

# **A case study on the intervention of memory therapy in the psychological problems of rural widowed elderly**

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**Abstract:** *As a special vulnerable group in China, the widowed elderly in rural areas are prone to adaptive psychological problems such as loneliness, inferiority and helplessness, anxiety and depression. In this paper, through field investigation and interview, typical rural elderly widows were selected to intervene in social work cases, and the practical application of memorial therapy in rural elderly widows was discussed, in an attempt to provide a reference for the practice model of memorial therapy in this group.*

**Keywords:** *Memory therapy; Case work; Rural widowed elderly; Psychological problems*

## **1. Presentation of the problem**

A survey by the National Committee of the Chinese People's Political Consultative Conference shows that more than 85% of the elderly in China currently have psychological problems of varying degrees, of which 27% have obvious anxiety, depression and other psychological disorders [1]. Due to the decline in the physiological function of the elderly, they inevitably rely on others in terms of their ability to take care of themselves and maintain their livelihood independently, and are under greater pressure in terms of physical, psychological, economic, marital, social support, etc., and the support role between elderly spouses is more prominent in this context. Therefore, for the rural widowed elderly group, its implicit and adaptive psychological problems need to be solved urgently. According to the statistics of the "Main Data Bulletin of China's Urban and Rural Elderly Population Tracking Survey", the widowhood rate in rural areas has reached 28.8% in recent years [2], the base of widowed elderly in rural areas in China is huge and the status quo of survival is not optimistic, due to the death of spouses, lack of economic resources, the marginalization of family roles caused by the emergence of mental health problems and the lack of subjective happiness, some widowed elderly people even have old age depression, self-hatred, self-hatred, self-worth "terrible" over-generalization and other psychological identity crisis. This group needs to provide professional psychological counseling, reconstruct self-identity, rebuild mental health, and improve self-efficacy.

Reminiscence therapy emphasizes the important value of nostalgia and life review in the adaptation of elderly patients to their aging and adjustment disorders. It is more often used with older adults who have biased self-perceptions, overgeneralized selves, suffered major frustrating events, lack spiritual comfort, and have low self-esteem. By using remembrance therapy, social workers can guide the elderly to reconcile their self with their social life, gain positive emotional experiences, and facilitate their self-integration. Therefore, it is professionally appropriate and scientifically sound to use remembrance therapy to provide case services to rural bereaved older adults.

## **2. A study on the application of remembrance therapy to the bereaved elderly in rural areas**

### **2.1. Research on the psychological problems of the widowed elderly in rural areas**

At present, Chinese scholars have done less research on the mental health of rural widowed elderly people, and mainly focus on the subjective happiness and depression status of widows on rural elderly people. Studies have shown that the subjective well-being of the rural widowed elderly is significantly lower than that of the non-widowed elderly and is at high risk of depression [3]. In terms of social support research, it can be seen that the intergenerational needs of rural widowed elderly people have increased,

and the elderly generally experience a sense of loneliness; The old-age security for rural widows and elderly people, especially the spiritual security, is relatively lacking, which is one of the social triggers for the deepening of adaptive psychological disorders for rural widowed elderly.

Previous research results have contributed to understanding the current situation of the mental health of rural bereaved elderly and exploring intervention models for the mental health of rural bereaved elderly in different social disciplines, but there are still shortcomings: firstly, there are two dimensions of the mental health of the elderly, positive and negative, and the existing research lacks a comprehensive study of the psychological problems of the elderly; secondly, few studies on the psychological problems of rural bereaved elderly have been conducted using professional social work methods, and the research methods are relatively single.

## ***2.2. A study on the application of remembrance therapy to the bereaved elderly in rural areas***

Academics have been studying the issue of bereaved elderly since 1985 (Zhang Yulin) [4]. Among them, there are more studies on marriage, aging problems, life status, and psychological adaptation of the widowed elderly group, but the research results for the rural widowed elderly are lacking and not strongly targeted, mostly focusing on the whole population level; at present, the available studies show that when Chinese scholars study the problems of the rural widowed elderly, they mainly focus on psychological, subjective well-being and other spiritual level issues, and the domestic use of remembrance therapy for the rural elderly. There are few cases of research on rural elderly people and most of them are group work based on the different needs of the target population. Therefore, this paper is an innovative approach to working with the bereaved elderly in rural areas using remembrance therapy.

## **3. Practical application of remembrance therapy in the psychological problems of bereaved elderly in rural areas**

### ***3.1. Definition of core concepts***

#### ***3.1.1. Reminiscence therapy***

Reminiscence therapy, also known as reminiscence therapy and nostalgia therapy. It aims to help the elderly understand themselves, reduce their sense of loss, increase self-esteem and socialization, and improve their sense of self-worth and self-efficacy by guiding them to remember the past in order to re-experience a slice of their past life [5].

#### ***3.1.2. Rural widowed elderly***

Rural widowed elderly are rural household members aged 60 years or older who have lost their spouse [6].

#### ***3.1.3. Psychological problems of the elderly***

Psychological problems are partial dysfunctions of normal mental activity, often associated with specific situations and triggered by specific circumstances. According to the concept of psychological problems and according to the difference in the degree of psychological development, the types of psychological problems of the elderly can be broadly classified into three categories: developmental psychological problems, adaptive psychological problems and obstructive psychological problems. The psychological problems of the elderly studied in this paper are mainly in the category of adaptive psychological problems, which refers to individuals with normal physical and mental development in general but with certain psychological and behavioral problems, in other words, "normal people who have difficulties in adapting", and their main psychological difficulties are in the areas of loneliness and loss, low self-esteem and helplessness, and depression and fear.

## ***3.2. A case study on the psychological problems of bereaved elderly people with memorial therapy intervention***

Village C in Wenshan Prefecture, Yunnan Province, is an "elderly village" where mainly elderly people are left behind, and more than one-third of them are widowed. Through village visits and interviews, we found that the mental health of most of the elderly is not optimistic, the elderly are not aware of the negative impact of their psychological problems on their lives and bodies, the village infrastructure is lacking, and the popularization of mental health education is still lagging behind.

Therefore, the author takes the psychological problems of the bereaved elderly in rural areas as an entry point and selects representative cases to intervene and intervene with the use of remembrance therapy, focusing on the contradiction between the needs of the clients and their real situation, helping them to face their own psychological state, and guiding them during the interviews with a focus on self-perception and interpersonal interaction, exploring the application of remembrance therapy as an independent treatment method and practice model in rural areas. We explore the feasibility and scientific validity of applying remembrance therapy as an independent therapeutic method and practice model to the study of psychological problems of widowed elderly people in rural areas, and assist them in alleviating their psychological difficulties and improving their sense of self-integration and effectiveness.

### 3.2.1. Receive the case

In the preliminary preparation, the author first contacted with the village head and relevant administrative staff of village C and obtained corresponding support, but the elderly responded coldly and resisted during the initial household visit. In this regard, the author and her team actively sought opportunities to communicate with the elderly using social work skills such as respect, sincerity, warmth and empathy, while introducing the case work concept and operation methods to the elderly in easy-to-understand language. The elderly expressed their interest in the case work service and at the same time expressed their concern about the process and its effectiveness. Under the principle of informed consent and confidentiality, we communicated with the elderly in advance and promised to properly handle their private information that they did not want to be disclosed, and finally identified them as the study subjects.

After establishing trust with the client and exchanging ideas and feelings, I found that the elderly had a pessimistic perception of their own lives and considered themselves a burden to their families and society because of their low education level and lack of financial resources. Based on the client's characteristics and situation, the author decided to use Butler's 1963 life review theory as a theoretical pillar, which is mostly used in the field of humanities and social sciences and is effective for individuals with low self-efficacy, major life trauma, and poor self-perception. Through the practice model of reminiscence therapy, semi-structured interviews are used to define the client's needs and psychological dilemmas, and the client is guided to review, evaluate and re-integrate his or her life experiences, re-analyze and re-integrate some unresolved conflicts in life, so as to give a new evaluation and meaning to his or her life, and enhance one's ability to control one's life. In combination with interviews with the client's children and neighbors, the project aims to understand the living condition of the elderly, to play the role of social worker as a mediator, to help build a family and social support network for the elderly, and to enhance the client's sense of self-efficacy.

Table 1: Basic information of the case owner

Name	Gender	Age	Basic Information
CZQ	Female	77	She has no education and only knows simple Chinese characters and numbers. She lives by farming and handicrafts. Her husband died of stomach cancer thirty-seven years ago, and she has two sons and one daughter. The eldest son (52 years old) went out to work after graduating from elementary school and currently works as a driver in a gas transportation company and has a daughter; the second daughter (47 years old) married in the next village, has a son and a daughter and works in textile; the third son (44 years old) has developed relatively well and works as a math teacher in a county high school.

### 3.2.2. Pre-assessment

Through one-on-one communication and continuous interaction with the client, we gain a deeper understanding of her life situation and obtain detailed information, guide the client to tell her life story in as much detail as possible and understand her views on the mainstream narrative of "problematic stories", combine her social network and the narratives of her relatives and neighbors, organize and analyze all kinds of information, and then form The information is compiled and analyzed to form a social history report of the client.

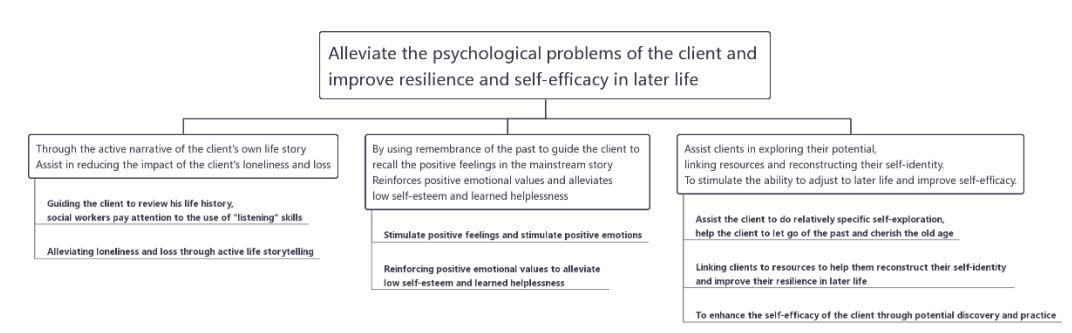
Table 2: Table of social history information of CZQ elderly

Case Information	Detailed description
Important events leading to present problems and help-seeking behavior	Elder c had a good relationship with her husband, but in 1985, her husband died, leaving behind three minor children. After raising the children, elder c became more pessimistic and depressed, with low self-esteem and helplessness. After the social worker took the initiative to ask and communicate with her, she expressed her willingness to receive counseling, hoping to establish a normal social relationship with people around her to relieve her loneliness and helplessness.
Processing and validity	The caseworker brought up her children alone after her husband passed away and refused to have new intimate relationships. She was reluctant to move in with her children for fear of becoming a drag on them after they each started their own families; she felt that her low level of education made her afraid of being laughed at by the village people, and she had less contact with other people in the rural community. The expressions of old man c and the evaluation of the community may show that old man c himself cannot handle his negative emotions and psychological problems.
Health Status	Severe headaches and rheumatism in the legs
Economic situation	No fixed source of income, children are working, monthly living expenses
Support Network	Three children (strong relationship) and neighbors (weak relationship)
Evaluation of the social worker receiving the case - there is a risk that the place needs further investigation and analysis	<p>Mental health problems.</p> <p>1. Loneliness and loss: the case owner was widowed and did not remarry, the eldest son is engaged in gas transportation, no fixed vacations, usually eat and live in the company, rarely go home; the second daughter married in the next village, but the two villages are dotted, there is still a 10-kilometer mountain distance, in addition, the daughter has to take care of his mother-in-law and a son and a daughter, only on New Year's Day to go home; the third son is teaching and settled in the county, one son is in the first year of high school The third son teaches and lives in the county, and the other son is in his first year of high school, so the case owner lives alone all the time, and is illiterate, and basically cannot read TV subtitles and books, and lacks entertainment.</p> <p>2. Low self-esteem and helplessness: When she was forty years old, her husband, who was the family's breadwinner, died of stomach cancer. After experiencing a series of major setbacks such as her husband spending a lot of money on medical treatment, failing to borrow money on her own and being cheated of her savings, she habitually attributed uncontrollable negative events or failure results to her own ability and literacy level in her subsequent life, feeling that she was uneducated and would be looked down upon, and that she could not do heavy work at an older age, resulting in a diffuse sense of helplessness.</p> <p>3. Pessimistic fear: Due to his long years of living alone and his introverted personality, he only had close relationships with a few women in his village, but in recent years, several friends passed away one after another, which dealt him a big blow. He began to feel anxious and fearful because of his declining physical function and old age disease, and felt that he was a burden in the world and had no sense of value, and was often depressed.</p>

3.2.3. Intervention

After analyzing the main mental health problems of the client and conducting a needs assessment, the following intervention goals and action strategies were developed.

Table 3: Case intervention objectives and action strategies



After the contact, the client began to open up to the author and volunteered to narrate important invisible events in her life story to relieve her loneliness. The following is a fragment of the fourth conversation between the author and the caseworker, recorded in an observational narrative style.

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Social worker: Your husband must be very good to you, right?

Client: He was very strong when he was young, and I was only 1.4 meters tall. But he treated me very well.

Social worker: Mrs Cai, look, you and your husband have a good relationship, many couples in those days did not have much affection, at least you were happy, right?

Client: Yes, so now I feel lonely when I think about it.

Social Worker: Grandpa is just a new way to be with you, he has been blessing you and your children in heaven. He definitely doesn't want to see you living in the past, so you should take care of your health and live well for your grandfather.

Client: Yes, my husband definitely wants me to live well, to see our children all start a family and take care of the children for them. I haven't mentioned my husband to anyone for many years. Thank you for being willing to listen to me, talk so much, I feel much better now.

According to cognitive-behavioral theory, the client's avoidant social and psychological problems are caused by irrational perceptions. Therefore, during the intervention, the author guided the client to vent his negative emotions by elaborating on past events and reorganizing his potential irrational and negative beliefs to establish positive cognition. Through the interview, it was found that the client had the main misconception of "self uselessness", which was a buried painful memory that kept haunting the client. In response, the worker provided care and support at the appropriate time and guided her to establish correct cognition, which to a certain extent alleviated the client's low self-esteem and helplessness and facilitated the transformation of her mentality.

The following are excerpts from the author's seventh interview with the caseworker.

Social Worker: If you were to give yourself a name in mid-life, what would you think you could call yourself?

Client: What do you mean by giving yourself a name, I don't understand.

Social Worker: What do you think you are in your middle age?

Client: Shabby, short, uneducated, and useless.

Social worker: But before you mentioned that your husband was very good to you, right? That's because you are the most beautiful one in his heart.

Client: (gently covered her mouth and laughed)

Social worker: By the way, it must be very hard for you to bring up three children, right?

Client: It is hard, but we are willing to live like this as long as our children can learn more. I am illiterate and I don't want the children to be like this anymore.

Social worker: How do you think the children are now?

Client: The youngest son is teaching in the county and bought a house! The oldest two are not as well educated, but they are practical and filial. The eldest son every time he came back from the factory to bring some gas tickets to me. The second daughter has been taking care of the family before she married, she is very hardworking, I taught her to do embroidery, and now she is also doing weaving in the next village.

Social worker: You see how well you has raised the children. This shows that you have done a good job in educating the children. The children are all successful, hard-working, and filial. Moreover, I heard that your embroidery work is the best in the village. Mrs. Li across the street has talked about it many times to me.

Client: Haha, as you said, I seem to be quite capable.

Social worker: That's true, so what do you think you are like if you now goes back to talk about your middle age?

Client: I wasn't afraid of hardship, I farmed during the day, worked as an embroiderer at night, and

worked hard to bring up several children, who all grew up well and were very successful.

Social Worker: I especially admire your strength to live a hard life, your dedication to your family is moving, you are my role model. I must be like you in the future, never give up when you encounter difficulties and face life bravely.

After several interventions, the client fully recognized the role of the worker and showed a strong desire to communicate and a willingness to change behavior. After reflecting on his misconceptions and rebuilding his self-identity, the author, based on the dominant perspective theory, looked for the strongest part of his sense of self-worth in the process of reviewing his life experiences and tried to stimulate his sense of self-efficacy by relating his past successful experiences to the present situation. Therefore, the author chose the embroiderer as a part of her life experience. Therefore, the author chose the topic of embroidery as an entry point to guide and stimulate the strengthening of the client's strengths, and carried out embroidery activities by linking to the resources of the elderly, and the client showed high energy to the activities, started to actively establish contacts with the outside world, and built confidence in old age. The following are excerpts from the author's interview with the witness ( neighbor Mrs.Li).

Social worker: What did you think of the embroidery activity held in the village the other day?

Mrs.Li: It was fun, the atmosphere of the village was lively, and Qingzi (the client) is one of the best in skills

Social worker: Do you think Mrs li has changed these days?

Mrs Li: After her husband passed away, she didn't like to talk much. It's not easy for her to raise her children alone, but she is strong self-esteem and doesn't ask her neighbors for help. She sits alone in front of her house all day long after her children have left, but recently she held this embroidery activity and many old ladies from the village went to her to ask about the stitches and patterns, so she smiles and talks more every day.

By witnessing and encouraging the confrontation with psychological problems with an outside witness, the client's sense of self-identity and confidence in confronting difficulties are enhanced. Through various rural community activities and interaction and sharing among group members, the client's sense of self-efficacy is gradually enhanced and his sense of relying on the group to solve problems is strengthened.

#### **4. Assessment**

##### ***4.1. Process evaluation***

In this service, the professional social worker used social work methods and techniques to provide a five-week case service for the client and applied the specific case intervention of Reminiscence Therapy. During this service, the social worker paid attention to good and effective communication with the clients on the one hand, and made timely adjustments and additions to the intervention strategies to adapt to the possible changing situations of the clients on the other hand; during the service process, the assessment of the psychological state of the clients was emphasized and attention was always paid to whether the service contents were carried out according to the norms, thus ensuring the precise implementation of the service.

##### ***4.2. Evaluation of effectiveness***

After five weeks of case service, the client's psychological loneliness, loss and low self-esteem were relieved, and she was able to participate in village activities with other elderly women and actively organize and lead villagers in embroidery, basically achieving the goal of using remembrance therapy to guide the client to alleviate her psychological problems and improve her sense of self-efficacy. After receiving the service, the service recipients gradually adapted to the current situation of their lives, and their perception of themselves was clearer and more objective, and they thought they were "valuable" and had great potential. After the completion of the service, the author wrote the summary report and service records and conducted a comprehensive evaluation with the corresponding social work organization, so as to accumulate new experience for the next work.

## 5. Conclusion

In this paper, we have applied the use of remembrance therapy to the bereaved elderly in rural areas, explored the usefulness of remembrance therapy based on the changes in the elderly before and after remembrance, and explored and analyzed the social work practice model on how to use casework to intervene in the psychological problems of the bereaved elderly in rural areas. In general, this study has constructed a relatively complete theoretical system to support the study, and the "remembrance therapy" used in this study is highly suitable for the subject of this paper. Meanwhile, since most of the previous studies only used group work as the mainstream intervention method, this paper is somewhat innovative in its use of casework methods and can draw conclusions from a different methodological perspective. The combined use of the Maimed Therapy model and the casework approach in this study may broaden the scope of Maimed Therapy in the field of sociology, provide a feasible research idea or direction for the academic humanities research community, add to the practical work experience, and also promote the development of social work with the elderly in rural areas by drawing social attention to the current situation of the widowed elderly in the current aging population.

However, in the service process of reminiscence therapy, it is easy for the clients to escape from reality due to the immersion in the past or to lose control of their emotions due to the recollection of major traumatic events. Therefore, it is necessary to pay attention to the professional skills of social workers in the design of the service plan and the intervention process, and to pay attention to the control of proportion when talking about sensitive topics and the recollection of the client's life and to provide good guidance and assistance. At the same time, the case work adopted in this paper as a micro social work method has some limitations in understanding the facts on a larger scale.

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