EUROPEAN JOURNAL OF BIOMEDICAL AND PHARMACEUTICAL SCIENCES
http://www.ejbps.com

ISSN 2349-8870
Volume: 7
Issue: 1
394-399
Year: 2020

EFFECT OF PSYCHODRAMA ON LEVEL OF DEPRESSION IN GERIATRIC POPULATION RESIDING AT SELECTED OLD AGE HOMES IN PUNE CITY

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Article Received on 30/10/2019 **Article Revised on 20/11/2019** **Article Accepted on 10/12/2019**

ABSTRACT

Background: Depression is different from normal sadness in that it engulfs our day-to-day life, interfering with our ability to work, study, eat, sleep and have fun. The feelings of helplessness, hopelessness and worthlessness are intense with little if any, relief. Depression demonstrates the variety of symptoms, such as mood, emotional, cognitive, motivational and physical signs. Depression is very common in More than 10 million cases per year (India). Hence, since psychodrama therapy pays a certain concern to these cases, it has been studies in the treatment field. Psychodrama is a method of group psychotherapy with interactive improvisation, theatre and other contextual frameworks. **Objectives:** 1) To determine the baseline level of depression in geriatric population. 2) To determine the level of depression post intervention through Geriatric Depression Scale (GDS). 3) To compare the pre-test and post-test score. 4) To find the association between selected demographic variable and pre-test score. **Research Methodology:** The quantitative approach with Pre-Experimental One Group Pre-test Post-test Design is used in this study. Tool used is the standardized tool which is Geriatric Depression Scale (GDS). There were 60 samples who met the inclusion criteria, by using the simple random sampling method. The intervention of psychodrama which was followed by monologue and empty chair was done for the period of 4 weeks. After the intervention post-test was conducted using the same tool by the investigator. The score were than calculated and reliability was established by Pearson's correlation coefficient was 0.90. Thus the tool was found to be reliable. **Results:** Paired t-test for effectiveness of psychodrama on level of depression in geriatric population residing at selected old age homes in Pune city. Average depression score in pre-test was 12.1 which were 11.6 in post-test. T-value for this test was 2.7 with 59 degrees of freedom. Corresponding p-value was small (less than 0.05), the null hypothesis is rejected. It is evident that the psychodrama is significantly effective in improving the depression among geriatric population residing at old age homes. Fisher's exact test is applied to find association between the post interventions on level of depression with the demographic variable. The association is considered to be significant if the p value is less than 0.05 ($p<0.05$). From the Fisher's test table it can be seen that there is none of the demographic variables was found to have significant association with depression among geriatric population residing at the old age homes. **Conclusion:** The findings of the study shows that the effect of psychodrama brought a significant difference between the pre-test and post-test score, which means that the intervention was effective in decreasing the level of depression among geriatric population residing at old age homes.

KEYWORDS: Depression, Psychodrama, Effectiveness, Geriatric Population, Mood Disorders.

INTRODUCTION

In Indian context, a recent large number sample survey with an overall prevalence of 15.9% for depression is found.[1] There is some suggestion that perhaps the prevalence of depression has increased over past few decades.[2] Studies done in primary health care settings in India have found depression in 21-84% of the cases.[3] In Maharashtra the prevalence of depression is 3.14%. An average age of onset for major depression is 24 years as per the recent epidemiological research, though it can begin at anytime throughout the lifespan. Depression is much likely in people who are unmarried, widowed, divorced or separated, or without close inter-personal relationships. Those residing in nuclear families and urban areas are possibly at a higher risk. Elderly age and presence of medical disorders pose an even higher risk of

depression.[4]

The epidemiology of depression has been across the worlds depression is major cause of morbidity worldwide, as the epidemiology has shown[5] and a prevalence rate of 5.5% was reported in a national study in Canada over the last decade.[6] 20% of people with major depressive disorder develops psychotic symptoms. 10-15% of women develop postpartum depression. 350 million number of people worldwide who suffer from depression. That is 5% of the world's population. 16 million number of U.S. adults who had at least one major depressive episode in 2012. Women to be most likely diagnosed with depression than men. From 2008 to 2010, more than 8% of young adults between the ages of 18 and 22 reported a major depressive episode in previous year.[7]

Hence, it is seen that there is the most common prevalence of depression in the world and in India. There are so many problems which are been faced by the patients as well their care givers. Depression patients cannot fulfill their own needs even they are not fulfilling their responsibilities towards family, society and other environmental factors. Therefore, I felt the need of this study to enhance the insight of depression patients.

RESEARCH APPROACH

Research approach refers to the way in which the researcher plans the research process. It is the systematic, objective method of discovery of empirical evidence. The researcher approach refers to the way in which the investigator plans and constructs the research process.[8]

The present study is based on a Quantitative approach.

The purpose of quantitative (evaluative) research is to measure the effect of a program against the goal it sets out, which contributes to subsequent decision making about the program and involving future programming. Here the investigator identifies, describes and evaluate the effectiveness of psychodrama on the level of depression among geriatric population in selected old age homes.

The classical approach for the conduction of evaluative research consists of the following broad phases, namely:

- Determining the objectives of the program
- Developing means for measuring the attainment of those objectives
- Collecting data
- Interpreting the data.[9]

It is the back bone or structure of the study to provide framework that supports the study and hold it together. It helps researcher in the selection of subjects, manipulation of independent variables, control observation to be made and the type of statistical analysis is to be used to interpret the data.

RESEARCH DESIGN

The design selected for present study is **Pre-Experimental One Group Pre-test Post-test Design.**

The overall plan is divided into following phases-

Phase I: Selection of geriatric population residing at selected old age home into experimental group.

Phase II: Pre-test: assessment of the level of depression among geriatric population using standardized tool which is Geriatric Depression Scale.

Phase III: Psychodrama followed by monologue and empty chair (type of role play on the life experience of old age people living in old age homes) are given as a therapy and intervention.

Phase IV: Post-test: assessment of psychodrama on the level of depression among geriatric population by using standardized tool Geriatric Depression Scale.

Table 1: Representation of Research Design.

Group	Pre-Test	Treatment	Post-Test
Randomization of geriatric population residing at selected old age homes.	Assessment of the level of depression in the samples using Geriatric Depression Scale.	Psychodrama followed by monologue and empty chair to geriatric population. **X**	Assessment of the effectiveness of psychotherapy on the samples using Geriatric Depression Scale. **O**

The symbols used:

X: Psychodrama to geriatric population.

O: Assessment of the effectiveness of psychodrama.

ANALYSIS OF DATA RELATED TO THE BASELINE LEVEL OF DEPRESSION IN GERIATRIC POPULATION

Table 2: Baseline level of depression in geriatric population.

N=60

Depression	Pre-Test	
	Frequency	%
Normal (Score 0-10)	10	16.7%
Moderate (Score 11-20)	50	83.3%
Severe (Score 21-30)	0	0.0%

In pre-test, majority of 83.3% of the geriatric population had moderate depression (score 11-20) and 16.7% of them had normal depression (Score 0-10).

ANALYSIS OF DATA RELATED TO THE LEVEL OF DEPRESSION POST INTERVENTION THROUGH GERIATRIC DEPRESSION SCALE (GDS)

Table 3: Level of depression post intervention through Geriatric Depression Scale (GDS).

N=60

Depression	Post-Test	
	Frequency	%
Normal (Score 0-10)	17	28.3%
Moderate (Score 11-20)	43	71.7%
Severe (Score 21-30)	0	0.0%

In post-test, 71.7% of the geriatric population had moderate depression (score 11-20) and 28.3% of them had normal depression (Score 0-10).

ANALYSIS OF DATA RELATED TO THE EFFECTIVENESS OF PSYCHODRAMA ON LEVEL OF DEPRESSION IN GERIATRIC POPULATION RESIDING AT SELECTED OLD AGE HOMES IN PUNE CITY

Table 4: Effectiveness of psychodrama on the level of depression in geriatric population residing at selected old age homes in Pune city.

N=60

Depression	Pre-Test		Post-Test	
Normal (score 0-10)	10	16.7%	17	28.3%
Moderate (score 11-20)	50	83.3%	43	71.7%
Severe (score 21-30)	0	0.0%	0	0.0%

In pre-test, majority of 83.3% of the geriatric population had moderate depression (score 11-20) and 16.7% of them had normal depression (Score 0-10). In post-test, 71.7% of the geriatric population had moderate depression (score 11-20) and 28.3% of them had normal depression (Score 0-10). This indicates that the depression among geriatric population improved after psychodrama.

Table 5: Paired t-test for effectiveness of psychodrama on level of depression in geriatric population residing at selected old age homes in Pune city.

N=60

	Mean	SD	T	df	p-value
Pre-Test	12.1	1.9	2.7	59	0.004
Post-Test	11.6	2.3			

Researcher applied paired t-test for effectiveness of psychodrama on level of depression in geriatric population residing at selected old age homes in Pune city. Average depression score in pre-test was 12.1 which was 11.6 in post-test. T-value for this test was 2.7 with 59 degrees of freedom. Corresponding p-value was small (less than 0.05), the null hypothesis is rejected. It is evident that the psychodrama is significantly effective in improving the depression among geriatric population residing at old age homes.

ANALYSIS OF DATA RELATED TO THE ASSOCIATION BETWEEN SELECTED DEMOGRAPHIC VARIABLE AND DEPRESSION AMONG GERIATRIC POPULATION RESIDING AT OLD AGE HOME

Table 6: Fisher's exact test for association between selected demographic variable and depression among geriatric population residing at old age home.

N=60

Demographic Variable		Depression		p- value
		Moderate	Normal	
Gender	Male	26	7	0.048
	Female	24	3	
Age	65-70 years	10	1	0.405
	71-75 years	13	5	
	76-8- years	19	4	
	81 years old and above	8	0	
Your living area is	Urban	26	3	0.302
	Rural	24	7	
Marital Status	Single	2	0	0.742
	Married	9	3	
	Separated or Divorced	5	0	
	Widow/widower	34	7	
Number of Children	0	5	0	0.747
	1 to 2	26	5	
	3 to 4	16	4	
	4 and above	3	1	
Occupation	Employed	4	0	0.498
	Self-Employed	18	5	
	Unemployed	19	2	
	Retired	9	3	

Table 6 cont.....

Demographic Variable		Depression		p- value
		Moderate	Normal	
Source of Financial support	Family	6	1	0.808
	Relatives	6	2	
	Pension	7	2	
	None	31	5	
How many times your family members come to meet you?	1-3 times monthly	45	7	0.130
	4-6 times monthly	3	3	
	7-9 times monthly	1	0	
	10 times monthly and above	1	0	
Period of stay in old age home	0-3 years	10	1	0.454
	3-6 years	21	7	
	6-9 years	12	2	
	9 years and above	7	0	

Since all the p-values are large (greater than 0.05), none of the demographic variables was found to have significant association with depression among geriatric population residing at the old age homes.

MAJOR FINDINGS OF THE STUDY

I. FINDINGS RELATED TO DEMOGRAPHIC DATA OF THE SAMPLES

- In the study the experimental sample consist of 60 geriatric population in which 33 (55.0%) were male and 27 (45.0%) were females.
- In this study the experimental samples are included were of age 65 years and above. In which 18.3% of them had age 65-70 years, 30% of them had age 71-75 years, 38.3% of them had age 75-80 years and 13.3% of them had age 81 years and more.
- In this study the experimental samples have shown the two areas of living which is urban and rural. Here, it is found that 48.3% (29) of them were residing in urban area and 51.7% (31) of them were residing in rural area.
- In this study the experimental samples are distributed according to their marital status. In which it is found that 3.3% (2) of them were single, 20% (12) of them were married, 8.3% (5) of them were separated or divorced and 68.3% (41) of them were widow/widower.
- In this study, the experimental samples which is

based on their number of children. It is found that 8.3% (5) of them did not had children, 51.7% (31) of them had 1 to 2 children, 33.3% (20) of them had 3 to 4 children and 6.7% (4) of them had 4 and above children.

- In this study, the experimental samples were distributed according to their occupational status. In which it is found that 6.7% (4) of them were employed, 38.3% (23) of them were self-employed, 35% (21) of them were unemployed and 20% (12) of them were retired.
- In this study, the experimental samples were asked about their financial supports which are through family, relatives, pension or none of them. Hence it is found that 11.7% (7) of them were financially supported by family, 13.3% (8) of them were supported financially by relatives, 15% (9) of them were supported by pension and 60% (36) of them did not had any financial support.
- In this study, it is found that 86.7% (52) of their family members come to meet them 1-3 times in a month, 10% (6) of their family members come to meet then 4-6 times in a month, 1.7% (1) of their family member meet them 7-9 times in a month and 1.7% (1) of their family member meet them more than 9 times in a month.
- In this study, the experimental samples were asked about their period of stay in old age home. And it is found that 18.3% (11) of them were staying in old age home for 0-3 years, 46.7% (28) of them were staying for 3-6 years, 23.3% (14) of them were staying in old age home for 6-9 years and 11.7% (7) of them were staying in old age home for more than 9 years.

II. FINDINGS RELATED TO GERIATRIC DEPRESSION SCALE

- In pre-test, majority of 83.3% of the geriatric population had moderate depression (score 11-20) and 16.7% of them had normal depression (Score 0-10).
- In post-test, 71.7% of the geriatric population had moderate depression (score 11-20) and 28.3% of them had normal depression (Score 0-10).

III. FINDINGS RELATED TO EFFECTIVESNESS OF PSYCHODRAMA AMONG GERIATRIC POPULATION RESIDING AT OLD AGE HOMES

- In pre-test, majority of 83.3% of the geriatric population had moderate depression (score 11-20) and 16.7% of them had normal depression (Score 0-10). In post-test, 71.7% of the geriatric population had moderate depression (score 11-20) and 28.3% of them had normal depression (Score 0-10). This indicates that the depression among geriatric population improved after psychodrama.
- Researcher applied paired t-test for effectiveness of psychodrama on level of depression in geriatric population residing at selected old age homes in Pune city. Average depression score in pre-test was 12.1 which were 11.6 in post-test. T-value for this test was 2.7 with 59 degrees of freedom. Corresponding p-value was small (less than 0.05), the null hypothesis is rejected. It is evident that the psychodrama is significantly effective in improving the depression among geriatric population residing at old age homes.

IV. FINDINGS RELATED TO ASSOCIATION BETWEEN PSYCHODRAMA AND SELECTED DEMOGRAPHIC VARIABLES

- Fisher's exact test is applied to find association between the post interventions on level of depression with the demographic variable. The association is considered to be significant if the p value is less than 0.05 ($p<0.05$). From the Fisher's test table it can be seen that there is none of the demographic variables was found to have significant association with depression among geriatric population residing at the old age homes.

DISCUSSION

In the present study the samples taken were 60 geriatric populations. Psychodrama was given as an intervention followed by monologue and empty chair every day. The recovery level was assessed by Geriatric Depression Scale (GDS). Average depression score in pre-test was 12.1 which were 11.6 in post-test. T-value for this test was 2.7 with 59 degrees of freedom. Corresponding p-value was small (less than 0.05), the null hypothesis is rejected. It is evident that the psychodrama is significantly effective in improving the depression among geriatric population residing at old age homes.

- The above findings of the study are supported by a study on the effects of psychodrama on depression among women with chronic mental disorders. This study was a quasi-experimental studies that done in RAZI comprehensive psychiatric centre. The depression examined with beck depression inventory (BDI). Then 12 sessions' hours long of psychodrama, twice per week, 6 weeks for intervention group enactment but control group received routine treatments. When the program ended depression of ills re-examined whit study instrument and analyzed with independent T test, paired T test kolmogroph smernophand Leven and covariance analyzes tests. At the end the Psychodrama leads to decrease of depression at intervention group.[10]

Thus, in the present study the investigator took 19 sessions of psychodrama which was given to 60 old age people living in old age homes. There was no control group in the study. The researcher found that the effect of psychodrama to change the level of depression is effective as 7-8 old age people have shown the positive result. But there was no significant relation was found between the demographic variable and post-test score.

- A study which is the effect of psychodrama on the severity of symptoms in depressed patients and found that to some extent the severity of depression level is decreased. The aim of this study was to evaluate the effect of a program for psychodrama on the severity of symptoms of depressed patients. Data were collected using an interview form with Beck Depression Inventory (BDI). At the pre-test, the depression score was higher in the study group (p=0.003), but its duration had no statistically significant difference. After the intervention, all study group patients had no depression, except one, compared to 9(60.0%) In the control group (p=0.08). The results point to the effectiveness of a psychodrama intervention in alleviating the severity of depression.[11]

Thus, in the present study the researcher has conducted psychodrama as an intervention to decrease the level of depression among geriatric population who are residing at old age homes. The researcher found that the study is found effective to some manner that psychodrama have shown positive results to decrease the level of depression. Hence, after applying paired t-test for effectiveness of psychodrama it is found that average depression score in pre-test was 12.1 which were 11.6 in post-test. T-value for this test was 2.7 with 59 degree of freedom. Correspondence p-value was small (less than 0.05).

CONCLUSION

A brief snapshot of research proposal. Summaries are designed to describe for readers the "big pictures" and help them more easily understand the details of the research. Conducting a research study in itself is not important until unless its findings are known to all concerned and implication of its findings have been discussed. The present chapter deals with summary, discussion, conclusion, implication, limitation and recommended as per the findings of the present study.

The researcher under look this study to evaluate the effect of psychodrama on level of depression in geriatric population residing at selected old age homes.

Objectives of the Study

- ✓ To determine the baseline level of depression in geriatric population.
- ✓ To determine the level of depression post intervention through Geriatric Depression Scale (GDS).
- ✓ To compare the pre-test and post-test score.
- ✓ To find the association between selected demographic variable and pre- test score.

CONFLICT OF INTEREST – NIL.

SOURCE OF FUNDING- SELF.

ETHICAL CLEARANCE– Approved by Symbiosis College of nursing ethical committee. Confidentiality of data collection was maintained.

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