



LIFE REVIEW AND DEPRESSION AMONG RURAL AND URBAN OLDER PEOPLE OF ANDHRA PRADESH

Aswartha Reddy, A.

Academic consultant, Dept. of Psychology, Y. V. University, Kadapa- 05.

Lalitha, K.

Associate Professor, Department of Psychology, Y.V. University, Kadapa- 05.

M. Jhansi Rani

Research Scholar, Dept. of Psychology, Y.V. University, Kadapa- 05

Paper Received On: 21 June 2024

Peer Reviewed On: 25 July 2024

Published On: 01 August 2024

Abstract

Reminiscing is an active process of recalling past events. Life review is a technique that can be helpful to older persons in clarifying their roles as family members. While older people are usually thought of as fully socialized, research on aging and the family life cycle clearly indicates that as people mature, they must continually learn to play new roles. In general people in their old age feel happy to memorize their past through reviewing rather than their apprehensive future. Among the major mental health problems faced by elderly depression is a very common problem. Depression is challenging to measure, especially in the community dwelling older adults. Reports of the prevalence of depression vary as a result. It has been commonly misrepresented that older adults 65 years and above older are the most depressed population of adults. The sample of the present investigation were 300 community living elderly men and women, random sampling technique was used to draw the subjects from rural and urban areas of Rayalaseema region of Andhra Pradesh. Life review was assessed by the Life Review questionnaire and depression was by using Depression scale. Literature suggests that very few people reminisce to solve present problems and cope with losses. Most elderly in their 80's stated that life review is the main source of getting pleasure i.e., recapitulating the past to forget the anxieties and apprehension towards their future. The results indicate that there were significantly sub group differences in age, education, location sub-groups in life review and depression. Results will be discussed in the light of psychological implications of older people.

Keywords: Life review, Depression, aging, population.

Introduction:

Old age is a period in which unique developmental work can be accomplished. Many people in their late years of life make their remaining time more purposeful through a life review, a process of reminiscence. Reminiscing is an active process of recalling past events. It enables a person to see the significance of his or her life as death draws nearer. In general people in their old age feel happy to memorize their past through reviewing rather than their apprehensive future. Researches indicate that people who use life review for self-understanding show the greatest ego integrity and positive mental health. Each person contains a library of experiences over a period of time. Critical life reviews enable to view their lives with satisfaction and contentment. Having had satisfying relationships and a productive life promotes feelings of well-being. Integrity also implies a sense of purposiveness. In general, people reminisce for pleasure (which is most predominant and frequent) in order to enhance their mood and self-image. Some reminisce for self-understanding, which will help to resolve the past problem and find meaning in life. Very few people reminisce to solve present problems and cope with losses. According to Erikson (1959; 1982), life review, which commonly occurs in old age, can foster ego integrity. By going over their lives, people may see their experiences and actions in a new light. It is obvious to state that not all memories are equally conducive to life review.

The concept of Life review was postulated by Butler, (1963a) and he emphasized it as naturally occurring, universal mental process. Psychologists agreed that it is a normal developmental task of old age, experienced by older adults consciously and unconsciously. There is a distinct difference between the intrinsic features of aging and the reactions of the elderly to their lives. Butler, (1963b) postulates life review as the universal occurrence in older people of an inner experience or mental process of reviewing one's life. It helps account for the increased reminiscence in the aged, that it contributes to the occurrence of certain late-life disorders, particularly depression, and that it participates in the evolution of such characteristics as candour, serenity, and wisdom among certain of the aged. Life review therapy and lifecycle group therapy are effective aids in this direction. The negative view of old age with its outworn stereotypes (particularly "senility") must be changed if the elderly are to have more opportunities for successful aging. It is time for a more balanced attitude (Butler, 1963 a, 1974). Studies carried out by Lieberman and Falk, (1971) and Revere and Tobin, (1980) found that older subjects engaged in a significantly larger amount of

reminiscence than middle aged. It was also found that older people to reminisce about their past in a greater degree than middle adulthood (Boylan et al., 1976; Havighurst & Glasser, 1972; McMahon & Rhudick, 1964). McMahon and Rhudick, (1967) study found that non-depressed subjects reminisced with greater frequency than depressed subjects. The unique set of problems and concerns of late-life activates the process which involves the assessment of both positive and negative event, and generally produces some adjustment-relevant insight in one's life or self. As a group, the empirical research has lagged behind the theory and is in its earliest stage; procedural differences and methodological flaws render the findings unclear. However, it was tentatively concluded that reminiscence is a complex phenomenon varying along many dimensions-content, frequency, form. Function, affect the outcome and eliciting stimuli. Suggestions for future investigations call for focus. Rigorous examination of the dimensions of reminiscence, careful definition and measurement of key constructs and the examination of specific theoretical hypotheses. Also recommended for the study was the relationship of critical life events to reminiscence and adaptation, and the likelihood of reminiscence being a lifelong activity (Romaniuk, 1981). Life review as a technique that can be helpful to older persons in clarifying their roles as family members. While older people are usually thought of as fully socialized, research on aging and the family life cycle clearly indicates that as people mature, they must continually learn to play new roles. Some of the major adjustments that are required of individuals as they mature through the middle and later years include changes in the occupational role and/or adjustment to leisure-in-retirement shifts in parental responsibility (Greene, 1983). Jeanette Pickrel, (1989) stated that life review is well known as a counseling tool for the aged, life review in its many forms may well be used by the caregiver of the terminally ill of any age and their families. Haight, (1992) examined the long-term effects of a structured life review process in a group of 52 homebound elderly clients. There was, however, an upward trend in the experimental group on the outcome measure of life satisfaction and a downward trend in all groups on measures of activities of daily living and depression. Most elderly in their 80's stated that life review is the main source of getting pleasure i.e., recapitulating the past to forget the anxieties and apprehension towards their future. It is one of the ways of integrating oneself (ego integration). This sort of reminiscence in the present study among the present longevous groups is in the expected directions of earlier studies (Poon et al., 1992; Birren, 1996). According to the predictions of the World Health Organization, depression will be the

second leading cause of disability worldwide by 2020 (Murray & Lopez, 1996). Depression is a common and disabling disorder among the growing number of older adults living in the community. About 3% suffer from severe depression and another 10–15% have a mild to moderate depression (Cole and Yaffe 1996; Beekman et al. 1999). Major depression usually affects the age group of 55 years and above, accounting for 1.8% of the general population, while minor depression occurs in 9.8% (Beckman, et al., 1999). In general, only few older adults receive adequate treatment for depression (Zivian et al. 1992). Late-life depression is characterized by unfavourable prognosis, reduced quality of life and excess mortality (Beekman et al. 2002; Geerlings et al., 2002). So, there is a need for attractive, effective interventions for older adults with depressive symptomatology. Reminiscence could be a prime candidate (Bohlmeijer et al. 2003). Depression is considered one of the most common mental disorders hampering daily life activities and reducing quality of life in the elderly (Blazer, 2003).

Cappeliez (2002) defined life-review therapy as a type of reminiscence that consists of a structured evaluation of one's past with the aim to accept negative events, to resolve past conflicts, to identify continuity between past and present and to find meaning in life. Kim et al., (2005) results show that 30.3% reported mild clinical depression respectively. One of the seven endorsed thought of death or self-injury but only 5.7% reported utilizing mental health services. Blazer, (2003) found that depressive symptoms decrease with age. Studies on health care costs have demonstrated that older adults with depression have higher health costs than do their non-depressed counterparts, regardless of the presence of other chronic diseases (Katon, et al., 2003). Wink and Schiff (2002) suggest that only 30–50% of the older adults go through a process of life-review. In addition, it has been found that some reminiscence styles (boredom reduction and bitterness revival) correlate strongly with both psychological distress and neurotic personality traits (Cully et al. 2001; Cappeliez et al. 2005). Under-utilisation of specialised mental health services by depressed elderly are caused by low detection rates by health care providers, the assumption that depressive symptoms are part of the ageing process, insufficient knowledge about available services and reluctance to accept help in general (Schuurmans 2005).

Given their growing population, the mental health challenges of older adults is an issue of concern, particularly those with a high rate of incidence such as depression (Maksudnya&Shojaei, 2005). Research has also shown that education level is negatively

associated with depression and predicts depression over time (Koster et al., 2006). Baune et al., (2007) results reveal that compared to men, women scored significantly higher in the subscales of somatic complaints and depressed affect whereas older subjects scored highly in interpersonal difficulties. Even the subjects with lower education scored highly on all psychological dimensions than the subjects with higher education. Although prevalence of depression among older adults varies based on population sample and diagnostic criteria, it has been reported to be 10.3% (ranging from 4.7–16%) across the world and 21.9% (ranging from 1.6–31.1%) in developing countries (Barua, Ghosh, Kar, & Basilio, 2010). Reminiscing is a valuable activity that people of all ages spontaneously and informally partake in as part of their everyday lives (Peesapati et al., 2010). A study was carried out by Pot et al., (2010) which evaluated a life review course called "looking for meaning" which covered different topics related to life in 12 sessions which helped to link the past to present. The experimental group reported less depressive symptoms and a higher level of control over one's life than the control group. Preschl et al., (2012) used life review module of the Butler system as a supplement to traditional face to face LRI therapy in a population of over 65 years found wellbeing increased and obsessive reminiscence decreased, and also found that intrusive memory processes constitute an effective treatment goal. Chan et al., (2012) explored the relationship between life events and change in depressive symptoms. Results show that in men, the experience of two events (OR=2.493) and three or more events (OR=3.199) was independently associated with increased risk of having depression. In women, the risk increased only in experiencing three or more events (OR=5.558). Moreover, experience in either good or bad important events increased the risk of depression in both sexes. The occurrence of a single life event had contributed to the onset of depression and multiple events had a cumulative effect. Maercker and Bachem, (2013) meta-analysis study showed that LRI has a positive effect on various aspects of human experience, particularly on depressive subjects. It was also linked with wellbeing and ego integrity and there is need to study the long-term effects of LR Intervention. Latorre, et al., (2015) evaluate the effectiveness of life review (LR) based on specific positive events in non-depressed older adults taking part in an active aging program. The findings suggest that practice in AM for specific events is an effective component of LR that could be a useful tool in enhancing emotional well-being in active aging programs, thus reducing depressive symptoms.

Keeping this in view, the study has been taken up with the following objectives:

- To assess the Life review status across age, gender, education and locality status groups of older persons.
- To assess the Depression status across age, gender, education and locality status groups of older persons.
- To find out the association between Life review, Depression and socio demographic variables.

Based on the objectives the following Hypotheses were framed:

- Hypothesis 1: There is a significant difference between age, gender, education and locality status in Life review.
- Hypothesis 2: There is a significant difference between age, gender, education and locality status in Depression.
- Hypothesis 3: There is a significant relationship between Life review, depression and socio-demographic factors among the Elderly.

Methodology:

Sample of the study: The sample was drawn from different sub groups of age, gender, education and location groups (with formal and without formal education-but those who can read and write) are described in the Table. I. Only subjects who were cognitively intact, healthy, community dwelling and those without any marked disabilities were included in the main sample.

Table – I: Socio-Demographic characters of the sample.

Sl. No.	Sub-Group	N	%
Age			
1.	60-65	104	34.6
	66-70	73	24.3
	71-75	123	41.0
Gender			
2.	Male	175	58.3
	Female	125	41.6
Education			
3.	No education	103	34.3
	School education	177	59.0
	College education	20	6.6
Locality			
4.	Rural	185	61.6
	Urban	115	38.3

The socio-demographic details of the sample indicate that age groups of the sample show that 34.6 percent of the sample was 60-65 age group, 24.3 percent of the sample was 66-70 age group, 41.0 percent of the sample was 70-75 age group. Gender wise the sample shows that 58.3 percent male, 41.6 percent female. The education wise the sample shows that 34.3 percent without education, 59.0 percent school education and 6.6 percent are college education. The location wise the sample shows that 61.6 percent rural areas, 38.3 percent urban areas.

Tools Used in the Study

The standardized tools were used to collect the data on the following variables:

Assessment of Life Review (LRQ): Life Review questionnaire developed by (Jamuna & Ramamurti, 2000). It consists of 17 statements, 5 alternative answers (Never, Rarely, Often, Many times, always).

Depression scale: Depression was assessed by an adapted version (Beck, 1972; Jamuna, et.al., 1999) of depression scale, which consists of 25 statements with two responses i.e., YES or NO. The adapted version has been translated to Telugu language and was administered to 30 Indian older adults with an interval of 10 days. The test-retest reliability was 0.87.

Method of testing:

All the older subjects were personally contacted and explained the importance of the study. If they were willing to cooperate the data was taken in the first instance itself, otherwise based on the convenient timing of the subject the data was drawn. Care was taken to include disability free and cognitively intact persons as sample of the study.

Results and Discussion:

The current study aimed to investigate the association between life review and various demographic variables including age, gender, education level, and locality. The analysis of data revealed several noteworthy findings. Firstly, regarding age groups, the mean life review scores differed significantly across different age categories. Specifically, individuals aged 60-65 years demonstrated a higher mean life review score ($M=52.13$) compared to those aged 66-70 years ($M=48.75$) and 71-75 years ($M=51.29$). Statistically significant differences were observed between the age groups 60-65 years vs. 66-70 years ($t=2.29$) and 66-70 years vs. 71-75 years ($t=1.90$). These results suggest that life review scores may vary with age, with a peak observed in the 60-65 years age group.

Table. II: Means, S. D's and 't' values related to Life review in Different Subjects

Sl. No	Sub-Group	N	M(-)	't'
1.	Age			
	60-65	104	52.13(9.19)	2.29(a-b)*
	66-70	73	48.75(10.23)	1.90(b-c)*
	71-75	123	51.29(8.20)	
2.	Gender			
	Male	175	51.21(9.46)	0.54@
	Female	125	50.62(8.68)	
3.	Education			
	No education	103	49.44(11.30)	1.93(a-b)*
	School education	177	51.59(7.30)	0.97(b-c)@
	College education	20	53.35(10.57)	
4.	Locality			
	Rural	185	52.11(8.87)	2.78**
	Urban	115	49.12(9.29)	
* Significant at 0.05 level; ** Significant at 0.01 level, @ not significant				

Secondly, the analysis by gender indicated that males had a slightly higher mean life review score (M=51.21) compared to females (M=50.62). However, the difference was not statistically significant (t=0.54), suggesting that gender may not be a significant predictor of life review scores in this study sample. Thirdly, educational attainment was found to be associated with life review scores. Subjects with college education exhibited the highest mean life review score (M=53.35), followed by those with school education (M=51.59) and no education (M=49.44). Statistically significant differences were noted between the groups with no education vs. school education (t=1.93), indicating that higher educational attainment might be positively correlated with life review scores. Locality-wise analysis revealed that individuals residing in rural areas reported significantly higher life review scores (M=52.11) compared to those in urban areas (M=49.12), with a statistically significant t-value of 2.78. This finding suggests that the environment or lifestyle differences between rural and urban settings may influence individuals' engagement in life review processes.

In conclusion, the findings from this study provide insights into how demographic factors such as age, education, and locality may influence life review scores among adults. Age was found to have a significant association with life review scores, with the highest scores observed in the 60-65 years age group. Educational attainment also emerged as a significant predictor, with higher education correlating positively with life review scores. Additionally,

individuals residing in rural areas tended to report higher life review scores compared to their urban counterparts. These findings underscore the importance of considering demographic variables when studying life review processes and suggest potential avenues for further research into the underlying mechanisms and implications of these associations.

TENABILITY OF HYPOTHESIS- I

Hypothesis 1: There is a significant difference between age, gender, education and locality status in Life review.

The data with regard to Life review shows that the sub groups namely, age, education and location are differed significantly related to Life review compared to other subgroups namely Gender. *Hence, the Hypothesis is accepted.*

Table. III: Means, S. D's and 't' values related to Depression in Different Subjects.

Sl. No	Sub-Group	N	M(-)	't'
1.	AGE			
	60-65	104	10.37(3.38)	2.36(a-b)**
	66-70	73	9.16(3.52)	6.59(b-c)**
	71-75	123	12.80(3.85)	
2.	Gender			
	Male	175	10.82(4.14)	1.41@
	Female	125	11.43(3.39)	
3.	Education			
	No education	103	10.87(3.81)	0.63(a-b)@
	School education	177	11.18(3.83)	0.02 (b-c)@
	College education	20	11.20(4.34)	
4.	Locality			
	Rural	185	11.17(3.95)	0.53@
	Urban	115	10.92(3.70)	
** Significant at 0.01 level, @ not significant				

The present study aimed to explore the relationship between depression and various demographic factors including age, gender, education level, and locality. The analysis of data yielded several notable findings. Age-wise analysis revealed that mean depression scores varied significantly across different age groups. Specifically, individuals aged 60-65 years exhibited a mean depression score (M=10.37) lower than those aged 66-70 years (M=9.16) and 71-75 years (M=12.80). Statistically significant differences were observed between the age groups 60-65 years vs. 66-70 years (t=2.36) and 66-70 years vs. 71-75 years (t=6.59). These results suggest that older adults, particularly those aged 71-75 years, are more likely to

Copyright@2024 Scholarly Research Journal for Humanity Science & English Language

experience higher levels of depression compared to younger age groups, which contrasts with some previous findings suggesting a decrease in depressive symptoms with age (Blazer, 2003). Gender-wise analysis indicated that females had a slightly higher mean depression score ($M=11.43$) compared to males ($M=10.82$), although this difference was not statistically significant ($t=1.41$). This finding is consistent with existing research suggesting that females are generally more susceptible to depression compared to males. Educational attainment showed no statistically significant association with depression scores in this study. Subjects with college education ($M=11.20$) and school education ($M=11.18$) exhibited slightly higher mean depression scores compared to those with no education ($M=10.87$). The differences between educational groups (no education vs. school education: $t=0.63$; school education vs. college education: $t=0.02$) were not statistically significant. This finding contrasts with previous research indicating a negative association between higher education and depression (Koster et al., 2006). Locality-wise analysis revealed that individuals residing in urban areas ($M=10.92$) reported slightly lower mean depression scores compared to those in rural areas ($M=11.17$). However, the difference was not statistically significant ($t=0.53$). This finding does not fully align with previous studies suggesting higher rates of depression in urban settings (Clark & Teasdale, 1985; Zelinski et al., 2001).

In conclusion, this study provides insights into the demographic factors influencing depression levels among adults. Age emerged as a significant predictor, with older adults, particularly those aged 71-75 years, experiencing higher levels of depression compared to younger age groups. Gender differences were also observed, with females tending to report slightly higher depression scores than males, though not statistically significant in this study. Educational attainment and locality did not show significant associations with depression scores in this sample.

These findings contribute to our understanding of the nuanced relationship between demographic factors and depression. Future research could explore additional variables or larger sample sizes to further elucidate these associations and their implications for mental health interventions and policies.

TENABILITY OF HYPOTHESIS- II

Hypothesis 2: There is a significant difference between age, gender, education and locality status in Depression.

The data with regard to depression shows that the sub groups namely, age, is differed significantly related to depression compared to other subgroups namely education and location. *Hence, the Hypothesis is accepted.*

Table. IV: Correlation matrix related to Life review and Depression with Socio demographic Variables.

Sl. No.	Variables	Life review	Depression
1.	Age	0.034@	0.286**
2.	Gender	0.032@	0.079@
3.	Education	0.130@	0.035@
4.	Locality	0.159*	0.031@
* Significant at 0.05 level; ** Significant at 0.01 level;@ Not significant			

The current study aimed to explore the relationships between life review, depression, and various socio-demographic variables including age, gender, education level, and locality. A correlation matrix (Table IV) was utilized to examine these associations. Regarding life review, the analysis revealed that locality ($r=0.159$, $p<0.05$) was significantly associated with life review scores. This finding suggests that individuals' perception of life review may be influenced by their geographical location, with those in certain types of environments (e.g., urban vs. rural) reporting differing levels of engagement in life review processes. However, age ($r=0.034$), gender ($r=0.032$), and education ($r=0.130$) did not show statistically significant associations with life review scores in this study. These results imply that while locality plays a role, other socio-demographic factors may not strongly influence life review perceptions among the study participants. In terms of depression, age ($r=0.286$, $p<0.01$) emerged as a significant correlate. This indicates that older individuals tended to report higher levels of depression compared to younger individuals in the sample. On the other hand, gender ($r=0.079$), education ($r=0.035$), and locality ($r=0.031$) did not exhibit statistically significant associations with depression scores. These findings suggest that age is a more salient factor in predicting depression levels among the study population, while gender, education level, and locality may have less influence on depressive symptoms.

In conclusion, this study investigated the relationships between life review, depression, and socio-demographic variables among adults. Locality was found to be significantly associated with life review scores, indicating a potential influence of environmental factors on individuals' engagement in life review. Age was identified as a significant predictor of depression, with older adults experiencing higher levels of depressive symptoms compared to

younger adults. However, gender, education level, and locality did not demonstrate significant associations with depression in this sample. These findings underscore the complex interplay between socio-demographic factors and psychological outcomes such as life review and depression. Future research could further explore the mechanisms through which locality and other environmental factors influence life review, as well as delve deeper into the differential impact of age on depression across diverse populations. Such insights can inform targeted interventions and support strategies aimed at promoting mental well-being across different demographic groups.

TENABILITY OF HYPOTHESIS- III

Hypothesis 3: There is a significant relationship between Life review, depression and socio-demographic factors among the Elderly.

The data with regard to Life review and depression shows that the sub groups location is significantly associated to life review and the sub group age is significantly associated to depression, compared to other subgroups. *Hence, the Hypothesis is accepted.*

Findings of study:

- The sub-group differences in Life review show that age, education and locality were significant compared to other sub group namely gender.
- The sub-group differences in Depression show that age, is significant compared to other sub group namely gender, education and locality.
- The association between Life Review and socio demographic variables shows that locations of the subjects were significantly associated with life Review. The other variables like age, education, and locality were not significantly related to Life Review.
- The association between Depression and socio demographic variables shows that age of the subjects was significantly associated with Depression. The other variables like gender, education and location were not significantly related to Depression.

Conclusions

Depression is not a normal part of aging. Depression is less common in late life than in midlife, except in a more delimited form. Although late-life depression is often less severe, the consequences can be overwhelming. Late-life depression is characterized by heterogeneity, with age of first onset a likely marker of etiological differences. Early-onset depression is influenced by genes for depression, whereas late onset may represent either a

prodrome of dementia or a biological or psychological response to the events that are more common in late life (e.g., physical illnesses, bereavement, care giving). Reminiscence is a psychological treatment that may be especially attractive to older adults as it builds on a common and recognizable process of recalling the past. Reminiscence may enhance successful aging by strengthening identity, increasing meaning and coherence in life, preserving a sense of mastery and control, and promoting reconciliation and acceptance.

References

- Barua, A., Ghosh, M. K., Kar, N., & Basilio, M. A. (2010). *Socio-demographic factors of geriatric depression. Indian journal of psychological medicine*, 32(2), 87-92.
- Baune, B. T., Suslow, T., Arolt, V., & Berger, K. (2007). *The relationship between psychological dimensions of depressive symptoms and cognitive functioning in the elderly. The MEMO-Study. Journal of Psychiatric Research*, 41(3-4), 247–254.
- Beck, A. T. (1972). *Depression: Causes and treatment*. Philadelphia: University of Pennsylvania Press.
- Beekman ATF, Copeland JR, Prince MJ.(1999). *Review of community prevalence of depression in later life. Br J Psychiatry*.174: 307-11.
- Beekman, A. T., Geerlings, S. W., Deeg, D. J., Smit, J. H., Schoevers, R. S., De Beurs, E., ... & Van Tilburg, W. (2002). *The natural history of late-life depression: a 6-year prospective study in the community. Archives of general psychiatry*, 59(7), 605-611.
- Birren, J. E., & Schaie, K. W. (1996). *Handbook of the Psychology of Aging*. New York: Van Nostrand Reinhold.
- Blazer DG. (2003). *Depression in late life: review and commentary. J GerontolABiol Sci Med Sci*. 58(3): 249-65.
- Bohlmeijer, E., Smit, F., & Cuijpers, P. (2003). *Effects of reminiscence and life review on late-life depression: a meta-analysis. International journal of geriatric psychiatry*, 18(12), 1088-1094.
- Boylin, W., Gordon, S. K., & Nahrke, M. F. (1976). *Reminiscing and ego integrity in institutionalized elderly males. The Gerontologist*, 16, 118-124.
- Butler, R. N. (1963a). *The Life review: An interpretation of reminiscence in the aged. Psychiatry*, 26, 65-75.
- Butler, R. N. (1963b). *The Life Review: An Interpretation of Reminiscence in the Aged. Psychiatry*, 26(1), 65-76. DOI: 10.1080/00332747.1963.11023339.
- Butler, R. N. (1974). *Successful Aging and the Role of the Life Review. The journal of American Geriatrics Society*, 529-535.
- Cappeliez, P. (2002). *Cognitive-reminiscence therapy for depressed older adults in day hospital and long-term care*.
- Cappeliez, P., O'Rourke, N., & Chaudhury, H. (2005). *Functions of reminiscence and mental health in later life. Aging & mental health*, 9(4), 295-301.
- Chan, D., Kwok, A., Leung, J., Yuen, K., Choy, D., Leung, P. C. (2012). *Association between life events and change in depressive symptoms in Hong Kong Chinese elderly. Journal of Affective Disorders*, 136, 963-970.
- Clark, D. M., & Teasdale, J. D. (1985). *Diurnal variation in clinical depression and accessibility of memories of positive and negative experiences. Journal of Abnormal Psychology*, 91, 87-95.

- Cole, M. G., & Yaffe, M. J. (1996). Pathway to psychiatric care of the elderly with depression. *International Journal of Geriatric Psychiatry*, 11(2), 157-161.
- Conway, M. A., & Pleydell-Pearce, C. W. (2000). The construction of autobiographical memories in the self memory system. *Psychological Review*, 107(2), 261-288.
- Costa, P., & Kastenbaum, R. (1967). Some aspects of memories and ambitions in centenarians. *Journal of Genetic Psychology*, 110, 3-16.
- Erikson, E. (1959). *Identity and the life cycle: Selected Papers: Psychological Issues*, 1, 50-100.
- Erikson, E. (1982). *The life cycle completed*. New York. W.W. Norton.
- Fallot, R. D. (1980). The impact of mood on verbal reminiscing in late adulthood. *International Journal of Aging and Human Development*, 10, 385-400.
- Fillit, H. M., Butler, R. N., O'connell, A. W., Albert, M. S., Birren, J. E., Cotman, C. W., & Perls, T. T. (2002). Achieving and maintaining cognitive vitality with aging. In *Mayo Clinic Proceedings*, 77(7), 681-696.
- Geerlings, S. W., Beekman, A. T. F., Deeg, D. J. H., Twisk, J. W. R., & Van Tilburg, W. (2002). Duration and severity of depression predict mortality in older adults in the community. *Psychological medicine*, 32(4), 609-618.
- Greene, R. R. (1983). Life Review, *Clinical Gerontologist*. 1(2), 59-68. DOI: 10.1300/J018v01n0207.
- Haight, B. K. (1992). Long-Term Effects of a Structured Life Review Process. *Journal of Gerontology: Psychological Sciences*, 47, (5), P312-P315.
- Haight, B. K., & Haight, B. S. (2007). *The handbook of structured life review*. Baltimore, MD: Health Professions Press.
- Havighurst, R. J., & Glasser, R. (1972). An exploratory study of reminiscence. *Journal of Gerontology*, 27, 245-253.
- Hughstom, G. A., & Merriam, S. B. (1982). Reminiscence: A Nonformal Technique for Improving Cognitive functioning in the Aged. *INT'L. J. Aging and Human development*, 15(2).
- Jamuna, D., & Ramamurti, P. V. (2000). *Psychological Correlates of Long Lived Individuals*. Project Report submitted to University Grants Commission, New Delhi.
- Jamuna, D., Sujatharamamurti, & Reddy, L. K. (1999). *Correlates of Quality of Life among Indian elderly men and women*. Project Report submitted Indian Council of Medical Research (ICMR), New Delhi.
- Kaminsky, M. (1978). Pictures from the past: The use of reminiscence in casework with the elderly. *Journal of Gerontological Social Work*, 1, 19-32.
- Katon W, Lin E, Russo J, Unutzer J. (2003). Increased medical costs of a population-based sample of depressed elderly patients. *Arch Gen Psychiatry*. 60(9): 897-903.
- Kim, M. T., Kim, K. B., Hae-Ra Han, Boyun Huh, Nguyen, T., & Lee, H. B. (2005). Prevalence and Predictors of Depression in Korean American Elderly: Findings from the Memory and Aging Study of Koreans (MASK). *American Association for Geriatric Psychiatry*, <http://dx.doi.org/10.1016/j.jagp.2014.11.003>.
- Koster, A., Bosma, H., Kempen, G. I., Penninx, B. W., Beekman, A. T., Deeg, D. J., & van Eijk, J. T. M. (2006). Socioeconomic differences in incident depression in older adults: The role of psychosocial factors, physical health status, and behavioral factors. *Journal of psychosomatic research*, 61(5), 619-627.
- Koster, R. D., Sud, Y. C., Guo, Z., Dirmeyer, P. A., Bonan, G., Oleson, K. W., ... & Xue, Y. (2006). GLACE: the global land-atmosphere coupling experiment. Part I: overview. *Journal of Hydrometeorology*, 7(4), 590-610.

- Latorre, J. M., Serrano, J. P., Ricarte, J., Bonete, B., Ros, L., & Sitges, E. (2015). Life review based on remembering specific positive events in active aging. *Journal of aging and health*, 27(1), 140-157.
- Lieberman, M. A., & Falk, J. M. (1971). The remembered past as a source of data for research on the life cycle. *HumunDrvclopnitwr*, 14, 132- 14.
- Maercker, A., & Bachem, R. (2013). Life-review interventions as psychotherapeutic techniques in psychotraumatology. *European Journal of Psychotraumatology*, 4(1), 1-9. 19720.
- Maksudnya, S., & Shojaei, H. (2005). Overview of gerontology and geriatrics [in Persian]. Tehran, Iran: Engineering and Medical Sciences Research Institute for Veterans.
- Matt, G. E., Va'zquez, C., & Campbell, W. K. (1992). Mood congruent recall of affectively toned stimuli: A meta-analytic review. *Clinical Psychology Review*, 12(2), 227-255.
- McMahon, A. W., & Rhudick, P. J. (1964). Reminiscing: Adaptational significance in the aged. *Archives of General Psychology*, 10, 203-208.
- McMahon, W., & Rhudick, P. J. (1967). Reminiscing and the Aged: An Adaptational Response, in *Studies in Aging: Creativity, Reminiscing and Dying*, S. Lewis and R. J. Kahana (eds.), International Universities Press, New York.
- Merriam, S.B. (1993). Butlers Life Review: How Universal is it? *INT'L. J. Aging and Human development*, 37(3), 163-175.
- Miller, R. N., & Maloney, H. N. (1984). Group Life Review and Denial of Death, *Clinical Gerontologist*, 2(4), 37-49. DOI: 10.1300/J018v02n04_04
- Murray, C. J., Lopez, A. D., & World Health Organization. (1996). The global burden of disease: a comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020: summary. World Health Organization.
- Peesapati, S. T., Schwanda, V., Schultz, J., Lepage, M., Jeong, S., & Cosley, D. (2010). Pensieve. *Proceedings of the 28th International Conference on Human Factors in Computing Systems - CHI '10*. doi:10.1145/1753326.1753635.
- Pickrel, J. (1989) "Tell me your story": Using life review in counseling the terminally ill. *Death Studies*, 13(2), 127-135. DOI: 10.1080/07481188908252290.
- Pickrel, J. (1989). "Tell me your story": Using life review in counseling the terminally ill. *Death studies*, 13(2), 127-135.
- Poon, L. W., Messner, S., Martin, P., Noble, C. A., Clayton, G. M., & Johnson, M. A. (1992). The influence of cognitive resources on adaptation and old age. *International Journal of Aging and Human Development*, 34, 31– 46.
- Pot, A. M., Bohlmeijer, E. T., Onrust, S., Melenhorst, A. S., Veerbeek, M., & De Vries, W. (2010). The impact of life review on depression in older adults: A randomized controlled trial. *International Psycho geriatrics*, 22(4), 572-581.
- Preschl, B., Maercker, A., Wagner, B., Forstmeier, S., Banos, R. M., Alcaniz, M. (2012). Life-review therapy with computer supplements for depression in the elderly: A randomized controlled trial. *Aging and Mental Health*, 1, 1-11.
- Revere, V., & Tobin, S. (1980). Myth and reality: The older person's relationship to his past. *International Journal of Aging and Human Development*, 12, 15-26.
- Romaniuk, M. (1981). Reminiscence and the second half of life, *Experimental Aging Research: An International Journal Devoted to the Scientific Study of the Aging Process*, 7(3), 315-336.

- Zelinski, E. M., Burnight, K. P., & Lane, C. J. (2001). *The relationship between subjective and objective memory in the oldest old: Comparisons of findings from a representative and a convenience sample.* *Journal of Aging and Health*, 13, 248–266.
- Zivian, M. T., Larsen, W., Knox, V. J., Gekoski, W. L., & Hatchette, V. (1992). *Psychotherapy for the elderly: Psychotherapists' preferences.* *Psychotherapy: Theory, Research, Practice, Training*, 29(4), 668.