Applying Inner Wisdom to Amelioration Status of Major Depressive Disorder (MDD) for Elderly People Age Group in Mahasarakham Province

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Abstract

To apply the inner wisdom for ameliorating status of major depressive disorder (MDD) to elderly people age group that currently or previously affected might be stigmatized. Using the inner wisdom activities to ameliorate the depression amelioration status of 35-elderly people age group in Hui Aeng Villege in Thailand was selected. The *Inner Wisdom Activity Plans* was designed with the principle of the *Doctrine of Buddhism* which three activities in six sub-activities were enhanced. The 20-item *Depressive Amelioration Elderly Questionnaire* (DAEQ) in *Activities, Time/Place, Knowledge, Using Knowledge,* and *Lecturer/Transfer* scales and the *20-item Depressive Amelioration Elderly People Questionnaire (DAEPQ)* Instruction were assessed. The reliability coefficients for the different DAEA had 0.76-0.83, and the DAEPQ had a value of 0.89 which was considered satisfactory. The simple and multiple correlations, and multiple regression validity values show significant correlations ($\rho<0.05$) between elderly peoples' perceptions of their inner wisdom and their amelioration status to their major depressive disorder in all of five scales. These associations are positive for all scales. The R^2 value indicates that 64% of the sample group was able to

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amelioration of elderly people with the inner wisdom and amelioration status of major depressive disorder (MDD), significantly. From the activity, it is found that the elderly understand the fact that all things are related, dependable and aware of everything, illness is common; all organs are waiting for illness and decay, to understand this truth that will be able to practice the state of emotional emancipation and meditation to more self-reliant, reducing their mental distractions, the idea of being conscious with physical movement. The 4-Noble Truths and Activities have invented them to understand about the causes of suffering, clearly.

Keywords: Inner wisdom, amelioration status, major depressive disorder, elderly

Introduction

Research on applying inner wisdom to amelioration status of *Major Depressive Disorder* (MDD), which the deficient inner wisdom control over emotional distraction is a central characteristic of major depressive disorder (MDD), hypoactivation of the dorsolateral *Prefrontal Cortex* (dlPFC) has been linked with this deficit. Emotional pictures presented during the delay period impaired accuracy and response time of elderly people age with MDD, indicating an attentional bias for emotional stimuli to present study demonstrates that anodal inner wisdom is applied to improve deficient amelioration status in MDD. Based on these data, the inner wisdom to amelioration status might be suitable to support the effects of behavioral training to enhance inner wisdom in MDD for elderly people age group in Mahasarakham Province was designed.

Major depressive disorder affected approximately 216 million people (3% of the world's population) in 2015 (GBD 2015 Disease and Injury Incidence and Prevalence, Collaborators, 2015). The percentage of people who are affected at one point in their life varies from 7% in Japan to 21% in France. Lifetime rates are higher in the developed world (15%) compared to the developing world (11%) (Kessler and Bromet, 2013). It causes the second most years lived with disability after low back pain. The most common time of onset is in a person in their 20s and 30s. Females are affected about twice as often as males. The American Psychiatric Association added "major depressive disorder" to the Diagnostic and Statistical Manual Disorders (DSM-III) in 1980. It was a split of the previous depressive neurosis in the DSM-II which also encompassed the conditions now known as dysthymia and adjustment disorder with depressed mood (GBD 2015 Disease and Injury Incidence and Prevalence, Collaborators. (2015). Those currently or previously affected may be stigmatized. Over time, adults' attitudes got more liberal regarding politics, economics, race, gender, religion and sexuality issues

(Department of Mental Health, 2016). These changes affect mental, emotional and other thoughts, become depression, despair, despair, self-worth, self-denial, and physical symptoms such as speechlessness, etc. (Department of Mental Health, 2016). This approach is contrasted with network interaction studies of elderly persons, which do not measure functional support but do suggest that friends are distinctly significant. Spouse, friends, and adult children were found to rank in descending order of importance; relatives show no effect. Low support may have stronger effects than unavailability of sources. Effect of this research study focused on using the inner wisdom to amelioration status of major depressive disorder (MDD) for elderly people age group in Mahasarakham Province that brief in sub-section followed as:

Thailand had a population of 8.2 million at the time of its first census in 1909 and the number increased to 17.4 million at the time of its fifth census in 1947. The first five censuses were undertaken by the Ministry of Interior. The National Statistical Office began to carry out a population census in 1960, and it has continued to do so every 10 years since then. The population was 26.3 million in 1960, 54.5 million in 1990 and 60.6 million in 2000. The preliminary results show the number of people classified by municipal and non-municipal areas, as well as for the whole Kingdom of Thailand (National Statistical Office, 2016). On December 31, 2016, Thailand had a population of 65,931,550 out of which 32,357,808 were males and 33,157,742 were females. Thailand was the fourth largest country in Southeast Asia in terms of population (Official Statistics Registration System, 2017).

Mahasarakham is one of province of Thailand. It is in the northeastern region. The province is mostly a plain covered with rice fields, only in the north and east is small hills (Mahasarakham Provincial Administration Organization, 2016). The province is divided into 13 districts. The districts are further subdivided into 133 sub-districts and 1,804 villages (Department of Administration, Ministry of Interior, 2016). On December 31, 2016, Mahasarakham Province had a population of 963,484 out of which 472,972 were males and 490,512 were females (Official Statistics Registration System, 2017). In terms of accounting population on elderly people age group in Mahasarakham Province. For a time Mahasarakham ranked as among the poorest cities in Northeast region area. This is changing, partly under the influence of the rapidly growing elderly people group. Today Mahasarakham has this age group (from 60 years old to over than 100 years old) accounts total of 145,422 out of which 65,135 were males and 80,287 were females. The elderly people age group indicates that of 15.09% of total accounting population in Mahasarakham Province.

Elderly people age or old age refers to ages nearing or surpassing the life expectancy of human beings, and is thus the end of the human life cycle. Terms and euphemisms include old people (worldwide usage), seniors (American usage), senior citizens (British and American usages), and elder adults (in the social sciences (American Psychological Association (2013), the elderly, and elders (in many cultures—including the cultures). Elderly people often have limited regenerative abilities and are more susceptible to disease, syndromes, and sickness than younger adults. The elderly also face other social issues around retirement, loneliness, and ageism. Elderly people age is not a definite biological stage, as the chronological age denoted as "elderly or old age" varies culturally and historically. In 2011, the United Nations proposed a human rights convention that would specifically protect elder persons (United Nation of Human Rights, 2014). In commercial contexts, where it may serve as a marketing device to attract customers, the age is often significantly lower. In the United States, the standard retirement age is currently 66 (gradually increasing to 67). In Canada, the OAS (Old Age Security) pension is available at 65 (the Conservative government of Stephen Harper had planned to gradually increase the age of eligibility to 67, starting in the years 2023–2029, although the Liberal government of Justin Trudeau is considering leaving it at 65), and the CPP (Canada Pension Plan) as early as age 60, similarly in Thailand. The AARP allows couples in which one spouse has reached the age of 50 to join, regardless of the age of the other spouse (Social Security Administration (US), 2013).

Physical marks of elderly people age include the following: old bones are marked by thinning and shrinkage. This might result in a loss of height, a stooping posture in many people, and a greater susceptibility to bone and joint diseases such as osteoarthritis and osteoporosis (Morrison, 2017), such as: Chronic diseases, Chronic mucus hyper-secretion (CMH), Dental problems, Digestive system, Essential Tremor (ET), Eyesight, Falls, Gait change, Hair becomes, Hearing loss, Hearts less efficient, Immune function, Lungs less oxygen, Mobility impairment or loss, Pain afflicts, Sexuality change minimally decreasing, Skin loses elasticity, Sleep trouble, Taste buds, Drunk insufficiently, Urinary incontinence, and Voice weaken and vibrate more slowly (National Institute on Aging, 2016). The elderly population is large in general and growing due to advancement of health care education. These people are faced with numerous physical, psychological and social role changes that challenge their sense of self and capacity to live happily. Many people experience loneliness and depression in old age, either as a result of living alone or due to lack of close family ties and reduced connections with their culture of origin, which results in an inability to actively participate in the community activities.

Major depressive disorder (MDD), also known simply as depression, is a mental disorder characterized by at least two weeks of low mood that is present across most situations. It is often accompanied by low self-esteem, loss of interest in normally enjoyable activities, low energy, and pain without a clear cause. People may also occasionally have false beliefs or see or hear things that others cannot (National Institute of Mental Health, 2016). Some people have periods of depression separated by years in which they are normal while others nearly always have symptoms present (American Psychiatric Association, 2013). Major depressive disorder can negatively affect a person's personal, work, or school life, as well as sleeping, eating habits, and general health. Between 2–7% of adults with major depression die by suicide, and up to 60% of people who die by suicide had depression or another mood disorder (Richards and O'Hara, 2014).

The cause is believed to be a combination of genetic, environmental, and psychological factors (National Institute of Mental Health, 2016). Risk factors include a family history of the condition, major life changes, certain medications, chronic health problems, and substance abuse. About 40% of the risk appears to be related to genetics. The diagnosis of major depressive disorder is based on the person's reported experiences and a mental status examination (Patton, 2015). There is no laboratory test for major depression.Testing, however, may be done to rule out physical conditions that can cause similar symptoms. Major depression should be differentiated from sadness, which is a normal part of life and is less severe (American Psychiatric Association, 2013).

Amelioration is the act or an instance of ameliorating or the state of being ameliorated; it is a process by which the meaning of a word changes to something more favorable, to make better or improve, something perceived to be in a negative condition. In this research study, depression is one potentially modifiable risk factor for cognitive decline and dementia. Notably, exercise and inner wisdom are two interventions known to both reduce symptoms of depression and improve cognitive function. The current review discusses the efficacy of exercise and amelioration of depression status to ameliorate depression and thereby reduce the risk of cognitive decline and potentially prevent dementia. Potential mechanisms of change, treatment implications, and future directions of elderly people are provided, two important therapeutic interventions for elder people: reminiscence and life review (The Free Dictionary by FARLEX, 2017). However, practitioners often implement both interventions in a variety of settings. Psychological disorders such as mood and anxiety disorders are highly prevalent in elder populations. At the same time, there is growing evidence to suggest that mood and anxiety disorders may be risk factors for cognitive decline in later life with their amelioration of depression status through the inner wisdom and depression amelioration status of elderly people age group in Mahasarakham province were practiced and trained.

Wisdom or sapience is the ability to think and act using knowledge, experience, understanding, common sense, and insight (Dictionary.com, 2017), there appears to be consensus that wisdom is associated with attributes such as compassion, experiential self-knowledge, non-attachment and virtues such as ethics and benevolence (Baltes and Staudinger, 2000). In terms of the inner wisdom, Dawson (2004) who wrote a poem it called *Salice's Poems* that followed as:

Inner Wisdom is that part of us which is beyond our rational, logical and conscious mind. We are generally brought up to believe the mind is our primary source of information with regard to the world and we learn little, if anything, of our "other" nature. This "other" nature is our inner wisdom and is reached through our deeper intuition, instinct, hunches and the validity of our feelings. This is our inner voice, our inner wisdom. Psychologists have gathered data on commonly held beliefs or folk theories about wisdom. These analyses indicate that although "there is an overlap of the implicit theory of wisdom with intelligence, perceptiveness, spirituality and shrewdness; it is evident that wisdom is an expertise in dealing with difficult questions of life and adaptation to the complex requirements." Wisdom is the ability to deal with the contradictions of a specific situation and to assess the consequences of an action for themselves and for others. It is achieved when in a concrete situation, a balance between intrapersonal, inter- personal and institutional interests can be prepared" (Asli, Teraman and Pinar, 2014).

Developing inner wisdom is of central importance in Buddhist traditions, where the ultimate aim is often presented as "seeing things as they are" or as gaining a "penetrative understanding of all phenomena," which in turn is described as ultimately leading to the "complete freedom from suffering." In Buddhism, developing wisdom accomplished through an understanding of what are known as the Four Noble Truths and by following the Noble Eightfold Path. This path lists mindfulness as one of eight required components for cultivating wisdom (Karunamuni and Weerasekera, 2017). Buddhist scriptures teach that a wise person is endowed with good bodily conduct, good verbal conduct, and good mental conduct. A wise person does actions that are unpleasant to do but give good results, and doesn't do actions that are pleasant to do but give bad results. Wisdom is the antidote to the self-chosen poison of ignorance. The Buddha has much to say on the subject of wisdom including: Dhamma, a guardian of justice, wise and righteous. One is not wise merely, calm, free from hatred and fear, is verily called a wise man. By quietude alone one does not become a sage (muni) if he is foolish and ignorant. To recover the original supreme wisdom of self-nature covered by the self-imposed three dusty poisons (greed, anger, and ignorance), mind without disturbance is self-nature meditation; mind without ignorance is self-nature wisdom.

Bringing together scientists, and clinicians, to explore how therapists can cultivate wisdom and compassion in themselves and their clients, how combining insights from ancient contemplative practices and modern research can enhance the treatment of anxiety, depression, trauma, substance abuse, suicidal behavior, couple conflict, and parenting stress. Seamlessly, numerous practical exercises and rich clinical examples are discussed. It examines whether wisdom and compassion can be measured objectively, what they look like in the therapy relationship, their role in therapeutic change, and how to integrate them into treatment planning and goal setting. In this research, we aim to apply the inner wisdom of Buddhism to heal and amelioration the depression in the elderly people, to understand the truth in order to accept the thinking and attitude of living. When there is understanding and acceptance in the truth. It will affect good mental health, when good mental health is not conducive to mental illness or have depression status that elderly people age group can live happily ever after.

Research Aims

Using the inner wisdom to ameliorate the depression amelioration status of elderly people age group in Hui Aeng Villege, Mueang District, Mahasarakham Provine, Northeast Region of Thailand on:

1. To study the mental health and depression status in the elderly people

2. To encourage the mental well-being and reduce depression status in the elderly by using inner wisdom activities.

3. To assess the satisfaction of the inner wisdom activities for the elderly people group.

4. To associated between elderly peoples' perceptions of their inner wisdom and their amelioration status to their major depressive disorder with the inner wisdom activities

Methodology

Aging is a series of processes that begin with life and continue throughout the life cycle. It represents the closing period in the lifespan, a time when the individual looks back on life, lives on past accomplishments and begins to finish off his life course. Adjusting to the changes that accompany old age requires that an individual is flexible and develops new coping skills to adapt to the changes that are common to this time in their lives (Awasthi and Pandey, 2016).

The American Psychological Association (APA) (2014), the originally developed by the Division 12, Section II (Society of Clinical Geropsychology) and Division 20 (Adult Development and Aging) Interdivisional Task Force on Practice in Clinical Geropsychology and approved as APA policy by the Council of Representatives in August 2013. These professional practice guidelines are an update of the *Guidelines for Psychological Practice with Elder Adults* are intended to assist psychologists in evaluating their own readiness for working with elder adults and in seeking and using appropriate education and training to increase their knowledge, skills, and experience relevant to this area of practice. The specific goals of these professional practice guidelines are to provide practitioners with

1. A frame of reference for engaging in clinical work with elder adults and

2. A basic information and further References in the areas of attitudes, general aspects of aging, clinical issues, assessment, intervention, consultation, professional issues, and continuing education and training relative to work with this group.

The guidelines recognize and appreciate that there are numerous methods and pathways whereby psychologists may gain expertise and/or seek training in working with elder adults. This document is designed to offer recommendations on those areas of awareness, knowledge, and clinical skills considered as applicable to this work, rather than prescribing specific training methods to be followed. In this research study has followed as the *Guidelines for Psychological Practice with Elder Adults* which composes of 21 guidelines to modify of this research procedures for developing processes with *Competence in and Attitudes toward Working with Older Adults* (2 guidelines)**,** *General Knowledge About Adult Development, Aging, and Older Adults* (4 guidelines)**,** *Clinical Issues* (3 guidelines)**,** *Assessment* (3 guidelines)**,** *Intervention, Consultation, and Other Service Provision* (7 guidelines)**,** and *Professional Issues and Education* (2 guidelines) (American Psychological Association, 2014).

Table 1: The 20-item Depressive Amelioration Elderly People Questionnaire (DAEPQ) Instruction

No.	Instructions
1.	I am unhappy doing so many things alone
2.	I have nobody to talk to
3.	I cannot tolerate being so alone
4.	I lack companionship
5.	I feel as if nobody really understands me
6.	I find myself waiting for people to call or write

No.	Instructions
7.	There is no one I can turn to
8.	I am no longer close to anyone
9.	My interests and ideas are not shared by those around me
10.	I feel left out
11.	I feel completely alone
12.	I am unable to reach out and communicate with those around me
13.	My social relationships are superficial
14.	I feel starved for company
15.	No one really knows me well
16.	I feel isolated from others
17.	I am unhappy being so withdrawn
18.	It is difficult for me to make friends
19.	I feel shut out and excluded by others
20.	People are around me but not with me

To enhance of mental health and decreasing depression in elderly people with the *Inner Wisdom Activity Plans* was used. Research team modified the principle of the *Doctrine of Buddhism* which it was planted in 3 activities, total of six sub-activities as:

Plan Activity 1: Understanding the reality of things in two activities, such as; *the Relationship of Things* and *Witness of Reality* activities

Plan Activity 2: Knowingly in two activities, such as; *Moving Body but not the Mind*, and *True Identity* activities

Plan Activity 3: Releasing Emotion in two activities, such as; *Change is the Truth*, and *Suffering is a Normal Part of Life* activities

Modified from Russell (1996) and Sucheera Phattrayuktawat (2013) was adapted that the original version by Weeks, Michela, Peplau, and Bragg (1980) to the 20-item *Depressive Amelioration Elderly Questionnaire* (DAEQ) was analyzed**.** Description of Measurement: A 20-item scale designed to measure one's subjective feelings of depression amelioration and loneliness status as well as feelings of social isolation. Participants rate each item as either. The measure has been revised two times since its first publication; once to create reverse scored items, and once to simplify the wording. 5 indicates "I always feel this way", 4 indicates "I often feel this way", 3 indicates "I sometimes feel this way", 2 indicates "I rarely feel this way", and 1 indicates "I never feel this way"

Using the *Depressive Amelioration Elderly Assessment (DAEA)* was assessed of elderly people sample size of their perceptions to their participating activities, This instrument is appropriate for the upper secondary education which contains 20 items and five scales which are *Activities, Time/Place, Knowledge. Using Knowledge,* and *Lecturer/Transferee* scales and the five response alternatives are *Almost Never, Seldom, Sometimes, Often* and *Very Often*.

Table 2: The Depressive Amelioration Elderly Assessment (DAEA) Questionnaire

No.	Scale/Item
	Activities
1.	Your activities are interesting.
2.	Your activities have a sequence of steps / content / and a clear action model.
3.	You can follow the activity.
4.	Overall activities appropriateness
	Time and Place
5.	The duration of each activity is appropriate.
6.	The duration of activities throughout the day is appropriate.
7.	Location is appropriate for each activity.
8.	Communication systems are appropriate for each activity.
	Knowledge
9.	You understand the purpose of each activity.
10.	You have gained more knowledge in each activity.
11.	Your participating activities make you feel satisfied.
12.	You participate in activities with pleasure.
	Using Knowledge
13.	You can apply the knowledge gained.
14.	You will be able to transfer your knowledge to other people.
15.	You have the confidence and ability to apply knowledge.
16.	You can apply each activity to take care of yourself.
	Lecturer/Transferee
17.	Knowledge is understood.
18.	To have a new idea and benefit you.
19.	To have a technique and create a fun atmosphere.
20.	To provide feedback and problem solving.

Target group

Because of Mahasarakham has accounting population in elderly people age group (from 60 years old to over than 100 years old) accounts total of 145,422 out of which 65,135 were males and 80,287 were females. The elderly people age group indicates that of 15.09% of total accounting population.

Focused on the elderly people age group in Hui Aeng Village, Hui Aeng Sub-District, Mueang District in Mahasarakham Province has consisted populations of 62 persons (Both male and female) whose age is ranged from 60 to 100 years old, some persons have been in their non-normal status, for example: chronic diseases, chronic mucus hyper-secretion (CMH), dental problems, hearing loss, hearts less efficient, immune function, lungs less oxygen, mobility impairment or loss, pain afflicts, and voice weaken and vibrate more slowly. Finally, research team was selected a sample size consisted of 35 persons who were the volunteer for this random sampling of this research study.

Data Analysis

Using percentage, mean, standard deviation, t-test dependent, simple and multiple correlations of Pearson's statistics, and determining efficient predictive analysis were analyzed.

Data Collection

The collecting data was designed in three types, such as: Appointment, date, time of activities with the elderly were planned, Familiarize with elderly people, and participating group dynamics with the inner wisdom innovative learning lesson planned activities, discussing group, observation, interview, elderly people were assessed with the quantitative research methods of their perceptions and performances on depression of their amelioration status.

Results

To investigate of the inner wisdom and depression amelioration status of elderly people age group in Mahasarakham Province were examined. Using the qualitative and quantitative data was assessed with the *Depression Amelioration Elderly Activity Lesson Plan* and the *Depression Amelioration Elderly Assessment (DAEA)*. Administrations were designed of research procedure with a sample size of 35 elderly people in Hui Aeng Village, Hui Aeng Sub-District, Mueang District in Mahasarakham Province. Appointments, date, time of activities with the elderly were planned. Familiarization with elderly people and participating group dynamics with the inner wisdom innovative learning lesson planned activities were participated. The results have found that:

In this research procedure, the sample target consisted of 35 people who lives in Hui Aeng Village, using the analysis of frequency distribution (Percentage) presented in the table of lecture as shown in Table 3.

Table 3: Percentage and Frequency General Data of the Sample by Sex

Sex	Accounting Sample	Percentage
Male	7	20.00
Female	28	80.00
Total	35	100.00

In table 3 shows that the sample size of this selecting data consisted of elderly people age group accounts total of 35 out of which 7 (20.00%) were males and 28 (20.00%) were females.

To analyze the effectiveness of the innovative lesson plans based on the model of learning inventory activities with the 20-item Depression Amelioration Elderly Assessment (DAEA) for assessing elderly people with the five scale processes that composed of *Activities, Time/Place, Knowledge, Using Knowledge,* and *Lecturer/Transferee* scales.

Table 4: Mean, Average Mean, Standard Deviation, Variance, Cronbach Alpha Reliability, Discrimination, and F-test for the DAEA

Scale	Mean	Average Mean	Standard Deviation	Variance	α-Reliability	F-test	Sig.
Activities	14.29	3.57	1.54	2.39	0.81	3.91	.001**
Time/Place	16.04	4.09	1.21	1.47	0.83	30.82	.000***
Knowledge	18.60	4.65	1.01	1.01	0.81	10.20	.001**
Using Knowledge	15.46	3.86	1.36	1.84	0.83	38.18	.000***
Lecturer/ Transferee	14.71	3.68	2.01	4.03	0.76	26.14	.000***
Total	79.40	3.97	3.09	15.19	0.85	25.85	.000***

N=35, *ρ<.05, **ρ<.01, ***ρ<.001

Internal consistency (Cronbach alpha coefficient) and the mean correlation of each scale were obtained for sample in this present study as indicates of scale reliability for the lesson plan. A summary of these values reported in Table 4. The results given in Table 4 shows that on average item means for each of the five DAEA scales, that they contain seven items, so that the minimum and maximum

score possible on each of these scales is 5 and 25, respectively. Because of this difference in the number of items in the five scales, the average item mean for each scale was calculated so that there is a fair basis for comparison between different scales. For the remaining five scales: Activities, Time/Place, Knowledge, Using Knowledge, and Lecturer/Transferee scales. The mean score ranged from 14.29 ($\bar{X}$=3.57, S.D.=1.54, Variance=2.39, and F-test=3.91) in Activities scale to 18.60 ($\bar{X}$=4.65, S.D.=1.01, Variance=1.01, and F-test=10.20) in Knowledge scale, the reliability coefficients for the different DAEA ranged from 0.76 to 0.83 when using the individual elderly people as the unit of analysis. On the whole, these results are acceptable which was considered satisfactory for further use in this study.

Using the 20-item *Depression Amelioration Elderly People Questionnaire* (DAEPQ) for assessing elderly people with the internal consistency (Cronbach alpha coefficient) and the mean correlation of each scale were obtained for sample in this present study as indicates of scale reliability for the lesson plan. A summary of these values reported in Table 5.

Table 5: Mean, Average Mean, Standard Deviation, Variance, Cronbach Alpha Reliability, Discrimination, and F-test for the DAEPQ

Scale	Mean	Average Mean	Standard Deviation	Variance	α-Reliability	F-test	F-test
DAEOQ	68.17	3.41	9.63	93.97	0.89	11.98	.000***

N=35, *ρ<.05, **ρ<.01, ***ρ<.001

The mean score evidence of 68.17; $\bar{X}$=3.41, S.D.=9.63, Variance=93.97, and F-test=11.98. Using internal consistency, the Cronbach alpha reliability coefficients for the DAEPQ had a value of 0.89 which was considered satisfactory for further use in this study.

In order to validate the questionnaires, the two instruments, namely, the Depression Amelioration Elderly Assessment (DAEA) and the Depression Amelioration Elderly People Questionnaire (DAEPQ) are valid and reliable for use in this research study.

Focusing on the DAEA, the statistical procedures also involved the investigation of associations between elderly people's perceptions of their inner wisdom activities and their amelioration status of major depressive disorder (MDD). The simple correlation values (r) are reported in Table 5 which show significant correlations ($\rho<0.05$) between elderly peoples' perceptions of their inner wisdom and their amelioration status to their major depressive disorder in all of five scales. These associations are positive for the scales of *Activities, Time/*

Place, Knowledge, Using Knowledge, and Lecturer/Transferee scales; there was a more favourable the DAEPQ towards their DAEA environment inventory. The second type of analysis consisted of the more conservative standardized regression coefficient (β) (ρ<.05) which measures the association between elderly people's perceptions on each scale of the DAEA towards their *Depressive Amelioration Elderly People Questionnaire* (DAEPQ) scale when the effects of relationships between the scales are controlled.

Table 6: Associations between Elderly Peoples' Perceptions of their Inner Wisdom and their Amelioration Status to their Major Depressive Disorder

Scale of the DAEA	Simple Correlation Validity (r)	Multiple Regression Validity (β)
Activities	0.42*	0.29*
Time/Place	0.50*	0.36*
Knowledge	0.27*	0.22*
Using Knowledge	0.41*	0.28*
Lecturer/Transferee	0.55**	0.37*
Multiple Correlation (R)	0.7991*	
Determination Efficient Predictive Value (R^2)	0.6386*	

N=35, *ρ<.05, **ρ<.01, ***ρ<.001

The multiple correlations (R) are significant for assessing Elderly People's perceptions of their inner wisdom and amelioration status of major depressive disorder (MDD) for elderly people age group in Mahasarakham Province showed that when the scales are considered together there is a significant in some scales of the DAEA association with the DAEPQ. The R^2 value indicates that 64% of the sample group was able to treatment or amelioration of elderly people with the inner wisdom and amelioration status of major depressive disorder (MDD) for elderly people age group in Mahasarakham Province in Thailand, exactly.

To enhance of mental health and decreasing depression in elderly people with the *Inner Wisdom Activity Plans* was used. Research team modified the principle of the *Doctrine of Buddhism* which it was planted in 3 activities, total of six sub-activities as:

From the activity, it is found that the elderly understand the fact that all things are related, dependable and dependable. When this understanding is made, it is known that the occurrence of events or phenomena or any of the causes and factors. The elder people who receive the activity have a better understanding of the reality and spiritual liberation.

There is no one thing, but it must be related, whether it is natural, human, and technology.

"*Grandma just realized that the rice we eat at each meal has many things involved*." (Elder 1)

"*Even the sun, the tree grows in rice.*" (Elder 5)

"*The activity makes the eye aware that all people are interrelated, regardless of occupation*." (Elder 7)

Elderly people are aware of everything. There is a link between body and body. When used, it will decay. Illness is common; all organs are waiting for illness and decay. When they understand this truth, they will be able to understand the state of emotional emancipation, so releases the freedom.

"*Granddad understands more in their faculties. That's it, everyone is the same*." (Elder 3)

"*It makes grandma understands that reality. Everything is going down. When we use it more and more, it is like the general use when used for a long time it is decayed*." (Elder 8)

When elderly people have been practicing mindfulness and meditation, the elderly are more self-reliant, reducing their mental distractions, such as thinking bad thoughts. Feeling irritated Concerned about the idea of being conscious with physical movement.

"*Leg pain is very much because of the grandmother, because meditation activity is not long, how is it to fight leg pain, to be conscious in the middle of the chest. The first step is not to move, but to focus on concentration. Think of the legs, not ours, and keep them as static as possible. When we move, we will have a lot of leg pain. Then I did not see any pain until I heard the signal to get out of concentration*." (Elder 6)

"*Feeling a lot of feet pain, legs are very different. The most difficult thing to do, it is to try to get myself into the present.*" (Elder 15)

After this activity, the elderly noticed that, there was nothing really tangible about the observation of dolls, and then separate the dolls to look further down. Toys come from plastic as well. To be compared to their body, it was the same to make elderly people understand the true identity.

"I know we do not have a real life" (Elder 10)

"I know that our bodies are all things, one day it will break down, partially." (Elder 22)

After the elders noticed the leaves, the elderly people understand and know that life is like leaves, leaves to the leaves, yellow leaves, which is a cycle of death to a normal.

"*At first, I wanted to live with my children for a long time, but when I learned that I clearly understood that life is like a leaf, not one day, one day fell from the tree*." (Elder 18)

"*I have a new idea is that all leaves are not perfect. Some leaves have insect bites, eating leaves, understanding the truth in life. Life is not perfect. I have problems and obstacles in life as well. Whether it be sickness poverty*." (33 years old)

After the elders learned and understood about suffering. The 4 Noble Truths and Activities have made them to understand about the causes of suffering. How to sorrow and when it was suffering, how did they deal with suffering?

"*Listen to the hymns. I understood that, this is the 5th Khan (principle of Buddhism) of five, but it will be ruined."* (Elder 29)

"*To understand of the suffering, the sickness, the sickness that it is the truth that everyone must encounter*." (Elder 32)

In this research study was applied the inner wisdom and amelioration status of major depressive disorder (MDD) for elderly people age group in Mahasarakham Province in Thailand that currently or previously affected may be stigmatized, this approach is contrasted with network interaction studies of elderly persons who was an elderly people age group in Mahasarakham Province indicates that of 15.09% of total accounting population whose as early as age over 60 years old. The elderly population is large in general and growing due to advancement of health care education, and experience loneliness and depression in old age, either as a result of living alone or due to lack of close family ties and reduced connections with their culture of origin, which results in an inability to actively, participates in the community activities. Some people have periods of depression separated by years in which they are normal while others nearly always have symptoms present. Major depressive disorder can negatively affect a person's personal, work, or school life, as well as sleeping, eating habits, and general health. Between 2–7% of adults with major depression die by suicide, and up to 60% of people who die by suicide had depression or another mood disorder was described.

The current review discusses the efficacy of exercise and amelioration of depression status to ameliorate depression and thereby reduce the risk of cognitive decline and potentially prevent dementia. There were growing evidence

to suggest that mood and anxiety disorders may be risk factors for cognitive decline in later life with their amelioration of depression status through the inner wisdom and depression amelioration status of elderly people age group in Mahasarakham province were practiced and trained. Researchers aim to apply the inner wisdom of Buddhism to heal and amelioration the depression in the elderly people, to understand the truth in order to accept the thinking and attitude of living. When there is understanding and acceptance in the truth. It will affect good mental health, when good mental health is not conducive to mental illness or have depression status that elderly people age group can live happily ever after. Using the inner wisdom activities to ameliorate the depression amelioration status of 35-elderly people age group in Hui Aeng Villege, Mueang District, Mahasarakham Province, Northeast region of Thailand were assessed and associated.

Administrations to assess the guidelines recognize and appreciate that there are numerous methods in two frames with the *Inner Wisdom Activity Plans* was used. Research team modified the principle of the *Doctrine of Buddhism* which it was planted in 3 activities, total of six sub-activities were enhanced. Modified from Russell (1996) and Phattrayuktawat (2013) was adapted that the original version by Weeks, Michela, Peplau, and Bragg (1980) to the 20-item *Depressive Amelioration Elderly Questionnaire* (DAEQ) was analyzed in four scales, namely; *Activities, Time/Place, Knowledge. Using Knowledge,* and *Lecturer/ Transferee* scales and the five response alternatives are *Almost Never, Seldom, Sometimes, Often* and *Very Often*. The *20-item Depressive Amelioration Elderly People Questionnaire (DAEPQ)* Instruction was used. The collecting data was designed in three types, such as: Appointment, date, time of activities with the elderly were planned, Familiarize with elderly people, and participating group dynamics with the inner wisdom innovative learning lesson planned activities, discussing group, observation, interview, elderly people were assessed with the quantitative research methods of their perceptions and performances on depression of their amelioration status were collected.

The sample size of this selecting data consisted of elderly people age group accounts total of 35 out of which 7 (20.00%) were males and 28 (20.00%) were females. the reliability coefficients for the different DAEA ranged from 0.76 to 0.83, and the DAEPQ had a value of 0.89 which was considered satisfactory when using the individual elderly people as the unit of analysis. On the whole, these results are acceptable which was considered satisfactory for further use in this study. The simple correlation values (r) are reported in Table 5 which show significant correlations ($\rho<0.05$) between elderly peoples' perceptions of their inner wisdom and their amelioration status to their major depressive disorder in all of five scales. These associations are positive for the scales of *Activities, Time/ Place, Knowledge, Using Knowledge, and Lecturer/Transferee* scales; there was

a more favourable the DAEPQ towards their DAEA environment inventory. The second type of analysis consisted of the more conservative standardized regression coefficient (β) (ρ<.05) which measures the association between elderly people's perceptions on each scale of the DAEA towards their *Depressive Amelioration Elderly People Questionnaire* (DAEPQ) scale when the effects of relationships between the scales also were found. The R^2 value indicates that 64% of the sample group was able to treatment or amelioration of elderly people with the inner wisdom and amelioration status of major depressive disorder (MDD) for elderly people age group in Mahasarakham Province in Thailand, significantly.

To enhance of mental health and decreasing depression in elderly people with the *Inner Wisdom Activity Plans* was used. Research team modified the principle of the *Doctrine of Buddhism* which it was planted in 3 activities, total of six sub-activities. From the activity, it is found that the elderly understand the fact that all things are related, dependable and dependable. Elderly people are aware of everything. There is a link between body and body. When used, it will decay. Illness is common; all organs are waiting for illness and decay. When they understand this truth, they will be able to understand the state of emotional emancipation, so releases the freedom. Elderly people who have been practicing mindfulness and meditation, the elderly are more self-reliant, reducing their mental distractions, such as thinking bad thoughts. Feeling irritated Concerned about the idea of being conscious with physical movement, there was nothing really tangible about the observation of dolls, and then separates the dolls to look further down. Toys come from plastic as well. To be compared to their body, it was the same to make elderly people understand the true identity, especially; the elderly people understand and know that life is like leaves, leaves to the leaves, yellow leaves, which is a cycle of death to a normal. Their responses with their elders learned and understood about suffering. The 4 Noble Truths and Activities have made them to understand about the causes of suffering, clearly. Suggestions that, for applying inner wisdom and amelioration status of major depressive disorder (MDD) for elderly people age group in Mahasarakham Province is provided.

Acknowledgement

Firstly, we would like to thank the Institute of Research and Development Institute, Rajabhat Mahasarakham University whereas supported the scholarship to this project research.

Many thanks to the 35-elderly people age group in Hui Aeng Villege, Mueang District, Mahasarakham Province whose participations are going on this research in successfully.

Thank you so much to Chatthaporn Ngamkleing who is the professional experts at the Department of the Promoting Family Institute.

We would like to thank to Bachelor elderly peoples at the Psychology and Guidance Program for collecting qualitative and quantitative data was planned.

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