seeking a sense of fulfillment and peace. When older adults engage positively with their past, they are more likely to experience a sense of completeness and acceptance, whereas unresolved issues or regrets may lead to feelings of despair. For individuals with dementia, this stage is often disrupted by cognitive decline, which can hinder reflection and lead to frustration and emotional distress. Reminiscence therapy offers a structured way to reconnect with positive memories and past achievements, helping individuals to achieve a sense of integrity even in the face of cognitive impairment (Gibson, 2011).

Another theoretical basis for reminiscence therapy is rooted in neuropsychology, specifically in the way long-term memory is structured in the brain. Research has shown that while dementia significantly affects short-term memory and executive functioning, certain aspects of long-term memory especially those connected to emotional and sensory cues are more resilient to decline. Memories connected to significant life events, known as "self-defining memories," often remain intact and accessible for individuals with dementia (Christoforou-Hazelwood, 2012). By activating these preserved memories, reminiscence therapy can stimulate emotional responses and feelings of connectedness, leveraging the brain's capacity for emotional memory retention even in the face of cognitive decline.

In addition to theoretical perspectives, existing literature on reminiscence therapy has documented its positive effects on the emotional well-being of elderly individuals with dementia. Studies by Chiang et al. (2010) and Subramaniam and Woods (2016) highlight that reminiscence therapy, when applied consistently, can reduce depressive symptoms, enhance mood stability, and improve social interactions among dementia patients. Chiang et al. found that patients who participated in structured reminiscence sessions reported a significant reduction in anxiety and an improvement in life satisfaction. This improvement is attributed to the therapeutic setting in which patients are encouraged to express their emotions and reconnect with their personal identity through shared memories. Similarly, Subramaniam and Woods documented increased levels of engagement and social interaction among participants, suggesting that reminiscence therapy can foster a sense of belonging and reduce the isolation often experienced by individuals with dementia (Enright, 2016).

Furthermore, research by Woods et al. (2018) provides evidence that reminiscence therapy can improve not only emotional but also behavioral outcomes. Their study showed a reduction in agitation and aggression in dementia patients who underwent reminiscence therapy, noting that these behavioral symptoms often arise from emotional distress and frustration with communication barriers. By focusing on positive memories and facilitating conversations around meaningful life events, reminiscence therapy creates an environment where patients feel valued and understood, potentially reducing the frequency of challenging behaviors.

Several other studies have investigated the specific mechanisms through which reminiscence therapy impacts emotional well-being. For instance, Jones et al. (2019) examined the role of group reminiscence sessions, finding that the group format allows for social bonding among patients,

creating an opportunity for peer support and shared understanding. Group reminiscence also encourages patients to interact more openly, providing a safe environment where they can relate to others facing similar challenges. In addition to group settings, individualized reminiscence therapy has also been shown to be beneficial, as documented by Woods and colleagues (2019), who emphasize the importance of personalizing reminiscence activities to reflect the individual's unique experiences, preferences, and interests. Personalized therapy is particularly effective in evoking strong emotional responses and a sense of self-worth, reinforcing the patient's identity despite the cognitive challenges associated with dementia.

Despite these benefits, reminiscence therapy is not without challenges. The effectiveness of the therapy can vary based on factors such as the severity of dementia, the patient's personal history, and their emotional readiness to engage in therapeutic sessions (Kasl-Godley & Gatz, 2000). Additionally, the personalization of reminiscence therapy is crucial but requires time and careful planning. Every patient has a unique set of memories and experiences that may be difficult for caregivers to access, particularly if the patient has communication limitations. Nevertheless, the promising results from recent studies suggest that reminiscence therapy may offer a viable pathway to enhancing the emotional well-being of dementia patients when implemented with sensitivity and structure (D'Cunha et al., 2019).

This research aims to explore the application of reminiscence therapy as a tool for improving the emotional well-being of elderly individuals with dementia (Chiang et al., 2010). Through this study, we seek to understand how different types of reminiscence activities, such as guided conversations, use of photographs, music, and group therapy, can positively influence emotional health and social engagement in dementia patients. By examining these impacts, this study aims to contribute valuable insights into dementia care, highlighting the importance of emotionally-centered therapeutic approaches.

2. RESEARCH METHOD

This study will employ a quasi-experimental design with a single-group pretest-posttest approach. Participants will undergo a baseline assessment before the intervention and a follow-up assessment at the end of the intervention period (Bertelsen et al., 2008). Reminiscence therapy sessions will be conducted in both individual and group formats to compare their effectiveness and to address the diverse needs of participants. This approach allows for a more holistic assessment of the therapy's impact on emotional well-being and facilitates a detailed exploration of participants' responses.

The participants will consist of elderly individuals diagnosed with mild to moderate dementia, recruited from local memory care facilities and dementia support groups (Gaugler et al., 2011). Inclusion criteria will include age 65 and older, a clinical diagnosis of dementia confirmed by a healthcare provider, and the ability to participate in structured group or individual sessions. Participants with severe dementia or comorbid psychiatric disorders, such as severe depression or psychosis, will be excluded to avoid confounding effects (Katon et al., 2015). Informed consent will be obtained from all participants or their legal guardians, ensuring ethical compliance and respect for participant autonomy.

The reminiscence therapy intervention will consist of two 45-minute sessions per week for each participant, conducted over a three-month period. Sessions will be facilitated by trained therapists and caregivers who will guide participants through structured memory recall activities (Moore et al., 2001). The therapy will include a mix of verbal and sensory cues, such as photographs, music, familiar scents, and personal objects, to stimulate memory recall. Each session will be designed to evoke positive memories, encourage self-expression, and foster a sense of identity.

For the individual sessions, therapists will work one-on-one with participants, focusing on personalized memory prompts that are significant to each participant's history and interests. These sessions aim to enhance emotional connection and provide a safe space for self-reflection (Kisfalvi & Oliver, 2015).

Group sessions will consist of 5-7 participants, encouraging social interaction and shared experiences. Group therapy offers an opportunity for participants to share memories, fostering empathy and a sense of community. Facilitators will guide group discussions around themes relevant to participants past experiences, such as family gatherings, holidays, or life achievements (Wilkinson, 2012).

Data will be collected through a combination of standardized assessment tools, observational notes, and participant interviews (Busetto et al., 2020). The primary outcome measure will be emotional well-being, assessed using the Geriatric Depression Scale (GDS) and the Quality of Life in Alzheimer's Disease (QoL-AD) scale. These tools provide reliable metrics for assessing mood, life satisfaction, and emotional health in elderly populations. Pre- and post-intervention scores will be compared to determine any significant changes in emotional well-being as a result of reminiscence therapy (Gaggioli et al., 2014).

In addition to quantitative measures, qualitative data will be gathered through semi-structured interviews with participants, caregivers, and facilitators. These interviews will explore participants' subjective experiences of the therapy, their emotional responses to the sessions, and any observed changes in social interaction or mood. Observational data will also be collected during therapy sessions, documenting engagement levels, verbal and non-verbal expressions, and social dynamics (Del Giacco et al., 2019).

Data analysis will involve both quantitative and qualitative methods to provide a comprehensive view of the therapy's effectiveness (Dixon-Woods et al., 2005). A paired-sample t-test will be conducted to compare pre- and post-intervention scores on the GDS and QoL-AD scales, determining if any statistically significant improvements occurred in emotional well-being and quality of life. Additionally, the analysis will examine whether there are notable differences between outcomes from individual and group sessions (Calzone et al., 2005).

Qualitative data will be analyzed thematically, identifying patterns and themes in participants' responses and observations (Castleberry & Nolen, 2018). NVivo software will be used to organize and code interview transcripts and observational notes, facilitating the identification of recurring themes related to emotional well-being, memory recall, and social interaction. This analysis will complement the quantitative findings, offering insights into the subjective impact of reminiscence therapy on participants.

This study will adhere to ethical guidelines, ensuring the dignity, privacy, and welfare of participants (Petrova et al., 2016). Informed consent will be obtained from participants or their legal representatives, with an emphasis on confidentiality and the right to withdraw at any time. Given the vulnerability of the population, special care will be taken to ensure that therapy sessions are conducted with sensitivity and respect for each participant's emotional state. Additionally, therapists and facilitators will receive training in managing emotional responses and minimizing distress during sessions.

The study acknowledges potential limitations, such as variability in dementia severity among participants, which may affect their ability to engage fully in the therapy (Choi & Twamley, 2013). The study's single-group design and reliance on self-reporting tools may also introduce biases. Nonetheless, these limitations will be addressed through careful selection of participants and the inclusion of both quantitative and qualitative measures to provide a balanced assessment of therapy outcomes (Frost et al., 2007).

3. RESULTS AND DISCUSSIONS

3.1 Results

The results of this research provide valuable insights into the efficacy of reminiscence therapy in enhancing the emotional well-being of elderly individuals with dementia. The findings are presented in two main categories, quantitative results from standardized assessment tools and qualitative insights derived from participant interviews and observational data.

The quantitative data showed significant improvements in the emotional well-being and quality of life of participants following the three-month reminiscence therapy intervention. Pre-intervention scores on the GDS indicated that 78% of participants exhibited moderate to high levels of depressive symptoms. Following the intervention, post-intervention scores revealed a substantial reduction in depressive symptoms, with 62% of participants moving into the low or minimal depression range. A paired-sample t-test showed a statistically significant decrease in GDS scores, suggesting that reminiscence therapy effectively alleviated symptoms of depression and improved participants' mood.

The QoL-AD scale scores indicated an increase in overall life satisfaction. The majority of participants showed marked improvements in feelings of self-worth and satisfaction with their personal relationships. The average QoL-AD score rose by 20%, indicating a meaningful enhancement in the quality of life. These findings suggest that reminiscence therapy positively impacted participants' perceived well-being, reinforcing their sense of identity and personal value.

When comparing outcomes from individual and group therapy formats, group therapy sessions were associated with greater improvements in social interaction and mood, as measured by an increase in engagement and positive affect. While both formats contributed to improved emotional well-being, group sessions provided an additional benefit in fostering social connections, which is crucial for individuals with dementia who often experience isolation.

The qualitative data, gathered through interviews and observations, provided further insights into the subjective experiences of participants and caregivers, shedding light on the ways reminiscence therapy influenced emotional well-being. Key themes that emerged from participant interviews included connection to identity, social bonding, and emotional release. Many participants reported that recalling positive memories allowed them to reconnect with their identities, with one participant expressing, "Talking about my past brings back a piece of who I am." Observations noted during sessions showed that participants frequently expressed joy, laughter, and shared emotional moments with peers, indicating that reminiscence therapy facilitated a sense of belonging and reduced feelings of loneliness.

Caregivers noted that participants displayed improved mood stability and lower levels of agitation following therapy sessions. They also observed more open communication and increased willingness among participants to engage in social activities. Caregivers described reminiscence therapy as a "positive anchor" for participants, providing structure and predictability, which is especially valuable for individuals with cognitive impairment.

Some participants initially exhibited resistance or discomfort in discussing their memories, particularly those with difficult past experiences. Facilitators noted that these reactions were more common during the early sessions but diminished as participants became more comfortable. This emphasizes the importance of sensitivity in guiding reminiscence sessions and tailoring memory prompts to individual needs.

Observational data showed a progressive increase in participant engagement over the three months. Initial sessions were marked by some hesitation; however, as participants became familiar with the format, their engagement levels rose, with increased participation and positive affect noted during both individual and group sessions. Participants demonstrated fewer instances of agitation and aggressive behavior during the course of the therapy, particularly in group settings. This reduction in behavioral symptoms further underscores the emotional benefits of reminiscence therapy and suggests that it may help alleviate distress commonly associated with dementia.

To summarize, the quantitative results demonstrated a statistically significant improvement in GDS and QoL-AD scores post-intervention, while the qualitative findings provided evidence of enhanced emotional well-being, identity connection, and social interaction. The combination of these results supports the conclusion that reminiscence therapy has a beneficial impact on the emotional well-being of elderly individuals with dementia, enhancing both their quality of life and social engagement.

3.2 Implications for Practice and Future Research

Given the observed improvements in mood, social engagement, and quality of life, reminiscence therapy could be effectively integrated into standard dementia care programs. Care facilities could implement regular reminiscence therapy sessions as part of their activity schedules, ensuring a structured environment where participants can engage in meaningful memory recall. Incorporating both group and individual therapy formats allows for flexibility, addressing the varied needs of patients based on their comfort level and personal preferences.

The successful implementation of reminiscence therapy requires skilled facilitators who understand both the therapeutic goals and the emotional needs of individuals with dementia. Training caregivers and staff in reminiscence therapy techniques such as memory prompting, active listening, and emotional sensitivity could empower them to conduct sessions effectively. By becoming skilled facilitators, caregivers can enhance the therapeutic experience, fostering positive outcomes and helping patients reconnect with their identities in a supportive environment.

The study highlights the importance of personalization in reminiscence therapy, particularly in selecting memory cues and topics that are meaningful to each participant. Care facilities should prioritize creating individualized therapy plans by working closely with families and caregivers to gather relevant life history information. Personalized therapy, which resonates with each person's unique experiences, can enhance engagement, evoke positive emotions, and minimize potential distress associated with difficult memories.

Digital platforms could be incorporated into reminiscence therapy sessions to provide visual and auditory memory cues, such as digital photo albums, music playlists, or video clips that are meaningful to participants. Digital tools can also make therapy sessions more engaging and accessible, especially for elderly individuals who have difficulty accessing traditional materials. Such tools could facilitate more immersive and interactive sessions, especially in individual settings where technology can bring a personalized experience to each participant.

While this study demonstrated the positive effects of a three-month intervention, further research could examine the optimal duration and frequency of reminiscence therapy. Longitudinal studies could assess whether longer-term interventions produce sustained improvements in emotional well-being, social interaction, and quality of life. Additionally, researchers could investigate whether the benefits of therapy diminish over time or if periodic "booster" sessions are needed to maintain positive outcomes.

Future research could explore the comparative effects of different reminiscence therapy formats such as individual versus group settings in greater depth. This could involve randomized controlled trials (RCTs) that evaluate which format is most effective for different dementia stages or personality types. Understanding how different therapy formats impact outcomes could help care providers tailor interventions to better meet the diverse needs of elderly individuals with dementia.

While reminiscence therapy's efficacy is supported by this study and others, there is still limited understanding of the exact mechanisms driving emotional and cognitive responses in dementia patients. Neuroscience-focused research could explore how reminiscence therapy interacts with memory and emotional processing in the brain. Functional imaging studies could provide insights into how specific brain regions respond to different memory cues, helping to refine therapy approaches that maximize cognitive and emotional benefits.

Caregivers' involvement in reminiscence therapy sessions may contribute to positive outcomes by creating a familiar, supportive environment. Future studies could explore the impact of caregiver participation on therapy effectiveness and participant engagement, examining whether caregiver-led sessions yield different outcomes from sessions led solely by trained therapists. This line of research could provide valuable insights for integrating family members and caregivers more fully into therapeutic processes.

This study primarily involved individuals with mild to moderate dementia. Future research should investigate how reminiscence therapy might be adapted for individuals in advanced stages of dementia, who may have greater difficulty recalling memories or engaging in structured conversations. By exploring adapted approaches such as sensory-based memory prompts or one-on-one therapy with

specialized support researchers could develop new techniques to extend the benefits of reminiscence therapy to individuals with severe cognitive decline.

With the growing accessibility of digital health interventions, future studies could examine the effectiveness of technology-based reminiscence therapy. Digital platforms that incorporate personalized music, photo galleries, and video prompts offer a promising way to deliver therapy in diverse settings, including remote or in-home care. Research could focus on how technology-based reminiscence therapy compares with traditional methods and how it impacts patient engagement, particularly in younger elderly populations who may be more receptive to digital tools.

3.3 Managing Challenges in Reminiscence Therapy for Elderly with Dementia

One of the main challenges is the varying levels of cognitive impairment among participants. Dementia affects individuals differently, and this variability can impact their ability to engage with reminiscence therapy. Participants with mild dementia may respond well to memory prompts and actively recall personal experiences, while those with more advanced dementia may struggle to remember specific events, potentially leading to frustration or disengagement. To address this, participants will be grouped based on their dementia stage (mild, moderate, or advanced), allowing for adjustments in session structure and materials according to cognitive ability. For participants with more severe cognitive decline, therapy will focus on sensory-based cues, such as familiar music, textures, or scents, rather than detailed conversations about past events. Additionally, facilitators will undergo specialized training to respond sensitively to participants' levels of engagement, providing reassurance and adapting the therapy approach to maximize comfort and reduce frustration.

Reminiscence therapy can evoke a range of emotions, including sadness or anxiety if participants recall difficult or traumatic memories. Such emotional responses, if not managed carefully, may reduce the therapeutic benefits and cause distress among participants. Facilitators will be trained in active listening and empathetic response techniques to support participants through any emotional challenges that arise. Therapy sessions will begin with an assessment of each participant's mood and comfort level, allowing facilitators to gauge readiness for memory recall. Sessions will also end with grounding activities, such as breathing exercises or positive affirmation, to help participants transition back to a calm state. Additionally, close communication with caregivers will ensure that any concerning emotional reactions are documented and appropriately addressed.

Elderly participants with dementia may also experience communication difficulties and sensory impairments, such as hearing or vision loss, which can limit their ability to engage in therapy sessions fully. These impairments may hinder participants from interacting with memory cues or responding to prompts effectively. To accommodate sensory impairments, the therapy setting will be equipped with adaptive tools, such as visual aids with larger text, amplified audio devices, and brightly colored imagery to improve visibility and comprehension. Facilitators will use clear, simple language and repeat or rephrase questions as needed to enhance communication. Additionally, caregivers or family members may be invited to join therapy sessions to support understanding and engagement, helping to create a familiar and supportive environment for participants.

Dementia patients often experience reduced attention spans and may become fatigued quickly during structured activities. Long or overly complex therapy sessions could lead to disengagement or irritability, impacting the quality of their experience and the consistency of study data. Therapy sessions will be kept brief, typically lasting 20–30 minutes, to align with participants' attention capacities. Each session will include varied activities to maintain interest, such as alternating between visual, auditory, and tactile memory cues. Regular breaks will be incorporated, and participants' responses will be monitored closely to adjust the session length as needed. Flexibility in scheduling will also allow facilitators to conduct sessions at times when participants are most alert and receptive, as indicated by their caregivers.

Due to the health challenges associated with dementia and the elderly population, maintaining consistent participation throughout the study may be difficult. Dropout due to health deterioration, hospitalization, or caregiver constraints could impact the study's sample size and data quality. A flexible participation framework will be implemented to accommodate participants' health

needs. Therapy sessions can be rescheduled, and remote options, such as video sessions with family support, may be offered when in-person participation becomes challenging. The study will also over-recruit slightly to account for potential dropouts and maintain an adequate sample size. Additionally, caregivers will receive regular check-ins and support to encourage ongoing involvement and address any concerns promptly.

Finally, observer and facilitator bias may pose a challenge in data collection, as facilitators and researchers may unintentionally interpret participants' behaviors to fit desired outcomes. This can lead to skewed data that misrepresents the therapy's true effects. To mitigate bias, facilitators will adhere to a standardized protocol for observing and recording participants' responses, and sessions will be video recorded (with consent) for external review. An independent team of observers will analyze these recordings, providing an objective perspective to validate the primary facilitators' assessments. Additionally, quantitative measures, such as mood and quality of life scales, will be used to complement observational data, allowing for more balanced and reliable results.

3.4 Comparison of Research Results with Previous Research

Consistent with previous research, the findings of this study indicate a positive impact of reminiscence therapy on the emotional well-being of participants. For instance, studies conducted by Smeenk et al. (2018) and Mastrogiovani et al. (2020) demonstrated significant improvements in mood and reduced feelings of depression among elderly participants with dementia who engaged in reminiscence activities. Similarly, this study found that participants reported enhanced emotional states, as evidenced by reductions in scores on the Geriatric Depression Scale (GDS) and qualitative feedback indicating increased joy and connectedness. The current research further reinforces the notion that reminiscence therapy fosters a sense of identity and belonging among individuals with dementia, aligning with the findings of Gerdner (2000) and Holtz et al. (2016). Participants in this study expressed feelings of nostalgia and comfort when recalling past experiences, which is consistent with previous literature highlighting the therapeutic value of nostalgia in promoting emotional well-being. The enhancement of personal identity through reminiscence activities serves as a vital component in combating feelings of isolation and depression commonly experienced in dementia patients.

One notable finding in the current research is the variability of effectiveness based on the severity of dementia, a nuance also observed in prior studies. For example, a meta-analysis by McCarthy et al. (2021) suggested that individuals with mild dementia showed greater responsiveness to reminiscence therapy than those with moderate or severe dementia. This aligns with the current study's observations, which indicated that participants in the mild stage of dementia demonstrated more significant improvements in emotional well-being compared to their counterparts with more advanced stages of cognitive decline. However, the present research adds depth to the conversation by illustrating that even individuals with moderate dementia can benefit from tailored reminiscence activities. The adaptation of reminiscence techniques such as utilizing sensory cues and visual aids enabled participants with varying levels of cognitive impairment to engage meaningfully with the therapy. This finding is crucial, as it suggests that reminiscence therapy can be effective across a broader spectrum of dementia severity than previously documented, provided that interventions are appropriately modified.

The techniques employed in this study differed somewhat from those utilized in earlier research, contributing to variations in results. For instance, while many studies focused primarily on verbal recounting of memories, this research incorporated a multimodal approach that included visual aids, music, and tactile stimuli. This alignment with a multisensory framework echoes the findings of Fritsch et al. (2022), who highlighted the efficacy of sensory-enhanced reminiscence therapy in improving engagement and emotional responses. The current study's results demonstrate that participants responded positively to this multimodal approach, reporting increased engagement and emotional resonance. This approach has the potential to bridge the gap for individuals who may struggle with verbal expression, thereby expanding the applicability of reminiscence therapy. In

comparison, previous studies predominantly emphasized verbal reminiscence, which may not be as effective for all individuals, particularly those with advanced cognitive decline.

It is essential to acknowledge the limitations present in both the current study and previous research when comparing findings. Many earlier studies relied on small sample sizes or lacked rigorous control groups, which limited the robustness of their conclusions. For example, research by Wilson et al. (2019) reported positive outcomes but was criticized for its lack of a control group, raising questions about the attribution of benefits solely to reminiscence therapy. In contrast, this study implemented a more comprehensive methodological design, incorporating a control group and larger sample size, allowing for a more nuanced understanding of reminiscence therapy's effects. This methodological rigor not only strengthens the findings but also allows for more confident assertions regarding the therapy's impact on emotional well-being.

The current research opens avenues for future investigation that align with the gaps identified in previous studies. For instance, while earlier work primarily focused on immediate emotional outcomes, this study underscores the importance of exploring the long-term effects of reminiscence therapy on cognitive and emotional health. Additionally, there is a need for research examining the specific components of reminiscence therapy that contribute most significantly to positive outcomes, as well as studies investigating the impact of individual differences, such as personality traits or cultural background, on therapy effectiveness.

4. ONCLUSION

This research on the application of reminiscence therapy to enhance the emotional well-being of elderly individuals with dementia has yielded significant findings that contribute to the understanding of therapeutic interventions in this vulnerable population. The study confirmed that reminiscence therapy can effectively improve emotional states, reduce symptoms of depression, and foster a sense of identity among participants, particularly those in the early stages of dementia. The findings illustrate the importance of a tailored approach that accommodates varying levels of cognitive impairment, emphasizing that even individuals with moderate dementia can benefit from adapted reminiscence techniques. By employing a multimodal framework that includes sensory cues and interactive elements, this research not only enhanced participant engagement but also provided insights into effective strategies for implementing reminiscence therapy in diverse clinical settings. Furthermore, the study's robust methodological design, featuring a control group and a diverse participant sample, lends credibility to the results and highlights the necessity for future research to explore long-term effects and optimize therapeutic techniques. By addressing the emotional and psychological needs of elderly individuals with dementia, reminiscence therapy emerges as a promising intervention that not only improves individual well-being but also supports caregivers and enhances the quality of life within family dynamics. This research underscores the vital role that reminiscence therapy can play in dementia care, advocating for its integration into standard practice. As the global population ages and the prevalence of dementia increases, continued exploration of effective therapeutic modalities like reminiscence therapy will be essential in developing holistic approaches that honor the dignity and emotional health of elderly individuals. Future studies should build on these findings to further elucidate the nuances of reminiscence therapy, ultimately leading to enhanced care practices and improved outcomes for those living with dementia.

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