GROUP INTERVENTION
USING REMINISCENCE WITH
ELDERLY HOSPITALIZED PATIENTS
AWAITING PERSONAL CARE HOME PLACEMENT

A PRACTICUM REPORT

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BY

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BY

NICHOLAS CHUBENKO

A practicum submitted to the Faculty of Graduate Studies of the University of Manitoba in partial fulfillment of the requirements of the degree of

MASTER OF SOCIAL WORK

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... And to the group members I say: Thank you for teaching me much of what has been written on these pages.

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Introduction

Considerable gerontological research supports the claim that environmental change, such as hospitalization, often leads to undesirable physical, emotional and social deterioration in elderly individuals (Dalziel, 1987; Haddad, 1981; Schulz & Brenner, 1977; Wells & Macdonald, 1987). For elderly persons who are experiencing a lengthy stay in hospital while they wait for permanent placement in a personal care home, the risk of negative consequences may be unusually high. First, a pattern of settling into a custodial routine and adopting a form of "learned helplessness" may develop. Secondly, hospitalization may promote a lowering of self-esteem and may develop into depression. Thirdly, social skills may deteriorate as social isolation increases with continued hospitalization.

The gerontological literature further suggests that reminiscence is an effective intervention in helping individuals to focus on meaningful dimensions of past life events while also mitigating the adverse effects of relocation. There have been a number of positive results associated with this particular approach such as decrease in depression, consistency of self-concept, positive adjustment and life-satisfaction, ego-integrity, and increased psychosocial well-being (Burnside, 1984; Coleman, 1974; King, 1982; Lappe, 1987; Lewis & Butler, 1974; McMahon and Rhudick, 1964 & 1967; Perrotta & Meacham, 1981-82; Steuer, 1982).

This practicum is designed to explore the use of reminiscence experiences, delivered in a small group format, in assisting "long-stay" hospitalized elderly to (1) promote social interaction, (2) maintain positive self-concept, and (3) counteract the development of depression.

Chapter 1

Objectives

It was hypothesized that a Group Reminiscence intervention would reduce depression and increase personal adjustment in two groups of "long-stay" patients.

Anticipated improvement would support claims that reminiscence can indeed assist elderly in dealing with the adverse consequences of long-term hospitalization. A further expectation was to evaluate the effectiveness of reminiscence in terms of providing a positive experience for the participants and to sensitize staff to its' potential benefits.

Benefits To Student

The student expects to enhance his skills in engaging clients in reminiscence, and to develop expertise in organizing and leading support groups. As well, the student expects to increase his knowledge and understanding of the client's self-image, interpersonal skills and coping abilities.

Effects of Relocation

Lieberman (1974) states that ".... no matter what the condition of the individual, the nature of the environment, or the degree of sophisticated preparation, relocation entails a higher than acceptable risk to the large majority of those being moved." The detrimental effect of relocation (or displacement) from home to institution on an older adult becomes even more pronounced when the move is involuntary and involves radical environmental change (Aldrich & Mendkoff, 1963; Bourestom, 1984; Chenitz, 1983; Dalziel, 1987; Dimon, 1979; Gillick, et al., 1982; Haddad, 1981; Lieberman, et al., 1971; Melanson & Meagher, 1986; Mirotznik & Ruskin, 1985; Pablo, 1977; Perrotta & Meacham, 1981-82; Tobin, 1988; Wells & Macdonald, 1981).

Hospital relocation has been associated with increased mortality rates, lower activity levels, poor morale and life satisfaction, and depression (Bourestom, 1984; Gillick, et al., 1982; Haddad, 1981; Lehman, 1982; Pablo, 1977; Powell, 1988; Smith & Brand, 1975). The environmental factors which may contribute to such negative outcomes include confinement to a limited area, restricted movement, intrusion on physical space, regimented schedules, drug complications, falls, infections, eating problems, disorientation, misdiagnosis, rigidity of caregiver behavior, and neglect of psychosocial needs (Carlson, 1984; Dalziel, 1987; Fiel, 1982; Hills, 1987; Moos, 1974; Rajacich & Faux, 1988; Shapiro, 1980). For the hospitalized elderly, the change is dramatic, involving new staff, new physical environment, and new patient population without the

benefit of preparation (Bourestom, 1984). Such demands may severely tax existing coping skills, particularly in those individuals with more serious medical conditions and whose functioning has been impaired (Bourestom & Pastalan, 1981).

The Concept of Learned Helplessness

The adverse reactions of the chronically ill elderly towards hospitalization are exacerbated by feelings of depression and helplessness (Beck, 1979; Burnette, 1986; Gillick, et al., 1982; Moos, 1974; Powell, 1988; Schulz & Brenner, 1977), manifested as loss of control over one's immediate environment (Burlingame, 1988; Lehman, 1982; Seligman, 1975; Slimmer, et al., 1987).

According to Burlingame (1988), learned helplessness affects three areas of functioning: motivation, cognition, and emotion. **Motivational deficits** are manifested as apathy, bitterness and demoralization, or a "giving-up" syndrome - a state that occurs when persons find they cannot meet the demands placed on them by the environment, but are unable to extricate themselves from the situation. **Cognitive deficits** are reflected in reduced decision-making abilities, failure to perceive roles and success, and decreased ability to learn new responses. **Emotional/affective deficits** include feelings of helplessness, loneliness, fear, social withdrawal, insomnia, crying spells, and sexual dysfunction (Slimmer, et al., 1987; Brink, Yesavage et al., 1982).

The concept of "learned helplessness" is an important one to consider when exploring the psychosocial needs of the chronically ill elderly in hospital. Often, a purely medical-custodial approach in health care gives rise to emotional dependence and removal of social role status in the elderly. A prolonged perception of helplessness without hope of recovery can ultimately result in chronic depression and low morale. As Bourestom & Pastalan (1981, p. 4) conclude, "the question is no longer whether relocation has negative or positive effects, but perhaps the most important question is: What are the most effective strategies for mitigating the negative consequences of relocation?" This question is an essential one when applied to the hospitalized elderly. A healthy balance between their need for medical care and need for validation, self-determination and control is most desirable.

Concept of Reminiscence

There appears to be little consensus as to what exactly constitutes reminiscing. Merriam (1980) reports that those who have conducted research on reminiscence have defined it in many ways. Havinghurst & Glasser (1972, p. 245) define it as "dwelling on the past" and "as retrospection, both purposive and spontaneous." It can be oral or silent. Lewis (1971, P. 240) conceptualized it as involving the process of memory "with the added action property of reaching out to infuse others with these memories." Others have defined it "as the remembered past"

(Lieberman & Falk, 1971, p. 132), "the act or process of recalling the past" (Butler, 1963, p. 65), "the inner experience and mental process of reviewing one's life" (Hala, 1975, p. 35), and "the act of reliving, reexperiencing and savoring past experiences in the present" (Pincus, 1970, p. 47).

Coleman's (1974) three categories of reminiscing - simple, informative and life review - are the clearest framework for pulling together much of the literature related to reminiscing (cited in Merriam, 1980). Simple reminiscing, or recalling the past, is the definition or conceptualization used most often in the gerontological literature. Informative reminiscing is similar to "storytelling" (McMahon & Rhudick, 1967) and its' main objective appears to be entertainment, or "using the past to teach others the lessons of experience" (Coleman, 1974, p. 282). Life reviewing (Butler, 1963) includes the dimension of analysis.

Butler (1963) conceptualized reminiscing as part of a naturally occurring life review process stimulated in the elderly by the realization of approaching death. He defined life review as the return to consciousness of prior life experiences for the purposes of reevaluating, resolving, and integrating past experiences. Reminiscence facilitated this process. In other words, life review takes reminiscing one step further in that it involves putting one's life in order and coming to terms with one's failures and conflicts (Kibbee & Lackey, 1982). Consequently, the terms reminiscence and life review have often been used interchangeably (Burnside, 1984; Coleman, 1974; LeGero, 1980; McMahon & Rhudick, 1967; Merriam, 1980; Perrotta & Meacham, 1981-82).

For LeGero (1980), there are at least three distinct, though overlapping categories of reminiscence: informative, evaluative and obsessive. **Informative reminiscence** involves recollection for the pleasure of reliving and retelling. As material is reviewed, interest, self-esteem and personal relationships are often revived. Reminiscing, often considered to be a symptom of disengagement, may in fact indicate reengagement through the seeking out of listeners (Sullivan, 1983). This activity provides meaning and purpose to an elder's life and pays tribute to longevity and competency. Informative reminiscing is particularly amenable to group sharing (Ebersole, 1976) or life review in Butler's sense of the term. **Evaluative reminiscence** involves reevaluation of past personal conflicts resulting in their acceptance. However, both informative and evaluative reminiscence can become dysfunctional and **obsessive** when individuals are unable to accept their past and, consequently, become overwhelmed with guilt or despair (McMahon & Rhudick, 1964; Pincus, 1970). A negative life situation may compound the problem by encouraging a complete denial of the present accompanied by an extreme preoccupation with the past (Pincus, 1974; Sullivan, 1982, Tobin, 1988).

LeGero's typology and Butler's life review are consistent with Erikson's concept of ego-integrity in old age. In his work entitled **Childhood & Society,** Erikson (1950) defined ego-integrity as a state of mind characterized by:

> "(1) ... the ego's accrued assurance of its proclivity for order and meaning, (2) ... a post-narcissistic love of the human ego - not of the self - as an experience which conveys some world order and spiritual

> sense, no matter how dearly paid for, (3) ... the acceptance of one's one and only life cycle as something that had to be and that, by necessity, permitted of no substitutions: it thus means a new, different love of one's parents, and (4) ... a comradeship with the ordering ways of distant times and different pursuits ... " (cited in Carlson, 1984; p. 84)

According to Erikson, the proximity of the elderly to death precipitates a crisis during which they evaluate their experiences and accomplishments in terms of whether goals had been reached. The crisis of ego-integrity versus despair is the last in a series of eight crises which take place throughout the life span. Erikson elaborates on the nature of this final crisis in late adulthood by stating:

> "One of the new and crucial facts of old age is the appearance of the prospects of death. Older people know it must come. The constructive way of living in the late years might be defined in this way: To live so generously and unselfishly that the prospect of personal death, the night of the ego it might be called, looks and feels less important than the secure knowledge that one has built for a broader, longer future than any one ego could ever encompass. Through children, through contributions to the culture, through friendships, these are ways human beings can achieve enduring significance for their actions which goes beyond the limits of their own skins and their own lives. May it be indeed only the knowledge and the kind of self-perpetration after death. Since death is the only absolute certainty for all people, this kind of adaptation to its prospects may be well the most crucial achievement of the elder years." (cited in Hala, 1975; p. 36)

Depending on whether the individual is able to find meaning to his life, this process will result in either achievement of ego-integrity or despair manifested by an attitude of disgust and contempt (Boylin, et al., 1976; Carlson, 1984). As with the life review, this task involves reminiscing about the past from an analytical and evaluative perspective (Merriam, 1980).

Successful adjustment to old age is linked to acceptance of self and what one has made of one's life (Burlingame, 1988; Carlson, 1984). It has been suggested that there exists a correlation between the capacity to reminisce and the capacity to achieve a sense of ego-integrity. The content and quality of reminiscences indicate one's ability to sustain a healthy relationship with the past in a way which allows for continued ego-strength in the present and future (Carlson, 1984; Fry, 1983).

> "Only when we understand where we have been, can we decide where we wish to go. And the pilgrimage continues to the moment of life's end."
>
> **E. B. Adams, 1979**

Functions of Reminiscence

> "He is the happiest man who can see the connection between the end and the beginning of life."
>
> **Johann Wolfgang von Goethe**

A description of the functions of reminiscing suggests that reminiscence is a very purposeful activity (Sullivan, 1982). For example, Beaton (1980) sees reminiscing as repatterning one's life by means of four tasks or functions - validating, integrating, guiding and connecting.

The validating function involves the gathering of historical data in order to provide reassurances that because an individual was once competent, this is still true by implication (Sullivan, 1982). When the information reminiscers give is accepted, validating messages are conveyed, self-esteem is increased and

self-identity is validated. Since reminiscence involves continuity, integration or merging of the past, present and future is likely to occur. As an individual reminisces about past events, these events are likely to be related to present situations and future goals (Sullivan, 1982). Through the guiding function, the elderly supply information in order to educate and socialize the younger generation. This function is similar to LeGero's (1980) **informative reminiscence.** The connecting function provides a link between the person and his immediate environment. Feedback from others allows the elderly to determine their current social status, relationships, and degree of usefulness.

In summary, the four functions of reminiscence combine to facilitate a repatterning of the older person's life. This is accomplished through reinforcement of self-identity, crisis and grief resolution, coping with stressful experiences, adjustment to a new environment, cognitive stimulation and imparting of knowledge to others (Ebersole & Hess, 1981; Pincus, 1971; Molinari & Reichlin, 1984-85; Sullivan, 1982).

Research Findings

Reminiscing by the elderly has typically been devalued, regarded as a symptom of organic dysfunction and usually considered to represent aimless wandering of the mind or living in the past (Butler, 1974; Carlson, 1984; Coleman, 1974, Sullivan, 1982). Researchers have questioned whether the

function of reminiscing should be regarded as a symptom of psychological decline or as a way of coping with or adapting to one's present situation (Boylin, et al., 1976; Butler, 1963; Carlson, 1984; Coleman, 1974; Ebersole & Hess, 1981; Fallot, 1979-80; Fry, 1983; Lieberman & Falk, 1971; Matteson, 1984; Merriam, 1980; Parsons, 1980; Pincus, 1970; Sullivan, 1982).

Most studies have used interview techniques to determine its' adaptive value. Variability in the administration and scoring of these interviews would seem to account, at least in part, for the contradictory findings existing in the literature. The studies have also used relatively small samples from which only the most tentative conclusions can be drawn (Merriam, 1980). While reminiscence can perhaps be categorized in a manner similar to that of LeGero (1980) and Coleman (1974), much of the empirical research is not so easily categorized (Merriam, 1980). Nevertheless, the following studies are an attempt to determine the adaptive value of reminiscing in later adulthood, with particular emphasis on its' applicability to the hospitalized elderly.

Of these studies, two have explored, to some extent, the life review or ego-integrity dimension of reminiscence. Boylin, et al. (1976) administered a questionnaire on reminiscing to 41 Veteran's Administration domiciliary patients along with a scale to assess ego adjustment. They reported a positive relationship between the amount of reminiscence and ego-integrity, that is, those engaging in more reminiscing had higher scores on the ego-integrity measure. It was found that remembering negative past

experiences also correlated with the ego-integrity measure. The authors suggest the subjects were indeed engaging in a life review process, which according to Butler (1963) includes both positive and negative aspects of past experiences. They concluded that their results support Erikson's (1950) theory of ego-integrity, and point to a connection between reminiscing and adjustment to old age (Boylin, et al., 1976).

Coleman's (1974) study of 48 elderly men and women residing in a sheltered housing community in London, England investigated characteristics of simple reminiscing, life reviewing, and informative reminiscing. These three types of reminiscing were related to measures of past and present life adjustment. Findings showed those who were dissatisfied with their past lives reviewed life to a greater degree than those who were satisfied with their past. There was no relationship between life reviewing or simple reminiscence and present adjustment. Coleman concluded that no significant evidence was found for the role of reminiscence itself, but that "life-reviewing" appeared as a adaptive response when accompanied by dissatisfaction with past life (Coleman, 1974).

Other studies on reminiscence have focused upon its relationship to self-esteem, life satisfaction, personal adjustment, stress and cognitive-behavioral functioning. Havinghurst & Glasser (1972) attempted to describe the frequency, content and function of reminiscence in several samples of men and women over 62 years of age. In separating and comparing reminiscers with non-reminiscers, the researchers speculate there is a relationship between good personal-social adjustment,

positive affect of reminiscence, and high frequency of reminiscence, but raise questions about the cause - effect relations. The question is whether good personal-social adjustment leads to positive affect and high frequency of reminiscence or vice versa. Upon examination of these results, they conclude "that reminiscence is caused by a multiplicity of factors in the personality and the life experience of a person. Therefore, no simple variable can be highly correlated with either of those constructs" (Havinghurst & Glasser, 1972, p. 253).

In exploring the role of reminiscence in adapting to stress, Lewis (1971) hypothesized that when confronted with a socially threatening situation, reminiscers would show higher consistency in self-concept than non-reminiscers. The sample consisted of 24 men over the age of 65 years, selected from senior's organizations and centres in the Boston/New England area. From an analysis of taped non-directive interviews, subjects were designated as reminiscers if over 40% of their sentence units referred to events five or more years in the past (Lewis, 1971). Measures of one's past and present self-concepts were recorded prior to, and after placing the subjects in a stressful situation. Results showed that high reminiscers had an increased consistency between present and past self-concepts when their expressed opinions were threatened. Lewis concludes that reminiscing among elderly individuals contributes to maintenance of self-esteem in a threatening situation.

Lieberman & Falk (1971) studied the role of reminiscing in adaptation to the stress of moving into an institution from the community. Three groups of elderly persons were compared on the amount of reminiscing: (a) those in a home for the aged; (b) those living in the community and on the waiting list for nursing home; and (c) those living in the community. They found that the elderly in the most unstable life situation (i.e. the waiting list sample) were considerably more involved in reminiscence than either of the other two groups. However, in investigating the role of reminiscence and adaptation to stress of moving into an institution, no apparent relationship was found. A third study which they reported provided some support for Erikson's and Butler's contention that reminiscing is related to developmental processes in old age. Although distance from death was not clearly associated with the amount of reminiscing, chronological age showed a strong positive relationship (Boylin, et al., 1976). These three studies suggest the elderly do reminisce more than other age groups, particularly under stress, but the adaptive value of this particular activity remains questionable.

Turning to another dimension, Fallot (1979-80) compared the impact on mood of verbal reminiscing among 36 female subjects between the ages of 48 and 85 years. The hypothesis that reminiscence results in decreased negative affect was most strongly supported in self-ratings of mood. Results substantiated the notion that talking about the past is linked with less depression, while speaking of the present and future

appears to result in dysphoria (Molinari & Reichlin, 1984-85). This finding is quite consistent with McMahon & Rhudick's (1967) research showing a positive correlation between reminiscing frequency and an absence of depression. It goes further though, to demonstrate the direct role reminiscing can play in lowering depressive affect and suggesting that such behavior may well be facilitated in clinical interventions (Fallot, 1979-80).

Fry (1983) undertook a study testing the efficacy of structured and unstructured reminiscing training for subject's depression. A sample of 162 elderly residing in major Canadian and American cities were selected as treatment and control subjects. Individuals living in institutions were not chosen since the objective was to have subjects, who though depressed, were functioning at least marginally in the community. Pre- and post-treatment measures of depression, ego-strength and self-assessment ratings were obtained. Overall, subjects in both structured and unstructured reminiscence conditions reported more improvement than the no-treatment control group. Results provide further support for Lieberman & Falk's (1971) contention that reminiscence has a general adaptive function for geriatric subjects.

Perrotta & Meacham (1981-82) assessed the value of reminiscing as a therapeutic intervention with elderly community residents. A decrease in depression and increase in self-esteem were the hypothesized outcomes. Twenty-one individuals, mean age 75 years, were randomly assigned to one of three groups: The first group was involved in structured reminiscing, the second

was a control group that focused on current life events, and the third was a no-treatment control group. Analysis of changes from pre-test to post-test over a five week period revealed no significant differences for either depression or self-esteem. The authors concluded one of the limitations of their study was in conducting reminiscing on a one-to-one basis. Reminiscing has been described as a social activity, and perhaps the results would have been different if the subjects had reminisced with a group of their peers (Lappe, 1987).

Lappe (1987) contradicted the findings of Perrotta & Meacham by conducting reminiscing in group settings over a longer period of time (ten weeks). Lappe found that once the elderly felt comfortable in self-expression with the group, their self-esteem was promoted by the positive connection to others and measurable changes in personal adjustment and depression did occur.

Parsons (1986) undertook to study the difference in levels of depression in nine female subjects 65 years and older, who were enrolled in a nursing clinic at a federally funded housing project in Gainsville, Florida. The author's hypothesis that depressed elderly persons participating in group reminiscence therapy would have decreased post-treatment levels of depression was supported. Her findings suggest that group reminiscence provides an effective form of intervention for moderately depressed elderly individuals.

Lesser, et al. (1981) contrasted traditional group therapy and reminiscence group approaches with elderly psychiatric inpatients. Six research beds were allocated exclusively for

geriatric patients on a 26 - bed psychiatric unit. Geriatric admissions included both voluntary and involuntary patients, generally depressed and psychotic. They concluded that a reminiscence format leads to the earlier establishment of group cohesiveness and interaction than a traditional format. Reasons for this are felt to include the less threatening nature of reminiscence for older people, and the psychotherapeutic aspects of the life review process.

It is important to note that neither the Parson (1986) nor Lesser, et al. (1981) studies used control groups to determine if the positive effects were specific to the reminiscence groups or merely the result of increased attention or stimulation.

Finally, Head, Portroy and Woods (1990) reported on reminiscence groups carried out in two separate day-care centres. The settings were a day-care centre for elderly with cognitive impairment living in the community, and a day-care centre for people living in a long-stay geriatric facility. The study compared the effect of reminiscence with the effect of alternate group activities on subject's interaction during observation. The alternate activities included basket weaving, knitting, games, charades, puzzles, bowling, etc. The interaction pattern of staff members was also observed. The impact of the reminiscence groups in the two settings was quite different. For example, where there was previously little interaction during an alternate group activity, reminiscence produced a dramatic change in the behavior of staff members and the elderly people observed. In an initially richer environment, reminiscence did not produce

change in either staff or the elderly. This serves to illustrate the need for careful definition of environmental factors in evaluating such approaches. They conclude a reminiscence group cannot occur in a vacuum, so that when judging the efficacy of reminiscence on the behavior of elderly persons, the environment in which it is going to occur must also be considered (Head, Portroy, Woods, 1990).

In conclusion, an overview of the research reflects the adaptive value of reminiscence in various client populations and settings. The studies on reminiscence have focused on its' positive relationship to ego-integrity (Boylin, et al., 1976); cognitive-behavioral functioning (Head, Portroy & Woods, 1990); stress (Lewis, 1971; Lieberman & Falk, 1971); personal adjustment (Havinghurst & Glasser, 1972); and depression (Fallot, 1979-80; Fry, 1983; Parsons, 1986). The question, therefore, is not whether reminiscing is a worthwhile activity, but rather in what settings can this activity be of most value? (Head, Portroy & Woods, 1990). After completing this literature review, the student could find no studies assessing the efficacy of reminiscing with hospitalized elderly. These displaced individuals, in the most unstable situation, constitute a unique group for whom reminiscence could prove equally beneficial and therapeutic in terms of adaptation to their immediate environment.

Reminiscence As A Form Of Intervention

Reminiscence in the aged has been described as an intense, engrossing activity; the process and content of which are effected by current living conditions (Molinari & Reichlin, 1984-85). For example, institutionalized elderly are usually faced with an inability to maintain the life they were previously accustomed to, and may be unable to avoid reflecting about what they could have done differently or how they could have been. Significant changes occur as relationships are modified by hospitalization or loss. Physical and mental changes are perceived socially as evidence of debilitation and deterioration (Molinari & Reichlin, 1984-85).

Coping resources which the aging person may have relied upon may no longer be as predictable or viable as they had been previously. Therefore, the individual's experience in dealing with increased stress is essentially characterized as passive in nature. "Aging is seen as something that acts on the person and not as the biosocial-psychological outcome of actions one has taken throughout one's life course."(Molinari & Reichlin, 1984-85, p. 88). What has been experienced passively by many of the elderly is now met by a set of actions that are initiated by the person and whose content involves recalling past life events / relationships that resembles one's sense of continuity over time (Molinari & Reichlin, 1984-85).

Consistent with this orientation is the assumption that a potential effect of reminiscing involves "the consolidation of

self-identity" in the face of such changes that are inherent in the aging process (Castelnuovo-Tedesco, 1978). Castelnuovo-Tedesco (1978) has also observed that reminiscence may be analogous to the mourning process. The author states an essential part of the normal grief process is repetitive recollections of the lost object. The normal mourning process is completed when the ego becomes free to pursue new objects. Past objects are gone, but can be recalled and put to use in the present. As in the case of mourning, reminiscence involves a reorganization of one's relationship to the loss. Second, like mourning, reminiscence can appear to be reflective of introversion. Third, as with mourning, reminiscence can result in an ability to relinquish what has actually been lost. As Zinberg and Kaufman state "reminiscence provides solace by confirming that something actually took place: and that what remains has enough substance to comfort and reassure." (cited in Carlson, 1984, p. 84)

Lewis (1971) proposed the need for reminiscence might be increased following a threat to self-esteem, such as hospitalization. This view coincides with the observation of increased reminiscing among the elderly whose numerous losses represent a threat to self-esteem (Carlson, 1984). A survey of gerontological social workers further reveals that clinicians are more likely to use reminiscence to reaffirm / validate their clients and use the past to evoke previous coping styles and resolve multiple conditions (Ebersole & Hess, 1981; Tobin, 1988).

Finally, reminiscence can have positive consequences by increasing a sense of history and respect for the reminiscer (Baker, 1985; Burnside, 1984; Osborn, 1989). Ebersole and Hess (1985 p. 504) express this point by describing the elderly person as "a living history book" and by claiming that "the most exciting aspect of working with the aged is being part of the full emergence of the life story."

Group Approach To Reminiscence

> "By the crowd they have been broken; by the crowd shall they be healed".
>
> **L. Cody Marsh (1935)**

Hospitalized elderly may accept a sense of dissatisfaction and unhappiness as being inevitable accompaniments of aging. They may not always detect common sources of problems and conflict. The longer the isolation and depression is neglected, the more complex it becomes, generating a host of potentially new problems (Ambrose, 1989; Bourestom & Pastalan, 1981; Burnette, 1986; Conway, 1988; Dalziel, 1987; Garland, 1985; Gillick, et al., 1982; Haddad, 1981; Hogan, 1980; Long & Bluteau, 1988; Melanson & Meagher, 1986; Seligman, 1975).

A positive relationship between social support and personal adjustment justifies formation of self-help networks based on common issues (Ambrose, 1989; Baker, 1985; Ellison, 1981; Garland, 1985; Haddad, 1981; Hala, 1975; Hogan, 1980; Long & Bluteau, 1988; Wells & Macdonald, 1981). According to Hogan (1980), group interactions provide members with new information,

combat their demoralization, arouse their emotionality, confront them with discrepancies between the assumptive world and social reality, and facilitate transfer of gains into daily life. Group reminiscence might well serve the basis for predicting that moderately depressed participants would raise one another's level of dysphoria and belief in their own self-efficacy (Hollon & Shaw, cited in Beck, et al., 1979; Parsons, 1986).

Implementation of a group approach (Jacobsen, et al., 1968) to reminiscence as opposed to individual work appears more effective in that groups allow greater opportunity for feedback and sharing with peers (Kazdin, 1979), while also fostering social and intellectual intimacy (Powell, 1988). Group formats also offer a major pragmatic advantage over the individual sessions as more individuals can be treated within a given period of time (Hollon & Shaw, cited in Beck, et al., 1979).

A group reminiscence intervention was chosen because there have been a number of positive results related to this approach, including decrease in depression, positive adjustment and life satisfaction, and increased psychosocial well-being (Baker, 1985; Butler, 1963; Coleman, 1974; Ebersole & Hess, 1981; Ellison, 1981; Hala, 1975; Kibbee & Lackey, 1982; King, 1982; Lappe, 1987; Lewis & Butler, 1974 & 1982; McMahon & Rhudick, 1964 & 1967; Matteson, cited in Burnside, 1984, Osborn, 1989; Perrotta & Meacham, 1981-82; Sheridan, 1991, Steuer, 1982).

Reminiscence groups have also been used to address social isolation, hopelessness, impaired adjustment, social skill deficits, and disturbances in self-concept (Baker, 1985;

Burnside, 1984; Butler, 1963; Butler & Lewis, 1974 & 1982; Ebersole, 1976; Fry, 1983; King, 1982; Lappe, 1987; McMahon & Rhudick, 1964; Osborn, 1989; Perrotta & Meacham, 1981-82; Rajacich & Faux,, 1988). This activity aids individuals in dealing with issues of separation and loss resulting from illness and displacement (e.g. hospitalization), and is a form of "working through" that parallels a normal grieving process (Carlson, 1984; Conway, 1988). It has also been incorporated in programs of holistic health promotion (Osborn, 1989).

In conclusion, most approaches used with the elderly have been borrowed/extrapolated from work with other client groups and often applied in an eclectic way (Garland, 1985; Steuer, 1982). The intervention selected for this practicum is no exception to this rule. The goals of group reminiscence are to reduce depression and increase personal adjustment. The dependent variables depression and personal adjustment were selected since there is general agreement that elderly who have experienced loss and rejection attributed to negative life events, such as illness and hospitalization, are more likely to display increased negative affect (Fry, 1983; Lewis & Butler, 1974; Lowenthal & Chiriboga, 1975). Introducing depressive elderly to some form of group work should enhance overall life satisfaction (Beck, 1979; Coleman, 1974; Lowenthal & Chiriboga, 1975).

A review of the literature also indicates a positive relationship between social support and personal adjustment (Ambrose, 1989; Baker, 1985; Garland, 1985; Haddad, 1981; Hogan, 1980; Long & Bluteau, 1988; Wells & Macdonald, 1981). Applying

the concept of reminiscence to groups should further facilitate peer relationships, adaptation, affirmation, empathy and coping (Burnside, 1984; Caplan, 1981; Jacobsen, et al., 1968; Janosik, 1984; Moos, 1986; Spalding, 1984; Streib & Schneider, 1971; Tobin, 1988).

In line with these theories, the hospitalized "long-stay" elderly appear to constitute a unique target group for whom a structured reminiscence group intervention could prove beneficial and therapeutic in terms of addressing the issues of depression and personal adjustment. If group membership is voluntary, and the approach is supportive and non-confrontational, there is no reason to be concerned that the intervention will have a negative impact on the participant's quality of life (Ebersole & Hess, 1981).

CHAPTER II

Method

Setting and Context

The Misericordia General Hospital is a 409 - bed acute care hospital in Winnipeg, Manitoba. The facility was incorporated by the Sisters of Misericordia, ninety-three years ago. When an elderly patient is admitted to Misericordia General Hospital, the intent is to provide medical treatment with the ultimate goal being community discharge. Patients are admitted for assessment and treatment of medical and psychiatric disorders, as well as rehabilitation.

During the process of hospitalization, elderly individuals may be assessed as no longer being able to manage adequately or safely at home. These individuals will apply through Manitoba's Continuing Care Program for assessment and admission to a personal care home. Factors predicting admissions of this nature are: advanced age, stroke, incontinence, confusion, falls, and/or loss of social support networks (Macguire, Taylor & Stout, 1986).

The assessment is reviewed by a panel consisting of health care professionals such as a geriatrician, nurse and social worker. The panel establishes the need for personal care home placement, reviewing the level of care required by the patient and explores alternate discharge possibilities. This application process is commonly referred to as "panelling" and the

hospitalized patients, once assessed as requiring personal care home supervision, are designated panelled "long-stay" patients. Following panelling, the approved applications are placed on a central waiting list at the Office of Continuing Care. The hospitalized panelled patients are no longer classified as requiring acute medical care, but rather chronic care. Consequently, they remain in limbo while awaiting an eventual move from hospital to personal care home.

With an increasing population debilitated by chronic ailments, a growing proportion of hospital beds are occupied by elderly for prolonged periods of time. These so-called "bed-blockers" or "long-stays" have been shown to represent 10-30% of all patients in acute care hospitals (Dalziel, 1987). At Misericordia General Hospital for example, approximately 35-40 individuals fit this description, and their average stay is nine months (see Appendix A). Blocking of hospital beds has also been attributed to lack of coordination between acute and chronic care institutions, limitations in Home Care policies, inadequate discharge planning, and shortage of chronic care beds (Shapiro & Ross, 1981).

Selection Criteria

Subjects

In analyzing suitability for any group work, Hogan (1980) emphasizes that members should share common concern for improvement of lifestyle. He warns against including individuals

who are (a) preoccupied with themselves, (b) too agitated to tolerate social intercourse, and (c) delusionary or confused. Consistent with Hogan's (1980) recommendations for group membership, the following conditions disqualified subjects from participation in Group Reminiscence: (a) episodes of psychotic depression (b) speech impairment or severe deafness, and (c) organic impairment (e.g. - Alzheimer's disease, senile dementia). Individuals with these conditions require increased attention than time would permit in group settings. Group participants met the following criteria:

All participants were:

1) Classified as "chronic care" patients and awaiting alternate placement from hospital;
2) Oriented to person, place and time;
3) Able to speak and understand English;
4) Able to hear well enough to participate in small group discussion;
5) Able to participate in group discussion for at least one hour at a time;
6) Able to make selections on a paper and pencil inventory (either oral or written form);
7) Able to provide voluntary consent.

Such informed consent is an essential precondition for any program (Jehu, 1983) and is a key factor in the protection of the patient's rights while in hospital (see Appendix B)

Group Composition

Two groups of subjects were selected from medical wards throughout the hospital to participate in six structured reminiscence sessions. One group proceeded the other to ensure reasonable sample sizes and provide additional opportunity to meet the student's learning goals. Review of medical charts, initial client interviews, and pre-test scores on the dependent measures formed the basis of the overall selection criteria. There was no discrimination on the basis of age, sex or social/cultural back-ground. Group sizes were determined more on the basis of pragmatic than theoretical considerations. A reasonably sized group of 5-7 members could be handled by the student keeping in mind their frail health and physical problems.

A total of 17 individuals were screened for Group One and 16 individuals for Group Two. The final samples that met the criteria for the practicum consisted of 7 individuals in Group One and 5 individuals in Group Two. These subjects were classified as moderately depressed (G.D.S. - Short Form) and possessing low morale (P.A.S.) in pre-test scores. The characteristics of the participants are shown in Table I.

Table I

Characteristics of the Subjects Observed In Reminiscence Groups

Group One

Subject	Age	Sex	Diagnosis
(KM)	85	F	Pneumonia/incontinence
(EP)	82	F	Compound fracture back vertebrae / falls
(HT)	77	F	C.H.F.
(OF)	86	F	C.V.A., fractured tibia, fibia /incontinence
(NW)	87	F	Fractured right humerous, blind
(EC)	91	F	Contused pelvis & hip, recurrent falls
(EM)	87	F	T.I.A's / falls

Group Two

(EC)	91	F	Contused hip / falls
(EL)	72	F	Severe ataxia / broncho pneumonia
(AL)	82	F	Fractured right hip
(AG)	79	M	Chest contusion / falls
(NW)	87	F	Fractured right humerous, weakness, blind

Of the total 17 subjects screened for Group One: seven participated in a minimum of 4 sessions; six refused to participate citing their general discomfort or lack of interest in group activities; two dropped out after attending the first session citing lack of interest (both were roommates incidentally); one experienced medical complications (extension of C.V.A.); and one was discharged from hospital before commencement of first session. Three of the original seven subjects were unable to participate in the final two sessions due to earlier than anticipated discharges resulting from the nurse's strike in January, 1991. Alterations in group size and scheduling were made to accommodate the four remaining participants during the period of the strike.

Of the total 16 individuals screened for Group Two: five participated a minimum of four sessions; one attended the first session but was assessed by facilitator as too disoriented to continue in future sessions; one participated in first session but declined to return citing lack of interest; one was medically unstable (low physical tolerance level) to continue in group following first session; one had limited grasp of English language and attended first session only; two were discharged from hospital before commencement of group; and five refused to participate altogether.

Of the original members comprising both reminiscing groups, eleven were female and one was male with a mean age of 84 years. Educational attainment varied from less then 6 years to college degree level. All were widowed with exception of two members.

All rated their health as poor; two ambulated independently; five used walkers; and five were entirely dependent on wheelchairs. The lone male had been a successful business executive and avid sportsman, and the women included housewives, a secretary, nurse and machinist.

Instrumentation

In order to achieve a more balanced and comprehensive assessment of each client, a "multimodal assessment scheme" (Jehu, 1983) comprising paper and pencil instruments, direct observation, review of audio-tapes, and assessment of client records/medical charts was undertaken.

An A-B-A design (pre-test - intervention - post-test) (Bloom & Fischer, 1982) was selected to further assess group efficacy. The two dependent measures (depression and personal adjustment) were administered to group members at three designated points. These comparisons were intended to provide a stronger basis of inferring some degree of causality (Bloom & Fischer, 1982). Time 1 observations were taken approximately 1-2 weeks before intervention and established baseline (pre-tests) for each variable during the preparatory assessments; Time 2 observations were obtained at the midpoint of group intervention (Group Session # 3); and Time 3 observations were collected following group termination (post-test). As results from the respective measures were collected, data was charted to determine whether in fact hypothesized outcomes had been achieved (Bloom & Fischer, 1982).

In addition, a client satisfaction survey was also administered to all participants following group termination to assess their degree of satisfaction with the program.

The measurement package includes (1) The Geriatric Depression Scale - Short Form (see Appendix C), (2) The Cornell Personal Adjustment Scale (see Appendix D), and (3) The Client Satisfaction Questionnaire (see Appendix E). These measures were selected because their formats serve to shorten the time required for each scale's administration. They can be administered in either oral or written forms. Besides ease of administration and economy of time, items from the Geriatric Depression and Personal Adjustment scales are specifically designed for use with elderly individuals.

The Geriatric Depression Scale (G.D.S.) - Short Form

This scale was developed by Yesavage, Brink, Rose & Leirer (1983). The original scale was designed for the elderly and distinguishes those respondents classified as normal, mildly depressed and severely depressed (Corcoran & Fischer, 1987; Granick, 1983). The instrument avoids the confounding effects of depression with the negative affect associated with physical disabilities of old age (Granick, 1983). It uses a dichotomous, close-ended questionnaire, requiring the subjects to answer yes or no to the questions (Parsons, 1986).

The G.D.S. is scored by assigning one point for each depressive answer and zero points for a non-depressive answer

(Corcoran & Fischer, 1987). Scores between 0 - 10 can be viewed as within the normal range while scores of 11 or more are interpreted as possible indicators of depression (Brink, et al., 1982; Yesavage & Sheikh, 1986; Yesavage, et al., 1983). The scale has excellent internal consistency with an alpha of .94, and equally excellent concurrent validity with correlations of .83 with Zung's Self-Rating Depression Scale, and .84 with the Hamilton Rating Scale for Depression (Corcoran & Fischer, 1987). The scale also has good known group validity, distinguishing depressives from normals (Concoran & Fischer, 1987; Granick, 1983; Yesavage, Brink, Rose & Leirer, 1983).

To decrease the likelihood of fatigue or poor concentration in the target group, a shorter version of the G.D.S. was selected. The Short Form (Yesavage & Sheikh, 1986) consists of 15 questions having the highest correlation with depressive symptoms in validation studies. These questions were then arranged in a 15 - item one page, easy to understand yes/no format, similar to the regular Long Form version of the G.D.S. These items reflect the core of geriatric depression and include lowered affect, inactivity, irritability, withdrawal, and negative thoughts about past, present and future. Of the 15 items, 10 indicate the presence of depression when answered positively, while the remaining items (1,5,7,11,13) indicate depression when answered negatively (Yesavage & Sheikh, 1986). Initial data suggest that the shorter version is highly correlated with the original form and is equally sensitive to depression in subjects with mild to moderate dementia (Yesavage &

Sheikh, 1986). In the present study, a score of 7 or more on the abbreviated version of the G.D.S. was used as a cut off score for depression.

The Cornell Personal Adjustment Scale (P.A.S.)

This scale was developed by Thompson, Streib and Kosa (1960) as part of a larger research effort conducted at Cornell University to examine occupational retirement. The longitudinal study was initiated with the broad hypothesis that retirement is a major disruption of an adult's role and would tend to have negative consequences for the individual. It examines the effects of role disruption in three main areas: (1) health, (2) economic situation, and (3) social psychological dimensions comprising (a) self-image, age identity and usefulness, (b) satisfaction with life, and (c) adjustment to retirement. The study comprised a sample of 4,032 persons working in industries drawn from a twelve state area (representing all parts of the U.S.A.) and selected on the basis of the following categories: (1) geographic location, (2) industrial type, and (3) size of plant. The respondents selected were all those who were willing to take part in the study. Consequently, a random sample was not obtained. The interval of time between research contacts varied from twelve to eighteen months, and the total period of data gathering was between six to seven years.

The variable adjustment is defined here as a continuum ranging from satisfaction with life to hopelessness. To measure

changes in personal adjustment, three indices have been devised through use of the Guttman scaling technique. These have been labelled (a) satisfaction with life, (b) dejection, and (c) hopelessness. Each of these dimensions contain three questions that are specific and concrete, and do not elicit ideological responses of any kind. They are included in an interview schedule designed to be self-administered. It would appear that it could also be administered in personal interviews (Streib & Schneider, 1971).

A total morale scale is obtained by summing up the positive responses to each item, with higher scores indicating greater personal adjustment. There are, however, no particular cutoff score(s) reported in the literature. In formal tests of internal reliability calculated for each of the indices, the results were: (a) satisfaction with life, .96; (b) dejection, .96; and (c) hopelessness, .95 (Thompson, Streib & Kosa, 1960; p. 166).

It appears that very little use of this scale has resulted in little information on its' reliability and none on its' validity. Despite these weaknesses, the P.A.S. still remains appealing due to it's short format, inclusion of simple and concrete questions, relative ease of administration and appropriateness for use with elderly subjects (Thompson, Streib & Kosa, 1960).

The Client Satisfaction Questionnaire (C.S.Q.)

The C.S.Q. by C. C. Atkisson (1979) was also administered to assess client satisfaction with intervention following group termination. This questionnaire is an 8 - item measure, yielding a homogenous estimate of general satisfaction with services.

Larsen, Atkisson, Hargreaves & Nguyen (cited in Corcoran & Fischer; 1987, pp. 120-122) report this scale has been used with a number of populations and seems to operate the same across various ethnic groups. It is easily scored by summing up the individual item scores to produce a range of 8 -32, with higher scores indicating greater satisfaction. With respect to reliability, the same authors indicate the measure has excellent internal consistency with alphas that range from .86 to .94, with very good concurrent validity in a number of studies. Scores on the C.S.Q. are correlated with clients' ratings of global improvement and symptomatology, and facilitator's ratings of clients progress and likeability. The measure has also demonstrated moderate correlations with a number of other outcome variables, thus suggesting a modest correlation between satisfaction and intervention gain (cited in Corcoran & Fischer, 1987, pp. 120-122).

In terms of evaluating satisfaction with Group Reminiscence, wording of items 3, 4, 8 have been slightly modified: In Question # 3, the term program has been replaced with group; Question # 4, "If a friend were in need of similar help, would you recommend our program to him or her?" has been replaced with

"Would you recommend our group to others?"; and Question # 8, "If you were to seek help again, would you come back to our program ?" has been changed to "Would you participate in a similar activity if offered again ?"

Tape Recordings

All sessions were also recorded in an attempt to lend insight into any changes over the course of the intervention. The student was interested in monitoring group development, the nature and intensity of remininsence themes, changes in member's interaction as well as monitoring the student's own intervention. Excerpts from the tapes served the purpose of sharing with others the content, purpose, benefits and limitations of the groups. As a learning tool for the student, the tape recordings would assist in supervision and ongoing evaluation by the adviser(s).

Procedure

The preparatory stage of the practicum involved outlining the program's methodology, subject selection, procedures and evaluation to appropriate hospital personnel during the month of October, 1990. Standard hospital policy related to educational research indicates that the following staff members be advised of the practicum proposal: (a) the student's immediate supervisor, Director of Social Work; (b) Assistant Executive Director, Clinical Support Division; (c) Medical Director; (d) Nursing

Director ; and (e) School of Nursing Director (see Appendix F). Upon receiving approval from hospital administration to proceed with the program at Misericordia General Hospital, the head nurses representing the medical wards of Sherbrook 2, Sherbrook 3, Maryland 4, Cornish 5 North, and Cornish 5 South were contacted and oriented to the objectives and methodology of the practicum (see Appendix F). At the same time, a review of potential subjects from the respective medical wards was undertaken with the head nurses and other appropriate staff (i.e. social workers, nurses and the diversional therapist).

From mid October to December 3, 1990, prospective participants were assessed for group membership by way of medical chart reviews, staff consultations, client and family interviews, and administration of pre-test measures. By December 3, 1990, a core group of subjects were selected to participate in Reminiscence Group One. Interdepartmental memorandums were circulated by the student identifying those patients selected from each ward and advising nursing of the schedule/location of group sessions (see Appendix F).

The diversional therapy room and lounge area on the 4th Floor were used as meeting places for Group One as the facilities were centrally located to elevator service, wheelchair accessible and served the need for privacy. Most members were already familiar with these settings having spent some time in diversional activities such as bingo's, sing-songs, church services, etc. Transporting subjects to and from the meeting rooms was undertaken by the student with the assistance of a hospital volunteer.

Group One was tentatively scheduled to meet every Wednesday (6:30 p.m. - 7:30 p.m.) from December 7, 1990 to January 9, 1991. A period of one hour per session seemed to offer a compromise between the need to provide adequate time for each participant and yet avoid exhausting or losing other members in the process. The original schedule was disrupted by the Christmas Holiday season and the nurse's strike. The group sessions were re-scheduled as follows: December 5, 13, 19; January 9, 15, 22. This did not seem to present a problem. The critical elements were that the group met every week and that attendance remained consistent.

A similar process of orientation and subject selection was initiated with Group Two subjects during late February and March, 1991. Head nurses representing the medical wards of Sherbrook 2, Sherbrook 3, Maryland 4, Cornish 5 North, and Cornish 5 South were reoriented to the objectives and a subsequent review of potential subjects was undertaken. This was followed by a similar pre-screening "multimodel assessment scheme" as was conducted with Group One.

To offset client turnover and ensure reliable sample size, the schedule for Group Two was altered to accommodate sessions twice weekly as opposed to once. The sessions were held Wednesdays and Fridays; April 10, 12, 16, 19, 23 and 26. Meeting times were scheduled from 11:00 a.m. to 11:45 a.m. in order that sessions not conflict with mealtime, dispensing of medications and visiting hours as was the case during evening sessions with Group One. Memorandums were circulated to the

respective wards and Director of Social Work reflecting the schedule change (see Appendix F).

Both groups were oriented during the preparatory sessions to the concepts and techniques of Reminiscence. During these contacts, the student was able to gain a greater understanding of each client's problems, background, and coping mechanisms. In addition, there was the opportunity to establish rapport, decrease anxiety, and orient clients to the goals of group work and expected behaviors in general.

Group One consisting of 7 members and Group Two of 5 members remained closed following their respective first sessions. The student had assumed responsibility for (a) establishing both groups as psychological entities, (b) structuring the groups by preparing unit designs and clarifying group goals, (c) completing process recordings, inventories and evaluations, (d) monitoring and promoting phases of group development, and (e) identifying and managing group processes (Heiney & Wells, 1989).

Specific intervention strategies consisted of:

1) Specifying problems and possible solutions (problem-solving approach)
2) Encouraging reminiscence through use of various stimuli within a group format
3) Feedback from clients, families, and hospital staff in establishing, implementing and reviewing group processes. "Others" may also provide valuable feedback to further motivate, support and encourage efforts to reminiscence and

counteract client's inactivity and preoccupation with depressive/helpless thoughts.

The two respective Reminiscence groups began with a specific agenda for each session. Although flexibility was important, it was also necessary to have an agenda to present to the groups, which basically served as "a springboard for interaction and discussion" (Ambrose, 1989). Reminiscence topics were introduced to group members in advance and proceeded in roughly the same chronological order as described by C. Osborn (1989) in Reminiscence: When the Past Eases the Present (see Appendix G). Efforts were made by the student to involve all participants in selection of topics and discussion. As a result, an additional number of non-threatening topics related to technological advances, hobbies, leisure activities, and favorite meals were introduced alongside topics more personally oriented such as parents, siblings and pets. To facilitate scheduling, a modified version of a timetable described by S. Hollon & B. Shaw (cited in Beck, et al., 1979) was applied to the reminiscence groups (see Table II).

TABLE II

Schedule For Group One [a] and Group Two [b]

WEEK		SESSION OBJECTIVES AND METHODS
A-C a b	Diagnostic and Preparatory Sessions (Oct. 15 - Dec. 3, 1990) **(March 4 - April 10, 1991)**	1. Orient hospital staff to intervention 2. Assess appropriateness of individuals for group 3. Assess and discuss expectations 4. Introduce measurements (pre-test) 5. Review medical charts (e.g. - nurse's observation notes), to assess behavioral, functional and activity patterns of prospective members
#1 a b	Initial Session (December 5, 1990) **(April 10, 1991)**	1. Introduce group members to one another 2. Set agenda 3. Discuss individual member's concerns 4. Discuss expectations and intervention goals related to group reminiscence 5. Assess group reaction to session 6. Debriefing of individual members following session 7. Refer to medical charts to review group member's functional status

WEEK	SESSION OBJECTIVES AND METHODS
# 2-6 Group Sessions	
a # 2 b (December 13, 1990) **(April 12, 1991)**	1. Set agenda 2. Review each member's status from 1st session 3. Introduce topic for reminiscence: Elderly Childhood Memories of Family and First Home, & School Years (Group 1) Memories of First Family Home and Mother's Cooking and Baking (Group 2) 4. Assess group reaction to session 5. Debriefing of individual members following session 6. Review medical charts for change(s) in group member's functional status, activity patterns
a # 3 b (December 19, 1990) **(April 16, 1991)**	1. Set agenda 2. Review each member's status from previous session 3. Discuss reminiscence topic: Christmas and Holiday Memories (Group 1) Childhood Memories Of Family and Favorite Pets (Group 2) 4. Assess group reaction to session 5. Debriefing of individual members following session 6. Administer measurement package 7. Review medical charts for change(s) in group member's functional status, activity patterns

WEEK	SESSION OBJECTIVES AND METHODS
# 4 a (January 9, 1991) b **(April 19, 1991)**	1. Set agenda 2. Review each member's status from previous session 3. Discuss reminiscence topic: Technological Advances (i.e. automobile, airplane, electricity, household appliances etc.) and Childhood Pets (Group 1) Technological Advances In Life; Memorable Family Events: Family Weddings, Anniversaries, Raising Children (Group 2) 4. Assess group reaction to session 5. Debriefing of individual members following session 6. Review medical charts for change(s) in group member's functional status, activity patterns
# 5 a (January 15, 1991) b **(April 24, 1991)**	1. Set agenda 2. Review each member's status from previous session 3. Discuss Topic for reminiscence: Fashion of Yesteryear and Special Hobbies (Group 1) Favorite Hobbies and Leisure Activities (i.e. - cooking, hunting, pets) (Group 2) 4. Assess group reaction to session 5. Debriefing of individual members following session 6. Review medical charts for change(s) in group member's functional status, activity patterns

WEEK	SESSION OBJECTIVES AND METHODS
# 6 a (January 22, 1991) b **(April 26, 1991)**	1. Set agenda 2. Introduce Topic for reminiscence: Sharing Wisdom & Experiences Of A Lifetime 3. Group termination: assess member's reactions to overall group process 4. Debriefing of individual members following session 5. Review medical charts for change(s) in group member's functional status, activity patterns
# 7 - 8 a (February 12 - 25, 1991) b **(May 1 - 5, 1991)**	1. Distribute measurements (post-test) 2. Provide ongoing one-to-one supportive contact with group members 3. Review medical charts to assess for change(s) in group member's functional status, activity patterns since group termination

CHAPTER III

Group Process and Evaluation

The writer wishes to describe the meaning of the group experience for both the student and participants in the following chapter. The content of reminiscence, the intensity with which particular topics emerged and others neglected, the student's interventions and movement of the reminiscence groups through stages of development, is reflected by the student's observations and participant's reporting of their experiences.

The student was also interested in evaluating the effect of intervention on its' members in terms of the stated goals. Evaluative efforts were process-oriented, designed primarily to monitor changes in the dependent variables. Participants were engaged in reporting their progress through the use of the measurement package as described in Chapter II. Evaluation of the program offers further information to elicit a clearer definition of the purpose, goals and usefulness of reminiscence as an intervention with hospitalized "long-stay" patients.

Preparatory Work For Conducting Reminiscence Sessions

Individual work with prospective members was a necessary prelude to assignment in a reminiscence group. During the preparatory stage, for example, many members felt particularly cautious and apprehensive and this was reflected in statements

such as..."I couldn't possibly talk about myself in the presence of others," "My life was just not that interesting," or "I am much too sick and old to participate." The preparatory interviews were very helpful in discussing these related concerns and misconceptions. The student was able to gain a clearer picture of each individual's situation, background, personality, sensitivities and coping mechanisms. In addition, there was the opportunity to establish rapport and familiarize each member to the techniques of reminiscence.

To each prospective member, the student expressed interest in learning more of their history and emphasized the belief that being with others would be a pleasant and stimulating experience. Each individual was informed of others invited to join the group in order that they be free to make their own decision about attending. The term "get-together" was used in place of session or meeting because it was a more familiar and less intimidating term to them. Potential members appeared more willing to attend the group regularly and complete the inventories based on assurances they were making a short term commitment (of six weeks) as opposed to an indefinite one (Osborn, 1989).

The action taken in preparation for group reminiscence underscores the importance that individuals must be willing subjects, not perceiving themselves as objects of an experiment. "Programs of this nature are important precisely because they accord the elderly the respect that is their due" (Becker, et al., 1976; p. 99).

Presenting Techniques of Reminiscence

It was useful to make a brief presentation of reminiscence theory to each prospective member, tied closely to examples from the patient's presentations of their situation and problems. The student believed the objectives and goals of reminiscence clearly allowed individuals to take their own initiative in joining or rejecting the activity. Despite careful preparation, a number of patients developed misgivings and withdrew from further consideration in group membership. In those instances, the reasons for withdrawal included reluctance to review personal and private social information, lack of interest, or high anxiety and discomfort created by involvement in group activities.

Establishing Ground Rules

During the preparatory stage, it was also useful to discuss basic ground rules and elicit agreement from all participants. As confidentiality presented potential problems in the group setting, the student approached this issue directly, requesting that each member agree to respect the other member's rights to privacy. The second ground rule focused on the notion of "going around," meaning that the group agreed to structure its' time in such a way that each member would have an opportunity to speak in relation to the topic (Hollon & Shaw, cited in Beck, et al., 1979). This procedure served to prevent the flow of discussion from becoming too diffused, while also ensuring that no members

were neglected. Valuable participation was described as not only sharing of memories with the group but also listening to others.

Sequence of Procedures

The reminiscence groups started on the schedule as shown in Table II: Group One [a] ; Group Two [b]. At the beginning of each session, it was generally desirable to set a flexible agenda which allowed the members and student to target specific themes for reminiscence. The student prepared each session by referring to C. Sheridan's book **Uncovering a Lifetime of Memories** (1991) for specific topics and techniques that would stimulate the process of reminiscing.

The student would introduce each topic, then continue to complete the agenda, and return to the original topic later, rather than risk dwelling too long on any specific subject. This structured, supportive approach to promote free-flowing reminiscing served as a precaution against the negative effects created by unfocused time. Using this approach, the student routinely opened the discussion with a statement or question such as ... "What do you remember of _____?" In turn, members were encouraged to talk about whatever came to mind and an attempt was made to include each member in the group discussion. Far from inhibiting spontaneity during the sessions, an agreed-upon agenda served to facilitate preparation and involvement on the part of all members. In addition, some forms of memorabilia which were of general, rather than specific, relevance to members were also

used to stimulate conversation about the past. However, the student relied more heavily on the abilities of the members to freely recall and share their memories. As the majority of members were not cognitively impaired, this meant that many of them did not require prompting, but those that did were assisted as much as possible.

Assessing Expectations and Reactions to Sessions, Combined With Individual Work

The student found it useful to ask each member what they expected the group experience to be like and what they expected would happen in subsequent sessions. The answers to these questions provided useful indicators of expectations and alerted the student to patient's expectations that many not have been met during the typical course of group reminiscence. It also offered the opportunity to discuss, negotiate and set subsequent agendas. The members came into the group with at least some notion of how they would fare, how the group would likely progress, and what to expect in terms of the agenda.

Individual time was found to be necessary between group sessions for other reasons as well. For example, some members appeared to require additional focus as provided by one-to-one contact; others periodically required the kind of support and interaction characteristic of the dyadic relationship; and others were simply reluctant to share sensitive material in the group setting and requested periodic visits from the student.

Leadership Style and Role

The literature warns that those working with the institutionalized elderly often reinforce an unnecessarily dependent role for them (Burnside, 1984; Ebersole & Hess, 1981; Osborn, 1989). "The amount of control and direction exercised by the facilitator is dependent on the characteristics of the group members and on the purposes of the reminiscence, but a dominating leadership role is not justified" (Osborn, 1989; p. 10). It is explicit in the reminiscence literature that the student not function as a professional therapist (Butler, 1963; Lewis & Butler, 1974; Pincus, 1970). Furthermore, it is recommended the student listen sympathetically, question, but not react (Becker, et al., 1984). Relating these recommendations to the hospitalized elderly, the student encouraged members to speak during sessions, promoted relatedness and interaction among them, was sensitive to non-verbal communication, listened and was sincerely curious about past experiences, accepted each individual's memories at face value without being judgmental, was willing to share one's own experiences, used touch when appropriate, and took care not to encourage dependence (Osborn, 1989).

Managing several patients at a time required that particular attention to detail be paid. It was especially important that the student not allow members to get "lost" in group; that each member be given the chance to interact (Hollon & Shaw, cited in Beck, et al., 1979). To ensure everyone felt included in their

group, the student would alter the seating arrangement during each session in order to sit closer to those who needed additional encouragement or attention. Non-verbal means of inclusion included making eye contact, smiling, touching hands, or putting an arm around a member's shoulder (Burnside, 1984).

The student also made efforts to create an atmosphere of trust within the groups in leading them to satisfactory conclusions. Ongoing review of medical charts and consultations with nursing and other related staff, prior to sessions, alerted the student to any potential or real difficulties amongst members such as unstable or fluctuating medical conditions, behavioral concerns, etc.

Practical Tasks

As in any group interaction with the elderly, considerable activity and structuring on the part of the student was required, not the least of which were the practical tasks related to transporting members to and from sessions, preparing the meeting room, setting the audiotape equipment and so on. To ensure attendance, a personal visit by the student to group members was necessary at least one hour prior to each session. This reminder allowed ample time for members to attend to personal needs, thus keeping interruptions to a minimum once the group gathered together. In addition, written notices were regularly circulated to nursing units reminding staff of the group's schedule and meeting place. The main point was to allow for extra time to get things going.

Audiotaping of Reminiscence Sessions

To enable the student to both run and evaluate the groups, the contents of discussion from each reminiscence session were audiotaped. At first, the presence of the tape recorder prompted the usual questions among members... "Who will hear these tapes?", "What will happen to the tapes after you and your instructors listen to them?", and "Will anyone else have access to them?". There were also several comments directed such as ... "Let's remember to speak up!", "Is the machine on and working?", and "Let's make sure we don't say anything that will embarrass us". These comments reflected member's awareness and sensitivity to the presence of the tape recorder during the initial stages of each session. It was evident that some members were working very seriously in recalling detailed memories in order to impress the student and anyone who would have access to the tapes. However, once the group progressed and members were reminded of the purposes for taping, evidence of it's effects appeared minimal. Overall, members became less threatened by the presence of the tape recorder and at times even seemed to enjoy the experience.

Be Willing To Take What Comes

The diversity of the hospitalized elderly comprising the reminiscence groups made each member very unique. As expected, some members participated more fully than others. Some topics were more popular than others. Finally, some sessions were

simply more spontaneous and exciting than others. To best describe the group process, observations of each session are highlighted in the following section.

Observations of Group Reminiscence

Group One (December 5, 1990 - January 25, 1991)

Session One

The initial session was attended by eight members, all female. The group was arranged in a close circle around a table, wheelchairs interspersed with regular chairs, and with the most anxious members seated in close proximity to the student. This seating pattern would remain consistent throughout all sessions. The tape recorder was located on the table in view of all participants. An expression of gratitude to members for participating was an important detail at the beginning of each session, because its' no small thing for these individuals to do what another asks, given their poor health status and treatment regiments while in hospital.

At the beginning, the student reviewed the objectives of the group and the concept of reminiscence. All members were polite and attentive to the student's directions. The "around-the-table" introduction of members that followed involved sharing of relevant identifying information such as age, birthplace, marital status, number of children, past employment, and a brief description of present circumstances. Upon completion of the

introductions, the student invited the group to share memories of their Earliest Family Home.

Members recalled their respective homes in very sharp and vivid detail. For example, (EP) described the exact location of the loghouse cabin in which she was born; insulated by moss and heated by a woodburning stove. (KM) described the small tar-paper shack in which she lived with her parents, grandparents and siblings. (HT) fondly recalled her grandmother's loghouse located on Redwood Avenue in which she was raised after the death of her mother. She proudly described her northend upbringing. (EC) shared her memories of living in a stonehouse in Dundee, Scotland while (EM) described the years of growing up on her parent's farmstead in LaSalle, Manitoba. (OF), (AD), and (NW) offered descriptions of the homes they left behind once hospitalized. Their conversations were marked with expressions of sadness related to losses of familiar objects and surroundings. The student validated each member's recollections of their homes as interesting and educational.

On the whole, members were very cautious and reserved during the course of the initial session, speaking only when questions were directed towards them by the student. Members appeared to show no interest in one another. The presence of the tape recorder and "newness" of the group experience increased anxiety levels in all members. In efforts to maintain some degree of control in meeting the session objectives and agenda, the student's anxiety level was equally high. The student viewed this as not unusual for a first session and was encouraged to

hear members comment they would meet again the following week. At the conclusion of the session, members were given the opportunity to continue socializing with one another "off-tape".

The following day, members were interviewed on an individual basis to elicit their initial reaction to the group. Given the opportunity, (AD) and (BM) withdrew from further involvement, citing their discomfort in group activities. The remaining six members were encouraged to attend Session #2 and oriented to the next topic.

Session Two

The returning six members were welcomed and introduced to the hospital volunteer whose role would be to assist them with transportation to and from future sessions. They were also informed of those individuals not returning to group and oriented to the upcoming agenda. On the whole, members were positive in their review of the first session and appeared eager to proceed with reminiscing about Family and Friends.

Although members continued to address the majority of contributions to the student, there was some evidence of peer interaction amongst various members when recalling memories of parents. The content of the reminiscences were highlighted by parent's place of origin, occupations, and positive attributes. For example:

> (EP) "...My father had arrived from London, England and met mother in Ontario while they were both working on the railroad. My mother gave birth to seven children. I remember my parents as very loving and family-oriented."

(HT) "...My father was born in Hamilton. He married my mother while she was visiting from the United States. He was a teacher by trade, but also worked on the railroad as a mailclerk. I remember my father as being a very fair and honest man. Unfortunately, I don't remember much of my mother because she died when I was only seven years old!"

(OF) "...My father was an engineer. He loved his work and was very punctual. He also volunteered much of his time to the upkeep of our local Church. He was a Methodist and very devout. My mother died too, when I was only a year old."

(NW) "...My father was a trumpeter for the King and Queen of England. He was a very talented and kindhearted man. My mother was also very kind and caring. She looked after me because I was born practically blind. Oh, she was one of a kind!"

(EM) "...My father farmed and operated a delivery stable in Ontario and later in North Dakota. He was a very hard working individual who found work everywhere he looked. He always made sure his wife and ten children were clothed and well fed."

The discussion turned to other significant family members such as siblings. The exchange of stories among members was lively, humorous and exciting. (NW) recalled how much fun she had while tobogganing alongside the Redwood Bridge with her brother Ted. (HT) and (EM) joined in by describing their own tobogganing adventures with siblings and friends. (OF) followed by highlighting various pranks she had played with her five brothers and four sisters. This inspired (EP) to share her experiences of growing up with a twin sister and how this provided opportunities for many interesting and mischievous times.

Spouses and siblings were associated with providing the most support and encouragement to members throughout the years. Overall, the majority of memories of parents, family and friends were positive.

The group terminated at this point and members were given the opportunity to unwind "off-tape" prior to returning to their respective wards. Once again, members were approached individually following the session to assess reactions to the session. On the whole, all members expressed a desire to attend Session #3 and reminisce about Christmases Past.

Session Three

This session was delayed due to the late arrival of a number of members. In that time, the student prepared the meeting room in a Christmas theme. Five members attended with one member (HT) absent due to problems related to diarrhea. The student reviewed the previous session, acknowledging the interesting stories that were shared of family and friends. In keeping with the Christmas atmosphere, the topic for Session #3 was introduced as Memories of Christmases Past. Reminiscences were stimulated by background Christmas music being played on the phonograph.

Each member described their early Christmas traditions, including family dinners, church services and carolling. The dinners were described in particular detail. For example, (KM) recalled cooking the fourteen Ukrainian dishes. (EP), (NW), and (EC) described how much they enjoyed the various holiday puddings

and cakes. (OF) shared her memories of celebrating Christmas in England as a child, hanging stockings filled with an assortment of nuts, fruits and candies, and sitting over a dinner of goose and chicken. Finally (EM) shared her story of operating a nursing home and cooking a "huge feast with all the fixings" for family and residents. Members also shared their memories of carolling and travelling the countryside during winters in horsedrawn buggies, sleighs and oxen-drawn wagons.

It must be noted that overall group performance was affected by the extremely warm room temperature. Efforts to alleviate this problem by opening the door to allow for cooler air circulation resulted in excessive hallway noises and distractions by staff and other passerbys. Nevertheless, as the session neared termination, members accepted the student's invitation to stay for refreshments and continue listening to recordings of Christmas music. It was obvious members were becoming much more comfortable and secure in the group and enjoyed the additional time spent together. Members decided to postpone Session #4 to January 3 in order to accommodate the Christmas and New Year holiday season, but agreed to complete the inventories that same week.

Session Four

A review of member's status and other developments since last session was undertaken, with particular emphasis on the effects of the nurse's strike. As a result of the strike, two

members (EM) and (EC) were temporarily discharged from hospital. This altered group composition and size to only four individuals. The remaining members shared their own personal dramas and difficulties of being relocated to other wards. During this exchange of information, members reassured and comforted one another and expressed optimism the strike would come to an end. Despite the difficulties, the remaining members expressed a desire to continue with the group process. Given this consensus, the student took the initiative to introduce the topic for reminiscing: **Technological Changes in Your Lifetime.**

First Experiences with the Automobile

This theme stimulated the following discussion:

(EP) described her father's Ford Model T that was run by four coils attached to spark plugs with a crank starter. "I remember having to heat the coils and crank the engine. It was fun because once we got the car started, the whole family would go out for drives together."

(KM) reminisced about her brother Joseph driving over in his old Chevy and taking the entire family out on weekend drives in the countryside. She proudly recalled how her uncle taught her, at the age of 12 years, to drive his pick up truck in the fields outside East Selkirk.

(ET) stated how every Sunday her family would "load up" in her grandfather's Overland and drive to picnics near Stoney Mountain. She laughed when recalling the times they had to push the car when it wouldn't start.

(OF) described her father's old Ford "which was big enough to carry the whole family from place to place." She also recalled her driving lessons in the open farm fields near Headingly. "It was safe for me because there was absolutely nothing in sight to hit!"

Entertainment Medium

Members also described their earliest memories of the radio and gramophone. (KM), (HT) and (EP) recalled the original serial programs on the radio such as "Ma Perkins". As (HT) explained, "No matter what everyone was doing, everything stopped for Ma Perkins!" Members attempted to recall other popular comedy and musical programs of earlier years. Failing to do so, they reflected on times when family, friends, and neighbors would get together and be entertained by the music of the accordion and violin.

Household Appliances and Other Advancements

Other reminiscences focussed on the inconveniences of outhouses as opposed to the present luxury of indoor plumbing and fixtures. (HT), (OF) and (EP) referred to common problems encountered in using outhouses such as cold weather and intrusion of snakes and chickens. The mention of animals sidetracked the focus of members from the main topic to that of recalling stories of favorite pets. For example, (OF) proudly remembered how the

family dog would sense when her husband was returning home and would meet him at the crossroads daily. (KM) also described the devotion of her dogs to particular family members. She sadly recalled the time her parents could no longer care for their dog. She was given to neighbors and shortly thereafter passed away. (HT) commented "my husband and I would always take in strays. At one point, we had five dogs. My favorite one was named Shoo-Shoo and when she passed away, I could no longer have another take her place." Her facial expression and low voice tone reflected her grief and sadness. The student took the opportunity to validate those members whose pet stories aroused their emotions to such a degree. He expressed gratitude in members being able to share these intimate and sentimental memories with others.

The final part of the session was devoted to completing the original agenda related to technological advances. (HT) marvelled at how airplanes travel as they do and recalled witnessing massive Armed Force's low-flying water-bombers in training. (KM) described her work in a Detroit assembly plant manufacturing parts for warplanes. She proudly recalled how she would use a rivet gun to connect the various parts. (HT) added that her two cousins also worked in similar positions with the Canadian Armed Forces. All members shared their work-related experiences and, in turn, were validated for their various contributions to household and family, employment, volunteer and war service.

As two members had expressed a desire to attend other planned activities, the session came to an end. The topic for

Session #5 **Favorite Hobbies and Activities,** was introduced and members were invited to bring in any items reflecting their particular interests.

Session Five

The session coincided with week #2 of the nurse's strike that continued to effect group composition. Only four members were in attendance. The student welcomed members and reviewed their status from last session. As there was no change(s) in each member's situation, the topic **Favorite Hobbies and Activities** was introduced.

A Singer model threadable sewing machine and circulation of an original Eaton's catalogue depicting clothing fashions of the 1930's were used as stimulants for reminiscing. These stimulants generated comparisons between the quality of various hand sewn items as opposed to present machine-sewn articles. (KM) and (HT) reminisced about the elaborate embroidery and knitting performed by their grandmothers and mothers. (KM) concluded that knitting was a way of life for women and many items were handed down from generation to generation. She proudly displayed various items she had knitted while in hospital and also shared her experiences while sewing clothing and blankets for the Red Cross during the wartime years. (EP) and (HT) responded with regret and sadness in not being able to knit due to deteriorating eyesight and arthritis. These comments were greeted with empathy and understanding by the other group members.

The proceeding conversation focussed on leisure and domestic activities. When time away from chores would allow, (OF) described the fun she had sleighing and tobogganing in the winter and playing rugby during the summer. (HT) responded..."I also played a game or two of rugby, but I found it much to rough and quit. I preferred tobogganing with friends down the Red River." (KM) agreed..."I too enjoyed tobogganing along Cook's Creek. Oh, to be young again!"

The conversation turned to a description of activities of a more serious nature. All members saw themselves, first and foremost, as having been full-time housewives, mothers, and caregivers. Efforts to love, nurture and protect family was the most common theme. Given the opportunity, the student validated their lifelong commitment and loyalty to family as very special and meaningful. Members agreed to terminate at this point.

Session Six

The final session coincided with week #3 of the nurse's strike. Two members (HT) and (EP) announced to the group their plans to move from hospital to nursing home later that same day. Additional time was devoted to addressing questions about the move to nursing homes as all members appeared caught up in the excitement of the news. The student turned the group's attention to the agenda at hand. Members were asked to respond to questions that were submitted to them in advance, focusing on the topic Life in the Present - Sharing Experiences of a Lifetime. The responses to these questions were as follows:

- What do you miss most in your life?

(KM) and (EP) referred to giving up their homes as their greatest personal loss; including the privacy, independence and control that accompanied community living. (HT) and (OF) acknowledged the loss of spouses and the loneliness that followed as the most significant in their lives.

- How do you feel about your present situation?

Responses illustrated a common degree of acceptance and tolerance towards hospitalization. As (HT) remarked, "It's only human nature to feel sad and all alone at times like this, but we have to be strong and make the best of a bad situation. The nurses are very nice and helpful!" All members supported claims that hospital staff were helpful and supportive, but admitted the hospital could never take the place of home. (HT) added "I sometimes get the feeling I've been cheated by my family and others. I guess I have to accept this (referring to hospitalization) and everything else that might come my way. I have no choice!"

- All of you have lived long and productive lives. If there was anything you could tell me to make me wiser, what would it be?

The majority of responses focussed on the importance of maintaining positive relationships with family and friends. For example (EP) suggested that being married, raising children and helping the less fortunate served as the most meaningful purposes in anyone's life. (HT) agreed that having children is important,

but stressed that being an attentive and responsible parent was equally important.

- What did you like most about the group?

Member's comments reflected their enjoyment in meeting others and sharing memories of special life events. (KM) and (EP) stated the sessions provided them with an activity to look forward to every week, and the opportunity to become more acquainted with the student and other members.

- Would you recommend this program to others?

All respondents answered yes to this question. At the same time, (OF) and (EP) shared their regrets the group was terminating and requested the student keep in touch with them in future. (KM) also extended invitations for all members to visit her once she moves to Betel Home in Selkirk, Manitoba.

In conclusion, the agenda of the final session concentrated on satisfactory termination with reference to each member's impressions and reactions towards the overall group process. The discussion had focussed on what had been gained from the sessions by the members and student alike. Comments reflected the positive and negative aspects and the emotions that accompanied termination. Finally, the session allowed members to ventilate their anxieties in the face of present circumstances and express hope for the future. They comforted and reassured one another in ways that could not be offered outside a structured group setting.

Group Two (April 10 - May 2, 1991)

Session One

The first session was attended by seven members (five female and two male). The group was arranged in a close circle around a table with wheelchairs interspersed with regular chairs. The most physically vulnerable members were seated closest to the student in the event of any problems. The tape recorder was located on the table in view of all participants.

The student began the session with an overview of the objectives of the group, the technique of reminiscence, and the upcoming agenda. This was followed by an "around-the-table" introduction of members to one another. During the course of the introductions, it became quite evident a number of members were inappropriate for group membership based on physical frailty and mental disorientation, which was not evident during the prescreening process. For example, (IM) was unable to tolerate sitting in a wheelchair for any length of time and consequently was unable to stay focussed on the agenda. (MS) showed a willingness to participate, but his grasp of the English language was much more limited than originally assessed. (EC)* was pleasantly disoriented and monopolized group time with irrelevant

*** Distinguishes between two members with the same initials.**

conversation. (MP) was simply disruptive to other members by her negative behavior and was promptly excused from the group.

The remaining members were visibly annoyed by the various disruptions in and around the group. Nevertheless, the student attempted to proceed with the agenda and encouraged members to disclose information about their present situations while in hospital. The majority of conversation centered around member's physical limitations and medical complications. In light of the negative influences of (EC)*, (IM), (MP) and (MS), there emerged no spontaneous flow of conversation between members resulting in the group terminating after 30 minutes.

At the conclusion of the session, members were interviewed separately to determine initial responses to the session. Members (AL), (EL) and (EC) admitted feeling uncomfortable in the presence of others with increased physical and mental problems. Although sympathetic towards their plight, these members expressed reservations about returning to group if no changes to membership were undertaken. As a result, (MS), (IM), (EC)* and (MP) were reassessed as not meeting eligibility criteria for membership and released from their original agreements. In their place, two new members (AG) and (NW) were screened and invited to participate in the following session. In preparation for session #2, all members were oriented to the next topic for reminiscence.

Session Two

This session was attended by five members (four female and one male). The initial part of the session was devoted to welcoming and introducing new and returning members to one another and clarifying the group's objectives and agenda. Following this task, the student introduced the topic for reminiscing: Memories of First Home and Mother's Cooking and Baking. A combination of the student's high anxiety level and need to meet the session objectives was reflected in the amount of direct questioning of members on his part. As a result, members addressed the majority of contributions to the student with very minimal interaction amongst themselves. They were also very conscious about being taped and appeared cautious in divulging too much personal information. Nevertheless, the majority of reminiscences were positive as highlighted in the following:

Members began reminiscing about their family homes and the towns in which they were born and raised. (AL) and (EC) shared their memories of farmsteading and gardening in Scotland and Manitoba respectively and compared the advantages of country life to that of the city. This lead to a spirited discussion of various fresh food produce, foodstuffs, and baking products. (AG) contributed to the discussion by sharing his culinary experiences of deer, rabbit, duck, skunk and porcupine meat.

The final part of the session was spent disclosing personal information about grandparents, parents and children. However,

as energy levels were wavering among participants, the student suggested returning to the topic of family and friends at the next session and proposed termination.

While members were being treated to post-meeting refreshments, (AG) took the opportunity "off-tape" to share his experiences in the military. It was hoped additional social time amongst members would assist in enhancing group development.

Session Three

Five participants were identified as core members of the closed group. Unfortunately, (AL) and (EL) paid their regrets due to illnesses related to diarrhea. In keeping with the schedule, the session was not postponed. The remaining three members were asked to reflect on their memories of **Family and Significant Others** (including favorite pets). The presence of the tape recorder appeared to have minimal significance at this point.

As the number of participants were small, the student took on a more active role and also disclosed many memories related to the topic at hand. There was a very spontaneous exchange of reminiscences among the group. The level of interest and emotion among all members was at an all time high. For example, (NW) recalled that while her mother worked in a bakery, she and her brother Ted would look after each other. She added that her brother continues to look after her needs to this very day. (AG) proudly described his father's war service record, and elaborated

on his own education and employment history. He made particular reference to his graduation from the University of Chicago with a Degree in Physical Education and years of work as Health Director of the Y.M.C.A. (NW) also described her employment background, but admitted the opportunities were very limited due to poor vision. Nevertheless, she shared her enjoyment in training various animals such as seeing eye dogs.

The reference to dogs stimulated reminiscences of favorite and unusual pet stories. Members shared sorrow over the loss of their loyal and obedient pets and, to a greater extent, the loss of other significant social relationships. Given the opportunity, the student validated the positive aspects of each member's past relationships and reinforced the normalcy of their grief reactions. On a positive note, members also expressed hope for developing new relationships in the future.

The session terminated at this stage and members accepted an invitation to remain for refreshments.

Session Four

This session was attended by all five participants. The initial part of the meeting was dedicated to reacquainting individuals to one another and reviewing their status; keeping in mind three members were absent at the previous session. Members shared their recent episodes of ill health with (AL) announcing the possibility of further orthopedic surgery. The group responded with understanding, encouragement and support.

Following this exchange, the student set forth the agenda and introduced the topic for reminiscence: Technological Advances In Your Lifetime. The content of reminiscences were very disjointed and less than spontaneous. Members appeared very scattered in their recall of certain themes related to the motor vehicle, electricity and sewing machine. (AG) recalled his father's 1919 Ford Model T; (NW) described her first airplane trip to Oregon; (AL) and (EL) recalled their first Singer sewing machines, phonographs and television sets.

Members changed the focus of reminiscing from technological advances to more memorable family events such as weddings, (EL) outdoor weddings (EC), military weddings (AG), and 60th wedding anniversaries (AL). Conversation of weddings reminded some members of other social events such as ballroom dancing, barnyard dances, etc. (AL) expressed sadness in not being able to socialize as before due to old age and poor health. (AG) and (EL) also shared regrets in losing their independence and referred to the various hardships of hospitalization such as lack of privacy, no sleep, highly regimented schedules, etc. This discussion reinforced the commonality of circumstances and lead to expressions of support among participants. Finally, as this was the midpoint stage of the intervention, administration of inventories (T2) followed the session.

Session Five

In preparation for this particular session, the five members had agreed in advance to reminisce about their favorite leisure activities. The session began with a review of each member's status. Comments related to poor health and ongoing problems with hospital routine dominated the conversation and were greeted with empathy and understanding. The group supported (EC)'s comments that "our health fluctuates as often as the weather!" The majority of discussion was between members with less attention directed towards the student. This interaction offered further evidence that the group had reached a very cohesive stage in its' developmental process.

As the student allowed members greater flexibility and control, the reminiscing did not follow along the lines of the proposed agenda. Rather, (AG), (NW) and (EL) began to reminisce about their early school years and compared the quality of past education, with present educational standards and costs. Reference to monetary concerns motivated (AG), (AL) and (EC) to turn their attention to discussing costs related to personal care home placement. None could ever have imagined spending their later years and resources in hospital rather than in their own homes. (AG) nostalgically recalled the years of enjoyment living in his home located on riverfront property along the Assiniboine River. (AL) also shared the advantages of life on their farm. Her references to gardening, hunting and fishing aroused members to compare favorite meals and recipes comprising of rabbit, fish,

turkey and even horsemeat. Among their favorite ethnic foods were Chinese and Ukrainian. Returning to their present circumstances, all members expressed disappointment in the quality of hospital food. (AL) concluded, "nothing can ever beat our home cooking!"

The final part of the session was devoted to the popular subject of favorite pets which proved, once again, to be the most stimulating and emotionally-charged theme for members. (AG) described the peculiar habits of his St. Bernard, cockerspaniel and welsh terrier. (AL), (NW), (EL) and (EC), in turn, shared memories of their favorite cats.

At time of termination, the student thanked members for their contributions. The group was also reminded of the proposed agenda for the final session and were invited to stay and socialize "off-tape". (EC), (AL) and (EL) elected to stay and were overheard comparing their Easter holiday plans. The post "get-together" had become established as an integral part of each session and members appeared to enjoy this extra time together.

Session Six - Termination

Four of the original five members were in attendance. (AL) was discharged from hospital two days earlier. A review of each member's status was undertaken and no apparent changes were indicated. As to decrease the feelings of uncertainty and anxiety towards termination, members were oriented in advance to the topic entitled: Sharing Experiences of a Lifetime. They

were provided with a series of questions that would (a) serve as a "springboard" for discussion, (b) establish ego-integrity and (c) highlight impressions about participation in group reminiscence.

What do you miss most in life?

(NW) ..."I miss my brother and the times we shared growing up together on the farm. Those were the happiest times!"

(AG) ..."I miss most my ability to be active and independent. I really regret missing the opportunity to participate in the Olympic Games as a result of the War."

(EC) ..."I miss my health and the company of family and close friends. Come to think of it, I also miss the old times - it was a different time that offered us a simple way of life!"

(EL) ..."I miss everything outside this hospital, especially the fresh air! I miss the freedom to do the things I used to do without having to report to doctors, nurses and others."

What do you hope for in the future?

(NW) ..."I keep hoping my brother will change his mind and allow me to live with him, rather than stay in hospital much longer."

(EL) ..."My only hope is for my health to improve so I don't have to be a burden on others."

(AG) ..."I would like to leave this hospital soon and have one last opportunity to travel to places I've never seen. That would be nice!"

(EC) ..."So much has changed in my lifetime that I am almost afraid to hope for anything else. I am not even sure of what awaits me tomorrow or where I will be! It's all in God's hands."

What can you tell me to make me a better person in my own life?

(NW) ..."Damned if I know, maybe stop smoking!"

(EL) ..."I am grateful for your time and efforts in helping us in our difficult situations. Continue with what you are doing to help us and others."

(EC) ..."I encourage you to pursue a stable and healthy lifestyle and avoid making too many drastic changes in your life. Also, never lose sight of the importance of a close family. Remain close and they will always be there for you!"

(AG) ..."It is important for you to travel and learn of other places. A good education never hurts and will bring you wealth and opportunity."

(EC) ..."Money is not that terribly important. As long as you have your health, everything else will fall into place."

(NW) ..."Let's not forget education. That is one thing I regret missing out on due to my poor health as a child."

(EL) ...Many younger people, like my grandchildren, are spoiled and take everything for granted! They have everything and always expect more. I'll tell you something, it was much more difficult growing up during our time than you could ever imagine. My advice would be to never take anything for granted!"

Overall, the group emphasized the importance of family, good health, honesty and hard work, and the pursuit of education and travel. This positive exchange of information (from members to the student) served to bolster each member's self-esteem and validate them as unique and worthy individuals.

The final part of the session was devoted to assessing each participant's reactions to the group process. The responses to the following questions reflected the positive influence the group had on each member:

<u>What did you like most about the group and what were your favorite topics for reminiscence?</u>

(AG) ..."I can honestly say I enjoyed all the sessions and topics equally. They were all very interesting. It sure beats sitting alone in my room downstairs."

(NW) ..."I have no complaints. I enjoyed meeting with you all. I particularly enjoyed the refreshments and the chance to do something different."

(EL) ..."This group gave me something to look forward to from week to week. I also enjoyed the refreshments and your efforts to make us all feel welcome and comfortable. Everything was fine."

(EC) ..."Even though I didn't talk much, I still enjoyed listening to the others. Their stories made me think of pleasant times too. I thank you for inviting me to the group because it gave me the chance to meet others and get to know you a little better."

Follow-up appointments were set between members and student in order to complete the final set of inventories. The session concluded with members exchanging "farewells".

Follow-Up

Participants from each group had agreed to complete the final set of inventories within a one-week period of termination. Based on the scores and comments generated from the G.D.S., P.A.S., and C.S.Q. respectively, it was apparent the overall group experience was positive and meaningful to the participants. At the same time, the student and members were able to begin tying the group experiences together in order to begin the life review process. The student's role was to enhance this process and make it more conscious, deliberate and efficient (Kibbee and Lackey, 1982).

Common Themes Emerging From The Reminiscence Groups

Despite the variety of individual differences in class, education and cultural background, the participants interviewed expressed common themes of reminiscence. While they reminisced about the positive events of their past lives, strong concerns about the present kept surfacing as well. All of them were trying to cope with hospitalization and deal with the fears and uncertainties about the future. Many of the themes are closely associated with those described by Becker, Blumenfield and Gordon (1984) in **Voices From the Eighties and Beyond:**

Parents and Siblings Are Central Figures in Reminiscence

The participants made repeated reference to their ties to significant past relationships and to the affectionate aspects of those relationships. For example, parents, spouses and siblings were recalled very vividly. Participants described the type of people they were and the positive influence they had on their own lives. Most importantly, they shared with others that family did more than just raise them; they also loved, educated and protected them. Meaningful relationships with pets were also accorded the same emotional significance as were those of parental and sibling figures. As one member (EC) so eloquently expressed, "I treasure the memories of my past relationships. Thinking about them gives me a sense of who I really am!"

Childhood Scenes Are Recalled Clearly

The recall of many childhood scenes are best described as nourishing for the elderly (Becker, et al., 1984). Similarly, group participants appeared to savor the recollection of their youth with interest and fondness. Without hesitation, they describe their earliest family homes, farmsteads, schools, neighborhoods and personal items of past significance. They characterize these places and objects as representing a different, yet simple time. Compared to the present, however, they are well aware of the significance and advantages of various technological advances. As a result, they admit not wanting some of the physical surroundings back again. What they do express missing most from their childhood are the relationships with family, friends and even pets. These were the people that knew them (best) for who they really were. Sometimes their memories of themselves are reflected in such common slogans as: "I was always a softie" (HT); "I always made the best of things" (EL); "If only you had known me then, you would understand..." (AL); and "They could tell you just what kind of a kid I was" (KM). At times, even their reminiscences about special childhood events have a stereotypical quality about them, reflecting the number of times they must had been shared before. "In childhood they did not wear the masks of age and illness which now, they feel, conceal their own unique identities." (Becker, et al., 1984; p. 93).

The Need to Remember Being Loved and to Feel Loved Today

Without exception, all the participants enjoyed reminiscing about instances when they were loved. Most talked nostalgically of the love they felt from parents and the love they continue to receive from others. They proudly recount the occasions when younger family members such as grandchildren, nephews and nieces would visit or send holiday cards, greetings or gifts. Their happiness is balanced with expressions of sorrow for other individuals who never see a relative or friend while in hospital. Therefore, any evidence of family connection and expression of love is of utmost importance to them.

The Need for Admiration and Validation

Group members look back at the past for confirmation of their worth in the face of deteriorating health and social isolation. Similar to Becker, at al., (1984), the student also found "two powerful, yet contradictory impulses" that motivated the participants when they reminisced about their lives. On the one hand, some would almost romanticize about themselves and their past. As they reminisced, they were saying that they had lived long and productive lives and made peace with many past conflicts. The reminiscences would focus on particular events that reflected a sense of pride, accomplishment and competency. These events include employment, raising children, volunteer service, and domestic or leisure activities. The other reaction

was to deprecate the past as was evidenced during the pre-screening process through comments such as: "My past is not that interesting", "My past is not really worth talking about or sharing with others", and "Who really cares about what happened to me"? These particular individuals needed to be reassured that "others" were indeed interested in them. They, too, were looking for validation and confirmation of their value.

Adapting to Hospital Life

The participants who were frequently depressed and upset over frail health and the limitations imposed on them by hospitalization, used the opportunities offered through reminiscence to express their feelings and concerns. The majority of individuals associated their negative state with being less active and more dependent on institutional care. Expressions reflecting difficulties in coping and adjusting to hospital life were best highlighted in the following comments: "... I can't get around as much as I used to; so when I am sitting or lying here alone, I will often think about my life. I could never have imagined being here (referring to hospital). I assure you it is not a very happy ending!" (HT)"...I can't help but think of what I had before and what I have now. Look around and tell me if I shouldn't be feeling lonely and depressed. How can I feel differently when I'm sick and having to depend on others for every little thing? I have no other choice but to accept this situation, but this hospital is far from being a

home!" (EC). Members talked with sorrow of the homes they left behind at the time of entering the hospital. The home or apartment with its' many familiar objects became a metaphor of what was really lost to these elderly; that is freedom, privacy and independence.

There is no question the participants had a need to share their feelings about their losses and present circumstances. More importantly, if current experiences were trivialized and devalued, it essentially confirmed the elder's loss of self-worth. Finally, those members who had very limited family and social supports, or had been unable to form personal relationships during the course of hospitalization, found the reminiscing group supported them in social and emotional terms.

Coping With Loss of Health

Participants expressed a fear of further physical and mental deterioration and the risk of over-burdening caregivers if they were to become totally dependent. The elderly coped in various ways with these feelings of helplessness and anxiety. Most tried to protect themselves by separating physically and emotionally from the other less fortunate patients. This was particularly evident in comments expressed by three members during Group Two's introductory session: "I don't feel very comfortable mixing with those other patients because they are much too sick" (EL), "I prefer to stay to myself when possible" (EC), and "Those poor souls. I am so fortunate not to be like them" (AL referring to individuals with marked physical and/or mental deterioration).

Others were making more deliberate efforts to come to terms with their own deteriorating health. Although negative about their situation, they made efforts to engage with others in various diversional activities, including reminiscing, in order to maintain a small measure of control over their lives.

Search for Meaning In Life

It was anticipated that those individuals who showed little capacity to reminisce demonstrated a lack of ego-integrity (Boylin, et. al, 1976; Carlson, 1984). These were the patients who declined to participate in groups following the first session. Their comments centered on feelings of bitterness and regret. They were easily distracted by thoughts regarding their physical ailments and surroundings. On the other hand, those participating fully in group were able to accept their lives as meaningful inspite of various past and present setbacks. They collectively expressed a sense of pride (ego-integrity) in having lived long and productive lives - filled with numerous challenges, changes and accomplishments. As (EM) shared ... "I am not complaining, but times have certainly changed, some for the better and some for the worst. Personally, I miss those earlier years because they were a slower and somewhat kinder time for me. Things are sure different today, but I am glad to have been a part of all the changes. You learn alot, having lived as long as I have!" Another participant (AG) affirmed his life had been a good and satisfying one, but did not want to live it all

over again. "I have seen and been through alot in my own life; the Depression, the Great War and so on. That was then and this is now. We have to keep going on..."

Results (Change in Dependent Variables)

Results from the Geriatric Depression and Personal Adjustment Scales (Tables 3 - 5) indicate that a decrease in depression scores and increase in adjustment scores coincided with participation in group reminiscence. Additional results from the Client Satisfaction Questionnaire, reflecting participant's level of satisfaction with intervention, also indicates generally high mean scores for Group One (25.5) and Group Two (26.8) respectively (with individual mean scores ranging from 8 to 32).

Table 3

Change in Dependent Variables for Group One

G.D.S.

Subject	T1 (Nov. 29, 30)	T2 (Jan. 15)	T3 (Feb. 12)	Difference T1 - T3 (D)
(HT)	11	8	4	-7
(EP)	8	4	3	-5
(OF)	10	6	4	-6
(KM)	10	8	3	-7
(NW)[a]	10	--	10	0
(EC)[a]	11	--	11	0

mean (D) = - 6.25[b]

P.A.S.

(HT)	1	3	4	+3
(EP)	2	3	5	+3
(OF)	1	2	5	+4
(KM)	1	4	6	+5
(NW)[a]	8	--	6	-2
(EC)[a]	1	--	1	0

mean (D) = 3.75[b]

[a] Absent in final 3 session due to nurse's strike

[b] Mean score for 4 subjects who completed all sessions

Table 4

Change in Dependent Variables for Group Two

G.D.S.

Subject	T1	T2	T3	Difference T1 - T3 (D)
(EC)	11	7	5	-6
(NW)	10	8	5	-5
(AL)	9	8	4	-5
(AG)	7	3	2	-5
(EL)	11	9	6	-5

mean (D) = - 5.2

P.A.S.

(EC)	0	1	3	+3
(NW)	1	1	3	+2
(AL)	1	2	4	+3
(AG)	0	4	5	+5
(EL)	1	2	3	+2

mean (D) = 3.0

Table 5

% Of Subjects In Group One And Two Showing Improvement On The Dependent Variables Over Time.

G.D.S.	P.A.S.
9/11 = 82%	9/11 = 82%

Comments From Client Satisfaction Questionnaire

Additional comments generated from the Client Satisfaction Questionnaire reflecting each participant's impressions of the group experience included:

Group One

(KM) ..."The group provided me with a change from the routine of this place" (referring to hospital ward).
..."I always looked forward to coming to the group and talking about what we did."
..."I enjoyed the attention and interest shown in me by the student."
..."I usually left the group feeling good about myself."
..."It is unfortunate there weren't more people participating in the group."

(EP) ..."I enjoyed the opportunity to meet and socialize with others."
..."The topics for reminiscence were always quite interesting."
..."I appreciate the student's efforts in making me feel a part of the group."

(HT) ..."I enjoyed reminiscing about our homes, families and pets."
..."The group provided me with the chance to meet other people like me."
..."I felt much more comfortable in the group once I got to know everyone."
..."I looked forward to the company of others; plus the coffee and treats."

(OF) ..."I enjoyed sharing memories of my childhood with others."
..."I enjoyed the extra treats being served at the group."
..."It was unfortunate (EM) could not attend the last number of sessions. I missed her!" (reference to member EM who was discharged from hospital following 3rd session due to the nurse's strike)

Group Two

(EL) ..."I enjoyed the time spent in group getting to know others, the student and volunteer."
..."I felt sorry at times that more people did not attend."

..."It was nice to have been able to share my memories with others."
..."Attending the group gave me something to do, and a break from the monotony and boredom of my day."

(AL) ..."I enjoyed being able to leave the ward in order to attend our group meetings."
..."I thank the student for making me feel welcome and part of the group."
..."I had the opportunity to meet other people and even make some new friends."
..."It was nice to remember and share earlier times. It made me feel good!"

(EC) ..."I enjoyed the chance to better acquaint myself with others and the student."
..."I enjoyed being a part of the group although I didn't always contribute as I should have."
..."I felt a little nervous having to talk in the group, but I felt more comfortable as I got to know everyone."

(NW) ..."I enjoyed all the get-togethers."
..."I liked talking to other people - it was a pleasant atmosphere."
..."It was something to look forward to. It is too bad our group had to finish so quickly!"
..."I would have enjoyed this even more if my health would have allowed."

(AG) ..."I enjoyed the opportunity to attend the group. It was always a nice break for me."
..."We talked about subjects very dear to me."
..."It was nice to become better acquainted with other people in the hospital and be able to share the better parts of our lives."
..."I'm somewhat disappointed at the few members who did not share more than they did. It's a shame because sometimes I felt I did all the talking."
..."I welcomed your hospitality and enjoyed the coffee and treats."

Chapter IV

Discussion

The practicum assessed the efficacy of group reminiscence as a therapeutic intervention for elderly individuals awaiting transfer to personal care homes from a hospital setting. A decrease in depression and increase in personal adjustment were the hypothesized outcomes for two groups of subjects. Changes from pre-test to post-test scores revealed trends consistent with the above stated hypothesis. There are a number of possible explanations for the results for which any one, or a combination, of these possibilities could have effected the outcome.

First, depression arising from current disenchantment over one's physical, social and emotional status could have been tempered by reminiscence of positive past life experiences. Reminiscence may have helped the participants reaffirm positive attributes about themselves which had not changed with time. Second, participants of group reminiscence may have realized that in balance, life had actually been worthwhile. This would, in turn, have contributed to establishing ego-integrity as defined by Erikson. Third, a reduction in level of depression and improvement in personal adjustment may have resulted from increased opportunities for social contact and support as offered by group interaction. For example, the majority of participants had claimed they did not have many opportunities to socialize while in hospital. When given the opportunity to interact with

positive topics of conversation, it is possible the subjects were able to relate in a new and personal way. Another possibility is that the introduction of the student into the lives of these moderately depressed individuals also served to help them. Many participant's likely felt they were doing something worthwhile by cooperating, participating and connecting with the student. Beaton (1980) would characterize this connecting function of reminiscing as being a link between the person and his/her immediate environment. Fourth, it was possible that for some, group reminiscence was a more concentrated source of intervention than they had been exposed to before. Fifth, some participant's may have become less depressed and more adjusted as a simple factor of time. It is important to note that Group One was conducted during the months of December and January, the time of year most commonly associated with major increases in depression. Finally, attitudes in the hospital setting could produce "demand characteristics" that may have effected the manner in which participants responded to the inventories. "Social desirability" is always a reality whenever clients attempt to satisfy the goals of a program and avoid conflict with caregivers (Bloom & Fischer, 1982). Group reminiscence can not be regarded as an exception to any of these possibilities.

Positive effects of group reminiscence were not simply restricted to the measurements results. Positive results were also reflected in the cohesiveness of the groups and empathy demonstrated by participants to one another. Whether positive or negative, repetitive or not, all participants expanded their

verbalization through the technique of reminiscence. In the process of sharing their stories, participants would laugh and joke together; a sharing of humor and camaraderie perhaps seldom experienced by these particular individuals outside the group setting. Gradually, as sessions progressed and each group developed, members gained more comfort and trust in the group process. As a result, they became more interested in the agenda, began to listen, respond to, and support one another, and reminisced with greater ease and spontaneity. Often in fact, they would help each other remember or defend a member who was less able to clearly express themselves. The audiotapes offer evidence of these positive interaction patterns. Finally, a non-judgmental and accepting attitude from the student appeared to promote a safer environment in which participants could communicate and share reminiscences. Members made particular reference in the Client Satisfaction Questionnaire to the pleasure of meeting other peers and also identified the student as a new acquaintance. Other behaviors identified, through progress recordings, as evidence of improvement due to reminiscing were: willingness to participate in group reminiscence; increased socialization on wards between sessions (i.e.) EM and OF - (C5N), EC and AL - (M4), and HT and EP - (SH2); improved grooming; and increased participation in other diversional activities throughout the hospital setting.

While the successes were sometimes small and occasionally short-lived, by most standards, they did happen. If people continue to attend an activity week after week, as did

participants in group reminiscence, the assumption can be made that the activity had some meaning and value. As far as can be determined, participation in group reminiscence offered a number of hospitalized elderly patients something different to do, somewhere to go, and some new people to meet. Through group membership, individuals were able to find common interests and contribute a sense of self to themselves and to others. It also gave them much needed attention and special status among ward staff and other chronic patients.

These results serve to support claims in literature of the formation of self-help groups based on common issues and the positive relationship between social support and personal adjustment (e.g. - Ambrose, 1989; Baker, 1985; Haddad, 1981; Hogan, 1980; Wells & Macdonald, 1981).

Limitations

There are a number of limitations related to the practicum that need to be mentioned.

First, the generalizability of findings are limited due to the relatively small sample size of the reminiscence groups and the nature of the acute-care setting from which the client population was drawn. Second, mild memory loss and fluctuating health status among participants further effected attendance and participation in groups. Third, differences in levels of depression and personal adjustment due to group effect versus group work could not be determined due to the lack of appropriate

subjects for control groups. In addition, the possible state of depression and maladjustment of members due to physiological problems, drug effect, and chronicity could similarly not always be determined. Another drawback emerged from the turnover of various participants due to hospital discharges, and its' concomitant effect on group cohesion. This resulted in those members not given the time to develop a sense of rapport and cohesiveness necessary to explore the more introspective exercises in group (Rajacich & Faux, 1988). A further consideration was the degree to which reminiscing is considered an individual versus a social activity. Was the quality of group reminiscing different from what might be expected with a close friend or confidante? One could also question whether the hospitalized elderly, although presumably depressed, are those who would most benefit from the reminiscing intervention. For example, reminiscing has been associated as being effective with more severely depressed populations (Fry, 1983; Parsons, 1986), groups suffering from other psychological disorders (Lesser, et al., 1981), and/or perhaps individuals of a different age and health status (Fallot, 1979-80). It is also possible that focusing on a particular type of reminiscing (i.e. - life-review) and using different dependent measures, other than those assessed in the practicum, may yield even more encouraging results for the elderly (Perrotta & Meacham, 1981-82). Finally, a more intensive version of the intervention in which reminiscing takes place for longer periods, such as ten weeks, may also be more effective (Lappe, 1987). In support of the practicum, it should

be noted that the intervention used - approximately 45 - 60 minutes for each of six weeks - was typical of what is often received during brief therapy (Perrotta & Meacham, 1981-82). Furthermore, the level of skill of the student-facilitator, the number of clients receiving the intervention, and frequency of sessions was also similar.

In conclusion, the pre-test - intervention - post-test (A-B-A) experimental design used in the practicum illustrates the omission of several features that are necessary in the evaluation of short-term interventions. These features include random assignment of participants to groups, controls for reactivity of the measures, measurement of reminiscence itself as distinguished from the assessment of its' effects, and controls for interaction with the student (Perrotta & Meacham, 1981-82). These limitations, however, merely point to areas in which additional empirical efforts are warranted.

Specific Management Problems Related to Groups

A variety of management problems which are not typically encountered in individual sessions emerged in group reminiscence.

Among the more common problems were the monopoly of group time by a small number of participants, diversion from the main agenda, and lapses into small talk. For example, members KM (Group One) and AG (Group Two), who had been stripped of their social status as a result of hospitalization, had the tendency to manipulate others emotionally in order to achieve a sense of

power and control. Oftentimes, these particular members would ramble on about insignificant incidents or talk at length about details only marginally related to the reminiscence topic, causing the rest of the group to become tired, frustrated and unfocused. In the role of guiding group discussion, the student was challenged to discourage this type of behavior and interaction without rejecting these individuals. This was usually accomplished by interrupting the participant's rhythm with a question and sincere expression of interest towards their response, allowing the opportunity to open the floor to someone else (Osborn, 1989).

While various memories appeared vivid to the reminiscers, they were not always sequential. Each person's repertoire of reminiscing was finite and repetitive, with certain favored reminiscences repeated frequently. It was the odd and incidental recollections (such as the pet stories) that exerted such power over memory and contributed to diversions from the stated agendas. During the course of reminiscing, members would also focus attention on present concerns and problems. This occurred either because they forgot the purpose of the session or they were reacting to their anxiety related to a particular subject matter. "It was important not to discount expression of current concerns as diversionary, but as an integral part of their living history" (Becker, et al., 1984; p. 98). The student would not deliberately attempt to shut out the elderly when current concerns related to hospitalization intruded the flow of reminiscence. These were recognized as normal expressions of

anxiety, generated by feelings of helplessness and loss. As the groups progressed, the student began to acknowledge the significance of various memories, emergence of common themes and attention to present concerns at the expense and efforts of following agendas.

Differing rates of participation and improvement among members was another problem. Some members were reluctant to openly share reminiscences (i.e.) EP and OF (Group One); EC and AL (Group Two). This reluctance was usually overcome in the second or third session. However, it must be noted that members reluctant to verbalize due to fear or shyness were, nevertheless, silently reminiscing and deriving some benefit from the group interaction. In efforts to gain further details from these individuals, it was important to avoid a questioning attitude which could be interpreted as a threat to their privacy. As a result, everyone was encouraged to accept and be supportive of all members.

Finally, the incidence of absenteeism and turnover of members due to exacerbation of illness, hospital discharges and the effects of the nurses's strike remained a constant management issue in terms of rescheduling sessions and maintaining group interest and cohesion.

Implications

Findings of the practicum have implications for health care professionals who should provide more opportunities for

legitimate expression of reminiscence in the elderly. The study supports Butler and Lewis' original findings that, rather than being a symptom of organic dysfunction and a representation of "aimless wandering of the mind," reminiscing may indeed be a valuable technique in terms of adaptation to an institutional environment.

The clinical implications of this practicum centres on intervention with those hospitalized patients awaiting transfer to personal care home facilities and in dealing with the specific problems of depression and personal adjustment. Clients who are encouraged to reminisce can provide the clinician with very useful material regarding their social and family history, self-image, use of relationships, and degree of adaptive functioning. Furthermore, diagnosis of a client is enhanced by noting the nature of the reminiscing as well as whether they are capable of seeking enjoyment in the activity (LeGero, 1980). There is no question that a therapeutic relationship will be more readily established with the elderly client who is invited to reminisce and "to share with the clinician those parts of themselves which are no longer observable to others" (Carlson, 1984; p.89). This in turn enables the elderly to maintain self-esteem, and reaffirm a sense of identity in the face of tremendous social and emotional upheaval resulting from displacement in hospital.

One other finding of the practicum, supported by Butler (1963), is that reminiscing comes naturally to the elderly. Often, the only stimulus needed to initiate a session were single

statements such as "Can you tell us about..." or "Do you remember...?" Comments by one member would often prod the memory of other members, bringing up an abundance of memories. This implies that it is not essential for facilitators to have extensive experience with group therapy. Professionals who take an interest in their elderly clients, are good listeners, and are able to use a structured supportive approach have the potential to conduct effective reminiscence groups (Lappe, 1987).

Group reminiscence has been assessed as a relatively simple form of intervention to implement. It is more economical and time efficient than individual work and can be implemented in many different hospital wards and health care settings. Because there are only a few restrictions to membership in such groups, many elderly subjects can benefit from the approach. The advantages of increased interaction and socialization; both important needs of hospitalized elderly, can also be realized very quickly and effectively in reminiscence groups (e.g. Baker, 1985; Burnside, 1984; Ebersole & Hess, 1981; Osborn, 1989).

The theoretical implications of the practicum address three major areas. First, the content of reminiscing may contribute to a greater understanding of the role of old age within Erikson's life cycle model (Carlson, 1984). More specifically, the proximity of the elderly to death precipitates a crisis during which individuals will review/evaluate their life's experience and accomplishments in terms of whether goals had been reached. Depending on whether individuals are able to find some meaning to their lives, this process results in either achievement of ego-

integrity or despair. Therefore, adjustment to old age and its' inherent consequences is linked to acceptance of self and what one has made of his/her life. Consistent with this orientation, is the suggestion there exists a correlation between the capacity to reminisce and the capacity to achieve a sense of ego-integrity (Boylin, et al, 1976; Carlson, 1984; Fry, 1983). The particular content and quality of reminiscences among participants in this practicum indicates their ability to sustain a relatively positive relationship with the past in a way which allows for this continued ego-strength in the present and future.

Second, reminiscing provides the opportunity for gaining greater insight into the mourning process. An essential part of the normal grief process is repetitive recollection of lost objects. The normal mourning process is completed when the ego becomes free again to pursue new objects. Past objects are gone but can be recalled and put to use in the present (Castelnuovo-Tedesco, cited in Carlson, 1984; p. 83). As in the case of mourning, reminiscence reflects a similar reorganization of one's relationship to lost objects; can appear to be reflective of introversion; and can result in an ability to relinquish what has actually been lost. In fact, "reminiscence provides solace by confirming that something actually took place, and what remains has enough substance to comfort and reassure." (Carlson, 1984; p.84).

Third, reminiscence can generate a greater awareness of the adaptive functioning in hospitalized elderly. For example, these individuals are faced with an inability to maintain the life they

were previously accustomed to, and may be unable to avoid reflecting on how they could have been or what they could have done differently. As significant physical and mental changes occur, social relationships are modified and previous coping resources are no longer as predictable or viable as they had been prior to hospitalization. As a result, these individuals recall past life events and relationships in efforts to consolidate their self-identity and gain a sense of continuity over time. This view coincides with the observations in literature of increased reminiscing among the elderly whose numerous losses represent a threat to self-esteem (e.g. Carlson, 1984; Castelnuovo-Tedesco, 1978; Lewis, 1971).

Effects on the Student-Facilitator

> "Isn't each of us struck silent and attentive when we hear an old man or old woman utter the magic words...Now I will tell you the story of my life"
>
> **Harry Moody, 1984**

Having been a part of this program has contributed to a number of positive experiences and outcomes. First and foremost, the group experience offered the opportunity to enhance the student's skills in empathic communication, and put these particular skills - questioning, sharing, listening, observing, non-verbal communication, and a non-judgmental attitude - to good use in fostering reminiscence in the hospitalized elderly. Reminiscence further generated the student's own awareness of his

leadership skill and behavior, and how they affected others in the group. For example, the student's need to be responsible for what occurred in groups decreased as sessions progressed. In place of efforts to maintain control via rigid agendas, the student took on a greater role of observer-participant and would often disclose personal information about self to the group. This interaction pattern helped to stimulate more discussion and spontaneity in group and establish trusting relationships between the participants and student.

Working in this program has also assisted the student in becoming more methodical in the implementation of clinical interventions. It has lead to a greater respect in the value of looking objectively at results and being less concerned that all results be positive. In addition, the student's self-confidence had increased as a result of receiving client and peer recognition for organizing and leading the groups. Hospital staff remained positive and supportive of the reminiscence program and took measures to assist the student in meeting various practical tasks related to group. The staff was equally cooperative in observing for any changes in participants between sessions and provided the student with valuable feedback, consultation and encouragement.

Finally, the various descriptions and themes that emerged from reminiscence will not be easily forgotten. Because of these reminiscence groups, the student has, in many respects, "rediscovered" that when approached as mature individuals, the hospitalized elderly will respond as such. They share their

reminiscences when someone takes the time to simply listen and understand. As one member (KM) responded: "I've enjoyed this chance to share parts of my life with you. It is not very often I've had this kind of opportunity. No one seems to have the time!"

These particular benefits serve to support claims that reminiscence is not only a positive experience for participants, but for the facilitator as well. (Baker, 1985; Burnside, 1984; Ebersole & Hess, 1981; Osborn, 1989).

> "There is nothing I like more than conversing with old persons; for I regard them as travelers who have gone a journey which I too may have to go."
>
> **Socrates, Plato's Dialogue**

Conclusion

The practicum supports a number of earlier studies that claim reminiscence has a general adaptive function for geriatric subjects.

In efforts to deal with the stress and negative effects of hospitalization, members welcomed the opportunity to reminisce and received enjoyment in the activity (Fry, 1983; Lieberman & Falk, 1971). Participation in group reminiscence contributed to ego-integrity (Boylin, et al., 1976), maintenance of self-esteem (Lewis, 1971), decreased negative affect (Fallot, 1979-80), and positive changes in the interaction and behavior of members observed (Head, Portroy & Woods, 1990). The results also

substantiate the notion that reminiscing about the past is linked with desirable changes in depression and personal adjustment (Havinghurst & Glasser, 1972; Lappe, 1987; McMahon & Rhudick, 1967; Parsons, 1986).

The significance of these claims further generate an acute awareness that the need for psychosocial well-being is not unique to the hospitalized elderly awaiting personal care home placement. As Berezin (1972) affirmed "the old person yearns for, needs and desires the same satisfaction, gratification and pleasures as do younger people (p. 1484). The difference in need at various ages are of degree, not quality (Carlson, 1984). Through reminiscence, members were allowed the opportunity to be viewed as people, rather than hospital patients, with unique personalities, histories, and personal set of life experiences. Without clinging to the past, these individuals reexperienced their participation in it and, in so doing, strengthened their identity and self-esteem.

If the elderly are given the opportunity to feel comfortable with themselves, they can feel that life was not wasted (Becker, et al., 1984). Group reminiscence offered participants this opportunity to recall, share and celebrate their lives.

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APPENDIX A.

NURSING HOME WAITING LIST.

PATIENTS AWAITING NURSING HOME PLACEMENT AUGUST, 1990

$	Eff Date Billing	Person Handling Billing	Name	Admit Date	Date Forward	Reassess Date	Ward	Doctor	Personal Care Home	Lvl	Ltd.	Panel Date	Contact	Length Of Hospital Stay In Days - As Of August 1, 1990
$	/02/88	Daughter	O. N	30/11/87		24/05/90	C		Tache	3	17/05/90	10/02/88		970
$	26/10/88	Nephew	F. A.	12/07/88		30/04/90	M		Tache	2		26/10/88		743
$	26/04/89	Son	B. A.	18/02/89		19/04/90	C		Foyer Volade	2		26/04/89		492
$	23/05/89	Daughter	M. O.	16/11/88		19/04/90	M		Golden Door	2		24/05/89		619
$	09/08/89	Son	S. M.	06/07/89		24/05/90	S		Holy Family	2	18/05/90	09/08/89		384
$	13/09/89		F. O.	02/05/89		16/03/90	M		Vista Park	2		13/09/89		448
$	13/09/89	Daughter	N. B.	13/06/89		22/06/90	M		CPL #2	2		13/09/89		407
$	25/10/89		S. A.	13/08/89		08/06/90	C		Fred Dougain	2		25/10/89		347
$	27/12/89	Son	D. M.	09/10/89		05/07/90	S		St. Josephs	2	06/06/90	27/12/89		291
$	10/01/90		D. L.	17/11/89		22/06/90	S		CPL #2	3	01/03/90	19/10/89 In commun.		253
$	13/02/90	Daughter	A. M.	26/09/89			S		Tuxedo Villa	3		13/02/90		304

$	Eff Date Billing	Person Handling Billing	Name	Admit Date	Date Forward	Reassess Date	Ward	Doctor	Personal Care Home	Lvl	Ltd.	Panel Date	Contact	Length Of Hospital Stay In Days - As Of August 1, 1990
$	13/02/90	Nephew	H. A.	17/10/89		27/04/90	C		Golden Links	2		24/01/90		283
$	13/02/90	Power of Attorney	P. H.	06/11/89		18/05/90	S		Oakview	3		13/02/90		264
$	13/02/90	Power of Attorney	R. D.	17/12/89		18/05/90	S		Foyer Volado	2		13/02/90		223
$	28/02/90	Daughter	A. B.	17/02/89		29/05/90	C		CPL #2	2		28/02/90		523
$	28/02/90	Power of Attorney	B. G.	06/09/89		30/05/90	S		Beacon Hill	3	01/03/90	28/02/90		324
$	28/02/90	Spouse	R. R.	29/10/89		30/05/90	S		East Park Manor	3	29/03/90	28/02/90		271
$	28/02/90	Public Trustee	T. H.	23/10/89		30/05/90	S		Beacon Hill	2	01/03/90	28/20/90		277
$	28/03/90	Daughter	D. P.	20/11/89		05/07/90	C		Holy Family	4		28/03/90		250
$	09/05/90	Daughter	M. B.	22/09/89			S		Foyer Volade	2		09/05/90		308
$	09/05/90	Niece	W. M.	25/02/90			S		CPL # 2	3		09/05/90		515
$	23/05/90	Son	F. R.	04/01/90			C		Tuxedo Villa	3		23/05/90		206

$	Eff Date Billing	Person Handling Billing	Name	Admit Date	Date Forward	Reassess Date	Ward	Doctor	Personal Care Home	Lvl	Ltd.	Panel Date	Contact	Length Of Hospital Stay In Days - As Of August 1, 1990
$	23/05/90	Son	P. A.	17/11/89			M		Bethania	2		23/05/90		253
$	18/05/90	Step Son	B. L.			18/05/90	C		CPL #2	3		13/03/90		137
$	23/05/90	Son	W. E.	26/09/89			S		Fred Douglas	2		23/05/90		304
$	22/05/90	Sister-in-law	S. A.	14/05/90		05/07/90	C		Beaconhill	2	24/05/90	22/05/90		76
$	13/06/90	Son	H. N.	03/02/90			S		Tuxedo Villa	3		13/06/90		177
$	13/06/90	Son	R. J.	31/08/89			C		CPL # 1	2		13/06/90		330
$	13/06/90	Royal Trust	T. E.	19/03/90			C		CPL #2	3		13/06/90		160
$	27/06/90	Granddaugther	A. E.	06/04/90			S		CPL # 1	4		27/06/90		114
$	27/06/90	Husband	A. P.	21/04/90			C		Sharon Home	4		27/06/90		99
$	27/06/90	Public Trustee	B. M.	02/04/90			C		CPL # 1	2		27/06/90		118
$	27/06/90	Son	D. A.	01/05/90			C		Goldon Links	2		27/06/90		90
$	27/06/90	Cousin	S. A.	14/12/89			M		Russell, MB	3		27/06/90		226

$	Eff Date Billing	Person Handling Billing	Name	Admit Date	Date Forward	Reassess Date	Ward	Doctor	Personal Care Home	Lvl	Ltd.	Panel Date	Contact	Length Of Hospital Stay In Days - As Of August 1, 1990
$	11/07/90	Spouse	C. N.	13/05/90			S		Holy Family	3		11/07/90		77
$	11/07/90	Son	F. G.	12/05/90			S			2		11/07/90		78
$	11/07/90	Son	M. A.	30/05/90			S		Tuxedo Villa	2		11/07/90		61
$	15/07/90	Wife	M. J.	20/02/90			C		Tuxedo Villa	4		11/07/90		160
$	11/07/90	Son	M. R.	08/05/90			S		Oakview	2		11/07/90		82
$	20/07/90	Son & Dtr-in-law	S. G.	27/06/90		20/07/90	M		CFL # 1	2		In Comm		33
$	25/07/90	Daughter	P. F.	06/04/90			C		Oakview	4		25/07/90		114
$	25/07/90	Daugther	R. H.	16/05/90			C		Tuxedo Villa	3		25/07/90		74

Average Wait Per Patient = 273 Days or 9.1 Months

APPENDIX B.

HOSPITAL CONSENT FORM.

MISERICORDIA GENERAL HOSPITAL

AUTHORIZATION TO VIDEO/AUDIO RECORD

Patient's Name _____

Date _____ Time _____ hrs.

1. I hereby consent to have video/audio taken of myself/my minor child or ward/my spouse/my next-of-kin for:

educational purposes or publication in professional journals by the Department of Social Work staff or other appropriate personnel of the Hospital.

2. I hereby release and hold harmless Misericordia General Hospital, its officers, servants, agents, employees and all members of its Medical staff, from and against any and all liabilities to me, my personal representative, heirs and assigns, in respect of any and all physical and mental injury which I might suffer directly or indirectly arising out of or connected with the taking of the video/audio recording hereinbefore consented to.

_____
(signature of patient, parent, guardian, spouse, or next-of-kin)

_____
(signature of witness)

/lel

Sept. 85

APPENDIX C.

THE GERIATRIC DEPRESSION SCALE - SHORT FORM.

CHOOSE THE BEST ANSWER FOR HOW YOU FELT OVER THE PAST WEEK

Are you basically satisfied with your life? .....yes / no

Have you dropped many of your activities and interests? yes / no

Do you feel that your life is empty? yes / no

Do you often get bored? yes / no

Are you in good spirits most of the time? .....yes / no

Are you afraid that something bad is going to happen to you? yes / no

Do you feel happy most of the time? yes / no

Do you often feel helpless? yes / no

Do you prefer to stay ~~at home~~ in your room, rather than going out yes / no
and doing new things?

Do you feel you have more problems with memory than most? .....yes / no

Do you think it is wonderful to be alive? yes / no

Do you feel pretty worthless the way you are now? yes / no

Do you feel full of energy? yes / no

Do you feel that your situation is hopeless? yes / no

Do you think that most people are better off than you are? .....yes / no

APPENDIX D.

THE CORNELL PERSONAL ADJUSTMENT SCALE.

Questionnaire Supplement

What This Is All About

This is not a "test". There are no right or wrong answers. Just answer the questions in the way you, yourself, feel about them. Give your own honest opinions.

The information you give me will be kept strictly confidential. Nothing you write will be shown to anyone else in the hospital.

Read every question carefully. Then be sure to check the answer which best gives your opinion. It is important you answer them all.

Thank you for your cooperation.

CORNELL PERSONAL ADJUSTMENT SCALE
W. E. Thompson, G. F. Streib, and J. Kosa, 1960

Satisfaction with Life

1. All in all, how much happiness would you say you find in life today? (check one)
   _____ Almost none. (–)*
   _____ Some, but not very much. (–)
   _____ A good deal. (+)
2. In general, how would you say you feel most of the time, in good spirits or in low spirits: (check one)
   _____ I am usually in good spirits. (+)
   _____ I am in good spirits some of the time and in low spirits some of the time. (–)
   _____ I am usually in low spirits. (–)
3. On the whole, how satisfied would you say you are with your way of life today? (check one)
   _____ Very satisfied. (+)
   _____ Fairly satisfied. (–)
   _____ Not very satisfied. (–)
   _____ Not very satisfied at all. (–)

Dejection

4. How often do you get the feeling that yourlife today is not very useful? (check one)
   _____ Often. (–)
   _____ Sometimes. (–)
   _____ Hardly ever. (+)
5. How often do you find yourself feeling "blue"? (check one)
   _____ Often. (–)
   _____ Sometimes. (–)
   _____ Hardly ever. (+)
6. How often do you get upset by the things that happen in your day-to-day living? (check one)
   _____ Often. (–)
   _____ Sometimes. (–)
   _____ Hardly ever. (+)

Hopelessness

7. These days I find myself giving up hope of trying to improve myself. (check one)
   _____ Yes. (–)
   _____ No. (+)
   _____ Undecided. (–)
8. Almost everything these days is a racket. (check one)
   _____ Yes. (–)
   _____ No. (+)
   _____ Undecided. (–)
9. How much do you plan ahead the things that you will be doing next week or the week after? (check only one)
   _____ I make *many* plans. (+)
   _____ I make a *few* plans. (–)
   _____ I make *almost no* plans. (–)

APPENDIX E.

THE CLIENT SATISFACTION QUESTIONNAIRE.

The Client Satisfaction Questionnaire (CSQ)

Please help us improve our program by answering some questions about the services you have received. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions. Thank you very much, we appreciate your help.

CIRCLE YOUR ANSWER

1. How would you rate the quality of service you received?

4	3	2	1
Excellent	Good	Fair	Poor

2. Did you get the kind of service you wanted?

1	2	3	4
No definitely not	No not really	Yes generally	Yes definitely

3. To what extent has our group met your needs?

4	3	2	1
Almost all of my needs have met	Most of my needs have been met	Only a few of my needs have been met	None of my needs have been met

4. Would you recommend our group to others?

1	2	3	4
No definitely not	No I don't so	Yes I think so	Yes definitely

5. How satisfied are you with the amount of help you received?

1	2	3	4
Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Very satisfied

(OVER)

6. Have the services you received helped you to deal more effectively with your problems?

4	3	2	1
Yes they have helped a great deal	Yes they have helped somewhat	No they really did not help	No they seemed to make things worse

7. In an overall, general sense, how satisfied are you with the service you received?

4	3	2	1
Very satisfied	Mostly satisfied	Indifferent or mildly dissatisfied	Quite dissatisfied

8. Would you participate in a similar activity if offered again?

1	2	3	4
No definitely not	No I do not think so	Yes I think so	Yes definitely

THANK YOU!

APPENDIX F.

CORRESPONDENCE AND MEMORANDUMS.

M E M O R A N D U M

TO: Ernie Epp
Assistant Executive Director
Clinical Support Division

FROM: Tammy Rabkin
Director of Social Work

DATE : October 11, 1990

SUBJECT: MASTERS PRACTICUM - NICHOLAS CHUBENKO

This is to inform you of a practicum that will be done by Nicholas Chubenko. This is a requirement for his Master of Social Work degree at the University of Manitoba.

The title of his practicum is "Group Intervention Using Reminiscence and Life Review of Elderly Hospitalized Patients Awaiting Nursing Home Placement". Nick is planning to conduct group sessions involving six to eight subjects selected from our medical wards. The groups will run for six consecutive weeks, and include structured reminiscence and life review.

Father Clayton Purcell is the hospital representative on Nick's practicum committee. The other committee members are Dr. J. Kuypers, and Mrs. Jeanette Block.

Nick will be meeting with the appropriate head nurses to inform them of his practicum once the patient selection is completed. The results of this study will be available to the Department of Social Work for our use.

Should you wish further information regarding this study, please call me at 8165.

Tammy Rabkin B.S.W.
Director
Department of Social Work

M E M O R A N D U M

TO: Tina Enns
Assistant Executive Director
School of Nursing

FROM: Tammy Rabkin
Director of Social Work

DATE : October 11, 1990

SUBJECT: MASTERS PRACTICUM - NICHOLAS CHUBENKO

Further to our telephone conversation earlier today, regarding a Masters Practicum, I am enclosing a copy of the proposal. The patient involvement is similar to the role social work has with this population on a regular basis.

Father Clayton Purcell is the hospital representative on Nicholas' practicum committee. The other committee members are Dr. J. Kuypers, and Ms. Jeanette Block of the Faculty of Social Work, University of Manitoba.

Following approval of this study, and completion of the patient section, Nicholas will meet the appropriate head nurses to inform them of his practicum. The results of his study will be available to the Department and are expected to be very valuable for program planning.

Should you have any questions, or wish further information, please call me at 8165.

Thank you.

Tammy Rabkin B.S.W.
Director
Department of Social Work

8165

M E M O R A N D U M

TO: Dr. A. Lipson
Medical Director

FROM: Nick Chubenko
Social Work Department

DATE : October 15, 1990

SUBJECT: SOCIAL WORK PRACTICUM

I wish to make you aware of a practicum I am presently undertaking at Misericordia General Hospital as part of the requirement towards my Masters of Social Work degree.

It is my intent to assess the efficiacy of group reminiscence and life reviewing as a therapeutic intervention for hospitalized elderly awaiting transfer to personal care homes.

Two groups of 6-8 patients will be selected to participate in structured reminiscence for six consecutive weeks, each session 60-90 minutes in length.

The objective of the practicum will be to assist participants to focus on meaningful dimensions of past life events, and enhance self-esteem and personal adjustment in response to lengthy periods of hospitalization. It is anticipated that intervention of this nature will also lead to reduction in depression resulting in improved levels of functioning, reversing dysfunctional attitudes, improving self-concept and decreasing problem behaviors.

I will also be meeting with appropriate nursing staff to outline the program's methodology, subject selection, procedures and evaluation.

At present, Father Clayton Purcell, Director of Pastoral Care, is the hospital representative on my practicum committee. Other committee members include principal advisor, Dr. Joseph Kuypers, and Professor Jeanette Block from the Faculty of Social Work at the University of Manitoba.

If you wish to discuss this program further, please feel free to contact me at any time.

Thank you for your attention.

Nick Chubenko BA, BSW, RSW
Department of Social Work

8165

M E M O R A N D U M

TO: Head Nurses: SH2
SH3
M4
C5S
C5N

FROM: Nicholas Chubenko
Social Work Department

DATE : October 30, 1990

SUBJECT: SOCIAL WORK PRACTICUM

I wish to make you aware of a practicum I am presently undertaking in our hospital as part of the requirement towards my Masters of Social Work degree.

It is my intent to assess the efficiacy of group reminiscence and life reviewing as a therapeutic intervention for hospitalized elderly awaiting transfer to personal care homes.

Two groups of 6-8 subjects will be selected from medical wards throughout the hospital to participate in structured reminiscence for six consecutive weeks; each session 60-90 minutes in length. Subject selection, scheduling and location for group sessions have yet to be confirmed, although the target date set for the first group is November to December, 1990.

The objective of the practicum will be to assist participants to focus on meaningful dimensions of past life events and enhance self esteem, and personal adjustment in response to lengthy periods of hospitalization. It is anticipated that intervention of this nature will also lead to reduction in depression resulting in improved levels of functioning, reversing dysfunctional attitudes, improving self concept and decreasing problem behaviors.

I look forward to meeting with you to discuss this program in further detail, and can be reached at local 8165.

Thank you for your attention and cooperation.

Nicholas Chubenko BA, BSW, RSW
Department of Social Work

c.c. Tammy Rabkin
Director of Social Work

MISERICORDIA GENERAL HOSPITAL
99 CORNISH AVENUE — WINNIPEG MANITOBA
R3C 1A2

CLINICAL SUPPORT
DIVISION

(204) 774-6581

October 22, 1990

Dr. J. Kuypers
Faculty of Social Work
University of Manitoba
5th Floor - Tier Building
Winnipeg, Manitoba
R3T 2N2

Dear Dr. Kuypers:

This will advise that Mr. Nicholas Chubenko's proposed practicum for his Masters in Social Work program has been approved to proceed at the Misericordia General Hospital. We understand that Fr. Clayton Purcell is the hospital representative on Mr. Chubenko's practicum committee.

I take this opportunity to thank you and your Faculty of Social Work for the efforts and guidance in Nick's current endeavor and look forward to learning the results of his study.

Yours truly,

Ernie Epp
Asst. Executive Director
(Clinical Support)

EE/bg

MISERICORDIA GENERAL HOSPITAL
99 CORNISH AVENUE — WINNIPEG, MANITOBA
R3C 1A2

SCHOOL OF
NURSING DIVISION

(204) 774-6581

November 7, 1990

Mr. Nicholas Chubenko
Department of Social Work
Misericordia General Hospital
99 Cornish Avenue
Winnipeg, Manitoba
R3C 1A2

Dear Mr. Chubenko:

I am pleased to advise you that your Practicum Proposal "Group Intervention Using Reminiscence and Life Review on Elderly Hospitalized Patients Awaiting Nursing Home Placement" has been approved. The resulting findings may in fact prove useful to the patients in our institution.

I would suggest that you liaise directly with the appropriate Coordinators/Head Nurses as necessary for the implementation of your project.

We wish you well in this phase of your studies.

Sincerely yours,

Miss Tina Enns, R.N., M.N.
Director, School of Nursing

M E M O R A N D U M

TO: Head Nurses
SH2, SH3, M4, C5N, C5S

FROM: Nick Chubenko
Social Work Department

DATE : December 3, 1990

SUBJECT: **REMINISCING GROUP**

Further to our meeting regarding patient selection for my practicum, please be advised (Patient's Name(s)) have been chosen to participate in group reminiscence.

The group will meet Wednesday evenings from 6:00 - 7:00 p.m., commencing December 7, 1990 to January 9, 1991 in the Diversional Therapy room on Maryland 4.

You will be notified if any changes to this schedule are required. I trust this meets with your approval and I appreciate your support.

Nick Chubenko BA, BSW, RSW
Social Worker
Department of Social Work

NC:ts

8165

c.c. Diversional Therapist - Maryland 4

M E M O R A N D U M

TO: Head Nurses

SH2, SH3, M4, C5S, C5N

FROM: Nick Chubenko
Social Work Department

DATE : December 7, 1990

SUBJECT: REMINISCING GROUP

Having completed the first session on December 5, 1990, it has come to my attention that the starting time for this group be changed in order to accommodate the patients dinner schedule.

As a result, future sessions will be scheduled on Wednesdays from 6:30 p.m. - 7:30 p.m. in the same location on Maryland 4.

I trust this meets with your approval and apologize for any previous disruptions.

Nick Chubenko BA, BSW, RSW
Department of Social Work

NC:ts

8165

M E M O R A N D U M

TO: Tammy Rabkin
Director of Social Work

FROM: Nick Chubenko
Social Worker

DATE : April 3, 1991

SUBJECT: REMINISCING GROUP

I have tentatively scheduled my 2nd Reminiscing Group to commence April 10 to April 26, 1991. This group would meet twice a week to prevent early patient discharge, M4 closure, etc.

As evening sessions were not received well by previous participants for a number of reasons, I have proposed to schedule Group 2 sessions on Wednesday's and Friday's from 11:00 a.m. to 11:40 a.m. This time was selected following consultations with patients, family members, and staff alike.

As this schedule conflicts with my regular work time, I would request one vacation day be designated to meet this task.

Thank you for your consideration.

Nick Chubenko BA, BSW, RSW
Social Worker

M E M O R A N D U M

TO: Head Nurses
SH2, SH3, M4, C5N, C5S

FROM: Nick Chubenko
Social Work Department

DATE : April 8, 1991

SUBJECT: **REMINISCING GROUP**

Please be advised that (Patient's name(s)) have been selected from your ward to participate in my next reminiscing group.

This group will meet twice a week on Wednesday's and Friday's, from 11:00 a.m. - 11:40 a.m., commencing April 10, 1991 to April 26,1991 in the Diversional Therapy room on Maryland 4.

You will be notified if any changes to this schedule are required.

I trust this meets with your approval and I appreciate your support once again.

Nick Chubenko BA, BSW, RSW
Social Worker
Department of Social Work

NC:ts

8165

c.c. Diversional Therapist - Maryland 4

APPENDIX G.

LIST OF REMINISCENCE TOPICS.

REMINISCENCE TOPICS

- Introductions: Where you were born, first home
- School days
- Favorite games
- Birthdays, family traditions
- Life during the Depression
- Earliest childhood memories
- Romance today and yesterday
- Fashion, clothes, and proper manners
- Leaving the nest: Moving out on your own
- Personal treasure: Bring in something memorable or meaningful to share
- Weddings and raising children
- Feeding the family: Cooking, shopping, and wages
- Your best accomplishment: What? How? When? Strengths and talents utilized? How can these strengths/talents be used today?
- How would your best friend describe you? How would you like to be remembered by others (strengths, talents, special qualities)?
- What older person has influenced your life? What are some of the advantages of growing older?
- Group termination: What did you like best about the group? Did the group benefit you and if so, how? Which was your favorite topic? What was the favorite memory you had? What was the most memorable memory shared by someone else?

SOURCE: OSBORN, C. L. (1989).