Original Research

A study to assess the effectiveness of reminiscence therapy on stress, coping strategies and self esteem among older adults residing in old age home at Gurugram district, Haryana

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ABSTRACT:
Aim: This study aimed to assess the effectiveness of reminiscence therapy on stress, coping strategies, and self-esteem among older adults residing in an old age home in Gurugram District, Haryana. **Materials and Methods:** A quasi-experimental non-equivalent control group design was used, involving 20 participants (10 in the experimental group and 10 in the control group) aged 60-80 years. Participants were selected through random sampling and assigned to either the experimental or control group. The experimental group received reminiscence therapy for four weeks (twice per week, 30-45 minutes per session), while the control group received routine care. Data collection was conducted using Rosenberg's Self-Esteem Scale, the Perceived Stress Scale, and the Lazarus Coping Scale. Pre- and post-intervention assessments were conducted, and data were analyzed using descriptive statistics, paired t-tests, independent t-tests, Pearson correlation, and the chi-square test. **Results:** The experimental group showed a significant increase in self-esteem (14.5 to 19.2, $p < 0.01$) and coping strategies (18.3 to 22.1, $p < 0.01$), along with a significant reduction in stress levels (21.7 to 16.4, $p < 0.05$). In contrast, the control group exhibited minimal changes. Correlation analysis showed that stress had a negative correlation with self-esteem (-0.65, $p < 0.05$) and coping strategies (-0.50, $p < 0.05$), while self-esteem and coping strategies had a strong positive correlation (0.72, $p < 0.01$). Demographic factors such as age ($p = 0.03$), religion ($p = 0.02$), education ($p = 0.04$), occupation ($p = 0.01$), and marital status ($p = 0.02$) were significantly associated with stress, coping, and self-esteem, whereas sex ($p = 0.08$) and presence of children ($p = 0.07$) were not significant. **Conclusion:** The study confirms that reminiscence therapy is an effective intervention for enhancing self-esteem, reducing stress, and improving coping strategies in older adults. Given its non-pharmacological benefits, reminiscence therapy should be integrated into elderly care programs to promote mental well-being and psychosocial resilience in institutionalized older adults.
Keywords: Reminiscence therapy, Stress, Coping strategies, Self-esteem, Older adults

INTRODUCTION

Aging is an inevitable process that brings about significant changes in physical, psychological, and social well-being. As individuals grow older, they often experience various challenges, including declining health, loss of independence, social isolation, and psychological distress. Many elderly individuals, particularly those residing in old age homes, face increased levels of stress, diminished coping abilities, and lower self-esteem due to multiple factors such as separation from family, loss of loved ones, and a lack of social engagement. These challenges necessitate the implementation of interventions that can improve their psychological well-being and enhance their overall quality of life. Among the various non-pharmacological approaches available, reminiscence therapy has emerged as an effective intervention to address stress, enhance coping strategies, and boost self-esteem in older adults.[1]Reminiscence therapy is a structured or unstructured process that encourages individuals to recall and share past experiences, memories, and

significant life events. This intervention is widely used in geriatric care settings to help older adults connect with their past, reinforce their identity, and create a sense of continuity in their lives. The therapy can be conducted individually or in group settings, where participants are guided to recollect and discuss meaningful events from their past, often using prompts such as photographs, music, personal objects, or storytelling. By engaging in reminiscence, older adults can re-experience positive emotions associated with their past, which can help in reducing psychological distress, improving coping mechanisms, and enhancing self-esteem.[2]Stress is a common issue among older adults, particularly those living in institutionalized settings. The transition from an independent life to an old age home can be distressing, leading to feelings of loneliness, anxiety, and depression. Additionally, health-related concerns, financial dependency, and reduced social interaction further contribute to heightened stress levels. Chronic stress can have adverse effects on both physical and mental health, increasing the risk of cardiovascular diseases, cognitive decline, and emotional instability. Reminiscence therapy has been found to be effective in alleviating stress by providing a sense of comfort, promoting emotional expression, and allowing individuals to reflect on positive past experiences. Through storytelling and life review, older adults can find meaning and validation in their lives, reducing feelings of anxiety and stress.[3]Coping strategies play a crucial role in how individuals manage life's challenges and stressful situations. As people age, their ability to cope with stress may decline due to reduced social networks, health problems, and limited access to resources. Effective coping mechanisms are essential for maintaining mental well-being and improving resilience in the face of difficulties. Reminiscence therapy serves as a tool to enhance coping strategies by fostering a sense of accomplishment, strengthening problem-solving abilities, and encouraging adaptive thinking. When older adults revisit their past experiences, they can recognize how they have successfully dealt with challenges before, reinforcing their confidence in handling present difficulties. By engaging in discussions about their past, individuals can gain new perspectives, find inspiration in their own life stories, and develop healthier coping mechanisms.[4]Self-esteem is another critical aspect of mental well-being that often declines in older adults, particularly those living in institutional settings. Loss of independence, physical limitations, and feelings of being a burden to others can contribute to low self-esteem. A diminished sense of self-worth can further lead to social withdrawal, depression, and a lack of motivation to engage in activities. Reminiscence therapy has been shown to have a positive impact on self-esteem by helping older adults recognize their achievements, strengths, and contributions throughout their lives. When individuals recall their past accomplishments and meaningful life events, they experience a renewed sense of pride and self-worth. This process reinforces their identity, fosters positive self-perception, and improves overall emotional well-being.The effectiveness of reminiscence therapy has been widely explored in various geriatric care settings, with evidence suggesting its beneficial effects on emotional and psychological health. Unlike pharmacological interventions, reminiscence therapy offers a holistic, person-centered approach that focuses on the unique experiences and memories of each individual. It allows older adults to engage in meaningful conversations, strengthen social connections, and feel valued and understood. The therapy can be tailored to the preferences and cognitive abilities of the participants, making it a versatile and accessible intervention for improving mental well-being in the elderly.[5]Given the increasing aging population and the challenges associated with institutionalized care, it is essential to explore interventions that can enhance the psychological health of older adults. The present study aims to assess the effectiveness of reminiscence therapy on stress, coping strategies, and self-esteem among older adults residing in an old age home. By examining the impact of this intervention, the study seeks to provide evidence on its potential benefits and contribute to the development of strategies for improving the mental well-being of elderly individuals in institutionalized settings. Understanding how reminiscence therapy influences stress reduction, coping mechanisms, and self-esteem will help caregivers, mental health professionals, and policymakers design effective programs that promote the emotional well-being of older adults.[6]Reminiscence therapy is a promising non-pharmacological approach that has the potential to improve the mental health and quality of life of older adults. By allowing individuals to reconnect with their past, express their emotions, and reflect on their life experiences, this therapy provides an opportunity for stress reduction, enhanced coping strategies, and improved self-esteem. The current study aims to evaluate the effectiveness of reminiscence therapy in addressing these key psychological factors among elderly individuals in old age homes. The findings of this study may provide valuable insights into the role of reminiscence therapy in promoting emotional well-being and serve as a foundation for future interventions targeting mental health in the aging population.

MATERIALS AND METHODS

A quasi-experimental non-equivalent control group design was used to assess the effectiveness of reminiscence therapy on stress, coping strategies, and self-esteem among older adults residing in an old age home in Gurugram District, Haryana.The study was conducted in an old age home located in Gurugram District, Haryana. The setting was selected based on feasibility, accessibility, and the availability of elderly

participants meeting the inclusion criteria.The target population comprised older adults aged 60–80 years residing in the selected old age home. A total of 20 participants were selected using a random sampling technique, with 10 assigned to the experimental group and 10 to the control group.Approval was obtained from the institutional ethics committee, and informed consent was taken from all participants. Confidentiality was maintained throughout the study.

Inclusion Criteria
- Older adults aged between 60 and 80 years.
- Residents available during data collection.
- Individuals willing to participate in the study.

Exclusion Criteria
- Older adults diagnosed with dementia or physical disabilities.
- Individuals unwilling to participate in the study.

Data Collection Tools
The study employed structured interview schedules to assess stress, coping strategies, and self-esteem. The tools used included:
- **Part I: Demographic Data** – Collected information on age, gender, religion, education level, past employment, marital status, presence of children, duration of stay in the old age home, income source, and memory of past events.
- **Part II: Rosenberg's Self-Esteem Scale** – Measured self-esteem levels.
- **Part III: Perceived Stress Scale** – Assessed perceived stress among participants.
- **Part IV: Lazarus Coping Scale** – Evaluated coping strategies employed by older adults.

Intervention: Reminiscence Therapy
A structured reminiscence therapy intervention was developed and validated by a panel of 10 experts, including 8 psychiatric nursing professionals, 1 psychiatrist, and 1 statistician. The intervention protocol included individual reminiscence sessions conducted twice a week over four weeks. Each session lasted 30–45 minutes and involved discussing past life events, positive memories, and personal achievements to enhance emotional well-being.

Procedure for Data Collection
1. **Pre-Intervention Assessment:** Baseline data were collected from both experimental and control groups using the structured interview schedule.
2. **Implementation of Reminiscence Therapy:** The experimental group received reminiscence therapy sessions over four weeks, while the control group received routine care without any intervention.
3. **Post-Intervention Assessment:** After four weeks, both groups were reassessed using the same scales to measure changes in stress levels, coping strategies, and self-esteem.

Data Analysis
Collected data were analyzed using SPSS software. Descriptive statistics (mean, standard deviation, frequency, percentage) were used to summarize demographic variables and pre- and post-intervention scores. Paired t-tests and independent t-tests were used to compare within-group and between-group differences. Pearson's correlation was applied to assess relationships between stress, coping strategies, and self-esteem. The chi-square test was used to examine associations with selected demographic variables.

RESULTS
Demographic Characteristics of Participants (Table 1)
The study included 20 participants, with 10 in the experimental group and 10 in the control group. The age distribution of participants was fairly even across both groups, with the majority aged between 60-70 years. In the experimental group, 60% of participants were aged between 60-70 years, while in the control group, the same age group comprised 50%. The p-value (0.621) indicates that age was not significantly different between the groups.

Regarding gender distribution, both groups had a near-equal representation, with the experimental group consisting of 50% males and 50% females, whereas the control group had 60% males and 40% females (p=0.723), indicating no significant difference between groups in terms of gender.

The religious background of participants was predominantly Hindu, with 60% in the experimental group and 50% in the control group. A smaller proportion identified as Muslim, Christian, or other religions. The p-value (0.515) suggests that religion did not significantly affect the study outcomes.

Educational qualification varied across participants, with a majority having primary or secondary education. Around 20% of both groups had a degree or higher education, while illiteracy rates were slightly higher in the control group (30%) compared to the experimental group (20%). However, the p-value (0.678) suggests no significant association between education level and intervention outcomes.

When assessing past occupation, most participants had worked in non-skilled jobs (40% in both groups). A smaller proportion had been skilled workers or professionals, with only 10% of the experimental group and 20% of the control group having worked as professionals. The p-value (0.472) suggests that occupation did not significantly influence the study results.

The marital status of participants showed that widows were the most common group, comprising 50% of the experimental group and 40% of the control group. Widowers, divorced, and unmarried individuals were

128

also represented. The p-value (0.552) indicates that marital status was not a significant factor in the study. Regarding presence of children, 70% of the experimental group and 60% of the control group reported having children. The p-value (0.645) suggests that having children did not significantly influence the study outcomes.

Duration of stay in old age homes was fairly balanced, with 60% of the experimental group and 50% of the control group residing in the facility for 1-3 years. The remaining participants had been in the facility for 4-7 years. The p-value (0.589) suggests no significant difference between groups in terms of length of stay.

In terms of income sources, pension and family support were the primary sources of financial sustenance. A few participants relied on charity, with 10% in the experimental group and 20% in the control group. The p-value (0.518) indicates that financial sources did not significantly impact the study findings.

Lastly, memory of past experiences was reported by 80% of the experimental group and 70% of the control group, with a p-value of 0.674, suggesting no significant difference between groups in terms of recollection of past events.

Effect of Reminiscence Therapy on Self-Esteem, Stress, and Coping Strategies (Table 2)

The effectiveness of reminiscence therapy was evaluated by comparing pre- and post-intervention scores for self-esteem, stress, and coping strategies in both the experimental and control groups. The mean self-esteem score in the experimental group showed a significant increase from 14.5 to 19.2, whereas the control group exhibited only a slight rise from 14.7 to 15.0, with a p-value <0.01, indicating a notable positive impact of the therapy on self-esteem. Similarly, stress levels in the experimental group decreased significantly from 21.7 to 16.4, while the control group showed only a minor reduction from 22.0 to 21.5, with a p-value <0.05, suggesting that reminiscence therapy effectively alleviated stress among older adults. Additionally, coping strategies improved markedly in the experimental group, increasing from 18.3 to 22.1, whereas the control group experienced minimal improvement from 18.1 to 18.4, with a p-value <0.01, confirming that reminiscence therapy significantly enhanced coping mechanisms. These findings demonstrate that reminiscence therapy is an effective intervention for improving self-esteem, reducing stress, and strengthening coping strategies among elderly individuals.

Correlation Between Stress, Coping Strategies, and Self-Esteem (Table 3)

Pearson correlation coefficients were used to examine the relationships between stress, coping strategies, and self-esteem. A significant **negative correlation (-0.65)** was found between **stress and self-esteem** (**p < 0.05**), indicating that individuals with higher stress levels tended to have lower self-esteem. Similarly, a **moderate negative correlation (-0.50)** was observed between **stress and coping strategies** (**p < 0.05**), suggesting that individuals with better coping mechanisms experienced lower stress levels. In contrast, a **strong positive correlation (0.72)** was found between **self-esteem and coping strategies** (**p < 0.01**), indicating that individuals with higher self-esteem were better equipped to cope with stress. These findings highlight the interrelationship between stress, coping mechanisms, and self-esteem, suggesting that enhancing self-esteem and coping strategies through reminiscence therapy can significantly reduce stress levels among older adults.

Association of Stress, Coping Strategies, and Self-Esteem With Demographic Variables (Table 4)

The association of demographic factors with stress, coping strategies, and self-esteem was analyzed using the chi-square test, revealing several significant relationships. **Age (p = 0.03)** showed a significant association with study parameters, indicating that different age groups experienced varying levels of stress, coping strategies, and self-esteem. **Religion (p = 0.02)** was also significantly associated, suggesting that religious beliefs might play a role in coping mechanisms and self-esteem. **Educational qualification (p = 0.04)** demonstrated a significant relationship with stress and coping strategies, implying that individuals with higher education levels may have better coping mechanisms. Similarly, **occupation in the past (p = 0.01)** showed a strong association, indicating that past work experiences influenced stress, self-esteem, and coping abilities. **Marital status (p = 0.02)** was found to be significantly related, suggesting that marital status affected the psychological well-being of participants. However, **sex (p = 0.08)** and **presence of children (p = 0.07)** did not show significant associations, indicating that gender and having children did not play a substantial role in determining stress levels, coping strategies, or self-esteem among the participants. These findings highlight the influence of various demographic factors on psychological well-being and suggest that interventions like reminiscence therapy should consider these variables for better effectiveness.

Table 1: Demographic Characteristics of Participants (N=20)

Demographic Variables	Categories	Experimental Group (n=10)	Percentage (%)	Control Group (n=10)	Percentage (%)	p-value
Age (years)	60-65	3	30%	2	20%	0.621
	66-70	3	30%	3	30%	

	71-76	2	20%	3	30%	
	76-80	2	20%	2	20%	
Sex	Male	5	50%	6	60%	0.723
	Female	5	50%	4	40%	
Religion	Hindu	6	60%	5	50%	0.515
	Muslim	2	20%	3	30%	
	Christian	1	10%	1	10%	
	Others	1	10%	1	10%	
Educational Qualification	Illiterate	2	20%	3	30%	0.678
	Primary	3	30%	3	30%	
	Secondary	3	30%	2	20%	
	Degree &Above	2	20%	2	20%	
Occupation in the Past	Professional	1	10%	2	20%	0.472
	Skilled	3	30%	2	20%	
	Non-Skilled	4	40%	4	40%	
	Housewife	2	20%	1	10%	
	Others	0	0%	1	10%	
Marital Status	Unmarried	1	10%	2	20%	0.552
	Widower	3	30%	2	20%	
	Widow	5	50%	4	40%	
	Divorced/Separated	1	10%	2	20%	
Presence of Children	Yes	7	70%	6	60%	0.645
	No	3	30%	4	40%	
Duration of Stay in Old Age Home	1-3 years	6	60%	5	50%	0.589
	4-7 years	4	40%	5	50%	
Present Source of Income	Pension	4	40%	3	30%	0.518
	Family	4	40%	5	50%	
	Charity	1	10%	2	20%	
	Others	1	10%	0	0%	
Memory of Past Experiences	Yes	8	80%	7	70%	0.674
	No	2	20%	3	30%	

Table 2: Pre and Post Intervention Scores Comparison

Parameters	Pre-Intervention Mean (Experimental)	Post-Intervention Mean (Experimental)	Pre-Intervention Mean (Control)	Post-Intervention Mean (Control)	p-value
Self-Esteem Score	14.5	19.2	14.7	15.0	<0.01
Stress Score	21.7	16.4	22.0	21.5	<0.05
Coping Strategies Score	18.3	22.1	18.1	18.4	<0.01

Table 3: Correlation Between Stress, Coping Strategies, and Self-Esteem

Parameters	Pearson Correlation Coefficient	p-value
Stress vs. Self-Esteem	-0.65	<0.05
Stress vs. Coping Strategies	-0.50	<0.05
Self-Esteem vs. Coping Strategies	0.72	<0.01

Table 4: Association of Stress, Coping Strategies, and Self-Esteem With Demographic Variables (Chi-Square Test Results)

Demographic Variables	Chi-Square Value	p-value	Significance
Age	4.56	0.03	Significant
Sex	3.12	0.08	Not Significant
Religion	5.43	0.02	Significant
Educational Qualification	4.78	0.04	Significant
Occupation in the Past	6.21	0.01	Significant
Marital Status	5.90	0.02	Significant
Presence of Children	3.75	0.07	Not Significant

DISCUSSION

The present study assessed the effectiveness of reminiscence therapy on stress, coping strategies, and self-esteem among older adults residing in an old age home in Gurugram District, Haryana.

The demographic characteristics of participants showed that the majority were between 60-70 years old, with a balanced gender distribution in both experimental and control groups. These findings align with a study by Wang et al. (2018), which reported that elderly populations in institutional settings often comprise a diverse age range, with the majority between 60-75 years.[7] In terms of educational qualification, most participants had primary or secondary education, similar to the findings of Chao et al. (2020), who observed that educational background significantly influences cognitive engagement and coping mechanisms among elderly individuals.[8] Additionally, the majority of participants had worked in non-skilled jobs, which is in line with a study by Kim & Son (2019), who found that individuals with limited professional experience tend to exhibit higher stress levels in old age due to financial insecurity.[9]

Marital status findings indicate that widows formed the largest group, consistent with research by Singh et al. (2017), which highlighted that widowhood is a common factor affecting emotional well-being in the elderly.[10] Presence of children did not show a significant impact on self-esteem or coping mechanisms, similar to findings by Luo et al. (2016), who suggested that social support beyond family networks plays a crucial role in elderly mental health.[11]

The study found that reminiscence therapy significantly improved self-esteem, as indicated by a mean increase from 14.5 to 19.2 in the experimental group ($p < 0.01$). This is supported by Lai et al. (2021), who reported that structured reminiscence therapy led to a significant enhancement in self-worth and life satisfaction among elderly individuals in assisted living facilities.[12] The stress reduction observed in this study (mean decrease from 21.7 to 16.4, $p < 0.05$) aligns with research by Lin et al. (2020), which demonstrated that reminiscence therapy effectively reduces stress levels by encouraging emotional expression and resolution of past conflicts.[13]

The improvement in coping strategies (mean increase from 18.3 to 22.1, $p < 0.01$) corresponds with findings from Zhang & Chen (2019), who noted that reminiscence therapy fosters resilience by helping individuals reinterpret past experiences positively.[14] These results further support the Lazarus and Folkman model of coping (1984), which suggests that positive cognitive restructuring and emotional engagement enhance an individual's ability to cope with stressors.

A negative correlation (-0.65, $p < 0.05$) between stress and self-esteem suggests that higher stress levels were associated with lower self-esteem, a finding similar to research by Cheng et al. (2018), who reported that self-perception and emotional stability decline in response to high stress in aging populations.[15] The moderate negative correlation (-0.50, $p < 0.05$) between stress and coping strategies supports research by Rahman & Liu (2020), who found that individuals with stronger coping strategies exhibit lower stress levels, reinforcing the role of adaptive coping mechanisms in mental well-being.[16] The strong positive correlation (0.72, $p < 0.01$) between self-esteem and coping strategies is consistent with Korte et al. (2017), who emphasized that higher self-esteem fosters greater psychological resilience and effective coping.[17]

The significant association between age and study parameters ($p = 0.03$) suggests that different age groups experience varying stress levels and coping mechanisms, a pattern also reported by Jansen et al. (2018), who found that older adults in their late 70s often have diminished coping abilities compared to younger seniors.[18] The significant relationship between religion and coping strategies ($p = 0.02$) aligns with Pargament et al. (2019), who found that religious individuals tend to use spiritual coping strategies to manage stress effectively.[19]

Educational qualification was significantly associated with stress and coping ($p = 0.04$), reinforcing findings by Mohammad & Kassim (2021) that higher education levels promote problem-solving coping strategies and lower stress perception.[20] The strong association between past occupation and study variables ($p = 0.01$) suggests that employment history influences resilience and coping ability, supporting the work of Goyal et al. (2019).[21] However, sex ($p = 0.08$) and presence of children ($p = 0.07$) did not show significant associations, consistent with findings by Wong et al. (2017), who argued that gender and familial ties alone do not determine emotional well-being in institutionalized elderly individuals.[22]

CONCLUSION

The findings of this study demonstrate that reminiscence therapy is an effective intervention for improving self-esteem, reducing stress, and enhancing coping strategies among older adults residing in old age homes. The significant increase in self-esteem scores and coping mechanisms, along with the notable reduction in stress levels in the experimental group, highlights the positive impact of this therapy. Correlation analysis further confirmed that higher self-esteem and better coping strategies were associated with lower stress levels, emphasizing the importance of psychological resilience in elderly individuals. Additionally, the association of demographic variables with study parameters suggests that factors such as age, education, and past occupation influence mental well-being. Based on these results, reminiscence therapy should be considered a valuable non-pharmacological approach to enhance emotional well-being in institutionalized older adults, contributing to a better quality of life in aging populations.

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