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Components of Reminiscence as Correlated with Level of Psychological Adjustment in Institutionalized Geriatrics

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COMPONENTS OF REMINISCENCE AS CORRELATED WITH
LEVEL OF PSYCHOLOGICAL ADJUSTMENT IN
INSTITUTIONALIZED GERIATRICS

A Thesis

Presented to

The Faculty of the Department of Psychology
The College of William and Mary in Virginia

In Partial Fulfillment

Of the Requirements for the Degree of
Master of Arts

by

Karen L. Kepler

1987

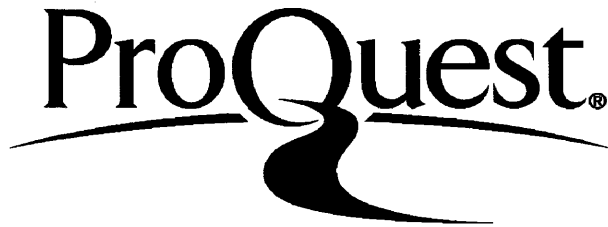
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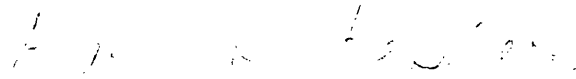
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APPROVAL SHEET

This thesis is submitted in partial fulfillment of
the requirements for the degree of

Master of Arts



Karen L. Kepler

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Institutionalized Geriatrics

Approved, May, 1987

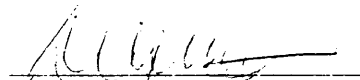
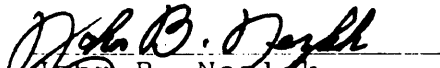

Deborah G. Ventis
John B. Neziek
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Abstract

The life review process, elicited by purposive reminiscence, has been theorized to reinforce self-esteem, alleviate depression, facilitate healthy adjustment, preserve cognitive functioning, and promote interpersonal skills during the latter phase of the lifecycle. Experimental results, however, remain inconclusive. Inconclusive and inconsistent results are largely attributable to the lack of a consistent operational definition of reminiscence. It has been hypothesized that reminiscence, defined as retrospective thought processes, may provide either a negative or positive affective experience. This distinction may be based on a combination of situational and subject variables. At present there is little knowledge about causal factors regarding affective difference, and few interventions which aim to mediate the possibility of any negative consequences of reminiscence. Additional research is necessary to conceptualize a precise definition of reminiscence within the theoretical framework of Erik Erikson and Robert Butler. Theoretical research is also necessary to differentiate reminiscence from other cognitive processes. This study attempted to conceptualize adaptive reminiscence within a target population of institutionalized geriatrics by identifying those components of reminiscence which may correlate with different levels of psychological adjustment. Results of this study were inconclusive in differentiating psychological well being on the basis of different reminiscence interventions. A trend suggesting that reminiscence may be correlated with morale may be investigated further in a study redesigned to incorporate more appropriate methods and test materials for use with the elderly institutionalized population.

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The theoretical basis of the study of reminiscence is derived from the final stage in Erikson's (1950) theory of lifespan development, that of ego integrity vs. despair. The major task in this stage is the maintenance of an intact ego amid the constant threat of death. Despair is the antithesis of ego integrity and is expressed as a feeling that time is too short to attempt change. Following in the theoretical tradition of Erikson, Robert Butler (1963) developed the concept of life review as a process the individual uses to create a psychologically healthy adjustment to the last phase of the life cycle. Butler defines the major task of old age to be the avoidance of thinking in terms of a future. This developmental task is achieved through an evaluative life review technique that attempts to clarify the knowledge and memories obtained from a lifetime of learning and adapting.

Butler defines the life review as the reintegration of unresolved conflict. If individuals are successful, they find significance and meaning in life through the mitigation of fear and anxiety. The goal of the life review is to gain insight from the past in order to function effectively

in the present. The life review has the potential to elicit regret, anxiety, depression, and guilt if individuals come to realize that their lives may have been wasted. Conversely, the life review has potential to result in acceptance, wisdom, and the opportunity to use remaining time constructively.

Butler defines reminiscence as the retrospective thought processes that fuel the life review. In sharp contrast to previous theories that reminiscence may be indicative of organic dysfunction, Butler stresses that reminiscence that is part of the life review process is indicative of successful adaptation. It is presently not known what combination of situational variables and individual differences influence the continuum of affective responses to the reminiscence process.

Other theoretical definitions of reminiscence have been developed, but have not been used consistently throughout the research, thus obscuring possible relationships that may exist between reminiscence and improved life satisfaction and cognitive functioning. Ebersole (1978) defined the functions of reminiscence to include: 1) the strengthening of cohort identification; 2) an aid to socialization and intergenerational sharing; 3) memory stimulation; and 4) self-actualization. He theorized that the functional goals of reminiscence are the presence of spontaneous

verbalizations, activities that initiate feelings of competence, control, and the ability to mediate anxiety. From a more behavioral orientation than Butler, Pincus (1970) defined the function of reminiscence to include an opportunity where time shared between two age groups may be established as an attempt for elders to preserve their role status amid role losses. Charlotte Buhler (1964) was one of the first developmental theorists to assert that life satisfaction and fulfillment occur only after one assembles the multitude of life experiences and gains clarity into the interrelationships between these events. It is usually inner-directed persons who strive for life satisfaction and seek to bring their work to a fulfilling closure. Her definition of reminiscence includes an evaluation component where results are compared with goals.

Much research involving reminiscence has investigated the relationships between memory, cognitive functioning, and reminiscence. Some reminiscence research has attempted to relate reminiscence to a decrease in cognitive functioning. A review of the literature (Merriam, 1980) shows that applied research in reminiscence has utilized reminiscence intervention to increase cognitive functioning. Reminiscence has also been studied as a coping mechanism useful in the alleviation of stress and the reintegration of personality

following role loss (Lewis, 1971). Most experimental studies have evolved largely from the theoretical framework of Butler; however, research in this tradition has not used a similar operational definition (Havighurst & Glasser, 1972). Much of the applied literature cites comparative studies of group therapies which employ reminiscence techniques in traditional forms of group psychotherapy within an institutionalized geriatric population (Fry, 1983). The majority of these studies are based on the previous reminiscence literature which is at best inconclusive. It is therefore difficult to determine the continuity of reminiscence literature (Merriam, 1980).

Results attributing reminiscence to the preservation of intellectual functioning remain inconclusive partially due to the lack of adequate assessment tools to measure the construct of intellectual functioning in the elderly. Hughston and Merriam (1980) developed an intervention program where reminiscence was used to improve scores on the Raven Progressive Matrices test, a measure of fluid intelligence. Results indicated that only females showed significant improvements on the Raven Progressive Matrices test after treatment using elicited reminiscence.

Alternatively, McMahon and Rhudick (1967) hypothesized that reminiscence demonstrated cognitive decline and this

decline would be accompanied by a decreased score on the Wechsler-Bellevue Intelligence test. Results from this study indicated that frequency of reminiscence was not correlated with the level of intellectual decline as measured by the scores on the Wechsler-Bellevue.

The theoretical issue of how memory is related to reminiscence is a primary issue in the current reminiscence literature. It has been hypothesized that if reminiscence is synonymous with the intact functioning of long term memory, then people who rely on long term memory may be experiencing some short term memory dysfunction and the inability to process new information adequately (Lezak, 1976). The loss of the ability to process new verbal material and the presence of some dysfunction in short term memory may be indicative of a progressive neurological decline (Lezak, 1976). These symptoms of short term memory impairment will be apparent long before inaccuracy in long term memory is detected. This hypothesis supports the previously held view that dwelling in the past is indicative of memory loss, dementia, or neurological deficit. Other memory theorists characterize reminiscence as episodic remembering (Meachan & Singer, 1975). In this context, reminiscence was defined as a mass of past

experiences whose outstanding details appear in image or language formation. The contextual approach has been used in an effort to differentiate reminiscence from memory. Using contextual remembering, people reconstruct past events to derive meaning from their environments. This remembering is deliberate and may include an affective component. The relationship between reminiscence and memory is still largely undefined, however, most of the theorists who advocate that reminiscence may be indicative of neurological decline seem to define reminiscence as relying on long term memory (Erikson, 1977). These memories precipitate an affective experience which may be positive or negative.

A survey of the majority of the remaining literature on reminiscence characterizes reminiscence as a potential factor in adaptive interpersonal functioning (Oliveria, 1977; Lewis, 1971). The majority of these studies involve institutionalized non-adaptive geriatrics as the subject population. It can be assumed that the use of populations labelled as maladaptive indicates that these populations need interventions to restore some degree of adaptive functioning. These studies do not provide a clear answer, largely due to inconsistency in operational definitions of reminiscence and reliance on assessment measures that were not modified for geriatric populations. In one such study, Oliveria (1977) found that high frequency reminiscers

felt more satisfied with their past lives than low frequency reminiscers. High frequency reminiscers reported a high frequency of positive events. This study by Oliveria is the only reference indicating the influence of affective quality of reminiscence on the level of psychological adaptation. It is difficult to determine whether the positive affective experience increased the frequency of reminiscence or if the high frequency of reminiscence generated a positive affective experience.

Lewis (1971) theorized that reminiscence functions as a coping mechanism which aids in the preservation of the self-concept. Old age may cause loss of self-esteem precipitated by the threat of approaching death and the occurrence of role loss. Reminiscence may be motivated by these emotional needs. Lewis theorized that dependence on past self-concept may explain the vividness of remote memory as contrasted with the perceived difficulty with short term memory functioning in the elderly. Lewis predicted that high reminiscers would show a greater degree of consistency between past and present self-concept during an interview and also when faced with an experimental social threat, as the function of reminiscence is to convince the self and others of the continuity between past and present. According to Lewis the reminiscence process engages other people and increases social contact in an attempt to reverse the disengagement process.

Lewis asked both high reminiscers and low reminiscers to describe both past and present view of self using a Q sort of Carl Rogers scale items and then asked both groups to voice an opinion about proposed punishments for participants in student riots and were then condemned by experimenters for their opinion. Lewis found an increase in consistency between past and present self-concept for the high reminiscence condition only after the experimental threat.

Following from Lewis' research, Boylin (1976) found that degree of reminiscence was positively correlated with a score of ego integrity measure. Boylin's data demonstrated that both positive and negative reminiscence occurred, however, the study did not look at correlation between affect and ego integrity. Boylin's results supported Erikson's and Butler's theory that evaluative reminiscence is necessary to achieve ego integrity, however, it is often difficult to ascertain whether reminiscence is evaluative or not. The reliability of the ego integrity measure used in this study is questionable as it was too ambiguous for use with a geriatric population.

Roger Fallot (1980) found that verbal reminiscing had a positive effect on mood as defined by scores on the Mood Adjective Checklist. His experiment had two treatment conditions, a reminiscence interview, and a non-reminiscence

interview. The change in mood from pre-interview to the post-interview was assessed using the Mood Adjective Checklist, a self-rating scale. A self-rating scale was successfully used in this experiment; however, the subject population was drawn from senior citizen organizations who were all able to maintain their own apartments or houses. As Fallot hypothesized, reminiscing resulted in a decrease in depression and anxiety, while the non-reminiscing condition resulted in no significant change.

Adjustment in old age includes adaptation to role loss, the reconciliation of the awareness of death and the successful disengagement from the environment (Challam, 1977). A study by Maltbie-Crannel (1978) hypothesized that role loss mediated by elicited reminiscence would be associated with higher life satisfaction scores than role loss unmediated by reminiscence. Role loss was defined as a theoretical model of stress which presupposes that stress results from an imbalance between perceived demand and perceived response capabilities. Specifically, older people have a considerable investment in familiar people and surroundings, and the loss of this investment may be represented in decreased life satisfaction. Findings from this study were inconclusive in correlating life satisfaction and reminiscence. One explanation for the lack of significant results is that the life satisfaction questionnaire used was too lengthy

too ambiguous for a geriatric population.

One researcher (Fry, 1983) hypothesized that reminiscence training would reduce depression scores and would increase self ratings of ego strength. Fry defined reminiscence as a skill or response available to the elderly regardless of the level of their physical or psychological status. Structured reminiscence groups may cause the elderly to refocus on meaningful dimensions of their past lives and provide outlets for unresolved feelings. Results showed that subjects trained in structured reminiscence had a significant decrease in the amount of reported depressive symptoms. Subjects in both structured and unstructured reminiscence groups showed greater improvement than the control condition.

Studies in reminiscence have not analyzed the social context or the affective quality of reminiscence. It is hypothesized that these two factors, the social context and the affective quality influence whether reminiscence facilitates adaptive or maladaptive functioning and a positive or negative affective experience. While subject variables inherent in the effectiveness of this type of therapy have not been identified, it is apparent that elicited reminiscence therapy has potential to optimize the last stage of human development. However, reminiscence may also cause adverse and irreversible threats to self-integration if the process

is not monitored. There have been few attempts to explain or mediate negative consequences that may arise from structured reminiscence activity. Reminiscence may be a valuable therapeutic technique especially for institutionalized geriatrics whose activities are limited; however, further research within a controlled setting is necessary before programs are initiated. This study will define reminiscence as the composite of several components and will correlate these components with psychological functioning within an institutionalized population.

Current researchers must stress the importance of monitoring the reminiscence process. There have been few attempts in previous research to correlate components of reminiscence such as social context, content, and affective quality with subjects' present levels of functioning.

This study attempted to validate existing theoretical concepts of reminiscence by creating an inclusive operational definition of adaptive reminiscence within institutionalized geriatrics. This study correlated the following components of reminiscence, social context, content of the actual episode at the time of occurrence, content of reminiscence, and the frequency of reminiscence, with the level of psychological adaptation, defined as the level of cognitive functioning, short term memory, perceived life satisfaction,

and a score on a depression index. A repeated measures design was used to evaluate pre-post test scores on the measures of psychological adaptation following time sampling observations of reminiscence. A diary technique was used to quantify reminiscence behavior. The three treatment groups included: 1) elicited reminiscence, 2) non-elicited reminiscence, and 3) control conditions. It was hypothesized that the elicited reminiscence group would show a significantly greater degree of change on the adaptive measures than the non-elicited reminiscence group. Both the elicited and the non-elicited reminiscence groups would show a significantly greater degree of change on the dependent measures of psychological adaptation than the control group. Correlations between reminiscence and psychological adaptation were calculated only within the elicited reminiscence condition due to the fact that the correlational data could be collected only within the elicited condition. This study assumed that reminiscence may be 1) elicited or spontaneous, 2) the content of the actual episode may be affectively positive or negative, 3) the affective quality of the reminiscence may be positive or negative, and 4) social context may be oral or silent. The following hypotheses were proposed:

1). The frequency of reminiscence would be positively correlated with a level of psychological adaptation.

2). Oral reminiscence would be correlated with a higher level of psychological adaptation.

3). Affective quality of reminiscence would be positively correlated with level of psychological adaptation.

4). The affective quality of the actual context of the episode remembered would be positively correlated with the affective quality of the reminiscence.

Method

Subjects

Subjects were forty five senior citizens ranging in age from 60-83 years with ($M = 67$, $SD = 3$ years). Thirty subjects, sixteen male and fourteen females were selected from the institutionalized geriatric population at Hancock Geriatric Treatment Center. Fifteen subjects, ten women and five men, were obtained from a community senior citizen program. Patients with severe neurological deficits and patients who were actively psychotic were eliminated. The general level of cognitive functioning for the community sample was higher than the institutionalized population. Subjects in the community sample ranged from people living

independently at home, to persons requiring assistance at home, to those living with relatives.

Materials

Mood Assessment Scale (MAS) - The Mood Assessment Scale (Yesavage, 1983) is a thirty item forced choice yes/no questionnaire containing items such as "Do you feel happy most of the time?" and "Do you worry a lot about the past?" Subjects with 0-9 negative responses are categorized as normal. Subjects answering 10-19 items negatively are classified as mild depressives and severe depressives are characterized by answering 20-30 items in a negative way. The majority of subjects in the institutionalized sample were classified as mild depressives. (See Appendix A).

Philadelphia Geriatric enter Morale Scale (PGS) - contains twenty-two items which load on three factors, Agitation, Attitude toward Aging, and Loneliness and Dissatisfaction. (Moss, 1982). The test has a dichotomous response format which is an important consideration for use with a geriatric population. (See Appendix B).

Reminiscence diary - The reminiscence diary used in this experiment was developed from the diary technique of Wheeler & Nezelek (1977). The reminiscence diary used for these geriatric subjects included dimensions of time spent in reminiscence and affect at time of the actual event,

in addition to social context and affect at time of occurrence. Subjects in Group 1 were asked to consider their last reminiscence prior to the time sample and evaluate 1) approximate time spent in reminiscence, 2) social context, 3) affective quality of actual episode at the time of occurrence, and 4) affective quality of reminiscence. These components were measured on a 7-point scale. Instructions were as follows: (See Appendix C).

I would like for you to remember the last time today when you thought about something that happened more than five years ago. Please think about this memory and answer the following questions.

- 1). How long did you spend thinking about this particular memory?
- 2). Were you alone or did you share this memory with other people?
- 3). At the time when this event happened years ago, how did you feel?
- 4). When you think of this event now, how do you feel?

Subjects in Group 2 were asked to complete the same component ratings as Group 1 regarding any salient or outstanding thought from the previous day. Instructions were as follows:

I would like you to think about one thought that stands out most in your mind today? Please think about this thought and answer the following questions.

- 1). How long did you spend thinking about this particular thought?
- 2). Were you alone or did you share this thought with others?

- 3). At the time that this thought occurred, how did you feel?
- 4). When you think about this thought now, how do you feel?

The Rey Auditory Verbal Learning Test (RAVLT) - is a measure of immediate memory with both retroactive and proactive interference (Lezak, 1976). The test consists of five presentations of a 15 word list. After each presentation the subject is asked to recall as many words as possible. The sixth trial is a list of 15 different words functioning as a distractor. On the seventh trial, the subject is asked to recall as many words as possible on the original list. (See Appendix D).

Procedures

The Eastern State Hospital ethics committee required the administration of the procedures to a community sample of elderly to identify any materials or procedures in the study that might have been stressful. This pretesting allowed for deletion and modification of materials and resulted in a less stressful study with the institutionalized population.

Fifteen male and female senior citizens for a community lunch project volunteered to participate in a pilot study on remembering the past. Procedures included an initial interview in which all subjects were administered the Rey Auditory Verbal Learning Test to assess short-term memory, the Philadelphia Geriatric Center Morale Scale, and the

Mood Assessment Scale. Subjects were then randomized into three groups, two levels of experimental treatment and a control group. Subjects were randomly assigned booklets that contained instructions for one of the three conditions. Instructions were individually explained to all subjects during the initial interview.

Group 1, the elicited reminiscence condition, was instructed to complete a series of time samplings. Subjects were sampled three times daily for five consecutive days. Group 2, the non-elicited reminiscence condition, was sampled once daily for five consecutive days. Group 3, the control condition, completed only the pre-post adaptive measures.

Following the collection of data from the community sample, the identical procedure was employed to collect data from the institutionalized sample. All initial interviews were completed within one week. Initial interviews consisted of the Philadelphia Morale Scale, the Mood Assessment Scale, and the Rey Auditory Verbal Learning Test. Subjects from the hospital population were then assigned the three groups identical to the three groups in the community sample. Data were collected simultaneously for all three groups over a two week period. Hospital staff were also instructed to monitor patients' behavior over the course of the study and to intervene in any negative affective experience which might be related to the study. Exit interview and debriefing

were completed within two weeks at the end of the data collection period.

Results

An independent groups ANOVA performed on pretest measures of adaptive functioning showed the community sample's level of functioning to be significantly higher than the institutionalized subjects. Change scores were originally computed on the three rating scales (the PGS, the MAS, and the RAVLT) for all subjects in both the community sample which comprised the pilot study and the institutionalized sample. The means for each group are presented in Table I. Insert Table I Standardized norms on the RAVLT based on data of elderly professionals, the only standardized data on the elderly available, show the mean number of words recalled across trials to be 4, 7.2, 8.5, 10.9. The mean learning curve for both populations is depressed from the normative sample. The mean number of words recalled from the community sample was 3, 4, 5, 5.5, and 0, 0, 1, 2, 2 for the institutionalized sample. These results suggest many of these subjects in both populations to be at risk for short term memory dysfunction. Originally change scores were analyzed using a 2 x 3 (sex x treatment) ANOVA for all subjects in the institutionalized sample on each of three measures. A separate ANOVA was performed on the community sample data. Alternatively, a repeated measures ANOVA computed on the three rating scales included both the community and

institutionalized samples. No significant results were found using either technique. Using techniques of power analysis (Cohen, 1977) with $N=10$ in each group and $\alpha=.05$ the power of this F test=21. If the sample size were increased to 39 subjects in each group the power of this test would increase significantly to $P=75$. Power is defined as probability that the statistical test will correctly reject the null hypothesis. Post hoc analysis showed that the power in this study was significantly decreased by the lack of an appropriate subject population. These statistical findings suggest that replication using an adequate number of subjects might demonstrate a significant effect of the reminiscence intervention.

It was hypothesized post hoc that the relocation of several patients across all groups in the institutionalized sample to another building within the hospital during the experiment may have affected the results. Because of the controversial literature on relocation stress (Coffman, 1983) an analysis of covariance was performed with subjects classified into two groups according to whether or not subjects were relocated before the study was completed. Data on actual time of relocation were not available. A 2 x 3 (sex by treatment) analysis of covariance was performed to analyze the effect of reminiscence on the three treatment conditions without the extraneous effects of relocation stress. The

covariate was the length of time from relocation to participation in the study. No significant results were found.

Insert Table 2.

Pearson-r correlations were computed within the elicited reminiscence condition of the institutionalized sample to analyze hypothesized correlations between the three measures of psychological adaptation and the four components of reminiscence across the duration of the study Insert Table 3. The elicited reminiscence condition was the only treatment condition with sufficient data to calculate the correlations. No significant correlations were found between morale, (PGS), with reminiscence, affect, MAS, with reminiscence, short term memory with reminiscence, and sex with reminiscence. Power analytical techniques show the statistical power=12 with $r=.16$ at $\alpha=.05$. If N was increased to 100 scores with $r=.20$, then $P=75$. Post hoc analysis of power in this study showed that replication with additional subjects would be necessary to demonstrate any efficacy of the treatment.

Discussion

The statistical difference in adaptive functioning between the two populations at the pretest are consistent with their respective ability to function independently. The community sample reported significantly higher morale and significantly less depressive symptomology. The reminiscence intervention, however, had no significant effect on changing these attitudes in either sample, institutional or community and provides

further evidence that the reminiscence diary would not have been appropriate for eliciting any reminiscence intervention in populations such as these. It was unclear until the data were collected how different the community and institutionalized samples were and therefore it was difficult to judge the appropriateness of the diary technique for use with both samples. The community sample functioned at a higher level of cognitive functioning as evidenced by the fact that they could complete the reminiscence diary independently. One explanation for the lack of significant change between the pre-post measures including the short term memory task, is that the measures are more structured tasks than the diary in which subjects are asked to organize their own memories. The ability to organize effectively requires higher cognitive processing than that required to complete the memory task or the adaptive measures. This higher level processing proved to be a discriminating variable between the community sample and the institutionalized sample.

It is suggested that future studies within this research program use a simplified oral version of the diary technique with an institutionalized population or with any population which has been identified as evidencing some degree of cognitive decline. A revised scaling instrument similar to a 7-point Likert scale might also be useful in restructuring the experimental design for use with an institutionalized elderly population. If a 7-point Likert scale is necessary for

statistical purposes, then the experimenter must devise a method for assigning meaningful comparisons to the seven demarcations. Fallot (1980) used a 4-point scale with the following verbal descriptions, not at all, a little, moderately, and very much.

One concern with the present methodology was the subjects' perceived lack of privacy. Most patients needed to be reminded to reminisce and complete the questions. Directions needed to be reread and reinterpreted several times throughout the study. Some patients were unable to read answers and respond appropriately, so much of the study was conducted orally at the patient's request. The verbal administration of the diary technique greatly increased the subject-experimenter contact. Though the experimenter was consistent over subjects, disclosure might have been greater if subjects could have completed the questionnaire unassisted.

The effects of the extraneous variable, relocation stress, was difficult to adequately interpret and was therefore analyzed post hoc. During the period of data collection, patients at Hancock Geriatric Treatment Center were undergoing relocation to another part of the hospital due to reorganization of the hospital. Several of the patients were moved from one building to another during the course of data collection. Relocation of patients appeared to occur quickly and it is conceivable that some harmful side effects occurred due to lack of adequate preparation.

Though the analysis of covariance did not reveal that relocation stress significantly altered the results, relocation may still have had an additive effect which when combined with the small sample size and the limitations due to methodology, obscured the reminiscence phenomenon.

The effects of relocation on psychological well-being and the actual survival of the institutionalized geriatric is an extremely controversial and complicated issue. Researchers Horowitz and Schulz (1983), support the relocation mortality hypothesis and propose that relocation is dangerous unless special considerations are taken to mediate the effects of move. Relocation research is inconclusive because it is difficult to separate the effects of relocation from the effects of sex, age, health, and level of psychological functioning (Coffman, 1983). Alternatively, Coffman supports earlier evidence and concludes that,

relocation is neither inherently beneficial nor inherently harmful to survival among the institutionalized elderly; that is may sometime be unsafe to move elderly patients and sometimes unsafe not to move them but that generally relocation is not crucial to survival (p. 457).

Therefore, if the above research perspective is accepted, then any relocation stress experienced by subjects may not have a significant effect on the outcome data.

It is suggested that future research on geriatric populations who may be subjected to relocation or institutional

placement employ a within subject research design in which each subject can serve as his/her own control. Results from this analysis might provide further support for the Coffman hypothesis that relocation, when considered alone, is not inherently dangerous or beneficial.

Given that results differed from the expected results, it was beneficial to review alternative explanations in terms of methodological issues and formulate specific suggestions for future research, or more specifically, a revision of the present study. A revision of the present study could include using each subject as his/her own control; therefore, extraneous variables that could differentially effect the treatment groups are eliminated. Such an improvement would negate any effect of relocation stress because it is hypothesized that any effect would have an impact on the individual's ratings of both the reminiscence and nonreminiscence conditions for all subjects. If a design in which the subject functions as his/her own control was utilized in future research, then many extraneous variables which do occur would be eliminated.

The present study correlated different aspects of the level of psychological adaptation with several components that were theorized to constitute an operational definition of reminiscence and instructions for the treatment condition

involved having the patient recall his or her life history. While it appears that Fallot's operational definition of reminiscence was to elicit salient thoughts from the past, he provided some structure to the actual reminiscence task. If additional research was proposed for the patients at Hancock Geriatric Treatment Center, providing some structure with more explicit instructions might greatly facilitate the administration of the experimental procedure.

The use of a life story technique or eliciting reminiscence about a particular developmental stage or life event would alleviate some degree of ambiguity especially when dealing with a population which is unsophisticated with regard to scientific research and previously identified as experiencing some degree of cognitive or emotional decline as evidenced by an inability to function independently. It was assumed that by not structuring the actual theme or event in the reminiscence, the data would be more ecologically valid and a more accurate portrayal of spontaneous reminiscence. While the present task provided some trends worthy of future investigation it appears that the technique warrants further modification and simplification for additional research using an institutionalized population. In a current review of the literature, researchers, Molinari and Reichlin (1985) propose that we need to "identify the specific and essential components of the life review in later life and to postulate that research and clinical advances stem from a more precise

delineation of the concept" (p.82).

While this study was not able to clarify the nature of reminiscence, or to propose a definitive operational definition, it can still make a significant contribution in providing future researchers with some suggestions for developing methodology which is appropriate for an intact institutionalized population. A logical step in this research program would be to examine correlations between morale and reminiscence. More specifically, the time spent in actual reminiscence approached significance and this would seem to be a logical starting point for future research. This trend would be consistent with previous findings such as Oliveria (1977), Lewis (1971), Boylin (1976) and most recently Fallot (1980). Preliminary data suggest a possible relationship between the two variables. These data suggest studying this relationship by quantifying the time spent in reminiscence and the social context of reminiscence. It may be that the social interaction among the institutionalized elderly is the critical factor in maintaining high morale and the nature of the conversation is secondary. An observational study in which the experimenter could log social interaction as well as the tense of the conversation would provide interesting data and would alleviate methodological problems such as experimenter demand and the difficulty in understanding and complying with instructions. One

suggestion would be the use of beepers which would remind the participants when to converse or reminisce without providing additional experimenter demand. An observational study would yield accurate and spontaneous data and would provide both researchers and clinicians with a better idea of how reminiscence could be used to benefit the patient. While the present study was not able to define reminiscence and neither the present study nor previous studies been successful in providing a consistent definition, the major contribution of this study was to point out methodological problems in designing research on a low functioning intact group. While this study could be replicated with a refined methodology and, more stringent control over the subject population, perhaps it would be more beneficial and ultimately more efficient if stepped back and designed a study which would observe the reminiscence phenomenon as it occurs naturally within social context. Perhaps from a field definition of reminiscence factors which influence reminiscence can be identified in order to develop new components of reminiscence which can then be studied with an experimental design. It is imperative that if future researchers are to gain insight into reminiscence, they must sacrifice some experimental control for appropriate and useful information.

Table 1

 \bar{X} Values from Analysis of Variance

	Pre-test	Post-test
(PGS)		
Community	1.5	1.4
Institutionalized	6.3	5.8
(MAS)		
Community	1.4	1.6
Institutionalized	10.4	10.5

Table II

F Values from Analysis of Covariance

	<u>F</u>	Significance of <u>E</u>
Morale (PGS) x Reminiscence group with Relocation	.638	.597
Affective Symptomology (MAS) X Reminiscence group with Relocation	1.553	.224
Memory (AVLT) X Reminiscence group with Relocation	.851	.478

Table III

Correlations Between Components of Reminiscence and Scales Measuring
Morale (PGS), Affective Symptomology (MAS), Memory, (AVLT) and Sex

Scale	PGS	MAS	AVLT	Sex
1. Duration	.008	.048	---	.020
2. Social Content	.016	.018	.025	.004
3. Affect - Occurrence	---	.026	.031	.040
4. Affect - Reminiscence	---	.032	---	.010

Appendix A

Mood Assessment Scale

1. Are you basically satisfied with your life?	Yes	No
2. Have you dropped many of your activities and interests?	Yes	No
3. Do you feel that your life is empty?	Yes	No
4. Do you often get bored?	Yes	No
5. Are you hopeful about the future?	Yes	No
6. Are you bothered by thoughts you can't get out of your head?	Yes	No
7. Are you in good spirits most of the time?	Yes	No
8. Are you afraid that something bad is going to happen to you?	Yes	No
9. Do you feel happy most of the time?	Yes	No
10. Do you often feel helpless?	Yes	No
11. Do you often get restless and fidgety?	Yes	No
12. Do you prefer to stay at home, rather than going out and doing new things?	Yes	No
13. Do you frequently worry about the future?	Yes	No
14. Do you feel you have more problems with memory than most?	Yes	No
15. Do you think it is wonderful to be alive now?	Yes	No
16. Do you often feel downhearted and blue?	Yes	No
17. Do you feel pretty worthless the way you are now?	Yes	No
18. Do you worry alot about the past?	Yes	No
19. Do you find life very exciting?	Yes	No
20. Is it hard for you to get started on new projects?	Yes	No
21. Do you feel full of energy?	Yes	No
22. Do you feel that your situation is helpless?	Yes	No
23. Do you think most people are better off than you are?	Yes	No
24. Do you frequently get upset over little things?	Yes	No
25. Do you frequently feel like crying?	Yes	No
26. Do you have trouble concentrating?	Yes	No

- | | | |
|---|-----|----|
| 27. Do you enjoy getting up in the morning? | Yes | No |
| 28. Do you prefer to avoid social gatherings? | Yes | No |
| 29. Is it easy for you to make decisions? | Yes | No |
| 30. Is your mind as clear as it used to be? | Yes | No |

Appendix B

Philadelphia Geriatric Center Morale Scale

Please circle the correct answer.

- | | | |
|---|-----|----|
| 1. Things keep getting worse as I get older. | Yes | No |
| 2. I have as much pip as I did last year. | Yes | No |
| 3. Little things bother me more this year. | Yes | No |
| 4. As you get older, you are less useful. | Yes | No |
| 5. I sometimes worry so much that I can't sleep. | Yes | No |
| 6. As I get older, things are better or worse than
I thought that they used to be. | Yes | No |
| 7. I sometimes feel that life isn't worth living. | Yes | No |
| 8. I am as happy now as I was when I was young. | Yes | No |
| 9. I have a lot to be sad about. | Yes | No |
| 10. People had it better in the old days. | Yes | No |
| 11. I am afraid of alot of things. | Yes | No |
| 12. I get mad more than I used to. | Yes | No |
| 13. Life is hard for me most of the time. | Yes | No |
| 14. I am satisfied with my life today. | Yes | No |
| 15. I take things hard. | Yes | No |
| 16. A person has to live for today and not worry about the
future. | Yes | No |
| 17. I get upset easily. | Yes | No |

Instructions

Thank you for your cooperation in this study about remembering the past. We are hoping that the constructive use of memories can be used to improve daily life of hospitalized elderly and we need information from you, our elders in the community, in order to do this. First, I will ask you to complete a few surveys on different aspects of your daily life. Then I will speak individually to you for a few minutes. During this interview I will ask you to keep a very simple diary about your memories over a one week period. You will be asked to think specifically about the past 4 times a day for one week and to answer some questions about this memory.

Instructions

Time Sampling

Group 1

I would like for you to remember the last time today when you thought about something that happened more than five years ago. Please think about this memory and answer the following questions.

- 1) How long did you spend thinking about this particular memory?
- 2) Were you alone or did you share this memory with other people?

Please circle the correct answer.

1	3	7
Alone	With another person	With a group of people

- 3) At the time when this event occurred years ago, how did you feel?

1	2	3	4	5	6	7
Happy	No Feeling				Unhappy	

- 4) When you think about this event now, how do you feel?

1	2	3	4	5	6	7
Happy	No Feeling				Unhappy	

Time Sampling

Group 2

I would like you to think about one thought that stands out most in your mind today. Please think about this thought and answer the following questions.

- 1) How long did you spend thinking about this particular thought?
- 2) Were you thinking alone or did you share this thought with other people?

Please circle the correct answer.

1	3	7
Alone	With another person	With a group of people

- 3) At the time when this thought occurred, how did you feel?

1	2	3	4	5	6	7
Happy	No Feeling				Unhappy	

- 4) When you think about this thought now, how do you feel?

1	2	3	4	5	6	7
Happy	No Feeling				Unhappy	

- 5) Were you thinking about the past, present, or future?

Please circle the correct answer

Past	Present	Future
------	---------	--------

REV AUDITORY VERBAL LEARNING TEST (AVLT)

- I. I am going to read a list of words. Listen carefully, for when I stop you are to say back as many as you can remember. It doesn't matter in what order you repeat them. Just try to remember as many as you can.
- II. Now I'm going to read the same list again, and once again when I stop I want you to tell me as many words as you can remember. Including the words you have said the first time.
- VI. Now I'm going to read a different list of words. Listen carefully, and repeat all the words you can remember when I'm through.
- VII. Now I want you to recall all of the words you can remember from the first list that I gave you.
- | | | | | | | | | |
|---------|----|-----|------|-----|----|----------|-----|------|
| List A. | I. | II. | III. | IV. | V. | List B | VI. | VII. |
| Drum | | | | | | Desk | | |
| Curtain | | | | | | Ranger | | |
| Bell | | | | | | Bird | | |
| Coffee | | | | | | Shoe | | |
| School | | | | | | Stove | | |
| Parent | | | | | | Mountain | | |
| Moon | | | | | | Glasses | | |
| Garden | | | | | | Towel | | |
| Hat | | | | | | Cloud | | |
| Farmer | | | | | | Boat | | |
| Nose | | | | | | Lamb | | |
| Turkey | | | | | | Gun | | |
| Color | | | | | | Pencil | | |
| House | | | | | | Church | | |
| Diver | | | | | | Fish | | |

Appendix E

A community participants' definition of reminiscence:

"Most people recognize only man-made time as designated by a calendar or clock. But for youngsters, and us, oldsters "TIME" is only used in a natural way. Only night and day, days gone by and coming soon are used as measuring items". . .

"I do my best thinking when I am alone, especially while driving the car. I sing, recite poems, think of my childhood, my children and their childhood, and my grandchildren and what their life will be like. . .
There will always be a future, we just need to look ahead. No need to linger too long looking backwards, it will only embitter our todays. Of course we should not deny the past its rightful place."

Appendix F

Consent to Research

You are being asked to participate in a study investigating memories conducted by Karen Kepler, a graduate student at William and Mary. Information gained from your participation will enable us to see if constructive use of memories can be used to help improve overall functioning of daily life. You are being asked to fill out some questionnaires and complete an interview which will take about 45 minutes. You may be asked to participate in a survey where you will be asked about some past memories several times a day for a six day period. At the end of the study we will ask you to fill out some of the same questionnaires that you filled out before. Sometimes memories can make us feel happy as well as sad. If this study brings up thoughts and feelings that you would like to discuss, please remember that the researchers are available for you. You may discontinue participation at any time, and may decide not to answer any questions which you may object to. All information gathered will be confidential and will not be released without your written permission. Your decision to participate in this study is voluntary and will not affect your standing from this agency or any related agency. Any questions or complaints should be directed to Dr. D. Ventis at the College of William and Mary. Thank you for your cooperation.

Signature

Date

Witness

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VITA

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