REMINISCENCE, LIFE REVIEW, AND JOURNALS:
EFFECTS ON THE WELL-BEING OF OLDER ADULTS

by

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REMINISCENCE, LIFE REVIEW, AND JOURNALS:
EFFECTS ON THE WELL-BEING OF OLDER ADULTS

(ABSTRACT)

Review of life experiences for personal adaptation is a general
tendency in older adults. A positive outcome of life review may be an
increase in well-being. To test the hypothesis that reminiscence group
activity, structured for life review, could increase well-being, a sample of 30
residents in a retirement community was studied, using a quasiexperimental,
pretest-posttest design.

Research subjects, average age 78 years, were randomly assigned to
experimental and control groups. All were pre- and posttested by four
instruments: Life Satisfaction Index Form A, Affect Balance Scale, Zung
Self-Rating Depression Scale, and the OARS Activities of Daily Living Scale.
Control subjects received testing only. Experimental subjects participated in
small reminiscence groups, structured for life review by the Haight Life
Review Experiencing Form (LREF). The reminiscence group activity
constituted one complex independent variable. Group activity included
opportunity to write in private journals about LREF topics, shared voluntarily.
Data from the four dependent variables were analyzed separately, using scale score differences. Neither t-tests, nor one-way analysis of variance of differences in relation to frequency of group attendance revealed any statistically significant findings, although posttest scores showed some nonsignificant improvement.
ACKNOWLEDGEMENTS

Most sincere thanks and gratitude are extended to members of my committee and to the Center for Gerontology:

Dr. William J. McAuley, chairman, for his continuing guidance, support, and genuine interest.

Dr. Shirley S. Travis for her interest and ongoing support as a nursing colleague as well as gerontologist.

Dr. James W. Garrison for his interest and willingness to give his time for committee work and to offer valuable comments.

The Center for Gerontology for the opportunity to work on the Center’s newsletter as a graduate assistant.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>ii</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>iv</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>ix</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>METHOD</td>
<td>5</td>
</tr>
<tr>
<td>ANALYSIS AND RESULTS</td>
<td>8</td>
</tr>
<tr>
<td>Statistical Analysis</td>
<td>10</td>
</tr>
<tr>
<td>Sample and Research Groups</td>
<td>10</td>
</tr>
<tr>
<td>Analysis of Research Groups</td>
<td>12</td>
</tr>
<tr>
<td>DISCUSSION</td>
<td>13</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>17</td>
</tr>
<tr>
<td>APPENDIXES</td>
<td></td>
</tr>
<tr>
<td>A. Background and Rationale</td>
<td>24</td>
</tr>
<tr>
<td>Successful Aging as a Developmental Phenomenon</td>
<td>24</td>
</tr>
<tr>
<td>Life Review and Reminiscence, a Conceptual</td>
<td></td>
</tr>
<tr>
<td>Framework</td>
<td>29</td>
</tr>
<tr>
<td>Review of the Literature</td>
<td>32</td>
</tr>
<tr>
<td>Well-Being, Health, and Life Review</td>
<td>34</td>
</tr>
<tr>
<td>References</td>
<td>38</td>
</tr>
</tbody>
</table>
Table of Contents (continued)

B. Variable Scales, Hypotheses, Assumptions,

Limitations .................................................. 46
Dependent Variable Scales .............................. 46
Life Satisfaction Index Form A ......................... 46
Affect Balance Scale ................................. 47
Zung Self-Rating Depression Scale ................. 48
Activities of Daily Living Scale ...................... 49
Activities of Daily Living-Self Report .............. 51
Hypotheses .............................................. 52
Assumptions ............................................ 53
Limitations ............................................ 53
Comment on the Scales and Their Use ............ 54
References .............................................. 57
C. Group Objectives and Topics ...................... 59
Reminiscence Group Objectives ..................... 59
Group Sequence and Leadership Objectives .......... 59
Group Process and Experience Objectives .......... 63
Selected LREF Topics and Questions ................ 65
**Table of Contents (continued)**

Evaluation of Group Procedures .................................. 69

D. Journal-Writing Method .................................. 70

   Introduction ........................................ 70

   Description of the Method ................................ 70

   Steps for Journal-Writing ................................ 71

   Background and Rational for the JWM .................. 73

   Guidelines for the JWM ................................ 77

   References ........................................... 79

E. Test Procedures and Materials .................. 82

   Description of Test Materials .................. 82

   Testing Procedures ................................ 83

   Pretest Materials ...................................

      Pretest Cover Letter .................. 85

      Confidentiality Statement ................ 86

      LSIA ........................................ 87

      ABS ........................................ 90

      SDS ........................................ 91

      ADL ........................................ 93

      ADL-SR ........................................ 98

      Biographical Information ................ 99
Table of Contents (Continued)

Posttest Materials

Posttest Cover Letter .................................. 100
Wellness Program Information ......................... 101
F. Supplementary Information .......................... 102

Description and Comparison of

Reminiscence Groups ................................. 102

Additional Information on the Community

and Sample ........................................... 104

Education Level Findings and Observations ........ 104

The Wellness Program in Relation to the

Sample ............................................. 105

References ......................................... 107

VITA ............................................. 110
LIST OF TABLES

1. Means and Standard Deviations for Two Research Groups on Four Measures ......................... 21
2. Results of t-Tests for Two Research Groups on Four Measures ........................................ 22
3. Results of One-Way ANOVAs for Four Dependent Measures .............................................. 23
D-1. Comparison of Positive and Negative Behavioral Outcomes in Structured Reminiscence with Journal-Writing ................................................................. 81
F-1. Means of Scale Score Differences for Reminiscence Groups Meeting in Separate Locations and E Group ................................................................. 108
F-2. Numbers and Percentages in Educational Year Levels for Research Groups and Sample ........... 109
REMINISCENCE, LIFE REVIEW, AND JOURNALS: EFFECTS ON THE WELL-BEING OF OLDER ADULTS

Introduction

Review of life experiences for personal adaptation is a general tendency in older adults (Butler, 1963). Conceptually, Butler’s review process involves a re-integration of the personality that can be interpreted by Erikson’s theory of stages of ego development (Erikson, 1963). Opportunity exists for adaptive change appropriate to the last or eighth life stage (Butler & Lewis, 1977; Erikson, 1982). Coleman (1974) found that review is an underlying component in spontaneous conversation among elderly persons and is particularly adaptive in the face of difficult life changes or marked dissatisfaction with past life. Thus, reminiscing with others can assist adaptive life review by a dual process: external socialization and internal re-integration.

For the older individual engaging in reminiscence a positive outcome may be an increase in well-being by encouraging integration of the person’s view of self and past life from the present perspective. A negative alternative may be the risk of depression or obsessive reminiscing (Butler, 1963; Lo...
Gerfo, 1980-81). The two possible outcomes are comparable to Erikson's crisis of integrity versus despair.

Furthermore, recent research findings have shown that the state of psychological well-being can influence state of health (House, Landis, & Umberson, 1988), the individual's ability to adapt physiologically to stress (Gelman & Hager, 1988), and/or the appropriate use of defenses against depression and hopelessness (Osgood, 1985).

Since Butler defined and described life review, a growing plethora of reports, reviews, and research has appeared in the literature (Haight, 1991). Life review has been shown to serve the needs of elderly adults in a variety of ways (Moody, 1988). The internal process, however, has most often been studied through reminiscence, an interpersonal and social event. The result has been a mixture, sometimes confusing, of the differing aspects of a complex phenomenon (Disch, 1988).

More recently, social gerontologists have begun to examine the complexities more closely, probing the intrapersonal side of reminiscence/review. For example, Romaniuk and Romaniuk (1981) examined reminiscence triggering events. Habegger and Blieszner (1990) made a distinction between oral and silent reminiscence that could "be treated as separate behaviors (p. 33)." Further background and rationale for the present report is offered in an appendix. Included are a conceptual
framework, applications in practice, and links to health, drawn from the literature (see Appendix A).

In contrast to the above, literature on personal writing, diaries, or journals has appeared more often in the field of literary arts. Little systematic research has been found that relates reminiscence or life review to writing. Literature has been more often descriptive or individual case studies that display the value of writing for older adults (Kaminsky, 1978, 1984; Zavatsky, 1984). Supiano, Ozminkowski, Campbell, and Lapidos (1989) studied writing groups for elderly adults and reported that depression could be reduced and ability to communicate feelings and ideas could increase.

Writing offers a way to communicate that is very different from group participation or individual interaction. The person is not required to make himself/herself understood or to choose socially acceptable words. Private memories or feelings can be recalled and expressed in personal journals.

Berman (1991) has analyzed a number of well-known diarists. He remarks that women have been especially prone to express themselves in private writing, due to social restrictions. Berman has pointed to a process inherent in journal-keeping for both men and women, that the keeper’s life can become "a coherent narrative that is not fixed but is subject to constant
revision (p. 34)." The process appears to have effects similar to personality re-integration.

Ira Progoff (1975, 1987) has found the same process of internal movement occurring in his intensive journal workshops. Private journal entries could be shared voluntarily in the social environment of the group. The method, highly structured and based on Jungian psychology, is the forerunner of the writing method used in the present investigation. Literature on journals and the writing method are found in appendixes (see Appendix A and Appendix D).

The purpose of the research project was to investigate the effects of structured life review, by means of reminiscing in small groups and private journal-writing, on the well-being of older adults. The investigation, built upon previous research findings, carried such investigations a step further by introducing a writing strategy aimed at facilitating internal, integrative change as well as providing a social environment supportive of change, externally.

A study by Barbara K. Haight (1988) served as a model for this project. In her investigation homebound older adults received individual interviews structured by means of a Life Review and Experiencing Form (LREF), that had been constructed and pretested by Haight & Bahr in 1984 (cited in
Haight, 1988). Haight found an increase in well-being in her life review group.

The present study adapted the LREF for use in groups. A similar pretest-posttest design was used, and the same instruments were employed to measure well-being. Two questions were investigated: (1) Would participation in structured reminiscence group activity result in an increase in the well-being of older adults? (2) Could the LREF be used effectively in a group context?

Method

Well-being was operationally defined and measured by four instruments: The Life Satisfaction Index Form A (LSIA) developed by Neugarten, Havighurst, and Tobin (Mangen & Peterson, 1982); the Affect Balance Scale (ABS) by Bradburn (1969); the Zung Self-Rating Depression Scale (SDS) (Osgood, 1985); and the OARS (Older Americans Resources and Services) Activities of Daily Living Scale (ADL), (Fillenbaum, 1988). To the ADL scale were added two questions from the OARS scale on health, adapted to pertain to functioning (ADL-SR). The questions, analyzed separately, asked for a subjective estimate of functional capability and an estimate of the degree of impact of functional difficulty on the respondent’s life. These five measures, providing an estimate of overall well-being, were the dependent variables. Reminiscence group activity, with opportunity for private writing,
was investigated as one complex independent variable. The scales are fully described in an appendix (see Appendix B).

Research participants were assigned randomly to experimental (E) and control (C) groups, matched for gender, and all were pre- and posttested. The E group received the reminiscence activity in addition to the testing. It was hypothesized, in line with Haight’s results, that when scores of the research groups were compared, the E group would be more likely than the C group to show an increase in life satisfaction, to show a positive change of affect, to have less depression, and to maintain or improve the level of daily functioning.

A sample of 30 residents living in a retirement community in southwest Virginia was recruited. Reminiscence group activity was offered as one component of a wellness program organized jointly by retirement community administration and the investigator. A preliminary survey of residents indicated sufficient interest in reminiscence to proceed with the research project.

Sixty-one percent of a total of 274 retirement community residents were contacted by the investigator using a random strategy. Names were drawn from a list of residents for all of the three levels of community living: private townhouses, subsidized apartments, and a personal care facility with 24-hour availability of nursing care.
Contact was initiated by a phone call or personal visit. Of 168 contacts a total of 45 residents agreed to participate. Participants were pretested by the investigator meeting with them individually in their homes. Posttesting was accomplished in the same manner following the conclusion of reminiscence activity. Pre- and posttest materials are found in Appendix E, and include letters to participants, a confidentiality statement, and scales in questionnaire form.

Approximately 6% of the total community was screened out while contacts were made, as being younger than age 55, or being unable to participate in a group, due to speech or hearing problems or marked cognitive difficulty. Following pretesting two reminiscence groups of 11 were organized. Time and place of meetings were made as convenient to residents as possible. One group met in the apartment complex, and the other met in the personal care facility. Groups were set up to have a balance of members in each group for number, gender, and levels of living. Groups met weekly, the same day of the week, for one hour, for a total of 8 meetings.

The reminiscence groups were facilitated by the investigator. During the first meeting reminiscence was described and writing materials distributed. The materials included individual folders with copies of the journal- writing method (JWM) previously devised by the investigator (Spencer, 1988), and
based on the work of Progoff (1975) and Rico (1983) (see Appendix D). Steps of the JWM were taught; confidentiality and mutual support were stressed. The LREF topics were introduced, beginning with life's earliest memories.

During the meetings selected LREF topics were presented verbally and on posters. The topics progressed through the life span and ended by looking back over life as whole. Group members were allowed time to write briefly, then asked to share writings or thoughts on the topics voluntarily. Although writing was accomplished during meetings, members were also encouraged to make entries during the week. Topics were suggested for this purpose from the LREF. Objectives and goals for the group activities were designed before activities began, and goals were largely met (see Appendix C). To reduce bias the investigator/facilitator scored pretests after group activity ended.

About two days before each meeting day, written notices of the upcoming meeting were placed on bulletin boards and at members' doors. At the final meeting members were asked to evaluate the reminiscence activity and the worth of such activity.

Analysis and Results

The total sample (n = 30) ranged in age from 68 to 94 years, with an average age of 78, and was composed of 23 (77%) women and 7 men. Six
(20%) lived in townhouses, 16 (53%) in apartments, and 8 (27%) in personal care. The sample was fairly representative of the entire community (average age 76 years, 80% women, 13% living in townhouses, 58% in apartments, and 29% in personal care.) The outstanding feature of the sample was their level of education. No one had less than 7 years of school, 19 (63%) were educated at college level, and 8 of the latter had had over 16 years of education.

The final C group numbered 18 and the E group 12. One participant died, one became emotionally ill, and one refused posttesting due to doubts about the research. Attrition from the original pretest number of 45 was due largely to drop-out from reminiscence group activity. Two E group members decided to make extended family visits before groups met and were replaced by names randomly drawn from the C group. Competing social activities, concerns over confidentiality, general frailty, and illness were reasons for non-attendance.

Those attending two or more meetings were considered members of the E group. Those who attended only the first meeting were assumed to have received minimal effects from the group activity and so were excluded from the E group. Average attendance among the E group was slightly more than half of the meetings (4.25 out of 8). The two E groups, apartment and personal care, received the same materials and posters, the same sequence
of LREF topics, and proceeded by the same objectives (see Appendix C). The groups are discussed in greater detail in Appendix F.

Statistical Analysis

For data analysis three problems had to be addressed: small sample size, groups uneven in size, and the problem of reminiscence group attendance. The reminiscence activity, like activities generally available in retirement communities, had a "built-in" component of voluntary attendance that allowed competing interests to intervene.

The four dependent variable scale scores were analyzed separately at an alpha level of .05. The ADL-SR showed little variation and is reported only for the whole sample. Data for analysis were posttest minus pretest score differences, an index of response recommended by Neter, Wasserman, and Kutner (1975).

Sample and research groups. The entire sample (n = 30) showed a moderate degree of satisfaction on the LSIA (mean score = 24.5 out of a possible 40). The ABS was also at a positive level (mean score = 11.7 out of a possible 15). The sample, like that of Haight, showed little evidence of depression (mean converted score = 76 out of a possible 100). Most of the sample had a fairly high level of functioning on the ADL (mean = 25 out of a maximum 29). The ADL result was comparable to the norm for community dwellers (Fillenbaum, 1988). Participants rated their overall
functioning in the middle or "good" range; functioning difficulty did impact on their lives "some," a middle estimate.

Table 1 shows the means and standard deviations for posttest-pretest difference scores for the E and C groups on four dependent measures (see Table 1).

Insert Table 1 about here

Means were greater for the C group on the LSIA and ABS scores, contrary to hypothesized expectations. The SDS and ADL means were more in agreement with expectations, showing a definite increase for the E group on SDS scores and a slight increase on ADL scores, while both means dropped for the C group.

Standard deviations were greater for the C group, a result that could be explained by the difference in the size of the C group. However, the largest variation was in the SDS scale. The greatest degree of change in SDS scores was found for the small personal care group, showing a mean difference of +9.0, compared to a mean difference of +2.22 for the apartment-meeting group.

Although a tendency toward a lower degree of depression (SDS) was found, affect balance (ABS) scores showed a drop to a lower level
throughout the E group. Both these scales test for affective tone. The ABS emphasizes the present affective state, while the SDS tests more for affect persisting over time. The positive result for the E group, however small, indicated that structured life review may be an appropriate tool to reduce depression.

**Analysis of research groups.** The C group \( n = 18 \) was compared to the E group \( n = 12 \) first by a \( t \)-test for two samples with unequal sample size and with variance assumed equal but unknown. No significant results were found for the \( t \)-tests as shown in Table 2.

----------------------
Insert Table 2 about here
----------------------

These results (see Table 2) appeared to reflect the analysis problems described earlier: sampling variations, sample size, and unevenness of research groups. The \( t \)-test equation was constructed for two samples with variances unknown, but assumed equal, as noted earlier. In the SDS result the standard deviations indicated variances not to be proportionally equivalent (see Table 1). For the ADL result the same observation could be made to a lesser degree.

To deal with the problem of reminiscence group attendance, a second analysis was performed. An assumption underlying the investigation was
that more participation in reminiscence group activity would result in a
greater tendency to improve posttest scores. The second analysis examined
score differences in relation to frequency of attendance by means of one-
way analysis of variance (ANOVA). The E group fell easily into two groups
of six, those who attended two through four meetings and those who
attended five through eight meetings. Variable scores were analyzed
separately, as before, and results are shown in Table 3.

____________________

Insert Table 3 about here

____________________

Again no significant findings resulted (see Table 3). The variations were
more often observed within groups, and thus reflective of sampling
variations, rather than reminiscence group intervention.

Discussion

The results have shown that reminiscence group activity in this
investigation did not influence posttest scores significantly. None of the
findings approached significance although the scores on the LSIA and ABS
scales showed a positive change in t-test results (see Table 2). None of the
hypotheses was supported. The first research question for this study
received a negative answer: well-being was not increased as a result of the
intervention.
On the other hand, there was overall indication that well-being was not harmed by the group activity. Butler warned in 1963 that certain elderly populations might be at risk for a negative outcome such as depression. The depression scores in this investigation showed the most positive degree of change. This result occurred in contrast to the lower posttest scores for affect balance found in the E group. These results hinted that depression could improve in spite of group members being called upon by the reminiscence structure to acknowledge past difficulties, to which negative feelings might still be attached, as well as pleasing events. It follows that practitioners need to have a well-defined purpose and goal in order to structure reminiscing meaningfully and appropriately. Negative outcomes have occasionally been reported in the literature and are discussed under background and rationale (see Appendix A).

The second research question in this study did receive affirmation: that the LREF, originally designed for individual interviews, could transfer effectively into a group context. Topics from the LREF offered guidance, focus, and direction for group discussion. The group setting did provide a supportive environment.

In comparing this investigation to the Haight study, it should be noted that Haight had a much more controlled setting. Her investigation was carried out with the homebound while the current study depended upon
group meetings which members could choose to attend. Privacy and confidentiality were also under much better control in Haight's study.

A substantial case could be made from the discussions above and the present findings for Haight's contention in her 1988 study that structured reminiscence is best conducted with individuals. However, there was indication that an internal and integrative process could take place in the reminiscence group format of the present study. These internal changes were an individual phenomenon and depended on the purpose of the individual, apart from the general group goals (see Appendix C). For example, one member stated during the final group meeting that "this group has allowed me to stand on the top of a hill and to see all around, looking at my life." Another said, "It has opened up my life to me, especially my younger years. I was upset and depressed when I came here, now I can get out." These were members active in the group interaction, but the meaningfulness of the life review structure was an individual interpretation. In addition to the purpose of the person engaging in structured reminiscence, it is possible that a changed perspective, lasting for the individual, may require experiencing most or all the phases of the LREF for a genuinely integrative outcome.

In this study, aimed at encompassing both of the dual aspects of reminiscence, the interpersonal/social aspect was the more prominent, as
might be expected. The investigator found that group members were not used to writing and more ready to engage in conversation. Therefore, the JWM did not receive a well-rounded trial. Writing was performed within the group meetings. However, the time given over for writing allowed time for collecting thoughts in relation to the topic under consideration. This time for thought served to stimulate recall and to contribute to the group process.

Until the 1980s the research response to Butler's concept of life review had been something of an either-or approach, either the intrapersonal aspect, termed life review, or the interpersonal aspect, called reminiscence. This investigation followed more recent trends that have turned toward examining the properties of each aspect, and thus address a more comprehensive framework. The structure provided by the LREF also contributed direction for group discussion. This was particularly useful for facilitating the personal care group whose members had more hearing and speech problems. The E group had more years of education than the C group. In another study this could be investigated as a variable. Or, with a larger sample, education level could be used for a stratified sample design. Future efforts by researchers are likely to describe more fully the dimensions of a complex and useful phenomenon, and thereby guide and direct the practitioner to better advantage.
REFERENCES


Table 1

Means and Standard Deviations for Two Research Groups on Four Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Experimental (n = 12)</th>
<th>Control (n = 18)</th>
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<tr>
<td>LSIA</td>
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<td>2.38</td>
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<tr>
<td></td>
<td>3.98</td>
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<tr>
<td>ABS</td>
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<tr>
<td></td>
<td>1.63</td>
<td>1.92</td>
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<tr>
<td>SDS</td>
<td>3.92</td>
<td>-0.92</td>
</tr>
<tr>
<td></td>
<td>7.15</td>
<td>13.68</td>
</tr>
<tr>
<td>ADL</td>
<td>0.33</td>
<td>-0.44</td>
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<tr>
<td></td>
<td>1.67</td>
<td>2.31</td>
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</table>

Note. Means and standard deviations of the posttest-pretest difference scores on four measures: Life Satisfaction Index Form A (LSIA), Affect Balance Scale (ABS), Zung Self-Rating Depression Scale (SDS), and OARS Activities of Daily Living Scale (ADL).
Table 2

Results of t-Tests for Two Research Groups on Four Measures

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<thead>
<tr>
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<tr>
<td>LSIA</td>
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<td>ABS</td>
<td>0.1237</td>
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<tr>
<td>SDS</td>
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<tr>
<td>ADL</td>
<td>-1.0028</td>
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Note. Reject $H_0$ if $t > 1.701$

$df = 28$

$d = .05$. 
Table 3

Results of One-Way ANOVAs for Four Dependent Measures

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<th>df</th>
<th>Mean Squares</th>
<th>F</th>
<th>F (_{cv})</th>
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<tr>
<td>Between</td>
<td>22.42</td>
<td>2</td>
<td>11.21</td>
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<tr>
<td>Within</td>
<td>718.94</td>
<td>27</td>
<td>26.63</td>
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<td>Total</td>
<td>741.36</td>
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<tr>
<td><strong>Affect Balance Scale (ABS)</strong></td>
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<tr>
<td>Between</td>
<td>6.13</td>
<td>2</td>
<td>3.07</td>
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<tr>
<td>Within</td>
<td>83.33</td>
<td>27</td>
<td>3.09</td>
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<tr>
<td>Total</td>
<td>89.46</td>
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<td><strong>Self-Rating Depression Scale (SDS)</strong></td>
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<td>Between</td>
<td>204.95</td>
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<td>102.47</td>
<td>0.90</td>
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<tr>
<td>Within</td>
<td>3068.29</td>
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<td>113.64</td>
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<tr>
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<td>3273.24</td>
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<td>Between</td>
<td>364.69</td>
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<td>182.34</td>
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<td>-253.22</td>
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<td>-9.38</td>
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Appendix A

Background and Rationale

This appendix contains: (1) background for psychological well-being with the overall purpose of aging successfully offered within a developmental perspective, (2) a conceptual framework for life review and reminiscence that includes use of writing as a tool for the review process, (3) a review of literature that displays the varied applications of reminiscence/review, (4) a description of life review in relation to health with relevant literature, and (5) a list of references.

Successful Aging as a Developmental Phenomenon

Aging presents a challenge that confronts each of us as individuals and as members of society. The magnitude of the challenge is without historical precedent (Atchley, 1977). People today live longer, and an increasing proportion of the population in this country is comprised of those aged 55 years and over (White House Conference on Aging, 1981).

Meeting the challenge successfully was the topic of a recent Geriatrics editorial by Robert N. Butler (1988). Along with Dr. Hans Popper, aged 84, Butler stated that "compensation, challenge, and discipline are the keys to successful aging aside from genetic disposition and environmental factors (p. 15)." The keys are based on the motivation, attitude, and perspective on life held by the individual person. In other words, psychological well-being is
the keystone for success, as the individual strives to age adaptively through expanded years of life and in the face of changed life circumstances.

Ryff (1982) examined what gerontologists have had to say about the challenge of aging and meeting the challenge with success. Ryff concluded that not enough is known, and recommended a developmental approach with flexible dimensions. The developmental perspective, based on Erikson’s theories, is useful and applicable to this rationale. The perspective offers a focus specific to older adulthood, with emphasis on the psychological aspects of the individual. Flexibility is critical for applicability to the varied conditions of human aging, especially so for two reasons.

First, the two late stages of life, seventh and eighth, tend to be more lengthy than earlier stages, because they are not bounded by the physical or psychosocial growth and development that characterize earlier years. By the time stage seven can begin, the person is well into adulthood, and normal bodily processes of aging are in progress (Yurick, Robb, Spier, & Ebert, 1984). Tasks of adulthood have been established, such as life style, career, or parenting. Conceivably the seventh stage (generativity versus stagnation) might cover a span of 15 years, say from age 55 to 70, while the eighth stage (integrity versus despair) might extend for as much as 30 years, from 70 to 100.
Second, Kermis (1984) noted that older adults are subject to a number of stressors that may be multiple, cumulative, and/or irreversible. Among them may be health problems, decline in physical or mental powers, changes in appearance, loss of independence, reduced financial status, or loss of close associates among family or friends.

In this extended perspective the individual’s process of coping may have to be repeated more than once. Opportunity can exist for changed circumstances to undermine the soundest integrity or to work to prevent adaptive resolution.

In contrast, Butler and Lewis (1977) noted certain positive attributes specific to old age. Older adults have a richness of life experience regardless of station in life or education. They have a sense of survivorship younger people do not have that offers a certainty about the individual’s own personhood. The older adult has a legacy of wisdom to offer the younger. There is change in sense of time, an "elementality" (p. 29) that can permit disengagement from the mainstream of adult responsibility and allow for immediacy of enjoyment or gratification with simple pleasures of the present life. There can be a sense of fulfillment in realizing both past achievement and survival of failure.

Maturity of spirituality is another attribute characteristic of older adulthood. This maturity may be brought about by knowledge of mortality,
as suggested by Butler (1963), "a looking back process set in motion by looking forward to death (p. 67)." The elderly person can use the sense of personhood to relate to that which is universal/eternal, and gain a sense of wholeness. This sense can then relieve anxiety, and can transcend that tension with comfort and serenity, resulting in greater readiness to meet the future. Religious beliefs, unless formally very restrictive, can support the effort to adapt.

The process of successful adaptation, whether minor or major in the person’s life, moves with a greater or lesser degree of transformation within the personality, or, in Butler’s term, re-integration. The transformation can be considered to be a creative act, a new synthesis of intrapersonal and interpersonal elements (Mooney, 1962). The transformation results in a changed perspective.

Butler (1963) pointed out that life review could precipitate a negative outcome such as bitterness, self-rejection, or depression. However, negativity must be risked for re-integration or transformation to take place. Spiritual maturity can assist re-integration and may even be essential to the process, to be able to move, as Gadow (1983) described, from a position of frailty to one of strength, even in the presence of increasing decline.

Ryff (1982) suggested that the "executive processes" of middle age (p. 211), such as self-awareness and competence, be put to work to serve
successful aging, assisting change from an active to a passive mastery.

There is a psychosocial turning inward that takes place simultaneously, a re-
examination of self that Gutmann (1964) called interiority. This process is
shown by immediate, simpler need satisfactions and by self-limiting
adaptation, similar to Butler's and Popper's compensation and discipline
(Butler, 1988). Ruff (1982) suggested that successful aging might also be
characterized by creative expansion (openness, playfulness, curiosity), and
by upholding internal order (unity, harmony, ego syntony). Ryff added two
salient points: first, "that there is no single form of successful aging (p.
211)," and second, that the alternatives to the above represent unsuccessful
aging. In a study that contrasted personality dimensions in middle-aged and
older-aged people, Ryff and Heincke (1981) found that a focus on
generativity was more likely among the middle-aged and integrity among the
older-aged; however, integrity characterized the old-age group only partially,
suggesting that unfinished business remained. Ryff (1982) characterized
unsuccessful aging by behaviors similar to those of Butler: giving up
(hopelessness), reducing activity, reduced intactness or loss of integrity, and
rejection of self.

From these descriptions a profile has been constructed to portray the
successful ager, specific to the late life developmental stages. These
characteristics, both positive and negative, are subsumed under the term
integrity or lack thereof, and are applied operationally to behavioral outcomes for structured reminiscence with journal-writing in Appendix D (see Appendix D).

Life Review and Reminiscence, a Conceptual Framework

Traditionally, life review has been viewed as an intrapersonal process, a natural, expected tendency for older adults to reconsider their past lives in the light of their present position and situation. The goal of review, personal re-integration, might be prompted by a dissatisfying past as Coleman (1974) pointed out, or facing a difficult event such as surgery (Rybarzyk & Auerbach, 1990). In either case the individual might seek out opportunities to talk or welcome the offer to interact purposefully with a supportive listener. Thus, social behavior could benefit internal change.

The social or interpersonal manifestations of the internal process have often been termed reminiscence. Sherman and Havighurst (1970) found that frequency of reminiscence increased with age. Lo Gerfo (1980-1981) reviewed the findings of several researchers and identified three categories of reminiscence: (1) informative, recall of the past for the social pleasure of reliving and retelling; (2) evaluative reminiscence that focuses on life review for personal change; and (3) obsessive reminiscence, characterized by inability to let go of a troubled past. The latter category could be regarded as a maladaptive response. Reminiscence, while not synonymous with life
review, could contain elements of review. Hausman (1980) studied case histories and found that reminiscence could become review when three criteria were met: having structure, having the purpose of dealing with unresolved past life events, and having the goal of personal integration.

A recent sociological approach to aging (Wallace, 1991) has departed from strict developmental stage theory. Aging, or even well-being, is defined and shaped by the individual’s social environment as much as it is by chronological or constitutional factors. David (1990), in a study of reminiscence in retirement communities, concluded that while adaptive patterns differed among groups of widowed men, single women, and widowed women, the social context was important for adaptive use of recall of the past to maintain esteem and satisfaction. Social context was a factor likely to have influenced outcomes for the present study; although measurement was not possible, it was obvious that the informal communication network was very active.

Life review, from this perspective, is a social reconstruction of the past. Moody (1988) discussed life review as an attractive myth, constructed in the present social situation. For Moody the search for meaning was the keystone to adaptation. In communicating, often with younger persons, the reconstruction is what the older adult might wish to relate as a means of valuing his life, and the younger listener might wish to perceive as validation.
of "deeply held hopes and wishes about what the stage of life should be (p. 12)," that is, the older person's stage. Revere and Tobin (1980-1981) found that older old adults tend to mythesize their past as an adaptive response, a response not merely for attention or entertainment. Butler (1963) remarked that the process of re-experiencing results in a re-ordering of the individual life as valuable. Merriam (1989) found that reminiscence has elements consistent with story-telling, including selection, immersion, withdrawal, and closure.

The sociological approach has moved closer and more parallel to the functions provided by private journal-writing in a group workshop context. Through written words, under a guiding structure, and through voluntary sharing in a supportive atmosphere, feedback is provided directly out of the person's life, feedback that displays the shape and movement of the person's life, and allows for re-experiencing at a different level (Progooff, 1987). This perspective parallels the theory put forward by George H. Mead (1934, 1982), that through symbolic interaction the personality can be shaped or reshaped: by how the individual perceives self, using the responses of others to validate the individual's own inferences about self. Berman (1991), in his work on journals, remarked that the journal could provide for the writer

a coherent narrative that is not fixed but is subject to
constant revision. With the passage of time, past life events are given new meanings. Accordingly, the self is not so much 'perceived' as 'conceived,' that is, continuously constructed and reconstructed in language (p. 34).

In existential terms, the process is a simultaneous being-and-becoming in time. As noted previously, the willingness, purpose, and readiness of the person have been essential ingredients for the life review process, and private communication through journal writing can assist transforming change.

Baltes, Reese, and Lipsitt (1980) corroborated Berman’s position when they described a "pluralistic conception of development (p. 73)." A behavioral change process in the person could renew at various periods over the life-span, with both qualitative and quantitative changes, in terms of "onset, duration, termination, and ongoing directionality (p. 73)." These theorists have provided a link between the internal and external processes apparent in purposeful review, social reminiscing, and/or keeping a personal journal.

Review of the Literature

Since Butler defined and described life review, an abundance of reports, reviews, and published research has appeared, that continues to grow (Haight, 1991). The internal process has most often been studied through
reminiscing, and although the social benefits have been demonstrated, internal change has more often been assumed. In addition, Haight found that positive outcomes were reported far more often than were negative. Of 94 articles reviewed, Haight found that seven reported negative outcomes and the rest were positive or nonevaluative.

In general, the literature has affirmed Butler’s original position: life review is a tendency in older adults, from which a positive outcome is enhancing, although risk of a negative outcome can and does exist (Moody, 1988; Rosel, 1988; Disch, 1988). In another review of literature Molinari and Reichlin (1984-1985) concluded that the integration of both interpersonal and intrapersonal aspects of life review and reminiscence were necessary to achieve a comprehensive and clear conceptual framework.

Life review has been shown to be a useful and applicable phenomenon, serving the needs of older adults in a variety of ways. The following are examples: clinical casework with individuals (Kaminsky, 1978; Harris & Harris, 1980-1981); psychotherapy groups incorporating a life review approach (Poulton & Strassberg, 1986); reminiscence activity groups in nursing homes for socialization and self-esteem (Berghorn & Schafer, 1986-1987; Lappe, 1987); resocialization for the cognitively impaired (Goldwasser, Auerbach, & Harkins, 1987; Holland, 1987); therapy groups for geriatric psychiatric patients (Lowenthal & Marrazzo, 1990); music
groups structured to include review (Karras, 1987; Kartman, 1991);
reminiscence for senior citizen hotel newcomers to reduce loneliness and
promote socialization (Aubell, 1987); training staff who work with nursing
home residents to use oral history for better care (Pietrukowicz & Johnson,
1991); training aides who work with homebound elderly to use structured
life review, the LREF, with clients (Haight & Olson, 1989); and poetry
groups using life review with older American Indians (Lyman & Edwards,
1989).

Negative as well as positive outcomes with life review groups were
reported by Boylin, Gordon, and Nehrke (1976), and Poulton and Strassberg
(1986). Negative outcomes in nursing home groups were reported for some
individuals by Tabourne (1991) and for individual review therapy by Shute
(1986). Butler (1963) described specific populations more at risk for a
negative outcome, including individuals already suffering from major
depression or having real guilt concerning their lives.

Well-Being, Health, and Life Review

According to George (1982) the ability to make changes in the personal
value system has been part of an older person’s adaptive capability to
engage voluntarily in role transition as opposed to waiting for a life crisis.
George has placed this tendency into a health model in which the
perceptions of the individual about his or her self, life, and health are a key
factor. Reminiscence with elements of review, with trusted others, could offer a means to a values clarification in favor of age-appropriate role change; for example, making changes in living that are positive in the face of increased frailty. Such change, and acceptance of the change, could contribute to maintaining optimal health and well-being or to prevent erosion of integrity.

The direct connection between psychosocial processes, such as the clarifying function and subsequent decision-making noted above, and the state of health at a physiological level, has been very recent. The physiological connection has received the greatest amount of scrutiny in the area of immunology and its relation to cancer. In this branch of science, named psychoneuroimmunology (PNI), connections have been established between: (1) the higher cognitive functions and the emotions, (2) the neuroendocrine and hormonal secretions, and (3) the cellular and humoral immune systems (Groër, 1991). Pert, Ruff, Weber, and Herkenham (1985) stated that certain neuro-transmitters (chemical links in the system) and their receptive nerve cells "join the brain, glands and immune system in a network of communication between brain and body, probably representing the biochemical substrate of emotion (p. 820s)." The entire organism thus reacts to the impact of stressors such as pain or anxiety. Because the biochemical systems have been associated with emotion and thus with
mood states, such impact may also play a part in the mechanism of depression. Older adults have been shown to be more at risk for mild to moderate depression than formerly estimated, some 27% of a sample of 1,304 (Blazer, Hughes, & George, 1987). The estimate is higher for institutionalized older adults, about 30% (Parmelee, Katz, & Lawton, 1985).

The present report makes the suggestion that the biochemical systems described above can serve the individual through an opposite effect to discomfort and anxiety, that is, work to produce positive responses such as pleasure. Pert et al. (1985) state that at the cellular level certain neurotransmitters (opiate peptides) can reinforce feelings of pleasure and comfort.

Reminiscence is known to be a pleasing activity for many older adults (Fry, 1991). Pleasure can be counted as one of the desirable rewards of reminiscence along with the pleasure of socialization. It follows that pleasurable activities can generally mitigate the effects of stress or contribute to overall health. Reduction of anxiety can promote feelings of well-being.

Two studies have sought to link reminiscence or life review directly to state of health (Walker, 1984; Bramwell, 1984). Walker studied older adults in the community, in hospitals, and in nursing homes. Bramwell studied healthy retired career women. Various measures of health status and
functional status were taken as well as psychosocial indicators such as life satisfaction or self-acceptance. There was no direct correlation between health and well-being in response to reminiscing or life review interviews.

The conclusion to be drawn is that intervention using reminiscence or structured life review may be of value in reducing effects of stress and in promoting maintenance of health and functioning in a general manner. Certain populations of older adults (the older and frailer or the institutionalized) have been previously identified as being more at risk for depression or illness, and are therefore more likely to benefit from planned intervention. In the present study the non-significant improvement noted in depression scores in the personal care group tentatively supports this conclusion. In addition, the more frail or limited older adults may be more likely to benefit from individual intervention. The LREF can be a useful means to promote well-being and, indirectly, health, for either individuals or groups.
References


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Appendix B

Variable Scales, Hypotheses, Assumptions, Limitations

This appendix includes: (1) a description of the dependent variable scales, (2) hypotheses, assumptions, and limitations, (3) comment on the use of the scales in the investigation, and (4) list of references.

Dependent Variable Scales

Well-being, the dependent variable, is complex and multidimensional, and refers most often to a psychological state. Aspects of psychological well-being were measured by instruments known to have demonstrated reliability and validity and selected as appropriate for older populations. There were measures of life satisfaction, affect, and depression. Well-being was also measured by level of functioning in daily activity to provide a more complete measure of overall well-being.

Each instrument is discussed in turn. Unless otherwise indicated, Mangen and Peterson (1982) was the source of information.

Life Satisfaction Index Form A (LSIA). This scale contained 20 items that were answered by agree, disagree, or unsure. All the original measures were included, as recommended by Mangen and Peterson. The method of scoring developed by Wood, Wylie, and Sheafor (cited in Mangen and Peterson, 1982) was used as that method increased scale sensitivity to
change. Agree was rated two, unsure one, and disagree zero for a maximum score of 40. Higher scores meant a greater degree of satisfaction. Neugarten, Havighurst, and Tobin (1961) designed the LSIA with five components: zest versus apathy, resolution and fortitude, congruence between goals achieved versus desired, self concept, and mood tone. The scale was developed for older adults and has had considerable use. Furthermore, changes in the individual to higher satisfaction could equate with greater readiness to meet the future (items 8, 13, 16), and could be indicative of personal integration (Haight, 1988). Adams (1969) reported a Pearson’s correlation of .97 for homogeneity of items and all items were found reliable except two (11 and 14). Ratings by experts showed moderate correlation in rating content for validity ($r = .55$).

**Affect Balance Scale (ABS).** Developed by Bradburn (1969), the scale consisted of two sets of five items answered yes or no. One set measured positive affect, the other negative affect. Positive items were alternated with negative for this study. Three scores were obtained, for negative, for positive, and for the difference or balance. A constant of 10 was added to the balance score to avoid negative score values. A higher score indicated a more positive balance. The balance score was the measure used for statistical analysis. The scale measured quality of affect tone at the time of testing and so was considered sensitive to recent change. Bradburn
proposed that positive affect and negative affect were distinct dimensions, an hypothesis supported in tests made by Mangen in determining content validity. Factor analysis of items showed coefficients ranging from .50 to .57 for the positive dimension, and from .42 to .68 for the negative (Mangen, 1982). Mangen studied correlations of scores with social characteristics and age, and concluded that the negative dimension might apply more often as age increased. Bradburn reported a test-retest reliability of .86 to .97. Stacey and Gatz (1991) reconfirmed the distinction between positive and negative affect. They also found a tendency for lower scores for both negative and positive as age increased, although the balance scores remained stable, and they concluded that the degree of psychological well-being remained intact.

**Zung Self-Rating Depression Scale (SDS)**. The scale had 20 items that measured psychological and physical symptoms of depression. Each item was scored on a Likert scale of increasing symptom severity of from one to four. A minimum score of 20 indicated absence of depression and a maximum score of 80 indicated severe depression. Positively worded items were alternated with negatively worded. The scoring method was reversed for this study to simplify the results; a higher score thus indicated less depression. The final score was converted from the raw score by dividing by the maximum and dropping the decimal from the result (Osgood, 1985).
Scale items were derived from interviews with clinically depressed individuals. Factor reliability was adequate for two factors identified in the scale that varied with depression: .85 for agitation, and .83 for self-satisfaction (Morris, Wolf & Klerman, 1975). Validity studies showed a correlation of .65 with MMPI depression scale items and the SDS was able to predict depression, with respondents admitted for treatment testing in the moderate to severe depression range.

The scale has been used more often with older adults than other depression measures (Ebersole & Hess, 1981). The SDS appeared to measure affective mood lasting over time, in a different manner than the ABS.

Activities of Daily Living Scale (ADL). The level of ability to function in daily activity was the fourth dependent measure. The instrument selected was the 15-item scale from the OARS Multidimensional Functional Assessment Questionnaire or OMFAQ. The OARS instrument (Older Americans Resources and Services) was developed at the Duke University Center for the Study of Aging and Human Development in 1978 (Fillenbaum, 1988). The ability of the individual to physically perform the tasks necessary for self care was one of five areas of functioning assessed by the OMFAQ. The instrument was developed so as to be able to measure the functions separately as well as together.
The ADL scale requested objective information about activities required for "continued independent living in the community (p. 10)," (Fillenbaum, 1988). The scale consisted of questions about basic daily activity and activities instrumental to the accomplishment of basic activity. Seven instrumental questions were placed first and included use of the telephone, transportation, shopping, cooking, housework, taking medicine, and handling personal finances. These items were followed by seven questions to assess basic daily activities and included feeding, dressing, bathing, maintaining appearance, walking, transferring, and continence. The fifteenth question inquired about the use of personal assistance.

Each question was rated by one numerical score according to three levels: functioning without help (2), some help (1), or complete inability to function independently (0). The question about personal assistance was answered either "yes" (1) or "no" (0). Higher scores indicated a greater level of independence. The ADL could be self-scored or administered by interview. Item scores were added for a total score of overall functioning.

Validity of the ADL was established as one part of validity studies on the OMFAQ, as reported by Fillenbaum (1988). Clinic patients were examined and also answered the OMFAQ. The ADL scores were compared with placement for care and with additional ratings by physiotherapists.
Correlations showed a Kendall’s tau of .83 and a Spearman’s rank order of .89.

For reliability the results of 10 OARS-based surveys were combined and a subsample was selected to obtain a representative distribution of functional levels for factor analysis. Reliability coefficients were .87 for the instrumental ADL and .84 for the basic ADL. An exception was the question on continence which did not load on any factor. This was explained as being a rare occurrence among respondents (Fillenbaum, 1988).

Activities of Daily Living-Self Report (ADL-SR). In order to assess more clearly the subjective state of the individual about his or her present functional status, two questions were added at the end of the ADL from the set of questions about physical health in the OMFAQ. These subjective questions asked for a self-report of level of health and for the impact of health on the person’s life. The language was compatible with the ADL if the word “function” were substituted for the word “health”. The items were easy to understand and answer. The subjective health questions had a factor reliability coefficient of .74 according to Fillenbaum. In this investigation the functional questions were analyzed separately from the ADL which was more objective in nature, and the validity and reliability of which had been established as a distinct unit.
Hypotheses

Formal hypotheses are stated for each dependent variable scale as follows:

1. When scale score differences of the two research groups are compared on the LSIA, the E group will show a greater positive mean degree of difference than will the C group, indicating a higher degree of life satisfaction as a result of reminiscence group activity.

2. When scale score differences of the two research groups are compared on the ABS, the E group will show a greater positive mean degree of difference than will the C group, indicating a more positive balance of affect for the E group as a result of reminiscence group activity.

3. When scale score differences of the two research groups are compared on the SDS, the E group will show a greater positive mean degree of difference than will the C group, indicating a reduced degree of depression as a result of reminiscence group activity.

4. When scale score differences of the two research groups are compared on the ADL, the E group will show the same mean level of difference as the C group, or, the E group will show a greater positive mean degree of difference than the C group, indicating either maintenance or improvement of daily functioning as a result of reminiscence group activity. The ADL-SR will show a result similar to that of the ADL.
Assumptions

The majority of residents of the retirement community were assumed to be willing to answer questionnaires, take part in a research investigation, and/or participate in reminiscence group activity. (This assumption proved not to be the case, as 18% of the original E group never attended for reasons other than health or being away.) The instruments were assumed to measure internal states related to well-being. The investigator assumed that subjects responded to pre- and posttests in a manner that reflected their genuine tendencies. The investigation, wellness program, and reminiscence group activity were assumed to be of harm to no one.

Limitations

The study was limited to one retirement community and so had limited generalizability for older populations such as those institutionalized or living independently. Members of experimental and control groups were free to participate in other components of the wellness program or other activities that might influence test scores. Responses to the questionnaires might have reflected social desirability, a validity issue for the use of psychosocial scales. The representativeness of the sample might well have been reduced by requirements to respond to questionnaires, and/or doubts about confidentiality, resulting in the refusal of some to participate.
Comment on the Scales and Their Use

Little difficulty was encountered in administering the scales; participants answered all questions. For the LSIA, items numbered 11 and 14 proved to be interpreted in more than one way. "Age" was sometimes equated with "old" and participants tended to react negatively to the wording as being ageist. "Foolish decisions" was interpreted as something to feel dissatisfied or uneasy about for some participants, and for them an "agree" answer indicated dissatisfaction with life rather than satisfaction. However, the "agree" answer was given the highest rating. (See Appendix E for any items in question.)

The ADL scale had a subjective aspect to responses in spite of requesting information about specific functions. Because psychological well-being was the dependent variable being measured in various ways, the investigator decided to accept answers given although discussing any questions for clarification. In the case of participants living within the personal care facility, a certain amount of assistance was a "given," and may have clouded the accuracy of the final ADL item about assistance. The criterion for judging an answer was whether or not the participant felt the function was under personal control, and therefore any disability was not disturbing to an overall sense of well-being.
Participants appeared to respond to scales genuinely, in general. Having several scales was useful, as similar items could be cross-checked between scales. Participants responded consistently (88%) to items that inquired about boredom in one’s life (LSIA and ABS) and feeling restless (ABS and SDS).

Social desirability may have entered into responses occasionally. For example, one woman stated that she had no problem with incontinence. During the interview the investigator observed packages of "Depends" being delivered at her door. Her answer was accepted. She was socially very active, had assistance from aides and private sitters so that she could be mobile, and for her any problem was under her control.

The ADL-SR provided a cross-check to give added perspective about how realistic were participants’ responses to the ADL scores. The sample did seem to respond with a realistic self-estimate and the ADL scores. This comparison lent credibility to responses across all scales as being genuine.

Ali told, the scales seemed to be fairly good measures of well-being. The LSIA is a global measure. Items refer to satisfaction with past life, or present life or future life. Coleman (1974) found that individuals with greater past dissatisfaction, and who used life review terms more often in spontaneous conversation, were more likely to be better satisfied with
present life and to show less depression than those dissatisfied but disinclined to use life review.

However, Miller (1986) found that life review groups did not significantly influence psychological well-being when participants already had a moderate to high level of life satisfaction. Miller studied community-dwelling older adults, and used the LSIA. Her finding paralleled the present study results in which 8 (26.6%) had a score of 30 or greater, and the mean score was 24.5.

The globalness of the LSIA in relation to the life review process might help to explain discrepancies between the LSIA and ABS results. Affect might change in response to a focus on negative memories through use of the LREF, while group members could have maintained a generally positive level of life satisfaction.

The SDS scale was found to be the most adequate and satisfactory of the psychological scales for an elderly sample, as it measured both emotional and physiological aspects of depression. The items were answered readily and showed variability that reflected degree of depression, despite the frailties and life changes or illnesses experienced by several participants during the investigation.
References


Appendix C

Group Objectives and Topics

This appendix contains the objectives for reminiscence group activity, including group sequence and leadership objectives and group process and experience objectives. The objectives are followed by the selected set of LREF topics and questions, and then by an evaluation of the objectives.

Reminiscence Group Objectives

Group sequence and leadership objectives. At the completion of eight consecutive meetings each reminiscence group will have:

1. Accomplished the phases of a group including a beginning, a middle or work, and a closure or termination phase.
2. Been offered the opportunity to express individual thoughts and feelings as well as recount life events, within a warm social atmosphere.
3. Received instruction about the steps of the journal-writing method at the first session, and had opportunity to practice this instruction for about 10 minutes, using the steps and the selected LREF questions during each group meeting. Been encouraged to make journal entries during the week between meetings, following the steps of the method.
4. Received questions, read aloud and shown on a poster, designed to stimulate group discussion, with a focus for each session based on the LREF topics as follows:

<table>
<thead>
<tr>
<th>Session</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Beginning and earliest memories,</td>
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<tr>
<td>(2)</td>
<td>Young childhood,</td>
</tr>
<tr>
<td>(3)</td>
<td>Childhood and family,</td>
</tr>
<tr>
<td>(4)</td>
<td>School days, adolescence, and growing up,</td>
</tr>
<tr>
<td>(5)</td>
<td>Family and home,</td>
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<td>(6)</td>
<td>Adulthood,</td>
</tr>
<tr>
<td>(7)</td>
<td>Later adulthood, summarizing, and</td>
</tr>
<tr>
<td>(8)</td>
<td>Summarizing, closure, evaluation.</td>
</tr>
</tbody>
</table>

5. Received the opportunity to voluntarily read aloud journal entries and to respond to reading during group meetings. The sequence of meeting during working-phase was:

(a) Welcome members

(b) Recall of LREF questions given at the end of the previous meeting

(c) Call for readings (or comments in lieu of readings)

(d) Responses to readings (e.g., feelings, thoughts, anecdotes)
(e) Presentation of selected LREF for current meeting

(f) Opportunity to write in journal or quietly contemplate the LREF questions

(g) Call for readings (or comments)

(h) Summing up what group has accomplished during the meeting (noting group themes, feelings, particularly important expressions)

(i) Presentation of selected LREF for week between, offered as useful for thinking about one's life and for journal entries during the week.

6. Been provided with folder, paper, pens/pencils for journal entries.

7. Had attendance and number of journal entries made during the week and during meetings recorded.

8. Had a log recorded for each meeting summarizing events, processes, styles of reminiscence, and behavioral outcomes.

9. Been informed of the value and mechanisms of confidentiality and privacy (e.g., "What is said in group stays in the group.")

10. Been informed of the voluntary nature of participation and freedom to withdraw at any time (e.g., "No one need say anything that you do not wish to.")
11. Been informed of the privacy surrounding the journals that offered an additional freedom to express privately.

12. Been informed of the risk of evoking memories that might bring pain or sadness. Such recall was regarded as being temporary.

13. Had the qualities of respect, empathy, and warmth modeled by the facilitator.

14. Had observation of possible signs of extended negative response noted (for example, unexplained absence or withdrawal or continued negative expression), and such negatives responded to appropriately.

15. Had the opportunity during the final meeting to discuss what the group had accomplished, the value of the journal-writing process, the value of purposeful life-review, and the value of reminiscence.

16. Had the opportunity at last meeting to evaluate the group by questions presented at the last meeting.

17. Been offered the opportunity to create a statement that was a group expression of what was accomplished and what was meaningful that could be offered to other residents outside the group.
**Group process and experience objectives.** At the completion of the eight sessions members of each reminiscence group will have been able to:

1. Define life review as the recall of life experience from the present moment for the purpose of gaining new understandings about self and about life, and for self-growth.

2. Understand that the purpose of reminiscence group work was to assist each other to engage in life-review reminiscence. For this purpose members had the opportunity to:
   (a) Listen to what others had to say as a means of gaining new understanding about self, others, or life.
   (b) Offer acceptance to others of whatever they had to say.
   (c) Offer emotional support to one another.
   (d) Look back on life from the perspective of the present life situation.
   (e) Make use of life-review reminiscence to meet the present situation or the future more effectively.

3. Understand that the purpose of the journal-writing was to assist the process of life review and internal change (change within).

4. Understand that journal-writing was encouraged but not totally mandated. Members could possibly follow the steps of the JWM without writing and share thoughts.
5. Understand that the temporary nature of pain or sadness elicited by reminiscence for the purpose of working toward new understanding was as important as pleasant memories. Expressions of pain or negative feelings could be counted as a positive outcome if: (a) the member could give vent by expressing verbally or by writing, (b) actually temporary and followed by greater acceptance or serenity, and/or (c) followed by appropriate emotional support from other group members.

6. Been able, as a group and early in the meetings to make a brief statement of a group goal that expressed the group spirit or purpose. This expression, unique to each group, was requested in order to:

(a) Assist the group involvement process as an affirmation, and

(b) As a tool by which the group could evaluate its accomplishment at the close of meetings.

(An example of a group goal might be: "We see ourselves as we are today because of what we have all lived through." The final evaluative question was: "Have we, the group, succeeded in doing what we set out to do in our goal?")
Selected LREF topics and questions.

Session 1. Topic: Beginning, earliest memories

-Meeting-

-What is the very first thing you can remember in your life? Go as far back as you can.

-Week Between-

-What other things can you remember about when you were very young?

Session 2. Topic: Young childhood

-Meeting-

-Did you have any brothers and sisters? Tell what each was like. Have a special playmate? Tell what the playmate was like.

-Week Between-

-Did you enjoy being a boy or girl?

-Was there anything that was important to you that was lost or destroyed?

Session 3. Topic: Childhood and family

-Meeting-

-Who were you closest to in your family?

-When you wanted something from your parents, how did you go about getting it?

-Week Between-

-Did you go to school? What was the meaning for you?
-Tell about any hardships you experienced at this time.

Session 4. Topic: School days, adolescence, growing up

-Meeting-

-When you think about your self and your life as a teenager, what is the first thing you can remember about that time?
-What were the pleasant things about your adolescence?
-What was the most unpleasant thing about your adolescence?

-Week Between-

-Do you remember your first attraction to another person? Tell something about the person and about how you felt.
-What was life like for you in your twenties and thirties? What did you enjoy?

Session 5. Topic: Family and home

-Meeting-

-Did you marry? If so what kind of person was your spouse? If not, can you tell why?
-Where you married more than once? On the whole, would you say you had a happy or unhappy marriage?
-What place did religion play in your life?

-Week Between-
-What were some of the main difficulties you encountered during your adult years?

(a) Did someone close to you die? Go away?

(b) Were you ever sick? Have an accident?

(c) Did you move often? Change jobs?

(d) Did you feel alone? Abandoned?

(e) Did you ever feel need?

Session 6. Topic: Adulthood

-Meeting-

-We’ve been talking about your life for quite some time now. Let’s discuss your overall feelings and ideas about your life. What would you say the main satisfactions in your life have been? (Try for three. What made them satisfying?)

-What was the hardest thing you had to face in your life? Please describe it.

-Week Between-

-What was the happiest period in your life? What about it made it the happiest period? Why is your life less happy now?

-What was the unhappiest period in your life? Why is your life more happy now?

Session 7. Topic: Late adulthood and summarizing

-Meeting-
-If you were going to live life over again what would you change? Leave unchanged?

- How do you think you’ve made out in life? Better or worse than what you hoped for?

-Week Between-

-Let’s talk a little about you as you are now. What do you hope will happen to you as you grow older?

-What are the most important things to you in your life today?

Session 8. Topic: Summarizing, evaluation, and closure of the group

-Meeting-

-Let us talk a little about you as you are now. What are the best things about the age you are now? What are the worst things about being the age you are now?

-Have you enjoyed participating in this review of your life?

-Evaluation-

The following questions are additional to LREF.

-What did you like best about this experience? Like least?

-Would you recommend that others use reminiscence with life review? What are your reasons for your answer?

-What part of the group do you feel was most benefit to you? The group? The journal? Both together?
Evaluation of Group Procedures. The reminiscence group objectives were met with the exception of two: number 7 under group sequence and leadership, and number 6 under group process and experience. Number 7 was not met because group members did not write between meetings on LREF topics. Number 6 was not met due to the varied attendance and communication difficulties for the personal care group. The lack of a statement of a group goal early in the meetings did not prevent the groups from discussing the value of participation for the members during the final meeting.
Appendix D

Journal-Writing Method

Introduction

The journal-writing method (JWM) was a new application of methods utilized by teachers who have conducted workshops on personal journals and creative writing. Of note were the workshops of Ira Progoff (1975) with journals, and Gabriele Lusser Rico (1983), an English teacher. The outline of the appendix is as follows: (1) a description of the method with steps of the method, (2) background and rationale for the method, (3) guidelines for use of the method with behavioral outcomes, and (4) references.

Description of the Method

The method was planned for use with older adults who would participate in reminiscence group activity. The structure for the steps was taught during the first group meeting, and a copy of the steps was included in each of the group members’ writing materials. A practice session completed the teaching during the first meeting. Group members had the opportunity to write privately and share what they had written voluntarily. The journal was kept in a private folder, and members were requested to write daily as well as during an interval of each group session. Topics selected from the LREF (see Appendix C) were introduced during group
meetings with the suggestion that the topics could provide a focal area of life experience for reminiscing and recall in group sessions and during the week. Topic selection progressed from earliest childhood memories through the life span to life in the present. Participants were asked to follow the steps of the method and to make their own personal journal entries. These entries could be made at any time of day or night when there was opportunity for quiet contemplation or when motivated to write. The eight steps for the method are as follows (Spencer, 1988):

**Steps for Journal-Writing**

<table>
<thead>
<tr>
<th>Situation</th>
<th>Motivation to write, sparked by a LREF topic, a conversation, passing thought, reminiscing, dream, and so on. Write the stimulus thought down and circle.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elicitation</td>
<td>A calling forth of images by using a relaxation response, sitting and breathing quietly, which allows for concentration and quieting.</td>
</tr>
<tr>
<td>Recognition</td>
<td>Allow images freely to come to mind. Do not force, merely allow. Write these in a cluster around the stimulus thought for a few moments. Allow the creative response to happen experientially. Watch for a shift in meaning among the images during clustering. This is a connecting of thoughts into a meaningful whole. When this happens,</td>
</tr>
</tbody>
</table>
write a focus statement that tells you where you are going to go with the cluster, in one or two sentences.

**Expression**

Write a story account or poem without giving thought to its proper form or content or grammar, choosing words that express what emerges from the recognitions.

**Connections**

Following this, watch for changes in meanings, perceptions, seeing or feeling things differently, using a different writing style. Changes of feeling may be unexpected. Write these down. Let the words flow. Write in the different style which may surprise you. Note changes of feeling or insights.

**Review**

Put these writings to work for yourself by keeping the record of your journal. Note painful or disparaging feelings as well as pleasing or enhancing ones. You can even write and tear it up, but if you do, write it over again. Write what you will freely. Nothing need be shared but what you choose. Your journal belongs only to you. It is important to note changes in feelings or different feelings that emerge. From these new meanings may be perceived. Keeping the record lets you follow your progress.
As the expression step is near to completion, allow yourself to look at the cluster once again. Come full circle and tell yourself that for now you are allowing the process to end. Make a last sentence that echoes the beginning. Perhaps your story or poem touches upon the thought with which the situation started you off. This closure step is an important one. Tell yourself that if there is unfinished business you can go back to it later, but you finish with it for now.

Let yourself stay with this for a moment, quietly. Gradually return to the present moment. As you do so, tell yourself that you can feel the energy within you. When you are back to the present moment you will be ready to do what you need to do.

Background and Rationale for the JWM

The method utilized a developmental perspective and built upon Butler’s life review theory (Butler, 1963). Writing lent easily to work with older adults. Cerella, DiCara, Williams, and Bowles (1986) stated that studies in intelligence have shown that while reaction time slowed in the aged or abstract reasoning might decline, verbal intelligence remained relatively intact. This finding had significance for both verbal group activity and
writing. Hyland and Ackerman (1988) studied reminiscence and autobiographical memory and found that older adults needed more time than middle-aged or young to generate memories of their personal past. This finding has helped to explain the use of time in reminiscence group activity, that time given over to writing assisted recall whether the group member did any writing or not.

For the writer the words as symbols carried personalized meaning. At times, if no one were writing in the group meeting the facilitator used a newsprint pad to write the words uttered in the group interaction in a cluster around the central theme of the LREF topic under discussion. This approach also served meaningful memory recall, and was putting steps of the JWM into use for members.

As has been noted, the process of reshaping experience to give new meaning must be a reconstruction of the individual past as viewed from the perspective of the present. This process is similar to the creative process proposed by Mooney (1962) that is structured from changes brought about by the influence of factors both internal and external to the individual. The goal of the process was to gain new understanding about life events rather than simply the recall of the events.
To those concepts has been added recent knowledge about brain hemisphere function and applications of that knowledge to writing skill. In 1983 Rico published a book that described her original method for writing: Writing the natural way. Using right-brain techniques to release your expressive powers. The title has named the process that became the model for the JWM.

The human brain has two separate cerebral hemispheres called the neocortex, connected by a central band of nerve tissue (corpus callosum) that functions as a relay network between the hemispheres. The higher centers of association and purposeful behavior have two locations, with differing styles of cognitive function. As the individual grows and develops, one hemisphere assumes a dominant and controlling function. Usually the left hemisphere, that controls the right side of the body, becomes dominant. The left is verbal, logical, rational, keeps time, and analyzes information. In contrast, the right hemisphere is almost completely nonverbal, is spatially oriented, and perceives relationships and associations as wholes without regard for logical explanation (Regelsky, 1978; Springer & Deutsch, 1981). Emotional feeling is more often mediated through the right or nondominant hemisphere (Regelsky, 1978).

With regard to life review, the individual might recall memories that were emotionally charged and which the individual might seek to perceive in
a new light by observing and re-experiencing from the present perspective. The individual might be required to deal with feelings and memories that had no verbal counterpart or that might be so emotional as to preclude adequate verbal expression.

Rico’s methods sought to bring order to an otherwise rambling series of cognitions. Rico proposed a theory of the cognitive awareness of two observers in the person, or "two separate selves, each of which makes its own contribution to writing (p. 87)." The dual hemisphere functions were engaged alternatively. Allowing the right hemisphere to function was an elusive intuitive process, not consciously wrought, and similar to brainstorming or free association. The dominant hemisphere must be temporarily suspended, then re-engaged. The result was what Rico termed a creative tension building between hemispheres as the person followed the steps of her method. Moreover, recording thoughts and feelings as words on paper, in story or poetry form, or by the use of symbolic drawings (Capacchione, 1979), could provide the person something of substance to reread later for additional insight or understanding. The act of journal writing done in this manner was connected with the ‘continuity of being’ theorized by Berman (1991) and provided the tangible reward noted by Supiano et al. (1989) in their writing groups.
Guidelines for the JWM

By following the steps for the method, the JWM has offered a medium for expression that contained a structure for guidance and control. The experience could be intensely personal and appeared to offer the chance for re-integration. The result might be to resolve feelings, problem-solve, or gain insight. The opportunity for group participation and for private contemplation served to increase the chances for the re-integration sought.

With a process in which the individual could become very involved, and with the known risk for negative outcome, guidelines were constructed for both positive and negative behavioral signs. Butler (1963) pointed to certain populations of elderly persons for whom review might be inappropriate, such as those with major depression or for whom the past contained real and profound guilt. Nonetheless, reminiscence could be used to maintain self-esteem or reduce anxiety for persons who might be at risk for a negative outcome with full and intensive review (Kaminsky, 1978). Table D-1 shows a comparison of positive and negative behavioral outcomes to structured reminiscence with journal writing (see Table D-1).

Insert Table D-1 about here
Further general observations concerning the behavioral outcomes are described to assist interpretation: Any or all of the behavioral characteristics may be observed. Insight of some deep sort is not necessary for a positive overall outcome to the reminiscence activity. Affective expression may occur at a relatively deep or superficial level. The ego defenses of the participants are allowed to protect the person without forcing change or reinforcing the defenses. The result of group activity may be partial, feelings of peace and pleasure at times, feelings of regret or sadness or other times. Such negative expression may indicate work left to be done, and require emotional support in that work from group members. According to Butler's (1963) paradigm, reconsideration of negative feelings and conflict areas from the present perspective is a part of the integrative process. The purpose of reminiscence structured for review, that of working towards discharge or resolution of negative feelings and positive re-integration, needs to be made plain at the outset of the activity, and to underlie all activity.
References


<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>compassionate impression:</td>
<td>self-hating depression, continuing guilt, or</td>
</tr>
<tr>
<td>forgive, let go, accept</td>
<td>blame of self, others, or life</td>
</tr>
<tr>
<td>calmness, serenity, relief from</td>
<td>panic, anxiety, obsessing</td>
</tr>
<tr>
<td>readiness to go on, increased self</td>
<td></td>
</tr>
<tr>
<td>awareness, recognition of own strength</td>
<td></td>
</tr>
<tr>
<td>flexibility, feeling of freedom, feeling of</td>
<td>rigidity, regret, remorse,</td>
</tr>
<tr>
<td>wholeness, unity, harmony</td>
<td>dissonance that is continuing</td>
</tr>
<tr>
<td>ego synctony</td>
<td>ego dystony</td>
</tr>
<tr>
<td>re-energized, activity</td>
<td>stymied, stuck, somatizing,</td>
</tr>
<tr>
<td>can take place</td>
<td>unexplained lethargy</td>
</tr>
<tr>
<td>sadness with acceptance,</td>
<td>sadness with remorse unabated,</td>
</tr>
<tr>
<td>socially more in touch,</td>
<td>socially disconnected, feeling</td>
</tr>
<tr>
<td>renewal of affilation</td>
<td>isolated</td>
</tr>
<tr>
<td>playfulness, creativeness,</td>
<td>overwhelmed by inferiority or</td>
</tr>
<tr>
<td>inventiveness, simplicity,</td>
<td>responsibilities or over-</td>
</tr>
<tr>
<td>humor</td>
<td>inflated superiority</td>
</tr>
<tr>
<td>spiritually in harmony</td>
<td>spiritually fearful</td>
</tr>
<tr>
<td>acceptance of bodily change or health change</td>
<td>preoccupation with body or</td>
</tr>
<tr>
<td>renewal of interest in life, living while life lasts</td>
<td>loss of interest, persistence</td>
</tr>
<tr>
<td>loss of interest in life, living while life lasts</td>
<td>merid thought, spathy</td>
</tr>
<tr>
<td>passive sense of mastery</td>
<td>inappropriate action</td>
</tr>
<tr>
<td>feeling of being in control,</td>
<td>a) toward active mastery,</td>
</tr>
<tr>
<td>sense of balance</td>
<td>b) toward self-destructive</td>
</tr>
<tr>
<td></td>
<td>behavior or suicide</td>
</tr>
<tr>
<td></td>
<td>feeling out of control,</td>
</tr>
<tr>
<td></td>
<td>uninvolved</td>
</tr>
</tbody>
</table>

Appendix E

Test Procedures and Materials

The appendix contains (1) a description of the test materials, (2) testing procedures, and (3) pretest and posttest materials in the form presented to research participants.

Description of Test Materials

The pretest materials include: (a) a cover letter signed by the investigator, (b) confidentiality statement with space for date and participant’s signature, and (c) questionnaires stapled as a set for individual scoring. Pretest questionnaires contained the instruments (LSIA, ABS, SDS, ADL, and ADL-SR), and a single page requesting biographical information. Biographical information included age in years, gender, level of education (elementary, 0-6 years; high school 6-12 years; college 12-16 years; and beyond college, over 16 years), and level of living (i.e., townhouse, apartment, or personal care facility).

Posttest materials include: (a) posttest cover letter, and (b) posttest questionnaires stapled in the same manner as pretest, with instruments in the same order, and a final page requesting information on wellness program participation and evaluation.
Testing Procedures

Residents who agreed to participate and who were found to qualify were presented the pretest materials by the investigator during a visit to participants in their homes. The cover letter was read over and left with the participant. The confidentiality statement was signed by the participant, dated, and returned with the questionnaire to the investigator. Following the visits, pretests were numbered as collected and given a sample number, which was written on the confidentiality statement, the pretests, the subsequent posttests, and on slips of paper. The sample numbering was the means for assignment to research groups and for notification of experimental group members for reminiscence group meetings. Participants’ names appeared only on the confidentiality statements, and were stored separately for protection of anonymity.

The numbered slips of paper were placed in a bowl from which they were drawn randomly. Women were drawn first and then men, thus matching groups for gender. Upon being drawn, numbers were assigned alternately into one of the two research groups, experimental and control. Members of each group were then given a second group number, and these numbers were used throughout test records and analyses. The investigator chose not to score the pretests until the posttesting period began, after fulfilling the role of group facilitator.
Following research group assignment, reminiscence group members were notified and group meetings were scheduled, with consideration for preferences and activity schedules of the members. Posttesting was accomplished by a plan as similar to pretesting as possible. The investigator called on each research participant and met with them individually in their homes, following conclusion of reminiscence group activity. Posttests were answered in much the same manner as pretests, and all test materials were collected by the investigator. Questionnaire meetings took up to 45 minutes.
Pretest materials

Pretest cover letter.

Dear Warm Hearth Resident,

A research project is being conducted this fall at Warm Hearth. The purpose of the project is to study the value of reminiscence and journal-writing. My name is Elizabeth Spencer and I am a graduate student at Virginia Tech. My faculty advisor is Dr. William J. McAuley of the Department of Family and Child Development.

I am asking you to be a part of the research project. Success of the project depends on the willingness of people like yourself to participate. Any information will be kept confidential and will be used for research purposes only. I will collect all information and pool it together. Warm Hearth will receive only a final summary report. No details or individual information will appear anywhere in the final report. This report can also be made available to interested participants.

For the research project you are asked to fill out a questionnaire. Please look it over and, if you are able, answer it. If you have any difficulty I am available to give assistance. The questionnaire is to be returned to me.

Along with the questionnaire is a confidentiality statement which you are asked to sign for protection of rights. The statement is kept separate and names do not appear elsewhere. At the close of the project you will be asked once again to answer a questionnaire. Some reminiscence groups will meet every week over the summer and fall. Those who are asked to participate in reminiscence will be notified.

Your agreement and participation are earnestly requested and greatly appreciated. With your help I will be able to make a study that has substance and value.

My thanks and gratitude,

Elizabeth Spencer
Confidentiality Statement

I understand that the purpose of the research project is to examine the value of reminiscence and journal-writing. I understand that any personal information I give is anonymous and confidential, and that my name will not appear, nor will it be used in any way. My participation is entirely voluntary.

Further, I understand that the information I give is to be treated as part of a research project and will be pooled with other information to learn the value of reminiscence.

Finally, I understand that questions may be asked of me at the conclusion of the research study. This information is also strictly confidential and will also be exclusively for the research project.

My signature signifies my willingness to give this information, and to participate in the reminiscence program.

Signature: 

Date: 

__________

__________
LSA.

Questionnaire, Part 1

Here are some statements about life in general that people feel differently about. Would you read each statement on the list, and if you agree with it, put a check mark in the space "AGREE." If you do not agree with a statement, put a check mark in the space under "DISAGREE." If you are not sure one way or the other, put a check mark in the space "?" PLEASE BE SURE TO ANSWER EVERY QUESTION ON THE LIST.

<table>
<thead>
<tr>
<th></th>
<th>Agree</th>
<th>Disagree</th>
<th>?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. As I grow older, things seem better than I thought they would be.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I have gotten more of the breaks in life than most of the people I know.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. This is the dreariest time of my life.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I am just as happy as when I was younger.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. My life could be happier than it is now.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. These are the best years of my life.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7. Most of the things I do are boring or monotonous. 

8. I expect some interesting and pleasant things to happen to me in the future.

9. The things I do are as interesting to me as they ever were.

10. I feel old and somewhat tired.

11. I feel my age, but it does not bother me.

12. As I look back on my life I am fairly well satisfied.

13. I would not change my past life even if I could.

14. Compared to other people my own age, I’ve made a lot of foolish decisions in my life.

15. Compared to other people my age, I make a good appearance.

16. I have made plans for things I’ll be doing a month or a year from now.
<table>
<thead>
<tr>
<th></th>
<th>Agree</th>
<th>Disagree</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17. When I think back over my life, I didn’t get most of the things I wanted.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Compared to other people, I get down in the dumps too often.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. In spite of what people say, the lot of the average man is getting worse, not better.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Questionnaire, Part II

Please answer "Yes" or "No" to each of the following questions.

During the past few weeks did you ever feel . . .

1. Pleased about having accomplished something?   Yes  No

2. So restless that you couldn't sit long in a chair?   Yes  No

3. That things were your way?   Yes  No

4. Bored?   Yes  No

5. Proud because someone complimented you on something you had done?   Yes  No

6. Depressed or very unhappy?   Yes  No

7. Particularly excited or interested in something?   Yes  No

8. Very lonely or remote from other people?   Yes  No

9. On top of the world?   Yes  No

10. Upset because someone criticized you?   Yes  No
**SDS**

**Questionnaire, Part III**

Please check which of the four answers to the questions applies most often to the way you feel.

Please answer all of the following questions:

<table>
<thead>
<tr>
<th></th>
<th>None or a little of the time</th>
<th>Some of the time</th>
<th>Good part of the time</th>
<th>More or all of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I feel down-hearted, blue and sad.</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>2.</td>
<td>Morning is when I feel the best.</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>3.</td>
<td>I have crying spells or feel like it.</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>4.</td>
<td>I have trouble sleeping through the night.</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>5.</td>
<td>I eat as much as I used to.</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>6.</td>
<td>I enjoy looking at, talking to, and being with attractive women/men.</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>7.</td>
<td>I notice that I am losing weight.</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>8.</td>
<td>I have trouble with constipation.</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td></td>
<td>None or a little of the time</td>
<td>Some of the time</td>
<td>Good part of the time</td>
<td>More or all of the time</td>
</tr>
<tr>
<td>---</td>
<td>------------------------------</td>
<td>------------------</td>
<td>-----------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>9.</td>
<td>My heart beats faster than usual.</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>10.</td>
<td>I get tired for no reason.</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>11.</td>
<td>My mind is as clear as it used to be.</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>12.</td>
<td>I find it easy to do the things I used to.</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>13.</td>
<td>I am restless and can't keep still.</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>14.</td>
<td>I feel hopeful about the future.</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>15.</td>
<td>I am more irritable than usual.</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>16.</td>
<td>I find it easy to make decisions.</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>17.</td>
<td>I feel that I am useful and needed.</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>18.</td>
<td>My life is pretty full.</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>19.</td>
<td>I feel that others would be better off if I were dead.</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>20.</td>
<td>I still enjoy the things I used to do.</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
</tbody>
</table>
ADL.

Questionnaire, Part IV

Here are some questions about some of the activities of daily living, things that we all need to do as a part of our daily lives. Please check only one answer, A, B, or C.

A means without help, B means with some help, and C means that you must have assistance to do the activity. (Please be sure to read all answer choices through before giving your answer).

1. Can you use the telephone. . .

   ____ A. without help (including looking up numbers and dialing);

   ____ B. with some help (can answer phone or dial operator in an emergency but need a special phone or help in getting the number or dialing);

   ____ C. or are you completely unable to use the phone?

2. Can you get to places out of walking distance. . .

   ____ A. without help (drive your own car or travel alone on buses or taxis);

   ____ B. with some help (need someone to help you or go with you when traveling);

   ____ C. or are you unable to travel? (unless emergency arrangements are made for a specialized vehicle like an ambulance)?
3. Can you go shopping for groceries or clothes (assuming you have transportation). . .
   ___ A. without help (taking care of all shopping needs yourself);
   ___ B. with some help (need someone to go with you on all shopping trips);
   ___ C. or are you completely unable to do any shopping?

4. Can you prepare your own meals. . .
   ___ A. without help (plan and cook full meals yourself);
   ___ B. with some help (can prepare some things but unable to cook full meals yourself);
   ___ C. or are you completely unable to prepare any meals?

5. Can you do your housework. . .
   ___ A. without help (can clean floors, etc.);
   ___ B. with some help (can do light housework but need help with heavy work);
   ___ C. or are you completely unable to do any housework?
6. Can you take your own medicine. . .

   ___ A. without help (in the right doses at the right time);

   ___ B. with some help (able to take medicine if someone prepares it for you and/or reminds you to take it);

   ___ C. or are you completely unable to take your medicines?

7. Can you handle your own money. . .

   ___ A. without help (write checks, pay bills, etc.);

   ___ B. with some help (manage day-to-day buying but need help with managing your checkbook and paying your bills);

   ___ C. or are you completely unable to handle money?


   ___ A. without help (able to feed yourself completely);

   ___ B. with some help (need help cutting, etc.);

   ___ C. or are you completely unable to feed yourself?
9. Can you dress and undress yourself.

___ A. without help (able to pick out clothes, dress and undress yourself);

___ B. with some help;

___ C. or are you completely unable to dress and undress yourself?

10. Can you take care of your own appearance, for example combing your hair and (for men) shaving.

___ A. without help;

___ B. with some help;

___ C. or are you completely unable to maintain your appearance yourself?

11. Can you walk.

___ A. without help (except from a cane);

___ B. with some help from a person or with the use of a walker, or crutches, etc.);

___ C. or are you completely unable to walk?

12. Can you get in and out of bed.

___ A. without any help or aids;

___ B. with some help (either from a person or with the aid of some device);

___ C. or are you totally dependent on someone else to lift you?
13. Can you take a bath or shower...

____  A. without help;

____  B. with some help (need help getting in and out of the tub, or need special attachments on the tub);

____  C. or are you completely unable to bathe yourself?

14. Do you ever have trouble getting to the bathroom on time?

____  A. No

____  B. Yes

____  C. Have a catheter or colostomy

15. Is there someone who helps you with such things as shopping, housework, bathing, dressing, and getting around?

____  A. Yes

____  B. No

If you answered "yes," then who is your major helper (no name)?

Relationship ___________________
ADL-SR.

16. How would you rate your overall functioning in activities of daily living at the present time:

excellent, good, fair, or poor?

   ___ A. Excellent
   ___ B. Good
   ___ C. Fair
   ___ D. Poor

17. How much do your functioning troubles stand in the way of your doing the things you want to do?

not at all, a little(some), or a great deal?

   ___ A. Not at all
   ___ B. A little (some)
   ___ C. A great deal
Biographical information.

Questionnaire, Part V

Please give the following information about yourself:

1. ________ Age (in years)

2. Please check one:
   _______ male
   _______ female

3. Residence:
   _______ Townhouse
   _______ Apartment
   _______ Showalter

4. Years of Schooling and Education:
   (check the years)
   _______ 0-6
   _______ 7-12
   _______ 13-16
   _______ over 16
Posttest Materials

Posttest cover letter.

Dear Warm Hearth Resident,

The research investigation in which you were kind enough to participate is drawing to a close. Please help once again by answering this last questionnaire.

All information that you give is strictly confidential. The information is to be used exclusively for research purposes, and will be pooled with information given by others for a final summary report. Names do not appear and will not be used anywhere.

Please read the questionnaire over. If you can do so, please fill it out and return it to me. If you have any difficulty, I am available to give assistance.

The success of the research project depends on you and others like you who are willing to answer questionnaires and participate. Please accept the thanks and gratitude you deserve for the help you give.

Sincerely,

Elizabeth H. Spencer
Wellness program information.

Questionnaire Part V

1. I participated in the Wellness Program:
   _____ Yes
   _____ No

2. If you did participate, which activities were they? Check any or all that apply.
   _____ Exercise
   _____ Attended Health Talks
   _____ Joined a Support Group
   _____ Joined a Reminiscence Group

3. If I did not participate in the Wellness Program I would like to do so in the future.
   _____ Yes
   _____ No

4. If I would like to participate, what sort of activity would I prefer? Please state below.

____________________________________________________________________________________
____________________________________________________________________________________

Please accept sincere thanks and gratitude for your cooperation.
Appendix F

Supplementary Information

Appendix F contains information supplementary to the thesis, including:

1. description and comparison of the two reminiscence groups,
2. additional information for the community population and sample,
3. information and observations relevant to the educational findings, and
4. description of the wellness program and its relation to the present study.

Description and Comparison of the Reminiscence Groups

The group meeting in personal care was smaller (n = 3) than the group meeting in the apartments (n = 9). Personal care members were all residents of that facility, were older (average age 84 years), all women, and had more problems communicating (speech and hearing).

Members did little writing and depended more on the facilitator. Interaction was more often an individual recounting of memories to the facilitator. The interaction style and smaller number meant that group members had a greater opportunity for accounting memories and receiving attentive listening. This opportunity may have had a salutary effect on results for the personal care group. Members were, however, entirely able to follow and use the LREF topics and to follow the group discussion. To assist the group the facilitator used at times a large newsprint pad to follow
the steps of the JWM, noting member's recounts in a cluster around the central topic idea. The writing process of the JMW was thus introduced as a group method, and served to draw group members along the line of discussion. The facilitator provided summarizing and closure verbally.

The apartment group was younger (average age 74 years); all resided in apartments except one in a townhouse. There were 7 women and 2 men. The apartment group did more writing, accomplished during meetings. The facilitator used the clustering method on the newsprint a few times to stimulate discussion. Memories of one member could stimulate another's recall and members offered emotional support to one another. In another study the degree of group cohesiveness could be measured and utilized as a variable.

The means of scale scores for the two reminiscence groups are shown in Table F-1 along with the entire E group. All groups increased scores on

Insert Table F-1 about here

posttest for LSIA and SDS scales, and there was an increase on ADL scores for the personal care group, indicating some improvement in daily functioning. For the ABS scale there was a tendency to lower the scores, in both the negative and the positive affect scales (see Table F-1).
Additional Information on the Community and Sample

Residents in the community ranged in age from 32 to 99 years with an average age of 76 years. Characteristically, residents had lived in the community two or more years and had occupations varying from homemaker to blue collar worker to professional. Residents were predominantly widowed or single, and living alone (70%). Close to 30% were living with someone, either: a spouse (22.4%), a parent living with a child (1.4%), or unrelated individuals sharing an apartment (6.1%).

Education Level Findings and Observations

Education information was recorded by categories of years, representing customary levels of schooling: elementary (0-6 years), high school (7-12 years), college (13-16 years) and education beyond college level (over 16 years). No one in the sample had less than 7 years, and this number was counted as being at an elementary school level. The categories are shown in Table F-2 (see Table F-2).

________________________
Insert Table F-2 about here

________________________

No information was available for education levels for the community population. However, there were contacts made with residents who had from no school up through a doctorate level. It can be assumed that the
average educational level of the community would be higher than the national average for two reasons. First, the community is located near two universities, and second, those who are better educated tend to give themselves better health care, and therefore tend to live longer (Yurick, Spier, Robb, & Ebert, 1984).

Yurick et al. also pointed out that education level correlates with reading and writing abilities. This educational factor could have influenced willingness to participate in a reminiscence group that included writing, and may partially account for the high education level in the E group.

The Wellness Program in Relation to the Sample

The wellness program was designed to take place on community grounds and was carried out concurrently with the reminiscence activity and data collection. Reminiscence groups were offered as one component of four. Also included were a walking club, health talks by professionals on selected topics, and support groups for weight control and depression.

The program components were determined by a preliminary survey of residents’ interests. Fifteen percent of the 274 residents returned the survey questionnaire, and of these 37.3% indicated an interest in reminiscence groups.

Thirty percent of the research participants engaged in other components of the Wellness Program. Of this number (9), 4 (22%) of the C
group and 5 (42%) of the E group took part. Members of the E group indicated, by this finding, a greater tendency to engage in group activity than members of the C group. Research participants most often attended health talks (87%), some participated in exercise such as walking (13%), and a few (2%) attended other support groups. The conclusion is that the wellness program was not a factor that significantly influenced study results.
References

Table F-1

Means of Scale Score Differences for Reminiscence Groups

Meeting in Separate Locations and E Group

<table>
<thead>
<tr>
<th>Scale</th>
<th>Personal Care (n = 3)</th>
<th>Apartment (n = 9)</th>
<th>E Group (n = 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSIA</td>
<td>0.33</td>
<td>2.55</td>
<td>2.0</td>
</tr>
<tr>
<td>ABS</td>
<td>-1.33</td>
<td>-0.11</td>
<td>-0.42</td>
</tr>
<tr>
<td>SDS</td>
<td>9.0</td>
<td>2.22</td>
<td>3.92</td>
</tr>
<tr>
<td>ADL</td>
<td>1.66</td>
<td>-0.11</td>
<td>0.33</td>
</tr>
</tbody>
</table>
Table F-2

Numbers and Percentages in Educational Year Levels for Research

Groups and Sample

<table>
<thead>
<tr>
<th>Years</th>
<th>E (n = 12)</th>
<th>C (n = 18)</th>
<th>Sample (n = 30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 7</td>
<td>1 (8%)</td>
<td>1 (5.5%)</td>
<td>2 (7%)</td>
</tr>
<tr>
<td>8 - 12</td>
<td>2 (17%)</td>
<td>7 (39%)</td>
<td>9 (30%)</td>
</tr>
<tr>
<td>13 - 16</td>
<td>4 (33%)</td>
<td>7 (39%)</td>
<td>11 (37%)</td>
</tr>
<tr>
<td>over 16</td>
<td>5 (42%)</td>
<td>3 (16.5%)</td>
<td>8 (26%)</td>
</tr>
</tbody>
</table>
Curriculum Vita

ELIZABETH HOUSE SPENCER

Elizabeth Spencer was born in Denver, Colorado on September 23, 1924. She obtained a Diploma in Nursing from Washington University, Saint Louis, Missouri in 1948 where she was a Cadet Nurse as a student. She received the B.S.N. degree from Kansas University, Lawrence, Kansas in 1950 with a double major in nursing and psychology. In 1982 she received the M.S. degree from Virginia Commonwealth University-Medical College of Virginia in Richmond, majoring in psychiatric nursing.

Elizabeth Spencer was licensed as a registered nurse in Missouri in 1948 and is currently registered in Virginia. Professionally, she has been Instructor, College of Nursing and Health Sciences, Radford University, Radford, Virginia (1984-1986); Instructor and Counselor, Substance Abuse Services of the New River Valley, Christiansburg, Virginia (1984-1985); and Instructor, Roanoke Memorial Hospital School of Professional Nursing, Roanoke, Virginia (1981-1983).

Nursing practice has included: Staff nurse, Kansas University Hospital on campus and Menninger Psychiatric Hospital in Topeka, Kansas (1948-1950); Wisconsin General Hospital, Madison, Wisconsin (1950-1952); Northern Virginia Mental Health Institute, Fairfax, Virginia (1975-1976);

Honors and Awards: Phi Upsilon Omicron, 1990; Sigma Theta Tau, 1985; NIMH Traineeship, Medical College of Virginia, 1979-1980; Mensa, 1972; Psi Chi, 1950; Washington University Scholarship Award, 1948; Baker University Tuition Award, 1943; Latin medal, Southwest High School, Kansas City, Missouri, 1942; National Honor Society, 1942.


Elizabeth N. Spencer