

## Depression and Anxiety Disorders in the Elderly: Stories from the Caregivers

Amaraporn Surakarn<sup>1</sup>, Kanchit Saenubol<sup>2</sup>, and Monthira Charupheng<sup>3</sup>

This research aimed to explore the causes and mental conditions of senior citizens in different communities who suffer from depressive and anxiety disorders and the methods employed by caregivers through storytelling technique. Using qualitative methodology with sample groups who were nurses, village health volunteers, home care volunteers and caregivers, the research conducted fieldwork in 6 provinces of Thailand. There are 54 narratives which were obtained; and content analysis approach was utilized for data analysis. The study finds that the symptoms of depression and anxiety are often accompanied by other physical illnesses, deterioration of organ functional capacity, including loss of self-reliance, social status, low self-acceptance and respect, which can lead to the feelings of low self-esteem, unhappiness and depression. This research is beneficial for social workers, policy makers and involved personnel and agencies in eldercare for it provides a better understanding about the elderly, their family structure, relationships, problem-solving approaches and acceptance to changes and adjustment. Through the roles of these agencies, supports for the elderly's physical and mental health could be provided properly, consequentially and potentially relieving the severity of the symptoms. They also contribute to the seniors' positive changes, improved self-worth and feelings of being accepted by their loved ones and the society.

**Keywords:** depression, anxiety disorder, elderly, storytelling, caregivers

The rate of mixed anxiety-depressive disorder among the elderly has become extremely high (Jauregui et al., 2015), consequentially deteriorating their ability to perform everyday tasks as well as quality of life, and contributing to the increase of death rate (Newby, Mewton, Williams, & Andrews, 2014). Kruijshaar et al. (2005) discovered that 20 percent of Asian seniors suffer from depression as the symptoms are significantly related to their ability to fulfill daily routine and quality of life. The 2014 report from Department of Mental Health, Thailand, reveals that 12 million populations suffer from depression (Wongpanarak & Chaleoykitti, 2014), with higher prevalence rate noted in aged. The senior citizens over 80 years of age face the highest prevalence rate (5.6%). Evidently, the elderly people are more at risk of developing depression while wrong treatments can cause additional dilemmas to the diagnosed individuals and people around them, ultimately leading to other social problems (Health Systems Research Institute, 2016).

Nonetheless, the concomitant symptoms of depression and anxiety affect the deterioration of professional ability, quality of life and death more than the development of depression and anxiety individually. The effects can be more severe and influence the chronicity of the patient's pathological conditions (Diefenbach & Goethe, 2006; Lenze et al., 2000; Schoevers, Beekman, Deeg, Jonker, & Tilburg, 2003; Schoevers, Deeg, Tilburg, & Beekman, 2005; Van Balkom et al., 2000). The elderly developing depressive disorder tend to dwell on sadness and the feelings of hopelessness, negativity, low self-esteem and self-blame. These

---

<sup>1</sup> Lecturer, Graduate school, Srinakharinwirot University, Thailand

<sup>2</sup> Lecturer, Faculty of Education, Srinakharinwirot University, Thailand

<sup>3</sup> Assistant professor, Faculty of Education, Srinakharinwirot University, Thailand

feelings will last for a considerable period and often relate to the patients' personal losses (Young, Klap, Sherbourne, & Wells, 2001). Once joined by the symptoms of anxiety, the succeeding conditions often include distraction, agitation, sleeplessness, jumpiness, distress and forgetfulness, which are sometimes accompanied by other indications of automatic nervous system overload such as palpitations, excessive sweating, breathing difficulty, numbing of hands and feet, abdominal distention, etc., which lessen the ability to perform activities or roles in everyday life (Lortrakul, 2005).

The use of storytelling is an approach to initiate interactions between community members (Drumm, 2007), particularly in the group of people who may have difficulty communicating through writing such as the undereducated individuals, the visually impaired persons and senior citizens. Valerie, Bevan, and Elizabeth (2014) find that storytelling allows one to understand the definition of elderly from the storytellers who are in the actual age. The preferable approach of elderly care should, therefore, consist of a comprehensive and continual protocol starting from self-care, informal caregiver, community care, institutional care to community health service. Storytelling encourages the transmission of methods of elderly care among the caregivers from different categories, and initiate learning and exchange of experiences as a caregiver, which can potentially result in the improvement of the elderly' quality of life as well as maximizing their remaining capabilities.

### **Research Objectives**

This study had three objectives:

1. To study the background and reasons of depression and anxiety among the elderly people by using storytelling technique.
2. To study the symptoms and feelings of elderly people in a community who suffer from depression and anxiety by using storytelling technique.
3. To study different methods of elderly care in a community whose senior members suffer from depression and anxiety by using storytelling technique.

### **Literature Review**

Depression in the elderly refers to the state where a senior individual's mentality is deteriorated by the feelings of despair, hopelessness, negativity, low self-esteem, and self-blame. These feelings tend to stay with the patients for an extended period and often involve a personal loss. It is the mental state where pleasure and happiness dwindle as the person becomes easily sensitive, distressful, dispirited and sometimes cry for no reason. The feelings of happiness and comfort diminish with increased annoyance, sleeplessness, idleness as individual gradually becomes less active and talkative. The person may spend longer period of time thinking or doing nothing as the thought process gets slower. There is a possibility for them to suffer low self-appreciation and become suicidal (Harkness & DeMarco, 2012; Jirawatkul, 2006).

### **Symptoms of Anxiety in the Elderly**

Anxiety in elderly people refers to the state where one is overly anxious, forgetful with problems sleeping, feelings of distraught accompanied by the symptoms of autonomic nervous system overload, which eventually lead to heart palpitations, shortness of breath, sweating, numbness in hands or feet, abdominal tension, etc. Anxiety disorders are often misdiagnosed as

other types of sickness since most patients tend to notify medical practitioners their physical conditions such as out of breath, fatigue, exhaustion, nausea, angina, headache, frequent urination, abdominal distention, flatulence, tight throat feeling, shaky hands and body, numbing, cold hands and feet, accumulation of gas. These symptoms can be accompanied by mental indications such as stress, uneasiness, disarrangement of thoughts, paranoia, being easily ill-tempered, distracted, unfocused and forgetful, jumpiness, insomnia or night dreads. These signals can lead to anxiety disorders (Harkness & DeMarco, 2012). To get to know the cause of the symptoms of these disorders, the technique of storytelling is discussed further.

### **Storytelling Technique**

Storytelling is an approach to data collection with specific characteristic in terms of the way information is gathered with the objective being to understand the experiences and life of the storyteller. It is considered a form of Narrative Method, which highlights the importance of the storyteller though storytelling where the narrated voices and experiences allow the researcher to be informed about the storyteller's life. Storytelling is, therefore, a method that brings about the search and discovery of the storyteller's life stories in which the researcher wishes to study. Applying and studying the narrative needs to be done collectively without neglecting the details found in that narrative. Analysis of the narrative has to be done through the analysis of language structure used in the storytelling. The structure of the narrative itself can also profess the storyteller's status, relationship between him/herself and his/her perception towards the language, identity and the world in general.

As a result, the meaning of storytelling involves life experience and once the storytellers share their experiences, they possess the power of negotiation due to the belief that no one knows their stories better than themselves. The narrative derives from their daily life and everyday routine. In storytelling, a storyteller is the subject that cannot be separated from emotions, feelings and attitudes expressed in the narrative for it is comprised of dimensions of time, geography, politics, culture and society (Atkinson, 1998, as cited in Nontapatmadul, 2009). The process encompasses the following steps 1) Facilitating the relationship between the researcher and storyteller, in which the researcher explains the objective of the study, the subject he/she wishes to explore or want the storyteller to tell before notifying the information and preservation of the storyteller's rights concerning what he/she does not wish to be disclosed such as name and surname. 2) The storyteller tells the stories from his experiences for the researcher to transcribe and present in written language. The details must be rechecked for completion and credibility. The researcher asks the storyteller to tell the stories within the boundary of the research objectives. Each narrative consists of the following key elements (Miller, 2011): characters, place, time (sequential or fragmented), storyline or plot, sensory elements such as smells, tastes, colors, textures, etc., objects such as clothes, personal items, physical gestures and attitudes of a character, emotions in the story, narrator's point of view (who tells the story and from what aspect the story is told), narrator's tone of voice, style (casual, serious), theme, moral definition, messages, ideas; and the researcher's interpretation of the narrative (Nontapatmadul, 2009).

### **Methodology**

Qualitative method and storytelling or narrative inquiry are used to define the scope of this research. The area scope encompasses 6 regions in Thailand while the majority of informants comprises of families' caregivers, Village Health Volunteers (VHV), Home Care

Volunteers (HCV). For the selection criteria, the informants must be over 60 years of age who suffer from depressive and anxiety disorders, or have the tendency to be diagnosed with clinical depression and anxiety. The informants must be consent to give the interview to formulate the narrative and has to live in the province for at least 6 months whereas the caregivers must provide at least 8 hours of close care per day. Village Health Volunteers (VHV) and Home Care Volunteers (HCV) are team of individuals whose works and specialty involve eldercare. Home caregiver, VHV and HCV must be literate and willing to interview the elderly for the formulation of narratives. There are 10 narratives from each region and the total narratives of 54. For data analysis, the researcher utilizes content analysis methodology.

## Results

The findings of qualitative data analysis reveal that all the 54 narratives are related to the causes of depressive and anxiety disorders in elderly people, including symptoms and feelings they have to experience as well as the care for elderly patients who suffer from depression and anxiety. As a result, the researcher presents the findings in 3 issues:-

1. Background of depressive and anxiety disorders among the elderly.
2. Symptoms and feelings of the elderly who suffer from depression and anxiety disorders.
3. Methods of elderly care for communities whose senior members suffer from depression and anxiety disorders.

### 1. Background of Depressive and Anxiety Disorders among the Elderly

From the narratives, backgrounds or factors that contribute to the elderly' depression and anxiety mostly involve family members, physical illnesses and mental state. The details are as follows:

#### 1.1 Family members.

***Loss of a family member.*** From stories told by caregivers, some of the seniors who suffer from depressive and anxiety disorders experience the loss of their loved ones such as husband or a child. The state of mind after being informed of such loss is 'sudden shock and passed out', succeeding by depression and anxiety. One of the caregivers tells the story of an elderly mother who 'has suffered from depression since her husband died, which was not long before her son passed away from a car accident, causing her to be in shock' (ID10). Some went through physical pain at the back and bones, consequentially intensifying suicidal ideation.

***Sickness of a family member.*** The sickness of a family member be there grandchild, sibling or life partner can be the cause of depression and anxiety. An elderly person's daughter-in-law said that

*"Mother feels very stressed and concerned when her second daughter was diagnosed stage three cancer."* (ID14)

Additionally, one of the elderlies was traumatized by his wife's sickness since he couldn't figure out a way to better her condition. For many times, he rushed out from work to take care of his wife with tears running down from his eyes.

***Bad behaviors of a family member.*** Bad behaviors of a family member particularly the close one often cause an elderly person to go through depression and anxiety as well. A senior citizen who was coping with the death of her husband was later informed about her youngest son's drug addition and unemployment, which had worsened her anxiety.

***Love and connection with offspring.*** Most elderlies love and have a very close relationship with their offspring. Some raised their children and grandchildren since they were young. Being left behind as their offspring went off to study or work can be the cause of depression, loneliness and frequent crying. A caretaker's report on an old lady saying,

*"If her grandchildren whom she raised since they were just babies didn't show up, she would look very lonely and depressed."* (ID01)

***Being neglected by family members.*** Being neglected by their children and grandchildren, losing contact from their loved ones are among the causes of depression and anxiety.

*"A grandmother is very nervous and concerned when her children didn't call but the feelings will go away when she hears from them."* (ID33)

**1.2 Physical Illness.** From the 54 narratives, the researcher discovers that physical illness can be the cause or stimulus of the elder people's depression and anxiety, both directly and indirectly.

***Physical illnesses that have direct effects on depression and anxiety disorders.*** From the narratives, it is found that drug/alcohol withdrawal syndrome, or injuries can cause depression and anxiety disorders among old people. A senior individual's sudden withdrawal from medication treatment for her depression and anxiety had worsened her symptoms.

***Physical illness as an emotional stimulus of depression and anxiety.*** In one of the narratives, a caregiver talks about how several senior individuals suffer from degenerative diseases, which lead to distorted self-perception, fear and intensified stress and, eventually depression and anxiety disorders. The illness can be categorized into 3 groups:-

***1. Illnesses that need to be treated with surgery.*** An elderly was very stressful and worried about the money he needed to spend on the surgery since it was the last sum of money he had earned and was borrowed by a relative/ As the time of his surgery approached and the money had not been returned, he became extremely stressful, anxious and hallucinated,

*"Stressful, anxious and fear of not getting the needed surgery caused the hallucination."* (ID20)

***2. Paralysis caused by stroke.*** From the narratives, many senior citizens who suffer from Ischemic Stroke or Intracranial hemorrhage would experience the symptoms such as loss of ability to move or perform hard duties, swallowing problems, not being able to help themselves in things they used to do. These inabilities can cause the individuals to be impatient, ill-tempered, suicidal, anxious, distress, bored. Some suffer from respiratory infection following by tracheostomy, which eventually leads to depression and anxiety. A caregiver shares the symptoms of her father-in-law's illness

*“A stroke, followed by paralysis of the face, numbness and respiratory infection, which required tracheostomy for the treatment eventually led him to depression and anxiety.” (ID04)*

**3. Physical pain.** Elderlies who suffer from chronic pain at the arms, legs or knees can be affected by stress and anxiety. A daughter who cares for her elderly mother talks about her experience.

*“My mother’s illness was only arm and leg pain, but she became more anxious and stressful overtime with sleeping problems at night.” (ID05)*

Another senior individual was concerned about the migraine symptoms and kept asking his children to take him to the doctor.

### **1.3 Mental State.**

**Fear.** Fear and worry can be the causes of stress, which eventually leads to depression and anxiety. Such intensified stage of uneasiness is common in old people. Many stories told by caregivers mention the seniors’ fear for cancer due to the history of the disease in the family and the feeling of being a burden for their children. A senior citizen was stressed about the money he needed for his treatment while there are other cases who fear the unemployment of their children.

**Adjustment.** An old lady was in a state of shock after having known about the sudden death of her husband, who was the pillar of the family. She had been hospitalized for several months before moving in with her brother after the recovery. She had to learn to adjust herself living with the brother’s family where she was not welcomed, causing her depression to return.

**A sense of self-worthlessness.** A sense of self-worthlessness can be one of the factors that prolongs and intensifies depressive episode and anxiety in the elderly. A daughter talks about her mother who is facing symptoms of depression and anxiety. *“Mother always thinks of herself as a useless person.” (ID46)*

## **2. Symptoms and Feelings of the Elderly who Suffer from Depression and Anxiety Disorders**

From the analysis of the contents of the narratives, the elderly who suffer from depression and anxiety disorders often show signs of neurotic disorders as well as physical, mental and behavioral symptoms, collectively. In the meantime, there are cases where the senior individuals did not aware of their clinical conditions.

**Neurotic and psychiatric symptoms.** The elderly with diagnosed depression and anxiety are often accompanied by hallucinations, which can lead to suicidal ideation if intensified.

**Physical symptoms.** Some depressive senior individuals experience weight loss, heart palpitation, nausea, neck pain while some become overly stressful and vomit. There are many cases where individuals are absent-minded with sad looks in their eyes. There are other physical symptoms relating to sleeping problems such as night dreads, fragmented sleep, staying in bed all day while some stop talking or moving with conditions of parasomnia such as sleep talking, as well as crying when being left alone.

**Emotional symptoms and feelings.** Emotions and feelings of the senior citizens who suffer from depression and anxiety disorders may be expressed differently and have certain effects on their caregivers and the people around them.

**Emotions, feelings and ideation.** The senior individuals who go through depression and anxiety disorders often show fears be there fear of being left alone with no one to take care of, fear for the harsh life in the future, fear of being a burden for others, etc. Some become highly stressful and anxious while some are very sensitive and seek for attention, with suicidal ideation in some cases.

*“Mother talks about wanting to die and there were times when she counted down to the day she and her friends would die.” (daughterID46)*

There are a good number of senior citizens who are tired of taking medicines, or not being able to work or live their lives the way they used to. Some become easily agitated, overthinking and fear for the unknown future, while considering treatment as a waste of money.

**Behavioral symptoms.** Most seniors who suffer from depression and anxiety often express behavioral symptoms basing on their fundamental emotional state. Many complain about their misfortune for having to go through an illness and become a burden for their children. A daughter who cares for her sick mother said,

*“Mother always complain about how the karma makes her ill despite the contribution she has made to the Buddhist faith all her life. She wishes the karma would go away so she can be able to walk again.” (ID53)*

There are many cases where the seniors turn to alcohol and become more aggressive and disagreeable. Some scold or refuse to talk or answer, some walk away from a conversation and refuse to help themselves or participate in activities they used to. Some exhibit unusual behaviors such as crying after talking about a pass relative, with symptoms of memory loss in certain cases as well.

**Symptoms of depression and anxiety disorders accompanied by other illnesses.** Congenital diseases such as apoplexy or thyroid can worsen the depressive and anxiety symptoms. A wife who is a caregiver of her elderly husband talks about her experience.

*“My husband has thyroid with symptoms of heart palpitation, weight loss, which make him very ill-tempered. He would scold at me when I ask him simple questions, sometimes he wouldn’t answer and walk away. He would sit in the garden, alone, looking very stressful and complain about how he couldn’t sleep at night.” (ID21)*

### **3. Methods of Elderly Care for Communities whose Senior Members suffer from Depression and Anxiety Disorders**

The factors contribute to successful elderly care; particularly the ones who suffer from mixed anxiety-depressive disorder are the caregivers and personnel who involve in the process. What caregivers need to have is basic knowledge and positive attitude.

## Elderly care

a. Basic Knowledge: What caregivers need to have is the basic knowledge and understanding of patients' characteristics, nature, physical and mental conditions. Being equipped with such knowledge allows caregivers to understand and provide effective care. In the meantime, caregivers should always study about every aspect of a patient and how to care for them regarding their illnesses, food, medicine, etc. A caregiver shares her story,

*"try to search for information, study them and follow the guidance, the entire aspect of eldercare, including the patient's medical history."*

b. Positive Attitudes: Caregivers discuss the importance of having positive attitudes by always staying hopeful and encouraged. Many caregivers find ways to keep their hope up and stay motivated when facing exhaustion, desperation or boredom with the thought that *"If I didn't do it, who would?"*. They tell themselves to stay strong. There are many who receive encouragement from others or even the seniors they care for, but still have to find a way to come back from all the negative feelings caused by their responsibilities as a caregiver.

*"It's annoying sometimes, and very tiresome and agitated but you have to try to make everything go back to normal."* (ID20)

Lastly, caregivers who have to deal with patients' emotional instability choose to relieve stress while performing their jobs such as praying, playing Pétanque, joining clubs, participating in activities or social gatherings with friends or neighbors from the same community, as well as self-healing approach that views the responsibility as a form of mutual karma.

## Supporting personnel

From the narratives, the involved personnel be there the staff of VHV or HCV as well as the fellow club members often pay visit, giving patients encouragement, walking aid, helping them to get the support they need from the governmental sector, or even organizing recreational trips. These helps and supports are what keep the spirit of the patients up and improve their illness.

Methods used in the caring of the elderly with mixed anxiety-depressive disorder found in the narratives are mostly case-by-case, ranging from physical, mental, emotional and behavioral aspects, as well as social and spiritual dimensions. In addition, also found from the narratives are predisposing and supporting factors for the improvement of eldercare.

## Physical

Caregivers provide information about physical care methods for the elderly, which can be categorized into three different issues.

**Food and health.** Most caregivers are the seniors' family members such as daughter, husband or wife. They provide food that suits the seniors' health conditions, making sure the meals are properly prepared and served as well as supplements, feeding them in case they are unable to eat by themselves. The hygiene and physical conditions are taken care of such as bathing, washing their faces, keeping them feeling nice and clean as well as assisting them with



excretion, arranging clothes and personal items. Attentive care for nutrition and health can improve the mood and mental state of the seniors.

***Treatments of ongoing illnesses.*** Some senior individuals are accompanied by other illnesses such as Herniated disease, stroke, memory loss, on top of the symptoms of depression and anxiety they already suffer. In most cases, the methods of eldercare are applied to be in accordance with the symptoms. Two caregivers are complimented for their excellent care that is equivalent to hospital standards, some personally take the seniors to the hospital or to receive prescribed medication, while some let the seniors go by themselves. Most of the time, medication improves patients' conditions while there are certain cases where patients have to be hospitalized to received depression treatment for the second time.

Apart from hospitalization and home remedies under prescribed medication, some caregivers choose sleeping pills to help the seniors relieve their anxiety. Some decide to conceal illness from patients. A daughter-in-law who is also a caregiver tries to replace the use of psychiatric medication with mental remedies. "*Reduce the chemical drugs by using mental cure*" (ID14). Additionally, many caregivers look after the seniors' nutrition, physical condition alongside other aspects of care.

***Self-help and self-care.*** Another approach to physical care for the elderly is providing the needed assistance so that they are able to help and care for themselves. Many caregivers talk about how they try to help their depressed mothers to be more active and independent when it comes to everyday life routine such as eating or taking medication. A caregiver helps a senior remember the colors of his medicines and their cures before preparing the scheduled doses so that he can take them by himself.

***Stay observant and attentive.*** Many caregivers are always observant of their patients and they constantly ask them about symptoms, eating and well-being, including asking others such as neighbors to keep their eyes on the seniors' signs or symptoms of depression and anxiety in order to provide immediate treatments.

***Suitable physical therapy for the elderly.*** One of the methods for eldercare is providing physical therapy that suits the patient's illnesses. A caregiver takes care of her immobile sister by preparing the bed at the ground floor of the house as well as all the necessary personal items. She also sleeps in the same room with her sister to keep close company.

### **Emotional, mental and behavioral aspects**

***Attentive to emotions and feelings.*** The methods used in the care of seniors with depressive and anxiety disorders is understanding and acceptance as well as attentiveness and moderate level of indulgence, consolation and support, allowing them to express their emotions, to relieve stress and pressure. From the narratives, several caregivers express their understanding and acceptance in the nature of the seniors under their care from mood swing, compulsiveness, nagging, agitation.

*"I don't complain or scold at my mother for not helping herself. I don't want to force her because I understand the illness she's going through."* (ID23)

At the same time, a lot of senior individuals can be emotionally sensitive and ill-tempered, which can cause them to be easily depressed. This explains why the need for the right amount of indulgence is important. Many caregivers try to do what the seniors want. *“Everyone tries to do what aunty wants us to do”* (ID02). In the meantime, some caregivers are the seniors’ financial supporters who take care of their medical bills and daily expenses, including purchasing insurances to ensure their security. Additionally, many caregivers choose to be listeners, letting the seniors complain or express their anxiety.

***Encouraging self-realization.*** Conversation with the seniors can make them realize the importance of treatments and self-care.

***Activities.*** One of methods of efficient eldercare is keeping them preoccupied with activities or jobs, encouraging them to be a part of community’s activities to boost a sense of self-worthiness and adjust their unusual behaviors caused by depression and anxiety. Almost all of the caregivers find the seniors activities or works they can enjoy as one shares his experience,

*“When my wife is busy or have something to do, her depression and accompanied symptoms are relieved.”* (ID10)

The most common activities are taking the seniors to temples where they can make merit, listening to prayers and sermons, meeting friends for religious activities, practicing meditation, joining clubs for senior citizens, allowing them to cook by themselves, taking them to places for some recreations, gardening, grocery shopping, watching game shows or boxing matches on television, etc. By encouraging the senior to participate in activities, they are taken away from the thoughts that cause depression and anxiety. The symptoms improve in some cases, while another way to make the seniors appreciate their self-worthiness can be done by asking them for advices or cooking recipes. Having them participated in clubs for seniors can be one of the ways for them to realize their values, potential and contribution.

### **Relationships and social interactions.**

***Close relationships.*** The relationships between caregivers and the seniors they care for can be formed though conversations, sleeping in the same room so that the seniors are not left alone and feel close to their children, participating in the same activities. Talking does not only allow the seniors to talk about their illness and symptoms and receive immediate and proper treatment, but it is also a way to relieve their depression and anxiety while strengthening their relationship with the caregiver.

*“Not wanting my grandparents to suffer from depression, I always ask them how their day was, what they ate for the day, or about their medication, as well as other trivial things.”* (ID29)

Having a meal where all the family members are present is one of the activities that allow everyone to be parts of the conversation. A son who is also a caregiver explains the experience,

*“Our family has this rule that everyone has to have dinner with mother everyday where we all sit at the same table and enjoy the meal together.”* (ID09)

Many families arrange their schedules so that the senior members always have someone to keep them company. The children who are busy use telephone to maintain the relationship and connection,

*“All the children agree to organize a schedule so that our father can have at least one of us keeping him company everyday.” (ID13)*

Some caregivers pay their visit whenever they have time during the day, while having children or grandchildren over at the house for a sleepover, or a phone call can lift up the spirit of the seniors, improving their depression, or even relieving it even for just a period of time. *“Talking with my brother for 20 minutes makes my mother’s depression disappear.” (ID52)* Holding a grandchild can better the conditions of elderly patients with paralysis or muscular dystrophy, making them feel more motivated to work on their physical therapy. The children’s success in their education or career can be the best medicine for their health and spirit.

***Meeting friends and other people.*** The senior citizens whose caregivers encourage to go out and meet their friends and participate in activities, including talking to other people instead of lying around in the house all day tend to have good physical and mental health as well as positive attitudes, making them far less at risk of depression or stress. Some become more motivated and encouraged to take care of themselves. A daughter-in-law who looks after her mother-in-law shares her experience,

*“We take her out for a nice meal and she likes to talk to strangers or people she used to know. She would smile and be very cheerful and happy.” (ID48)*

## **Discussion and Conclusion**

From the research, it is found that most senior citizens still live with their families while their children or grandchildren are the providers of all the fundamental needs as well as assistance in their daily routine including taking them to hospital or medical appointments. Such relationship is influenced by Thailand’s cultural background, which values children’s gratitude towards their parents. There are only few cases where both the caregiver and patient are both senior citizens since they do not have any children or grandchildren. The senior citizens are often suffering with physical diseases and deteriorations such as paralysis, high blood pressure, diabetes, degenerative joint disease, etc., all are the causes of discomfort and loss of abilities or bodily functions and self-care, which lead to low self-esteem, self-confidence and self-respect. They become less appreciative of themselves, unhappy, depressed, lonely, and in some cases suicidal. From the study of Chunjam, Sangon, and Thaweekoon (2011), factors related to depressive disorder are found, ranging from biological factors such as congenital diseases, problematic health conditions, pain, chronic use of medication, awareness about the severity of one’s own illness, consistency of health problems, dementia, etc. Mental factors include the feelings of hopelessness, loneliness, self-concept while social factors encompass the role of exercise, hobby, relationships with other family members, a sense of ownership of a house they live in, participation in clubs, the ability to perform everyday life tasks, incidents or stress in life and existence in the society one lives in.

Carton (2003) said that narratives are the sources full of information and perceptions of storytellers, which make them highly beneficial for social workers or policy makers as well as

those who are involved in elderly care. Telling the story of their lives and experiences can help readers or listeners have a better understanding about the elderly, type of family structure they are in, relationships and how problems are confronted and reconciled, as well as the seniors' acceptance of changes and adjustment. From the research findings, the caregivers can be divided into two main groups 1) Offspring and relatives; and 2) Healthcare personnel such as VHV, HCV and nurses. The treatment and care encompasses the cure of chronic physical diseases and mental conditions, and are done through different roles to fulfill the patients' different needs. A total assistance in everyday routine includes taking a bath, giving tepid sponge, feeding. Partial assistance may involve the support and optimization of the seniors' remaining abilities such as helping them walk and take care of themselves in the tasks they are still able to. There is also a role that provides psychiatric supports to reduce anxiety, discomfort, sadness through consolation, physical contact, visitation, acknowledging the seniors' importance, encouraging them to be a part of family and community's activities. The union of caregivers allows them to exchange their feelings and caring methods, which potentially result in a better understanding and attitudes towards elderly care. For seniors who suffer from depression and anxiety, living in a community can be a Milieu Therapy, a form of treatment that relies on the society and environment as the cures. To achieve that, the assistance of personnel from related disciplines as well as local agencies in the facilitation of environment and activities are needed for the development of the seniors' physical, mental and emotional conditions including social skills. The aim is to initiate new learning ability and adjustment in order for them to live a happy life in the society. The research also finds that caregivers who transmitted their experiences into narratives consider it a recollection of memories and reflection of thoughts, feelings and treatment towards the elderly. They are able to have a better understanding about the elderly's symptoms and expressed behaviors. This finding is in accordance with the study done by Heggstad, Nortvedt, and Slettebø (2015), which discovers that being informed about patients' backgrounds or life stories can make the nurses understand and figure out ways to handle the complications patients may bring. In addition, a narrative can be utilized as a method to comprehend the identity of elderly patients who suffer from dementia. The key element of successful elderly care is family. As a result, Family Therapy is the integration of family as a part of the caring process. Family members are expected to listen, provide support and observe any abnormalities such as emotions, behaviors, thoughts, indications of despair, low self-esteem, suicidal ideation or loss of will to live. If the conditions are improved, it is also the family members' role to express support and admiration in order to uplift the seniors' spirit as they become more appreciative of their existence and value due to the respect and acceptance they receive from their loved ones (Wongpanarak & Chaleoykitti, 2014).

### **Recommendations**

1. Other communities should employ storytelling method to allow the elderly to express their emotions as well as inform about physical and mental conditions they are experiencing. The approach can be beneficial since it helps the elderly acknowledge their symptoms of depression and anxiety, offering them a chance to make their feelings known as they reassess their physical and mental state. In addition, the elderly tend to feel better when their feelings are acknowledged and values, making them happy and appreciative of themselves.

2. Storytelling sessions between caregivers should be organized for further exchange of experiences, knowledge and methods of care.

3. Exchanges of narratives should be facilitated to form a network of shared experiences and collaborations in a community level regarding elderly care.

## References

- Atkinson, P., & Delamont, S. (2006). *Narrative methods* (Volume 1-4). London, United Kingdom: Sage.
- Carton, L. I. (2003). Story from rural elderly African American. *Generations*, 21(3), 34-38.
- Chunjam, S., Sangon, S., & Thaweekoon, T. (2011). A survey of depression research in Thailand. *Ramathibodi nursing journal*, 17(3), 412-429.
- Diefenbach, G., J., & Goethe, J. (2006). Clinical interventions for late-life anxious depression. *Clinical Interventions Aging*, 1(1), 41-50.
- Drumm, M. (2013). *Insights evidence summaries to support social service in Scotland: The role of personal storytelling in practice*. Retrieved June 28, 2016, from <http://www.iriss.org.uk/sites/default/files/iriss-insight-23.pdf>
- Harkness, G., A., & DeMarco, R. (2012). *Community and public health nursing: Evidence for practice*. Philadelphia, PA: Lippincott.
- Health Systems Research Institute. (2016). *The report of Thailand population health examination survey 2008-2009*. Retrieved June 28, 2016, from [www.webmd.com/depression/guide/depression-elderly](http://www.webmd.com/depression/guide/depression-elderly)
- Heggestad, A. K. T., Nortvedt, P., & Slettebø, Å. (2015). Dignity and care for people with dementia living in nursing homes. *Dementia*, 14(6), 825-841.
- Jauregui, A., Ponte, J., Salgueiro, M., Unanue, S., Donaire, C., Gomez, M. C., Burgos-Alonso, N., Grandes G., & Representing the PSICCAPAD group. (2015). Efficacy of a cognitive and behavioral psychotherapy applied by primary care psychologists in patients with mixed anxiety depressive disorder: A research protocol, *BioMed Central Family Practice*, 16-39. doi:10.1186/s12875-015-0248-3
- Jirawatkul, S. (2006). *Depression in middle-aged women: Culture in psychiatric nursing*. Bangkok, Thailand: Darnsuthapress.
- Kruijshaar, M., E., Barendregt, J., Vos, T., Graaf, R. D., Spijker, J., & Andrew, G. (2005). Lifetime prevalence estimates of major depression: An indirect estimation method and a quantification of recall bias. *European Journal of Epidemiology*, 20, 103-111.
- Lenze, E. J., Mulsant, B. H., Shear, M. K., Schulberg, H. C., Dew, M. A., Begley, A. E., Pollock, B. G., & Reynolds, C. F. (2000). Comorbid anxiety disorder in depressed elderly patient. *American Journal Psychiatry*, 157(5), 722-747.
- Lortrakul, M. (2005). *Rama leader psychiatry*. Bangkok: Psychiatry department faculty of hospital Rama leader medicine.
- Miller, E. (2011). *Theories of story and storytelling*. Retrieved April 15, 2016, from <http://www.storytellingandvideoconferencing.com/67.pdf>
- Newby, J. M., Mewton, L., Williams, A. D., & Andrews, G. (2014). Effectiveness of transdiagnostic internet cognitive behavioural treatment for mixed anxiety and depression in primary care. *Journal of Affective Disorders*, 165, 45-52.
- Nontapatmadul, K. (2009). *The narrative skill and research narrative skill: Two inside mean same skill*. Bangkok, Thailand: Prighwangraphic.

- Schoevers, R. A., Beekman, A. T. F., Deeg, D. J. H., Jonker, C., & Tilburg, V. (2003). Comorbidity and risk-patterns of depression, generalised anxiety disorder and mixed anxiety-depression in later life: Results from the AMSTEL study. *International Journal of Geriatric Psychiatry*, 18, 994-1001.
- Schoevers, R. A., Deeg, D. J. H., Tilburg, W. V., & Beekman, A. T. F. (2005). Depression and generalized anxiety disorder: Co-occurrence and longitudinal patterns in elderly patients. *American Journal of Geriatric Psychiatry*, 13(17), 31-39.
- Valerie, A. W., Bevan, C. G., & Elizabeth, A. S. (2014). Narratives in research: Story as 'showing' the eminently ordinary experience of ageing. *Australasian Journal on Ageing*, 33(2), 132-135.
- Van Balkom, A. J., Beekman, A. T., De Beurs, E., Deeg, D. J., Van Dyck, R., & Van Tilburg, W. (2000). Comorbidity of the anxiety disorders in a community-based older population in the Netherlands. *Acta Psychiatrica Scandinavica*, 101, 37-45.
- Wongpanarak, N., & Chaleoykitti, S. (2014). *Depression has a high suicide risk*. Retrieved July 1, 2016, from [www.thaihealth.or.th](http://www.thaihealth.or.th)
- Young, A. S., Klap, R., Sherbourne, C. D., & Wells, K. B. (2001). The quality of care for depressive and anxiety disorders in the United States. *Arch Gen Psychiatry*, 58(1), 55-61.