THE EFFECTIVENESS AND PERCEIVED EFFECTIVENESS OF SIMPLE REMINISCENCE THERAPY INVOLVING PHOTOGRAPHIC PROMPTS FOR DETERMINING LIFE SATISFACTION IN NONINSTITUTIONALIZED ELDERLY PERSONS

by

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THE EFFECTIVENESS AND PERCEIVED EFFECTIVENESS OF SIMPLE REMINISCENCE THERAPY INVOLVING PHOTOGRAPHIC PROMPTS FOR DETERMINING LIFE SATISFACTION IN NONINSTITUTIONALIZED ELDERLY PERSONS

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Abstract

The purpose of this study was to determine the effectiveness and perceived effectiveness of simple reminiscence therapy using photographic prompts on the life satisfaction of noninstitutionalized elderly persons. The Self-Anchoring-Life Satisfaction Scale (SALSS) was used to measure life satisfaction. Erikson’s Developmental Theory and the concept reminiscence formed the theoretical framework for this study.

The convenience sample included 78 men and women, aged 65 years or older, who lived independently in the community. Participants were recruited and randomly assigned to one of three groups using a balanced design and then each group was randomly assigned as either the reminiscence therapy, current events, or no treatment (control group). Five participants did not complete the study.

Participants in the reminiscence group met one-to-one with the researcher, for four consecutive weeks to share personal photographs and dialogue about life experiences. They then described their perception of the intervention during a telephone interview following the experience. Those persons in the current events group also met weekly, one-to-one with data collectors, for four consecutive weeks discussing an article from the local newspaper. Participants in both the reminiscence and current events group completed the SALSS and a demographic data form at the first visit, and after four weeks they again completed the SALSS. The control group participants only received pre- and post-testing when beginning the study and again in four weeks. Persons in the current events and control groups did not participate in the telephone interview.

Paired t-tests revealed a significant difference in life satisfaction after participating in simple reminiscence therapy. A one-way analysis of variance for gain scores revealed no significant differences between groups; however, a post hoc test, LSD showed the reminiscence and control group approached a significant difference with an alpha of .128. Transcripts from the telephone interviews revealed eleven common themes.
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CHAPTER 1
INTRODUCTION

In the United States (U.S), the rate of increase in the number of persons aged sixty-five years and older has now significantly surpassed the rate of increase for the population of the country collectively. The United States Census Bureau (1999) projects that the number of persons sixty-five years and older will more than double by the middle of the next century. This progressive aging of the population presents a serious challenge to the health care system (Comana, Brown, & Thomas, 1998; Youssef, 1990). The need for individual assistance increases with age, and the need for augmented health and social services will be gauged accordingly (Matteson, 1997; U.S. Census Bureau, 1999). As the individuals age, they are more susceptible to the many losses usually associated with aging, often resulting in more intense health care needs (Lueckenotte, 1996).

Because gender and ethnic disparities occur with aging, growth in the population of aged persons also changes the fundamental demographics of the whole population. In any elderly population, women predictably outnumber men and the percentage of minority subpopulations shows an increase. These two demographic factors alone project a greater need for health care resources. Among noninstitutionalized elderly persons, more women (33%) than men (23%), and more elderly African-Americans and Hispanics (25%) than Caucasians (17%) will require assistance with the activities of daily living. Although the overall poverty rate for the elderly has declined since 1970, ethnic disparities persist among the aged poor, with female African-Americans being the poorest of all aged persons. Eventually, those persons requiring the most health care and assistance with daily living more than likely will have the fewest financial resources (U.S. Census Bureau, 1999).

Regardless of demographic predictors, many elderly persons must face grave difficulties and losses, including ageism, economic hardship, stressed social relationships, and inferior psychological adjustment, often accompanying declining physical and adaptive reserves. Ageism, stereotyping and discriminating against a person because of old age, affects the health
care of the elderly by influencing the attitudes of health care professionals caring for the elderly (Lueckenotte, 1996). The public (including health care workers) tends to believe that aging and the ability to contribute to society relate negatively. Even the elderly themselves hold stereotypical beliefs about aging (Matteson, Bearson, & McConnell, 1997). Ageism stifles fulfillment of developmental adjustment in later stages of life.

Erik Erikson (1963) identified eight developmental stages throughout the life cycle with the final stage occurring from about age 65 until death. The final stage, *Ego integrity versus despair*, encompasses the subjective evaluation of how satisfying one’s life is in general. Erikson recognized the retrospective reviewing of one’s life as an effective means for achieving ego integrity. Elderly persons who cannot accept their past life as having meaning exist in a state of despair and are more likely to have a sense of loss, be uncertain of any value in life, and be apprehensive about their approaching death. Despair reminds the elderly that time is limited and starting a new life is impossible. Joan Erikson (1997) purports that persons living into their 80s and 90s rely on wisdom rather than on physical and mental strengths. In those later years, wisdom is sustained by listening and observing activities and things of the present and remembering activities and things of the past. As the elderly continue to age, many physical and mental insults affect their ability to perform activities of daily living. The resulting losses in physical or mental competence have been shown to be influenced by their sense of satisfaction or dissatisfaction with previous life experiences.

Aging in and of itself does not decrease life satisfaction (Matteson, 1997). Instead one’s competence in adjusting to the many changes confronted in life determines one’s outlook on the future, whether of hopefulness or hopelessness. In the elderly, life satisfaction, an outlook on one’s life, correlates highly with well-being. An elderly person can either reflect on his or her life with a sense of satisfaction and acceptance, or when problems proved daunting, with a sense of despair (Lueckenotte, 1996). As the elderly face crises, suffer health decline, fear institutionalization, or lose loved ones or friends, the need to reflect on past achievements and put relationships in order may be extremely important (Soltys & Coats, 1995). By increasing the
sense of satisfaction with their past life, the elderly may offset some physical, mental, and emotional losses (Maddox, 1996).

Butler (1963) was the first to suggest the therapeutic effects of reminiscing. Previously, reminiscing was thought to be pathological, a tendency to exist only by living in the past. (Gagnon, 1996; Kovach, 1991b). More recently, Cohen and Taylor (1998) challenged the assumption that the elderly reminisce because they lack empowerment and interest in current issues.

Reminiscence therapy, an independent nursing intervention, has been shown to help elderly persons successfully adapt to old age by enabling them, through sharing memories about the past, to decrease depression, achieve a sense of identity (Nugent, 1995; Parker, 1995), resolve past conflicts while aiding in goal-directed behavior (Gagnon, 1996), and boost self-esteem and increase life satisfaction (Burnside & Haight, 1992; Comana, Brown, & Thomas, 1998; Kovach, 1991a; Nugent, 1995; Soltys & Coats, 1995). When reminiscing, elderly persons rediscover events and feelings they had not previously reflected on, exposing forgotten resources. Recalling times when they were personally robust, adept, and able to prevail over problems and reconcile with losses, might well provide them with a greater sense of optimism, if not of increased competence (AARP, 1999). Most often during reminiscing, autobiographical memories from early adulthood are shared verbally and are therapeutic events referred to as the “reminiscence bump” (Bornat, 1995). Mitigating memories and experiences can help the elderly person sense that his or her life has been contributory and worthy (Soltys & Coats, 1995). Thus, reminiscence therapy may well assist elderly persons in adjusting to their current life circumstances (Comana, Brown, & Thomas, 1998).

For the elderly person to reminiscence, obviously he or she must be able to reclaim past memories. Recollections spanning a lifetime, referred to as autobiographical memories, represent components of one’s life story that later can be recalled to mind (Fitzgerald, 1999). Personal photographs can be a catalyst for reminiscing (AARP, 1999) in as much as they contain vivid representations for prompting tangible clear points of reference. All photographs, as evidence of
a person’s past involvement, can facilitate the recollections, the memories of life events. Photographs help fill the “memory gaps”, enabling the person to tap into memories otherwise unrecallable (Rentz, 1995). As the elderly person describes the photographs’s context, new meanings may surface about past experiences (Hagedorn, 1994). Reminiscing, i.e., recalling to mind a long-forgotten experience or fact, is linguistically based. Beginning in childhood, everyone is taught the correct way to convey such memories. Autobiographical memories, components of personal recollection, are usually verbalized only to oneself or perhaps to a few others, often as stories (Rubin, 1999). Reminiscing is essential for understanding one’s sense of self and one’s relationships with others (Fivush, Haden, & Reese, 1999). Developing an appropriate and logical sense of self necessitates that one express one’s autobiographical memories socially or in a narrative sense (Rubin, 1999).

In summary, reminiscence therapy, an innate healing process (Haight & Webster, 1995), is a valuable independent nursing intervention in as much as elderly persons show a positive benefit from reminiscing (Sheridan, 1991). Untrained volunteers, health care workers, friends, and family members can assist the elderly in reminiscing; all that is needed is a “caring, interested, sensitive listener” (AARP, 1999, p. 2). For the elderly, sharing photographs with an interested person helps foster one’s acceptance as a person of importance and value (Highley, 1989). Sharing photographs of the past also helps displace the effects of ageism, because therapists and other participants sense that they then know better the elderly person’s life events and sensitivities as he or she glimpses the past (Weiner & Abramowitz, 1997). Because the elderly, as well as, young persons, enjoy looking at photographs, reminiscence may be stimulated when young family members come to visit while also allowing the elderly person to share some important aspects of family history (Weiner & Abramowitz, 1997). Such reminiscing can help the elderly person deal with the present by reliving the past (Hyland & Ackerman, 1988).
Research Problem

Reminiscence therapy has been studied by researchers in such diverse fields as psychology, gerontology, occupational therapy, medicine, social work, and nursing. Most persons who write on the subject, however, have generally failed to conceptualize and operationalize reminiscence. Indeed, nurses have failed to build a solid knowledge base to support the use of reminiscence therapy. Most researchers have approached reminiscence therapy in global terms and often interchanged the terms “life review” and reminiscence therapy (Burnside, 1990a,b). Although reminiscence therapy and life review both focus on a given person’s past, life review, rooted in psychoanalytic therapy is concerned with reworking disconcerting memories. Contrariwise; reminiscence therapy, a psychosocial process, focuses primarily on pleasurable memories such as those of achievement or fulfillment (Kovach, 1990). The lack of consensus of what constitutes reminiscence therapy reflects a need for a formal operational definition so as to specify observed changes in an interviewee’s responses; either spoken or otherwise physically expressed (Gagnon, 1996).

Prompts, also referred to as “props” or “triggers” in the literature, can help greatly to draw out a positive response especially if they have a special appeal for an elderly person. Rentz (1995) described many props that have been used to encourage or stimulate personal reminiscing, including childhood toys, visits from family and friends, fashion displays, transportation cues, old remedies, music, diaries, movies, smells, and even pets. Prompts for autobiographical memory have primarily included word cues and music (Rubin, 1999). Reminiscence studies have often used multiple props and failed overall to evaluate the effectiveness of those props or the type of memory they produce. The relationship between personal photographs, autobiographical memories, and simple reminiscence is greatly influenced by the value and stimulation inducement of the common characteristics shared.

Although reminiscence therapy can be administered both in group settings and one-to-one, the preponderance of research has been conducted in group settings. Elderly persons placed in a given group may have conflicting personalities, differing energy and depression levels, and
discomfort in disclosing memories to strangers (Burnside, 1990a,b). Those having physical limitations and low energy levels may find trying to get to group therapy exhausts all their efforts, leaving little for them to contribute to cognitive processes.

While most elderly men live in a family setting, most elderly women live alone, a circumstance that continues to increase with age. The current trend is for more elderly in all racial and ethnic groups to live alone. Interestingly, although only a small percentage (5%) of elderly persons live in nursing homes or similar institutions, many of the reminiscence therapy studies have been conducted in those settings (Roen, 1997).

Whereas, one research method provides only a partial picture of a complex phenomenon such as reminiscence, only one study (Burnside, 1990b) used methodological triangulation to study reminiscence. Triangulation would establish convergent validity and increase comprehensiveness. Findings from the addition of qualitative measures such as interviews to a quantitative study would confirm those of the primary quantitative instrument (Boyd, 1993). Burnside also had the only study that examined the perception of participants concerning reminiscence therapy, however, the study used a group context.

Most instruments used to measure the effectiveness of reminiscence have lacked reliability and validity (Burnside, 1990b). The measurement of reminiscence has either been a count of sentence units referring to the past or self-report measures of questionable validity (Kovach, 1995). Needed is a subjective instrument having proven reliability and validity for use in the elderly population. The instrument should show the subjects' degree of life satisfaction coincident with their unique reality as influenced by the dynamics of their past. Life satisfaction should be measured by applying the elderly person's own chosen criteria (Diener, 1984).

Structured instruments do not consider the context of the person and his or her specific situation, whereas a multidimensional instrument that enables the elderly person to select and define his or her own anchoring points of life satisfaction would be effective. Frank-Stromberg (1997) described measurement issues that can arise when one works with the elderly. Many elderly have limited exposure to others and current events and are unfamiliar with and distressed
when asked to respond to multiple-choice questions, Likert scales, and semantic differentials. Item content, clarity, reading level, and even item arrangement can affect the reliability and validity of the instrument. Anxiety can also impede the person's performance during testing, and a tranquil, peaceful environment is needed. Studies using multiple or lengthy instruments create subject burden, causing the elderly to become exhausted and unable or unwilling to complete instruments. Fatigue may well affect the correctness of responses.

Valid and reliable data on the care of the elderly can only be obtained by being cognizant of the potential measurement problems associated with this unique heterogeneous population. Use of a single instrument to measure life satisfaction, such as the Self-Anchororing Life Satisfaction Scale (SALSS) with its established content and face validity and reliability, would prevent fatigue because the elderly person is asked only to show on a drawing of a ladder of life where he or she would position himself or herself. The SALSS can be completed independently by the elderly person, or the researcher may read the directions along with the elderly. This instrument helps to provide data on the unique reality of the elderly.

**Purpose**

The purpose of this study was to determine the effectiveness and perceived effectiveness of simple reminiscence therapy using photographic prompts on life satisfaction of noninstitutionalized elderly persons.

**Research Question**

1. How do noninstitutionalized elderly persons who undergo simple reminiscence therapy using photographic prompts perceive simple reminiscence therapy?

**Research Hypotheses**

1. Within subjects, life satisfaction will be shown to have increased after four weeks of simple reminiscence therapy, as measured by the SALSS.

2. Subjects who undergo simple reminiscence therapy involving photographic prompts weekly for four weeks will have higher life satisfaction scores, as measured by SALSS, than subjects who participate in the current events treatment or the control group who will
receive no treatment.

Definition of Terms

For this study the following theoretical and operational terms are defined:

1. **Simple Reminiscence Therapy**
   
   Theoretical: A cognitive process of evoking memories of past experiences that are personally significant, and believed to be reality based by the individual (Kovach, 1991a).
   
   Operational: An independent nursing intervention to stimulate spontaneous recall of autobiographical memories (defined below).

2. **Current Events Treatment**
   
   Theoretical: Reading by data collectors about a current event published in the local newspaper.
   
   Operational: Reading and conversing with an elderly person one-to-one about a current event portrayed in the local newspaper but without reminiscing.

3. **Elderly**
   
   Theoretical and operational: A person 65 years of age or older.

4. **Life Satisfaction**
   
   Theoretical: “An attitude toward one’s own life”; “reflection of feelings about the past, present, and future” (Matteson, 1997, p. 568).
   
   Operational: The cognitive aspect of well-being derived from the overall sense that life’s experiences had both meaning and purpose. Degree of life satisfaction is anchored within a person’s own reality world influenced by standards of his or her culture (Cantril, 1965)

5. **Prompts**
   
   Theoretical: “Items which through their ability to sustain a memory over time, evoke the recall to mind of long-forgotten persons, events, or scenes which were part of the environment in which one lived during earlier developmental stages” (Rodriguez, 1990, p. 3).
   
   Operational: Personal photographs chosen by the subject to aid in recalling
autobiographical memories and in reminiscing.

6. **Autobiographical Memories**

Theoretical: A person's lifetime recollections of specific events or occurrences that are linguistically based and believed to have been personally experienced (Rubin, 1995).

Operational: A recount of the past in which the subject recognizes himself or herself, determines the memory to be true, visualizes images that support the veracity of the memory, and believes the event to have been personally experienced.

7. **Perception**

Theoretical: the original consciousness of the appearance of phenomena in past experiences (Boyd, 1993).

Operational: Reflections back on an experience (Van Manen, 1990).

**Assumptions**

1. The subjects will reply truthfully to the Self-Anchoring Life Satisfaction Scale from their individual sense of reality.
2. Photographs will prompt autobiographical memories resulting in simple reminiscing in the elderly.
3. Simple reminiscing by means of photographic prompts will increase life satisfaction in the elderly.
4. The subjects will reply truthfully to the telephone interview questions derived from their perceptions of simple reminiscence therapy.

**Limitations**

This study has these limitations:

1. The results may be generalized only to elderly persons having characteristics similar to those of others participating in the study.
2. Social activities, other than reminiscing, engaged in by the elderly person may influence the outcomes.
3. Financial, emotional, and social support from the participant's family and significant
others will not be controlled for.

4. Findings are limited to elders living in the South in community, congregated, government, assisted housing.

Delimitations

The eligibility requirements for this type of government-assisted housing resulted in the following delimitations in this study:

1. Findings will be limited to elderly persons not cognitively disadvantaged.
2. Elderly persons unable to care for themselves independently will not be included.

Significance to Nursing

The fastest growing segment of the U.S. population comprises the elderly, who are also the largest consumers of health care services. During the past fiscal year, Medicare services in the United States cost $200 billion. Predictably, that cost will rise as the number of elderly persons increases. With medical advances, elderly persons may well live into their eighties and nineties. The rising cost of health care coupled with the increased health care needs of the elderly, necessitates research to help the elderly age successfully.

Understanding how life satisfaction occurs for elderly persons is becoming increasingly more important for the United States because of this burgeoning elderly population. This growing population of elderly persons make it both possible to explore this relationship and important to do so. Because nurses are the principal caregivers for the elderly, they must be involved in the study and application of this important relationship (Hitch, 1994).

Exploratory research of variables affecting life satisfaction in the elderly has yielded inconsistent results. Gray, Ventis, and Hayslip (1992) found that the contribution of different variables to life satisfaction is unique to the individual. Elders are an exceptionally heterogeneous group and an elderly person’s life cannot be understood separately from his or her background and social setting (Erikson, 1963). The elderly person must evaluate his or her own degree of life satisfaction by virtue of his or her own standards, which often vary from those of the health care professional. Structured instruments are not adequate for determining the elderly
person’s values or contentment as they have been derived from his or her life situation.
Nursing research that incorporates reliable and valid subjective instruments to measure the multidimensional aspects of life satisfaction and reflect the uniqueness of each elderly person is needed. Engendering a new perspective about elderly persons, a perspective valuing their uniqueness, may reduce ageism and may better assist them in their later-life adaptations.

**Summary**

To help maintain the integrity of the noninstitutionalized elderly population by improving their life satisfaction, the nursing profession needs to develop interventions derived from a body of knowledge unique to nursing (Kovach, 1991a). It is important for nurses to nurture opportunities that improve the life satisfaction of the elderly. Nurses, friends, family, and volunteers without formal training can engage the elderly in reminiscing. More importantly, the elderly person can reminisce even when alone or when visitors are few. In helping the elderly person reflect on the past, nurses can become sensitive to that person’s unique beliefs about health, thereby better knowing how to assist him or her appropriately and individually.

**Theoretical Framework**

This study applies the concept of reminiscence to Erikson’s developmental theory. Erikson (1963) identified eight stages of development across the normal life span (see Appendix A). He described the stages as occurring as a developmental ladder and stressed the importance of looking at the whole ladder. Each vertical step is grounded in all preceding steps, and maturation at one level gives new meaning and value to those stages already developed, as well as, those being developed. Social structure and culture influence each stage. Each individual life is shaped by a multitude of events such as war, economic situations, accidents, and encounters with particular persons, each contributing to that life’s uniqueness. In each of the eight stages a conflict occurs that influences the development of the person’s ego. Successful achievement of each stage carries the person to enhanced maturity and understanding while also challenging him or her to resolve another conflict. Unsuccessful attainment of a stage results in incomplete development. The eighth stage of life, age 65 and older, presents the conflict of integrity versus
despair with wisdom being the virtue.

Integrity refers to a sense of wholeness, and results from integrative experiences and values accrued during a lifetime. By reflecting on positive aspects of past experiences, the elderly person can better confront and adapt to the present and look forward to the future (Erikson, 1988). Erikson’s theory of developmental stages across the life span supports reflecting on the past as a means to attain life satisfaction (Cook, 1998). His description of integrity equates to life satisfaction. He identified reminiscence as the process by which the crisis of the eighth stage of life, ego integrity versus despair, is resolved.

A multidimensional definition of Erikson's concept of ego integrity versus despair enfolds reminiscence, life satisfaction, and developmental task accomplishment (Goebel & Boeck, 1987). Ego integrity is achieved through a person’s reminiscing about the past resulting in a sense of satisfaction and acceptance of life (Maddox, 1996). This process serves as a buffer against diminished external resources by increasing internal support in later life (Goebel & Boeck, 1987). Life satisfaction is subjective and defines success in terms of inner satisfaction rather than external adjustment. Reflecting on the past helps optimize successful aging, enabling the elderly person to live in a state of satisfaction until death rather than exist in a state of despair in which life lacks meaning. For a person to age successfully—meaning, for that person, to sustain a sense of personal satisfaction overall—finding support for that sense through reflections on the past should render greater acceptance of that life as lived. As the elderly reflect about past events they find meaning for their lives in their memories (Kotre & Hall, 1997). When a person views his or her life as a series of misfortunes and disappointments, aging is said to be unsuccessful (Lueckenotte, 1996).

Because the elderly person, as a condition for reflecting on his or her life, must be able to remember past involvements, a model illustrating the relationship and common elements between personal photographs, autobiographical memories, and the ability to undertake simple reminiscence is presented (see Figure 1). Rubin (1999) described the characteristics of autobiographical memories as reliving an event, having visual imagery, and believing the event
Figure 1. Relationship between personal photographs, autobiographical memories, and simple reminiscence.
had been personally experienced and was accurately remembered. Photographs, autobiographical memories, and reminiscing all focus on past events of the self and can take place anywhere a person chooses, solitarily or among others. Photographs are also a reflection of the self (Kruse, 1999) and can be considered a form of language (Gerace, 1989). Photographs to stimulate recollections serve two major purposes: to trigger autobiographical memories and to provide visual concrete evidence that the person viewing the photographs had indeed experienced the given event and that his or her memory of the event was reasonably accurate. Simple reminiscences involving autobiographical memories are most commonly of a time that had occurred during early adulthood when the person was robust. Photographs coincident with pleasant memories most often portray events or activities from that period, known as the “reminiscence bump”. When a person views the photograph, a story unfolds, the viewer usually describes or explains the event or experience, sharing it, as it were, linguistically. The process of reminiscing has a linguistic basis (Fivush, Haden & Reese, 1999), notably in that language arranges memories as believed accounts. Failure to express one’s autobiographical memories socially or in a narrative sense can impede the development of a logical sense of self. Photographs, personal artifacts of one’s life, can thus stimulate autobiographical memories, with reminiscing as a consequence, enabling the elderly viewer to share his or her past.

Summary

To age successfully is a great challenge as life’s journey encompasses many experiences, some ego-supportive, other less so. Erikson identified eight stages of development during a person’s lifetime and in each stage a crisis occurs. Successful attainment of each stage enables the person to grow holistically. Achievement in earlier stages influences the means used to face crises in later stages. During the eighth stage of development, a person faces many actual and potential losses and to achieve full ego integrity, must reflect back on his or her life and view it as satisfactory. Erikson stressed the importance of remembering that all stages beyond the first are built on former stages. Because ego integrity is the task of old age, the elderly person must reflect on the developmental stages and reminisce about his or her past experiences (see Figure...
2). As the person recreates his or her life story by reliving past experiences, a link develops between the past and present which forms a framework for developing continuity of self over time (Sperbeck, Whitborune, & Hoyer, 1986). Reminiscing about times when the person prevailed against challenges and losses can lead him or her to attain ego integrity and enjoy life to the fullest, or failing that, to exist in a state of despair and in fear of death.
<table>
<thead>
<tr>
<th>Developmental Stage</th>
<th>Means to Successfully Accomplish Stage</th>
<th>Positive Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>8  Integrity vs Despair</td>
<td>Reminisce about the past with acceptance and satisfaction</td>
<td>©Wisdom</td>
</tr>
<tr>
<td>7  Generativity vs Stagnation</td>
<td>Establish and guide the next generation</td>
<td>©Care</td>
</tr>
<tr>
<td>6  Intimacy vs Isolation</td>
<td>Study for career, socialize with other sex, begin family</td>
<td>©Love</td>
</tr>
<tr>
<td>5  Identity vs Identity Confusion</td>
<td>Reconcile social roles</td>
<td>©Fidelity</td>
</tr>
<tr>
<td>4  Industry vs Inferiority</td>
<td>Receive systematic instruction</td>
<td>©Competence</td>
</tr>
<tr>
<td>3  Initiative vs Guilt</td>
<td>Acquire ambition and independence</td>
<td>©Purpose</td>
</tr>
<tr>
<td>2  Autonomy vs Shame, Doubt</td>
<td>Develop basic faith in self</td>
<td>©Will</td>
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<tr>
<td>1  Basic Trust vs Basic Mistrust</td>
<td>Receive and accept what is given</td>
<td>©Hope</td>
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Figure 2: Erikson's Developmental Ladder of Life and the Implementation of the Concept

Reminiscence as Facilitator in Stage 8.
Chapter II

REVIEW OF THE LITERATURE

A comprehensive review of the literature was conducted using several data bases [PsychINFO, PsychFIRST, Cumulative Index to Nursing and Allied Health (CINAHL), Medline, and Dissertation Abstracts] for the years 1960 through 2000. The review was conducted using the following terms as they relate to the elderly: reminiscence, reminiscing, reminiscence therapy, memories, autobiographical memories, autobiographical memory, photographs, photographs and memories, photographs and reminiscence, photographs and reminiscence, Erikson, ego integrity, integrity and despair, and life satisfaction. Reminiscence, reminiscence therapy, life satisfaction, and photographs were also combined with the terms qualitative methods, phenomenology, grounded theory, case studies, content analysis, and themes. References found at the ends of articles were also used as sources.

For a better understanding of Erikson's theory of life-span development in which the elderly person achieves ego integrity, i.e., life satisfaction, by reminiscing, it would be helpful to look at each contributing factor and the process that allows life satisfaction to evolve. Autobiographical memories that span a person's life, unique and believed to have been personally experienced, are stored and awaiting recall. Photographs, visual proof of that unique past, summon those autobiographical memories, assisting the person to recall and validate memories. As the photographs are reflected on, memories of a personal past forged with life's unique experiences are recalled. Photographs are most often of happy times, thus helping the person to recall episodes of happiness. Sharing such happy memories linguistically, i.e., applying simple reminiscence therapy, enables the person to use his or her unique past to better live in the present and look forward to the future. The common thread running through this therapeutic process, the importance of a person's unique memories of the past, restores recollections of a life inseparable from one's culture and experiences formulating values that contribute to satisfaction with life.

Thus, this chapter comprises four sections. The first section, on autobiographical
memory, defines applicable terms, cites classical studies, and presents information on the state of research as it relates to reminiscing. The second section focuses on the evolution of photography in America’s history and its use in nursing research. The use of photographs as stimuli for inducing autobiographical memories is included. Section three focuses on reminiscence therapy. Because of diverse and multipath approaches in reminiscence therapy, categorizing and systemizing information is difficult. Thus, the section follows the chronological evolution of reminiscence therapy in practice and includes definitions, distinguishes different types of reminiscing, and reviews related variables. Section four describes research pertinent to the study of life satisfaction, the dependent variable in this study.

Autobiographical Memory

"Memory is the best of all gardens. Therein, winter and summer, the seeds of the past lie dormant, ready to spring into instant bloom at any moment the mind wished to bring them to life" (Hal Boyle).

Autobiographical memory is the ability to call to mind one’s life (Baddeley, 1992) or a particular experience from one’s past (Brewer, 1986). Autobiographical memories are a type of episodic memory that is preserved and accessible for future recollection, often for a lifetime, as part of one’s life story. Fitzgerald (1999) concluded that autobiographical memory is deliberation of self and who one is. Throughout the life span, one thinks and rethinks who he or she has been, is now, and wants to become in the future. Autobiographical memory is further linked to psychological well-being (Destun & Kuiper, 1996). Rubin (1995) described the characteristics of autobiographical memories as the reliving of events with visual images and the belief that the experiences represented by those images were actual. Such imagery distinguishes autobiographical memories from other types of memories. The imagery is associated with tangible facts, making such memories more precise and credible. Autobiographical memories signify through the imagery, stories that are usually told in a social act. A person’s failure to share his or her autobiographical memories hinders that person’s evolution of a logical sense of self. Barclay (1999) further postulated that although autobiographical experiences, that cannot
be re-enacted, whether through language, music, dance, or art, they can hasten feelings of existential stress that becomes evident in many psychological states.

Much research on autobiographic memory has focused on how memory is organized and retrieved; the accuracy of memories; attempts to measure and develop models of memory; factors influencing memory, especially age and impairment; and the phenomenon called the reminiscence bump. Nursing research has for the most part focused on persons having frontal lobe damage and amnesia. Accuracy in autobiographical memory has also been studied; however, autobiographical memory as it relates to reminiscing is neither orderly nor accurate. Mark Twain said it best: “I find that the further back I go, the better I remember things, whether they happened or not” (AARP, 1999). For this literature review, studies and anecdotal accounts are limited to the psychosocial aspects of autobiographical memory rather than psychotherapy or structural integrity per se. Described are studies related to the storage, availability, retrieval, and functions of autobiographical memories. The review is limited to studies involving elderly persons, including studies in which elderly persons were compared with other groups.

Early Studies

Autobiographical research is in its early stage of development (Fitzgerald, 1999). Earlier studies of autobiographical memory relied on the Galton technique (1879) to retrieve memories. Galton had pioneered the study of autobiographical memory by using objects in his environment to analyze his own memories. He chose lists of words from which he produced and dated a personal memory related to a given word. From that technique, the use of word cues as memory prompts has evolved. Building on Galton’s technique, Crovitz and Schiffman (1974) used word cues, in asking participants to recall personal, important, autobiographical memories. For a person to refer to his or her own autobiographical memories, these memories must have been “stored” and be retrievable by the person.

Temporal Landmarks

Each day, everyone encounters innumerable events that because they are insignificant to one’s life, are consciously ignored or quickly forgotten. Shum (1998) determined that some
memories are important and stored for retrieval on so-called temporal landmarks. The landmarks assist in retrieving and dating memories. Three types of temporal landmarks were identified: 1) flashbulb memories, which are vivid public events such as the common example of the assassination of President Kennedy; 2) personal events, often first experiences such as one's first kiss; and 3) calendars and lifetime periods, such as the college years. Shum reviewed earlier studies to determine the role of temporal landmarks in the processing of autobiographical memory. He described the characteristics of temporal landmarks as memories of events in which the person is actually involved, have great importance to the person, and serve as points of reference in personal history. In applying that definition, Shum deleted flashbulb memories. He believed Rubin and Kozin (1984) came closest to identifying temporal landmarks when they asked persons to recall vivid events; however, their study was limited to college students. Shum concluded that temporal landmarks reconciled the accessibility and retrievability of autobiographical memories as supported through the studies of Reiser, Black, and Abelson (1985), in which memories were recalled faster when participants were presented with activities rather than actions as cues. Lipman, Caplan, Schooler, and Lee (1995) also found that elderly persons recalled more events when cues were given as an event rather than an activity. Conway and Bekerian (1987) found that using prompts to evoke memories of significant lifetime periods resulted in faster retrieval time.

Retrievability

Support was found for an increase in the recoverability of memories that happened during the second and third decades of life (reminiscence bump), along with a strong recency effect (Rubin & Schulkind, 1997a,c; Rubin, Wetzler, & Nebes, 1986). Shum (1998) postulated that during those decades, personally important events occurred, such as going to school, getting a job, and getting married. He does warn that assessment of personal importance should include consideration of whether the memory was important then or is so now. Emotionality was then explored by means of Pillemer's series of studies (1986, 1988), in which memories high in emotion were readily recalled (Pillemer, Rhinehart, & Hart, 1986; Pillemer, Goldmsmith, Panter,
& White, 1988); however, importance and emotionality were not seen to be independent of each other (Wright, 1998). Shum then turned his attention to the pleasantness of memories, studies having shown that pleasant memories are better recalled than unpleasant, negative ones (Thompson, Skowroski, Larsen, & Betz, 1996; Wagenaar, 1986).

**Cues for Prompting Memories**

Shum (1998) concluded that autobiographical research has resulted in puzzling and conflicting findings. He suggested that the cue used to elicit the memories must be considered. Even in “free recall” the participant must generate his or her own set of cues, and Shum proposed that temporal landmarks serve as self-generated cues. He further concluded that asking participants to provide accurate dates for personal memories was difficult and resulted in much dismay. He suggested asking them about events with known dates. Personal history and culture were described as the recurring theme of how memory was organized and retrieved.

Recent research has begun to focus on the presence of event clusters. Participants produce an event and then retrieve a second event from the first event, suggesting that events are rooted in narratives resembling clusters. Brown and Schopflocher (1998), along with Wright (1998), embraced that theory; however, all participants in the Brown and Schopflocher study were college students, and Wright relied on anecdotal evidence. Wright did conclude that standard word and phrase cues generally do not refer to personal events.

Schulkind, Hennis, and Rubin (1999) investigated the use of popular music as a cue for autobiographical memories. Two groups of elderly, aged 65 to 70 years, and younger adults aged 18 to 21 years listened to songs from across the 20th century. Although the elderly recalled more songs from their youth, the stimuli failed to produce many autobiographical memories of specific events. Older adults only recalled specific memories on fewer than 5% of the assessments. Younger participants were able to recall more lyrics [F (1,34) = 22.31] and more attributes, such as year of popularity [F (1,34) = 48.69], than the older participants. The researchers concluded that memory for popular music does not remain intact during the course of a lifetime. The study did not evaluate the ability of music to cue personal events, only whether the participant could
remember the song.

**Reminiscence Bump**

The distribution of autobiographical memories over a life-span has typically resulted in a peak of memories known as the “reminiscence bump,” especially in older adults. Rubin and Schulkind (1997c) used 124 words, randomly presented, to cue autobiographical memories from 20-year-old university students (n=12 females) and 70-year-old adults (n=20, 13 females). Participants were asked to recall and briefly describe one event for each cue word. They were timed as to the point of memory retrieval. Participants were then asked to date each event. Both groups had decreased memories from early childhood. Older subjects, however, had more memories from ages 10 to 30 years. Data from past studies by Rubin were subjected to simple regression analysis with data from that study, supporting the consistent presence of the reminiscence bump (r=.994). Childhood amnesia was found in both groups, with both groups showing few memories before age three. Younger participants were able to retrieve memories faster than were the elderly participants [F(1,38)=15.34]. Five participants from each group were chosen (based on scheduling) to continue eight additional weekly sessions, for a total of 921 cue words. There remained a strong tendency for recalled memories to merge along the 10 to 30 years age range.

Rubin and Schulkind (1997b) were able to replicate the reminiscence bump of the previous study for persons aged 70 and 73 years. The sample consisted of 120 adults aged 20 years (n=40), 35 years (n=20), 70 years (n=20), and 73 years (n=40). The 35-year-old group had fewer memories before age 10 than any other group, and the reminiscence bump did not appear. To determine why more elderly persons produce memories during the time span of 10 to 30 years of age, Rubin, Rahhal, and Poon (1998) postulated it as relating to Erikson’s (1950) theory, that period of life is when one comes of age and finds his or her place in society, or, in other words, the person’s identity is formed. A questionnaire was developed to test whether events from early adulthood were remembered best. The questionnaire was administered to two different groups of elderly persons (mean age 69.7 years) and two groups of undergraduates (mean age 21 years), at
two different times separated by a decade. The three domains tested were the World Series, Academy Awards, and current events (10 stories from the Associated Press). Older subjects were more accurate in answering questions originating in the decades in which they were aged 11 to 30. Younger subjects showed considerable forgetting, for the further from the present the event had occurred; the poorer was their recall and responses. The researchers further postulated that events occurring during that time are remembered because that life period is when rapid change gives way to stability. Genetic fitness (such as selecting the best mate), loyalty to offspring, and guidance for the younger generation may also contribute to the memory bump.

Schrauf and Rubin (1998) studied 12 immigrants from the Spanish-speaking culture, eight women and four men having a mean age of 64.6 years, who had lived in the United States for 30 years. They were asked to provide autobiographical memories for 50 word cues, presented both in Spanish and English, and were timed by the investigators. Events before immigration were recalled in Spanish, whereas events after immigration were recalled in English. Participants who had immigrated at ages 20 to 24 reflected the normal reminiscence bump of increased memories between ages 10 and 30. Persons who immigrated at a later age, 34 to 35 years, showed a decrease in memories for the 10 to 30 age range but showed increased memories for the years corresponding to immigration and settlement. The researcher concluded that immigration did affect the distribution of memories across the life-span. Both adolescence and immigration, which involve rapid change followed by stability, increased recall of memories in the time of stability.

The presence of the reminiscence bump can be accounted for with these explanations. First, a period of rapid change when followed by one of stability produces an abundance of memories during the stable time. Second, during post-rapid-change time of stability, one assumes adult identity (Fitzgerald, 1988; Schrauf & Rubin, 1998). Memories serve as a basis for later development. Third, during that time of stability, cognitive capacities are at their best potential.
Variables Affecting Autobiographical Memory

The prevalence of depression, senility, and primary degenerative dementia (dementia of Alzheimer type) in the elderly has led researchers to determine the effect of those disorders on autobiographical memory and to compare the findings with those of normal elderly persons. Holland and Rabbitt (1991) studied two groups of elderly persons of equal intelligence, one group living in residential care (n=35, aged 68 to 97 years) and the other living independently in the community (n=16, aged 70 to 85 years), to determine whether a difference existed in the number of memories retrieved and the time span from which most memories were retrieved. The groups of elderly residents were further divided into two groups, impaired and unimpaired, by means of scores from the Blessed, Thomlinson, & Roth Scale of Senile Change (1968). The unimpaired subjects living in residential care were older (M=83.62 years) than those living in the community [(M=73.81 years; F(1,27)=1.30 p<.001)]. Using an uncued recall technique, each person was given 10 minutes to recall events from each third of life and how often he or she had previously rehearsed the memory. Community residents recalled more memories than did the unimpaired residential care elderly [(F, 1,27)=4.94, p<.05]). Unimpaired residential-care elderly recalled more early memories, whereas, community residents recalled more recent memories. Even when adjusted for age, community residents had more recent memories than did unimpaired residents. When the two groups of residential care elderly were compared, the unimpaired group recalled more events than the impaired group [(F, 1,33)=29.01, p<.001)], with the impaired group recalling fewest memories from the middle third of life and the unimpaired recalling fewest from the most recent third (F=16.65, p<.01). In conclusion, the residential elderly were described as being less healthy, many with arthritis, having fewer memories, and needing assistance. The researchers chose the uncued recall because cue words have been shown to prompt memories that are often unclear and unimportant and less often rehearsed. The researchers suggested that earlier findings in which the elderly persons recall more early memories resulted from failure to separate the elderly having memory impairment from those who were unimpaired.
Reminiscing, or prompting autobiographical memories rich in vividness and having importance, necessitates that the elderly person be in a relaxed environment. Not only having a time limit of 10 minutes set but also being required to recall memories from specific time frames may have caused stress in that population. Had the elderly been allowed to recall memories spontaneously, the distribution of memories throughout the life span may have been different. Given the fact that 12 of the 22 impaired subjects were unable to understand directions during the AHR, whether they could indeed understand the directions to recall events from specific life periods, and then determine how often the memories had occurred, is questionable. The small sample size and lack of description of the sample, other than age, further limited generalizability. Reliability and validity of the Blessed, Thomlinson, & Roth Scale (1968) were not described, and the researchers only used part of the scale, causing concern that the impaired group may have truly been more advanced in their senility than was reported. The impaired group was limited in their ability to retrieve memories; however, the researchers did not relate the means used to elicit memories as being a possible contributing factor.

Because many studies of autobiographical memory have focused on cognitively intact elderly, Fromholt and Larsen (1991) compared 30 elderly persons having primary degenerative dementia (senile dementia of Alzheimer type [SDAT]), average age 78.3 years, with 30 normal elderly persons, average age of 80.5 years. Although word cues are the most common technique for retrieving memories, the researchers chose free narratives to allow everyday strategies for retrieval of memories. The demented group was divided into levels of dementia: D1 (n=7) elderly persons who had recognizable memory problems and slight deterioration of social skills; D2 (n=13), those who showed moderate cognitive decline and deteriorating orientations, and required help with care; and D3 (n=10) those who had severe cognitive decline, disorientation (except to name and town), and total dependency for care. Each participant was asked to describe events that had been significant in his or her life, with 15 minutes allowed for responses. Two demented subjects (D3) were unable to recall any memories. Normal and demented elderly persons differed significantly on the number of memories recalled, with normal elderly persons
recalling an average of 18.3 memories compared with an average of 8.3 for the dementia groups \( F(1,56)=41.58, p<.001 \). The more advanced the dementia, the more the average number of memories decreased (D1=13, D2=8.76, D3=4.5), showing a marked decrease in even the earliest stage. Because detail and vividness are associated with autobiographical memories, participants were asked to go into detail on recalled events and were scored by the interviewers on the degree of elaboration. Two of the demented elderly were not included because of their inability to recall memories; however, the demented group as a whole recalled much less detail than did the normal elderly \( F(56)=4.62, p<.001 \). Interestingly, members of the D1 group's ability to recall details did not significantly differ from that of the normal elderly.

Although the free narrative technique may produce spontaneous memories, prompts may have been valuable in sparking memories for those undergoing cognitive decline. In free recall, the participant is forced to internally produce cues with which to search memory (Shum, 1998). Asking subjects to remember specific details, precise frequencies, and exact content from their past reminiscences yields inaccurate findings (Kovach, 1993). Just as in Holland and Rabbitt's study, the time limit may have jeopardized recall of memories.

Because of the relationship between the recall of happy memories and decreased depression, Yang and Rehm (1993) used 124 cue words to determine the difference between depressed elderly persons (n=27) and nondepressed elderly persons (n=27), both male (n=8) and female (n=46) in an almost entirely Caucasian population (n=53), to determine the number of autobiographical memories and whether they were “sad” or “happy.” After reading a list of words, participants were asked to recall 30 memories that were personal, detailed, and occurred in real life. They were then asked to rate the memory in terms of happy or sad, with time frames of then and now using a seven-point scale ranging from −3 (extremely sad) through 0 (neutral) to +3 (very happy). Participants were further instructed to rate the memories as personally important then or now on a three-point scale, with 0 meaning “not at all” and 2 being “very important.” The depressed group rated a higher percentage of memories as sad both then (32.0%) and now (22.6%), as compared with the nondepressed group having 27.6% sad
memories in the past and 12.2% now. The nondepressed group had more happy memories both then (44.1%) and now (39.8%) as compared with the depressed group, whose ratings were 40.7% then and 31.3% now. The researchers postulated that the results supported previous findings that recalling happy memories decreased depression. However, the use of word cues has limited use in recalling autobiographical memories. Generalizability is limited because the sample was almost entirely Caucasian and no other demographic data were presented. The use of two Likert scales with varying intervals may have reduced validity of the findings in the study population.

According to Phillips and William (1997), persons who have suicidal tendencies, are elderly, or are depressed, produce more general than specific autobiographical memories. Failure to recover from depression was also predicted by memory that is preponderantly general rather than more specific. In their study of 22 elderly (age range 60 to 86 years) of both men (n=10) and women (n=12), among whom nine were diagnosed with multi-infarct dementia; six with dementia (Alzheimer type); four with depression; one each of epilepsy and extrapyramidal syndrome; and one with normal aging, the specificity of autobiographical memories in the “normal” elderly and depressed elderly was assessed using the word-cue technique. The researchers concluded that “sluggishness” to recall specific events in former studies resulted from the use of the free-narrative-recall technique. Ten word cues, five positive and five negative, were presented with instruction to recall one memory that occurred at a particular time and place not lasting longer than one day. Participants were given 30 seconds to produce a memory. If a participant produced a general memory, he or she was prompted for a specific memory. A significant relationship was found between specificity of memory and cognitive impairment [r (20)=-.56, p=.01, two-tailed]. No relationship between age and specificity was found [r (20)=-.23]. The sample did produce more general than specific memories; however, depression and specificity were not related, probably because depression was not reported separately from cognitive impairment. The small sample size, with some groups having only one representative, limited generalizability. The use of a stopwatch to time “30 seconds” and the need to practice recalling specific words before beginning the study may have altered the
validity because the elderly felt pressured and were not in a comfortable setting. Having to recall a specific memory, one that took place in a specific time and place, is difficult when the memories are remote. Allowing the elderly to again "recall" another memory when the first one was not specific does not provide a true picture of that memory that was prompted; rather, the researcher allowed the elderly to search for a more appropriate memory.

**Measurement of Autobiographical Memory Using Qualitative Analysis**

Kovach (1993), an avid researcher in reminiscence therapy, described the benefits of reminiscence for the elderly as having been hindered by difficulties in measuring autobiographical constructs. Kovach developed and tested an autobiographical memory coding tool (AMCT) that uses qualitative analysis to code autobiographical memories as either validating (confirming that one had a worthwhile life) or lamenting (presenting a negative version of the past) (Intercoder reliability was 0.93, 0.93, and 0.95; test-retest was 1.0). Thirty-nine transcripts from 35 community-dwelling cognitively intact elderly persons with an age range of 65 to 95 years were analyzed, showing specific categories and themes. Validating memories included positive self-appraisal, freedom to make choices, social connections, joys in life, and past-to-present comparisons. Lamenting memories included regrets, lack of choice, and problems in life. A gerontological nurse specialist assessed content validity and a psychiatric nurse specialist evaluated the themes and categories for representativeness and clarity. An autobiographical thematic dictionary was also developed. Kovach concluded that the validity of the instrument required further testing, especially in the area of criterion-related validity. Kovach also pointed out that a "gap in knowledge about the cognitive process of reminiscing" existed.

**Photographs**

"One picture can tell a whole life story if a nurse only takes the time to seek it out" (Hagedorn, 1996, p. 526).

Photography is a forceful instrument for comprehending human experiences with health and illness (Hagedorn, 1996). Research methods incorporating aesthetic techniques for
gathering data increase nursing's knowledge of health and illness experiences. Although photography has been used extensively in social science disciplines, such as anthropology and sociology, little attention has been given to the use of photography and photographs in nursing. Here presented is a brief history of how photographs have become part of the American heritage, as well as the use of photography and photographs among the elderly in nursing practice. Information on the use of photographs in conjunction with reminiscence therapy is given later, under the heading of reminiscence therapy.

History of Personal Photographs

In 1888, George Eastman produced the Kodak camera, packaged preloaded with film, enabling everyone to become a photographer. In 1900, the Brownie, costing only a dollar, put cameras in the hands of even the poorest families. Photographs set in motion the documentation of family growth, decline, births, special events, vacations, and even elderly members' valued facial features. Photograph albums of "almost always happy" families multiplied because of the reluctance of camera owners to photograph "their wives crying, their husbands drunk, their children in gangs; of accidents, violence, illness, insanity or divorce" (Goldberg & Silberman, 1999, p. 15). Keeping evidence in view supported family traditions. With the industrial revolution and social change, immigrants arrived and women entered the work force. Nonetheless, photographs enabled families to show family unity at least in the photographs. With personal photographs, immigrants and others communicated with the family left behind, often in foreign countries. Even in today's modern world, family photographs remain our most personal, and at times, sole connection with the histories that shaped our lives. After a violent tornado in Oklahoma City in 1999, thousands of torn and mud-stained photographs were found in erratic places. A local church collected them, and persons who had lost everything during the storm came to retrieve the medley of their past. Many said the most cherished thing left was their life, but that the rescued photographs came next.

Use of Photographs in Nursing

In an essay of photographs and descriptions for the use of the camera in nursing research,
Highley (1989), a pioneer in the field, presented a one-year study of maternal role identity conducted in the mid-1960s. Young mothers and first-born infants were asked to position themselves in any way comfortable so as to be photographed. After viewing the photographs, graduate nursing students and fellow researchers were able to depict each mother's reaction to, and interaction with, her infant. Highley concluded that photographs facilitate and stimulate objective recollections by both researchers and observers. Humans are more confident in their ability to recall that which is seen, rather than what is heard; therefore, photographs provide an excellent medium for inducing recall. Highley and Ferentz (1988) used a case-studies approach to the applicability of photography to research. Using this method, the researcher decides what to photograph and then attempts to deduce meaning; participants neither reflect on nor integrate photographs of the more recent past. One such case study involved a patient with amyotrophic lateral sclerosis for whom photographs recorded treatments and visits by health-care professionals. What became evident was the commitment of one particular caregiver. The caregiver was asked to photograph the subject and reveal her own feelings. Photographs, treated as raw data and then analyzed for themes and patterns, were found to summon details that stimulated and objectified memory. Highley concluded that photographic nursing research can prod memory in a personal one-to-one conversation, or by having each subject photograph himself or herself, or even as an aid to interviewing.

**Photographs as Therapy.** In a study by Gerace (1989), 20 depressed patients ranging in age from 19 to 78 years presented photographs to smooth the progress of communication and enhance the relationship between themselves and the therapist during therapy. The photographs were used to gain knowledge of how the clients believed they had experienced and understood their personal life cycle. After selecting five to eight photographs, clients presented a brief overview of the photographs, progressing into more detail. The client was then asked why he or she had selected the particular photograph. Themes extracted from the recorded dialogue focused on achievements and relationships or how the family had dealt with difficulties. Future-oriented discussions involved not only goals, but also problems to be dealt with. Photographs were
described as prized possessions that have intimate meaning for the person. Sharing family photographs enabled the nurse to determine how the person was experiencing changes in life and to provide humanistic care that was gratifying for both the client and the nurse. The researcher did not describe the life-cycle framework that supported the study, nor how persons of various ages, in different aspects of the life cycle, differ in the use of photographs to explain experiences.

In a day-care center, designed to assist demented elderly by means of programs to improve cognitive skills, gain control of their lives, and maximize mental function, Weiner and Abramowitz (1997) used photographs as a catalyst for memories, discussions, and references. Photography was found to be an appropriate activity as it met established criteria when working with impaired adults. The criteria mandated that the activity serve a purpose, help the participant “feel good,” be at an adult level, actively involve participants, and provide a significant chance of being successful. Group leaders photographed participants during events held at the center. Participants then selected and arranged photographs to be included in albums. Although participants in advanced stages of dementia often identified a picture of themselves as being their grandmother or an old lady, photographs were found to offer an opportunity for ego-gratifying experiences. Although photographs can be a harsh reminder of declining function, most old and young persons love to look at photographs. In the study, looking at photographs had universal appeal, and no participant was found who did not want to look through the photograph albums. The group leader found many purposes for the albums, such as identifying when a participant was missing because of illness so get-well cards could be made, recalling past events, and helping to induce relaxation. On a not so positive note, when participants died, photographs showing members happily involved in activities were given to family members who had failed to photograph their elderly members. Photographs also provided identification for police for wandering members. The researcher used photographs only in group settings. The risk of using photographs in a group was recognized because of photographs disappearing or being damaged from handling and the participant’s limited tolerance for sitting still. Although the researcher noted a positive effect from the study, no formal instrument was used to evaluate the outcomes.
In a nursing home setting, pictures of residents at different stages of life were placed at the bedside to enable staff to understand the resident’s past, help families remember how the person once was, and help the patient enjoy the pictures (Rigdon, 1991). The researchers also found photographs to be beneficial when interacting with nondemented elderly persons. Photographs were used to introduce a “patient of the month” program that visually told the life story of nursing-home residents. A case study described an elderly man paralyzed and partially aphasic after a stroke. Because of his inability to participate in his daily care or to endear himself to the staff, he was seen as “a task” and needing personal care. The man’s family brought photographs depicting stages of his past life, such as early childhood, in uniform serving his country, with his wife, and then growing old with his grandchildren. The staff began talking not only with the patient, but also with his family members who visited. The use of photographs in those two situations served to reduce ageism among the staff with regard to patients having limited abilities to communicate their life story to caregivers.

Lantz (1998) described reflection as a curative process in existential psychotherapy, whereby the client is assisted in remembering and honoring the meaning of memories from the past. Clients are depicted as having an existential-meaning vacuum in which symptoms thrive. The purpose of the study was to focus on the curative properties of recollection and to broaden the understanding of reminiscence therapy as a mental health intervention for the elderly. The past was seen as providing an understanding of both the present and the future, inasmuch as the past stores meanings that have been real and cannot be destroyed. Cases were presented to illustrate the curative property of recollection in the practice of existential psychotherapy. The hospice staff and a patient’s family were concerned with his desire to revisit experiences during his service in World War II. The therapist used socratic reflection and questioning to help the patient with the meanings of his experiences during the war. During a joint session that included his wife, sons, and granddaughter, the patient retold his story and reported he no longer feared death. He verbalized his thanks to the therapist for considering his past as important and for respecting his life. In the second case study, an elderly depressed woman, referred for existential
psychotherapy, used reminiscing to give meaning to her past, enabling her depression to be resolved. Dream reflections of the past began her process of recollection, but she expressed a feeling of guilt about the time spent remembering the past because nurses had told her that dwelling on the past was unhealthy. A second elderly woman, referred for therapy because of depression, had raised three successful children and lived in a lavish apartment. Nevertheless, she was unable to enjoy her achievements in her life. The patient was instructed to bring to her treatment session, 50 or 60 photographs that represented enjoyable experiences, gifts given to the world, and situations where she stood up for values and confronted painful circumstances. The patient told the story of each photograph. Although she was placed on antidepressant medication at the same time as the recollection treatment was started, she believed that reflecting on the photographs aided her in recovering her memories and her pride.

Photographic Hermeneutics

Hermeneutic photography is a technique grounded in hermeneutic and esthetic philosophy. Aesthetic methodology enables healing to occur between the desired and the perceived self. According to Ricoeur (1981), situations, thoughts, photographs, and even various art forms can expose the meaning of human experiences. A grouping of photographs can capture the strong visual statement about life’s experiences, making it possible for persons to dialogue about and reflect on their lived experience. Combining photography and storytelling is one approach to health promotion.

Nelson (1996) is credited with the development of the research method known as photographic hermeneutics, which is rooted in the belief that experiences are displayed in symbols to be reflected on and not just lived. In Nelson’s study, nine women (median age 50) who had been treated for breast cancer, underwent interviews that included the use of photographs. Participants were asked to interpret the symbolic photograph of uncertainty. Five themes emerged from audiotapes analyzed for commonalities and differences: fluctuation of emotions, dependence on relationships for support, learning to live with the disease, reflections of self, and achieving understanding. A feeling of hopelessness led to depression, and grieving
over real and imagined losses persisted. The women gained confidence in their unknown futures, with hope that came from within, and were forced to shift their thinking of life as having a finite future. The researcher indicated that the study advanced nursing’s understanding of living with uncertainty. Just as the elderly must live with uncertainty and the realization that life is limited, so must those living with cancer.

Haggstrom, Axelsson, and Norberg (1994) also studied the effect of a life-threatening condition, stroke. In a study of 29 elderly persons, aged 60 to 91, each participant described two photographs of a person the same age as himself or herself while being fed or eating independently. The process of photographic hermeneutics was used to analyze their comments. Some participants identified themselves with the photographs, whereas others did not. Erikson’s identification of uncertainty as a product when seeking meaning, while attempting to integrate adversities in planning for the future, was one theme that emerged in this group. Grief, gratefulness, hope and satisfaction, and isolation also emerged. Although increasing age, decreasing power, and stroke sequelae were obstacles; six participants regarded themselves as having satisfaction with their present life. Tapestry, a metaphor for life, symbolized the belief that each person created his or her own unique pattern, which was not complete until death, and that stroke was a disruption in the weaving procedure. Interestingly, Erikson (1988) also described life as a weaving. The researcher noted that each participant had a unique understanding of stroke, and past experiences, understood in their entirety, were given meaning. Nurses were assigned the task of listener to enable the person to reinterpret his or her own life story.

Koithan (1994) reinforced the need for humans to find meaning in their life’s experiences while pointing out that in today’s technical world, one often loses personal relationships. Disagreement between the perceived and the ideal self and the realized and experienced self results in anxiety and stress disorders. The potential healing properties of photography, united with self-reflection, enabled persons to see purpose in their experiences, and wholeness of self was reclaimed. Health was given value and worth as related to the individual’s
understanding and life experiences. Health promotion, described as an activity in which the individual sees a holographic reflection of his or her life, allowed meaning to evolve. Photographs compelled reflection on the reality perceived by identifying facets of life that one found meaningful and satisfying. Nurses facilitated health promotion, not by attempting to guide the patient to right answers, but by supporting each person in his or her journey of self-discovery facilitated by photographs and self-reflection.

Hagedorn (1994) described the use of hermeneutic photography as a means to gather data when interviewing participants. Photographs preserve moments from the past, which can be reflected on and interpreted to reveal meaning of given experiences within a person’s own life. Photographs invite reflective dialogue about past events while providing tangible reference points. Photographs become part of family life and affirmation of past events. Family photographs bring to light themes of hope, uniqueness, cognizance, normalness, and call attention to the positive aspects of family life. Photographs enable a person to recall of insights that might be inaccessible by other techniques. Photographs facilitate spontaneity in the telling of a life story. Hagedorn (1996) viewed photographs as a historical representation of family, revisited through reflection and discussion. A greater understanding of past experiences is gained when photographs and reflective discussion are used. Photographs are seen as giving a person ownership of the past and allowing him or her to take control of spaces within life. Photographs expound data beyond the photographs themselves.

In two studies to define the concepts of serenity and hope, photographs were used to aid the participants in describing their experience of the concept. Kruse (1999) defined serenity as “a phenomenon in which one experiences a sense of peace, calmness, contentment, and quietude” (p. 143). One photograph was chosen to represent serenity by each of 10 cancer survivors, aged 40 to 83 years. Parse’s research method, coupled with heuristic interpretation to extract the fundamental nature of serenity from dialogue, was aided by the photograph, which served as a reference point and encouraged the participant to reflect on serenity’s meaning. Unitary philosophy maintains the belief that photographs are self-portraits or a reflection of the
self, extensions of the person. Four concepts related to serenity were identified as steering-yielding with the flow, representing movement toward a chosen course; savoring remembered visions of surroundings, referencing memories of earlier childhood; abiding with aloneness-togetherness, concerning the need to be alone while simultaneously being with another; and finally, loving someone's presence or being in the presence of a "loving other," such as God, deceased spouses or children, or the "power within." Kruse suggested that the core of nursing no longer lies in tasks but in understanding health from the person's values and priorities. Although the study was qualitative, the value of photographs to give meaning to concepts important to health after catastrophic illness was recognized.

In Gaskin's (1995) study, hope was defined as a thinking, acting, feeling and relating process that is aimed at future fulfillment. Determining what is personally meaningful was the solution to planning care to promote hope. In the study sample, 12 elderly mobile, community-living persons were asked to photograph anything that gave them hope. Interviews were conducted, aided by the hope-depicting photographs, to describe what "hope" meant to the participants. Spirituality was the most frequently identified theme. Hope was linked with joys of life rather than regrets. Hope was said to give the elderly person purpose and meaning in life. Although hope is a present emotion, it was seen as prejudiced by the past. In summary, the studies using hermeneutic photography are qualitative; however, they provide a basis for understanding the perception and interpretation of photographs in lived experiences. Photographs, when used as symbols, evoked memories and enabled the study participants to describe their past while also representing present concerns.

Qualitative Studies

The camera can be equated with a tape-recorder as a means to record details (Hagedorn, 1994; Higgins & Highley, 1986). Photographs become interpretive text. The image can be contemplated and examined, allowing the participant to reconstruct the experience remembering features that impacted the experience (Higgins & Highley, 1986). These experiences, once reconstructed, are often passed on to others (Hagedorn, 1994; Highley, 1989). Photographs
promote descriptive dialogue when recounting experiences and focus on the meaning of a phenomenon (Parse, 1994). In the case study approach to photographic study, the investigator decides what to photograph, thus the photographs are of the more recent past. Content analysis is most often used to identify themes. Phenomenological researchers have used photographs to provoke descriptions of the “lived experience,” combining hermeneutic phenomenology and photographic hermeneutics (Nelson, 1996).

Qualitative studies dealing with the elderly, or a subpopulation of elderly, are dispersed throughout this review of the literature under the variable studied. Photographs in qualitative studies were used to understand the life-cycle, describe effects of chronic illness and disabilities, stimulate recollections of past experiences, and determine the meaning of serenity (see Table 1).
### Table 1

#### Qualitative Studies Using Photographs

<table>
<thead>
<tr>
<th>Researcher/s (Date)</th>
<th>Sample/Context</th>
<th>Qualitative Method</th>
<th>Purpose of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gerace (1989)</td>
<td>20 men &amp; women/community dwellers</td>
<td>Tape-recorded transcribes from which themes and categories were identified. Participant selects series of photographs and dialogues with interviewer.</td>
<td>Determine how the life-cycle is experienced and understood</td>
</tr>
<tr>
<td>Magilvy, Congdon, Nelson, &amp; Craig (1992)</td>
<td>200 interviews with home care providers &amp; community members</td>
<td>Photographs were used in ethnographic investigation of rural elderly. Photographs of the environment &amp; daily activities provided cultural data. Photographs coded to reveal patterns of aging</td>
<td>Investigate aging of adults in a rural setting.</td>
</tr>
<tr>
<td>Haggstrom, Axelsson, &amp; Norberg (1994)</td>
<td>29 elderly men &amp; women (27 community dwellers/2 institutionalized</td>
<td>Phenomenological hermeneutics analyzed transcriptions of feelings/themes elicited by the photographs of persons, same age as participant, being fed and eating independently.</td>
<td>Describe the affect of living with stroke-sequelae and future expectations.</td>
</tr>
<tr>
<td>Nelson (1996)</td>
<td>9 women/community dwellers</td>
<td>Hermeneutic phenomenology and photographic hermeneutics described and identified themes of the uncertainty breast cancer.</td>
<td>Provide enlightenment of the uncertainty associated with breast cancer</td>
</tr>
<tr>
<td>Lantz (1998)</td>
<td>4 elderly living in various contexts</td>
<td>Clinical illustrations of recollection techniques to assist with reflections of past experiences.</td>
<td>Describe the use of various art, dream reflection, and photographs to stimulate recollections</td>
</tr>
<tr>
<td>Kruse (1999)</td>
<td>10 adults participating in cancer support group</td>
<td>Parse’s method using photographs to assist participants in describing meaning of serenity. Concepts of serenity identified led to theory development.</td>
<td>Investigate the meaning of serenity for cancer survivors</td>
</tr>
</tbody>
</table>
Reminiscence Therapy

"Life can only be understood backwards; but it must be lived forwards" (Birren, 1987, p. 91).

The 1960s and 1970s

Classic papers

Robert Butler (1963) pioneered the belief that the negative effects of aging had to be changed if the elderly were to have the opportunity to age successfully. He further postulated that reminiscing in old age was not a sign of senility or living in the past, but was a natural component of life-span development. Before publication of Butler’s pivotal paper, reminiscing has negative connotations. He referred to historical beliefs in which the elderly were portrayed as garrulous and unwilling or unable to live in the present; their reminiscences were generally devalued. He quoted Aristotle (367 to 347 a.c.) as saying, “They [the elderly] live by memory rather than by hope, for what is left to them of life is but little compared to the long past. This, again, is the cause of their loquacity. They are continually talking of the past, because they enjoy remembering” (p. 324). Maugham (1959) was also quoted as saying (as cited in Butler, 1963), “What makes old age hard to bear is not a failing of one’s faculties, mental and physical, but the burden of one’s memories” (p. 65). Butler held that these beliefs resulted from a lack of knowledge because independent community-dwelling elderly had not been the focus, resulting in the institutionalized or mentally disturbed persons distorting the true picture of reminiscence.

Butler (1963) defined reminiscence as the practice of reflecting on the past. He described life review as a “naturally occurring . . . progressive return to consciousness of past experiences . . . resurgence of unresolved conflicts . . . prompted by approaching death” (p. 66). He concluded that life review was not one and the same as reminiscence, but included reminiscing. He further postulated that the increased suicide rate among elderly persons might relate to their inability to seek resolution of past conflicts. Those who have nearly completed life saw the meaning of the life cycle as becoming clearer. Butler (1974) identified old age as the time in which unique developmental work was done resulting in an emotionally healthy satisfying life.
The negative view of aging was seen as a problem of Western civilization, in which human worth has become equated with productivity. Medicine and the behavioral sciences were described as imitating that belief, with their bleak description of the elderly person’s physical and mental ills. The myths associated with the stereotyping of aging at that time included these:

1) Age is measured by years (more precisely great differences exist from person to person).
2) Unproductivity is common in elderly persons (instead, many elderly persons remain active and inborn talents are discovered).
3) Disengagement from society transpires (no evidence exists to support this myth).
4) Inflexibility occurs with aging (rather change and adapting has more to do with one’s lifelong character than age).
5) Senility accompanies aging (some loss can be attributed to alcoholism and brain damage, but anxiety and depression are common).
6) Serenity comes with aging (elderly persons do not live in a state of utopia; rather they experience more stress than any other age group).
7) Ageism is a common and profound prejudice (it is born out of lack of knowledge).

Health-care professionals were admonished for their failure to act responsibly when caring for the elderly. Lewis and Butler (1974) described the emotions associated with life review as having a degree of pain and discomfort. Life review was seen as psychoanalytically based, making the process intentional and organized.

Suggestions for evoking memories included writing or dictating autobiographies, taking pilgrimages to one’s birthplace, participating in reunions, identifying genealogy, and using memorabilia such as scrapbooks and photographs.

Pincus (1970) evaluated reminiscing, defined as the act or habit of thinking or relating past significant experiences, within the role of social work, suggesting it served both an intrapersonal role to maintain self esteem, deal with losses, and strengthen integrity and an interpersonal role in which the elderly remember when they were the age of the listener.

Ebersole (1976) compared reminiscing in the aged with sexual fantasies in adolescence. Reminiscing established a therapeutic relationship between the nurse and patient by allowing the elderly person’s past coping, losses, and strengths to be applied to problem-solving.

Reminiscing was described as one way to perform life review, culminating all life’s experiences.

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into a whole that is unique. Thinking about pleasant memories, entertaining with exaggerated stories, or pondering past mistakes were all grouped into reminiscence. Food, family occasions, and objects from the past were suggested to stimulate reminiscing. Furthermore, nurses were believed to benefit from reminiscing with the elderly by gaining a better understanding of themselves.

Community Dwellers

Early Exploratory Studies. The earliest investigation of possible benefits of reminiscing conducted by McMahon and Rhudick (1964) clarified ways in which reminiscence was adaptive. Reminiscing was defined as the habit of reflecting on or relating to significant past personal experiences. Using nondirective interviews, 25 armed forces veterans (aged 78 to 90 years) seen as outpatients were assessed in 1960 and 1961 with a follow-up interview in 1963. That study supported the beliefs of Butler and Pincus, who stated that reminiscing was not related to intellectual deterioration. The importance of the study was in revealing three types of reminiscing: 1). overvaluing the past and devaluing the present, 2). preparing for death with a need to justify life because of recurring guilt and unrealized goals, and 3). storytelling, in which the past is recalled with pleasure. The type of reminiscing attributed to better adjustment without evidence of depression was storytelling, in which participants actively engaged in reminiscing. Participants found to be clinically depressed reminisced less than did the nondepressed persons. In the follow-up interview, mortality was related to depression (r=10.624, p < 0.01). Findings indicated that reminiscing also had a relationship with normal mourning in which losses were reflected on, enabling the elderly person to cope by repeated recollections. Generalizability was limited because of small sample size, nonrandom sampling, lack of a control group, and all male composition. The importance of the study was in stimulating further research into reminiscence.

Lewis (1971) classified 23 men, aged 65 years and older, living independently in the community as either reminiscers or nonreminiscers through a nondirective taped interview. A significantly greater number of the nonreminiscers regarded the past negatively compared with the reminiscers. Although initially self-concept did not differ between the two groups, when
opinions were challenged, reminscers had a significant increase in self-concept when compared with nonreminiscers ($t=2.16, p < 0.025$). Lewis concluded that the finding supported reminiscing as a means to maintain self-esteem in the aged. In an exploratory study, Havighurst and Glasser (1972) defined reminiscing as "dwelling on the past," whether purposive and spontaneous (p. 245). Differing in their approach from previous research by McMahon and Rhudick (1964), those researchers chose a younger group of elderly persons (aged 70 to 75 years) and used a questionnaire asking about reminiscing habits. Interestingly, they concluded that that method worked best with well-educated persons, including only those included in "Who's Who," college professors, and leaders in the community. Of that sample, 67% reported reminiscing frequently. Reminiscing was positively associated with pleasant affect for both men ($r=.34$) and women ($r=.18$). Pleasant reminiscences were associated with good adjustment and morale as measured by life satisfaction and self-concept. Generalizability is limited because the sample comprised upper middle-class, well-educated persons, nearly all being Caucasian. The questionnaire threatened validity because it was normed on a group aged 20 to 75 years and had numerous revisions.

Fallot (1979) compared the impact of reminiscing on mood, using the Mood Adjective Check List composed of 75 adjectives and a four-point Likert Scale, with that of talking about the present or future. Thirty-six independently dwelling women, aged 46 to 86 years, of upper-middle socioeconomic status, exhibited decreased anxiety, depression, and fatigue levels after reminiscing. Their loneliness scores decreased from 1.361 to 1.167 ($p < .01$) after reminiscing but increased from 1.33 to 1.50 for nonreminiscers. The findings supported McMahon and Rhudick’s research, reminiscence serving as an adaptive function in old age. Although Fallot provided no formal definition of reminiscing, he acknowledged that the study evolved from Butler’s theory whereby reminiscence in the elderly is concerned with life review. Generalization is limited because the sample was solely female and of upper-middle socioeconomic status. McMahon’s use of an all-male sample and Fallot’s use of an all-female sample, both revealing consistent findings, suggest that findings may be generalizable to a
broader populations of both sexes.

**Impaired Elderly**

"You can never lose that which you remember" (Anonymous).

The professions of nursing, occupational therapy, and psychology have all reported on the beneficial effects of reminiscing or life review for confused elderly persons. Liton and Olstein (1969) described reminiscing, structured and unstructured, as restoring mental faculties of institutionalized senile elderly persons. Four case studies were presented in which reminiscing encouraged a withdrawn almost speechless client to enjoy storytelling, dispelled paranoid thoughts by alleviating guilt, recovered lost memories, and dismissed hallucinations, thereby recovering identity. Inasmuch as the researcher referred to the therapy as reminiscence, the relationship of the listener to the client was analytic.

**Empirical Studies.** Boylin, Gordon, and Hehrke (1976) found that among 41 elderly men (mean age 64.37 years) living in a Veteran's Administration dormitory, those who reminisced most frequently scored higher on ego integrity ($r=.45, p < .005$), as measured by the questionnaire developed by Havighurst and Glasser. This finding supported the adaptive function of reminiscence in successfully aging. Contrariwise, ego integrity correlated with a negative effect of reminiscence ($r=.45, p < .005$), which does not support Havighurst and Glasser's (1972) finding that ego integrity is associated with a positive attitude toward the past. The researchers suggested that the negative effect resulted from reminiscing being in the form of life review for those men. Because most memories were from early childhood and early adulthood, the presence of the reminiscence bump was supported. No attempt was made by the researchers to distinguish between simple reminiscence therapy and life review, making the analysis uncertain. The instrument, developed by Havighurst and Glasser (1972), to measure ego integrity was normed on community-dwelling, successful, elderly persons of the upper-middle class threatening validity in as much as the sample in the study required the investigator to read the questions to participants and many questions had to be deleted because they were difficult to understand.
McMordie and Blom (1979) agreed with Butler that the health-care needs of the elderly were ignored, especially for those needing psychotherapy. In a Veteran's Hospital, life review was conducted on groups, of men and women aged 60 years and older. Although life review was reported to be enjoyable, no formal evaluation was described. The method used was more comparable with reminiscence than life review, as it focused on happy memories, was unstructured, and led by untrained listeners.

In an occupational therapy group program for 23 confused nursing home residents (2 men, 21 women) from three different homes, Kiernat (1979) found increased behavior improvement depended on a higher frequency of attendance at reminiscence therapy. Findings were tentative as behavior was measured using the Ward Behavior Scale (WBS), which had only been piloted with five residents. Prompts, all nonpersonal, also varied among the different settings, possibly affecting findings.

The 1980s

Community Dwellers

During the 1980s, emphasis differentiating types of reminiscing was accentuated. Nonetheless, researchers continued to interchange life review and reminiscence (Ryden, 1981; Sullivan, 1982). Little consistency existed in terminology with many types of reminiscing having common characteristics, thus comparing studies was difficult and building on previous studies was problematic. Reminiscence was believed to provide peace and acceptance of life (Ryden, 1981) and achievement of Erikson's eighth stage of ego integrity (Sullivan, 1982), leading to life satisfaction. Ryden (1981) described life review as painful and problematic for some elderly; however, pleasant memories were also part of the life review process. Lo Gerfo (1980) and Sullivan (1982) described three types of reminiscing as follows: informative, with pleasant reflections; evaluative, in which one accepts life as inevitable; and obsessive, which occurs when the past cannot be accepted, leading to depression. Reminiscence was seen as the means to carry out life review. When describing life review, both Sullivan and Lo Gerfo used a nondirective method; Butler, however, recommended that life review be purposeful and directed. Some
researchers also included oral history as one type of reminiscence and life review. Keddy (1988) and Baum (1980) distinguished between the processes; however, they differed in who satisfied the role of narrator. Baum described oral history as preserving past events to make accounts available to future generations whether that oral history was obtained from a well-known person or a common person. Keddy only included prominent persons to contribute to oral histories. She postulated that both oral histories and life review satisfied Erikson's Generativity stage, concluding that those prominent elderly persons had not completed the seventh stage or moved thereby on to the eighth stage.

**Empirical Studies.** After the studies of the 1960s and 1970s demonstrated reminiscence to have positive qualities, rather than suggesting senility, researchers began focusing on the therapeutic outcomes of reminiscing. Revere and Tobin (1980) found mythicizing to be an adaptational means to make sense of one's life. The relationship of mythicizing to Erikson's theory, where the task is to make one's life unique, and Butler's framework, where the task is reconciliation, was observed. The sample was largely one of urban Jewish women, composed of two groups, one aged 65 to 103 years (n=35) and the other aged 45 to 55 years (n=25). The researchers developed scales on a five-point continuum presented in an interview format of three hours (reliability ranged from .50 to .98) to test four dimensions: involvement, dramatization, consistency/certainty, and reconciliation. Involvement and dramatization discriminated between the two groups, with elderly persons scoring higher. Reconciliation and consistency/certainty failed to discriminate between the groups. The researchers questioned the adaptational quality of reminiscence, proposing that life becomes unique as one ages and myth becomes reality allowing one's life to become acceptable. The validity of the findings is questionable because the scales had not been normed previously and reliability and validity had not been established. The attention span of most elderly persons is one hour, and the use of three instruments during a three-hour period might well have placed a burden on participants thus influencing the findings. Also, Likert scaling is reported to be unreliable for studying elderly persons (Frank-Stromborg & Olsen, 1997).
Romaniuk and Romaniuk (1981) addressed the issue of intrapersonal and interpersonal reminiscence in a study of 91 elderly, well-educated, healthy persons (81% female) living in a retirement village. To provide empirical, rather than anecdotal data, they developed two scales, the Reminiscence Uses Scale and the Reminiscence Triggers Scale. In contrast to the description by Pincus (1970), interpersonal reminiscence was described as conversational while being supportive of self-esteem, satisfaction with life, and coping with losses. Intrapersonal reminiscence was believed to be psychoanalytic, with private review of concerns triggered by thoughts of approaching death. Only brief excerpts from the instruments were available, precluding the determination of exact triggers chosen. The death of a significant person was the most frequently reported trigger (74%). Because the instruments had not been used extensively in the elderly, reliability and validity of the findings were questionable.

Hughston and Merriam (1982) studied the effect of reminiscence on cognitive function in 105 elderly persons living in public housing. The experimental design involved the random placement of participants into either a new material task group, reminiscence task group, or control group that received only friendly visits. Cognitive performance, measured by the Raven Standard Progressive Matrices, worsened from pre-test to post-test in both men (32.43 to 31.43) and women (31.80 to 29.71) in the control group; at the same time, small increases occurred in both men (33.57 to 35.0) and women (37.15 to 38.10) in the new material group. The performance of men in the reminiscence group decreased from 29.83 to 28.67, whereas, the women’s performance increased from 35.81 to 39.50. Outcomes of the new material tasks and reminiscence tasks did not differ significantly. The researchers concluded that attempts to stimulate cognitive performance were beneficial.

Haight (1988) used a structured life-review process to study 60 homebound elderly persons, mostly Caucasian (62%) and female (68%), divided into three groups: a reminiscence group, a friendly visit group, and a no-treatment group. In contrast to the views of Sullivan (1982), Haight believed life review differs from reminiscing. Life satisfaction, measured by the Life Satisfaction Index A (LSIA), and psychological well-being, measured by the Affect Balance
Scale (ABS), were significant only in the reminiscence group. Depression, measured by the Zung Depression Scale, and activities of daily living, measured by portions of the ABS, did not show a significant correlation in any of the groups. Validity of the findings is questionable because the ABS had not been used extensively in the elderly. Depression was not present in the beginning of the study, making it difficult therefore to evaluate whether depression would have been affected had it been present.

Merriam (1989) used inductive analysis of transcripts from 25 elderly adults (3 men and 22 women) having a mean age of 71 years, to reveal four components of simple reminiscence: selection, the triggering of autobiographical memory; immersion, the recalling vivid and emotional memories; withdrawal, the distancing of oneself from the past; and closure, the summing up. Simple reminiscence was defined as the recall of past events and differentiated life review as involving analysis and evaluation. Participants were prompted by topical stimuli such as celebrations with family, vacations, or memories from television and radio. The researcher did not evaluate the effectiveness of each prompt for recalling autobiographical memories. Instead, she stated, “something triggers reminiscing . . . smell, voice, or a researcher’s prompt” (p. 765). In an earlier study, Merriam and Cross (1982), asked 309 adults of all ages to identify prompts used when thinking about the past. Prompts included auditory stimuli (n=100), visual triggers (n=111), and just being asked about the past (n=85).

**Institutionalized Elderly**

Self-esteem was viewed as the foundation of psychosocial health, and becoming institutionalized challenged mental stability (Hirst & Metcalf, 1984). Reminiscence therapy was said to promote self-esteem (Hammer, 1984; Hirst & Metcalf, 1984). Elderly persons with low self-esteem wishing to relive their lives again thus reminisced. Loss and grief, not being needed, loneliness, sensory declines, invasion of personal space, and loss of control contributed to loss of self-esteem. Depression, seen as normal in elderly persons, especially those who are institutionalized, was often overlooked. Reminiscence was also thought to increase intellectual capacity (Burnside, Rodriguez, & Trevino, 1989; Richardson & Pearce, 1989), and coping ability.
(Hammer, 1984; Osborn, 1989), and to serve as a tool for assessing needs (Burnside, Rodriguez, & Trevino, 1989). Researchers also turned their attention to providing guidance when conducting reminiscing; however, group therapy was the only setting discussed (Burnside, Rodriguez, & Trevino, 1989; Osborn, 1989). Advantages of group reminiscing included the development of support and social relationships, whereas the disadvantage included the need to plan in advance for group structure, purpose, size, schedules, rules, and topics thus limiting the use of spontaneous reminiscing. Attrition resulting from health changes or lack of interest, monopolizers, forgetfulness, and the need for outgoing leaders was seen as obstacles in anticipating when using group therapy.

**Empirical Studies.** Research studies dealing with reminiscence therapy and the institutionalized cognitively intact elderly focused on ego integrity (Bennett & Mass, 1988; Lappe, 1987; Oleson, 1989; Tourangeau, 1988a,b), depression (Tourangeau, 1988a,b), life satisfaction (Bennett & Mass, 1988), self-esteem (Oleson, 1989), and well-being (Miller, 1989). Erikson's developmental theory and Butler's theory of life review in the elderly served as the foundations for those studies. Lappe (1987) found that in institutionalized elderly (n=73), group therapy using reminiscence therapy resulted in higher self-esteem-promoting life satisfaction than did discussing current events ($f=10.30, p < .05$). Reminiscing and life review were seen as one process, where both negative and positive experiences were recalled. Limitations of the study included the use of a structured approach to reminiscing, rather than using spontaneous reminiscing, and an inconsistency in group structure, as some groups had only one facilitator and others had rotating leaders.

Olsen (1989) linked the process of sharing of legacies to the development of ego integrity. She concluded that life review and reminiscence were not the same, but, rather life review included reminiscing with an analysis component. In a case study, a man who became withdrawn but cognitively intact, was able to regain his pride, alertness, and ego integrity by sharing his legacy of film making with others. Tourangeau (1988a) described ego integrity as being achieved during life review by reminiscing. In a sample of 37 elderly urban women, Tourangeau...
found a difference in depression intensity (as measured by the Geriatric Depression Scale) and self-esteem (measured by the Rosenberg Self-Esteem Scale) among those who reminisced, participated in current event discussion, or received no treatment. Elderly women who participated in group reminiscence therapy demonstrated decreased depression (Scheffe=3.53, df=1.34, p=.05) and increased self-esteem (Scheffe=3.53, df=1.34, p=.05) from pre-test to post-test measurement (Tourangeau, 1988b). Participants in the other two groups had non-significant trends of slight decreases in self-esteem and slight increases in depression. Tourangeau (1988b) suggested the study be replicated using individual reminiscence therapy. The interventions, described as life review, were more consistent with reminiscence inasmuch as topics were both happy and sad, no attempt was made to cover the life span, and interviews lacked structure. Generalization of the study was limited because of nonprobability sampling.

Researchers also turned their attention to prompts that stimulated reminiscing (Bennett & Mass, 1988; Miller, 1989) and themes elicited. Bennett and Mass (1988) found music-based life review to positively influence life satisfaction, as measured by the LSIA, whereas verbal life review had a negative influence. Neither verbal nor music-based life review positively affected ego integrity, as measured by the Ego Adjustment Scale (EAS). Validity of the EAS had not been established, which led to questionable findings. Miller (1989) found the most common theme during reminiscing for elderly widowed women (n=19), aged 65 years and older, to be raising children. Most reminisced about events that were of equally negative and positive experiences, occurring at least 50 years earlier. The most common trigger was hearing about a similar situation followed by the media, significant others, music, and photographs. The finding differed from that of the study by Romaniuk and Romaniuk (1981) of community dwellers, in which death of a significant person was the most common trigger. No formal evaluation was performed, however, reminiscence was believed to be beneficial inasmuch as the participants expressed thanks for the experience.
Demented and Depressed Elderly

Studies of elderly persons with dementia or depression focused on changes in cognition, affect, and behavior (Goldwasser, Auebach, & Harkins, 1987), personality (Huber & Miller, 1984), and self-concept (Baker, 1985) after reminiscing. Using reminiscence, Huber and Miller (1984) studied six elderly persons with Alzheimer's disease or depression. Prompts included discussions concerning food, church activities, and significant others. These studies reported no change in personality or depression levels, although all participants expanded their verbal expression of remote memories. Outcomes varied, ranging from finding a friend, through spending less time in one's room, to refusing to participate. Group reminiscence therapy was used in a study of 27 demented elderly persons (mean age of 83 years), living in a nursing home (Goldwasser, Auerbach, & Harris, 1987). Verbal cues had no effect on cognitive functioning, as measured by the Mini-Mental State (MMS), or on behavioral functioning, as measured by the Katz Index of Daily Living. Contrariwise, depression levels, measured by the Beck Depression Inventory, decreased after the group participated in reminiscing. Baker (1985) also used group reminiscence therapy and reported improved self-concept in eight impaired females (unable to remember one's name) at a day care center (age not provided). The significant contribution of that study was that Baker was the only researcher to screen participants to ensure they were on the same level both physically and mentally. Because of the many interventions included in each session -- music, exercise, relaxation techniques, and reminiscing -- the effect reminiscing actually had on self-concept is questionable. The evaluation tool, developed by Baker, asked group leaders to recall a participant's verbal interaction, eye contact, touch, smiles, degree of activity, hostility level, and leadership abilities during therapy. The use of an instrument without established reliability and validity, and the use of recall to evaluate the effects of therapy might have produced inaccurate findings. Generalization of the study was limited because the sample was small, nonrandom, and contained only women.
The 1990s

Community Dwellers

Anecdotal information in the 1990s moved toward structured conceptualization of the concepts of life review and reminiscence, defining the method, and considering therapeutic value rather than differentiating between populations. Even by the 1990s, nurses had failed to build a solid knowledge base (Burnside, 1990a; Kovach, 1990) because of a lack of consistent methodology and clarity of concepts (Kovach, 1990; Taft & Hehrke, 1990). Kovach’s (1990) review of the literature on reminiscence, found invalid or inadequate instruments, diverse methods, global views of the terms, and small sample sizes, all preventing the development of a coherent body of knowledge. In an attempt to provide distinct definitions for life review and reminiscence, researchers described the qualities of each term. Reminiscence was believed to be supportive, nonanxiety producing, encouraging ego integrity (Burnside, 1990a); to increase self-esteem, life satisfaction, and sociability, to pass on family history (Hitch, 1994); and to focus on positive memories (Burnside, 1990a, Hitch, 1994). Benefits of life review included contributing to life satisfaction and self-esteem, stimulating conversation, preserving a sense of usefulness, and enabling staff to assist the elderly persons with coping (Hitch, 1994); other qualities included uncovering forgotten experiences, evoking insightfulness, reworking negative memories, tolerating anxiety, and engaging in transference/countertransference (Burnside, 1990a).

Hitch (1994) criticized reminiscence for reinforcing avoidance of upsetting subjects and life review of causes of psychological stress. Waters (1990) delineated the effect of life review as being population based, suggesting its use by cognitively intact community dwellers to be future planning, whereas frail elderly persons use life review to come to terms with the past. Peachy (1992) agreed with Sullivan (1982) that informal interaction was one means of conducting life review and described life review as emphasizing the elderly person’s assets rather than one’s deficiencies. Achievement of Erikson’s eighth stage of ego integrity and life satisfaction was accomplished by focusing on positive aspects of the past. Autobiographical work, genealogy research, and construction of photograph albums facilitated life review.
Haight (1992) described effective ways to conduct both reminiscence therapy in group settings and life review on a one-to-one basis. Implicit instructions included the steps involved in the nursing process (see Table 1). Interestingly, the need to know about the person before beginning reminiscence therapy conflicted with Butler's process, in which only life review required previous knowledge about past history. The process of conducting life review was believed to require a therapeutic listener, cover the entire life span, be evaluative, and constitute therapy. Only life review had a designated time frame and required objective evaluation.

Reminiscence was indirectly linked to nursing-home residents.

Burnside and Haight (1992) subsequently described the process of conducting reminiscence and life review utilizing both formats, group and one-to-one. They suggested following the steps shown in Table 2, but also suggested ways to help the elderly person hear and see better and to problem-solve. Advanced practice nurses and laypersons without formal training were described as appropriate leaders for both programs.

Table 2

Directions for conducting group reminiscence therapy and one-to-one life review (Haight, 1992).

<table>
<thead>
<tr>
<th>Conducting Group Reminiscence Therapy</th>
<th>Conducting One-To-One Life Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assess each potential member for sensory deficits, level of cognition, and ability to verbalize.</td>
<td>1. Assess the participant’s affective state.</td>
</tr>
<tr>
<td>2. Plan goals, setting, group size, format, and leaders (expect one-hour meetings).</td>
<td>2. Plan to obtain a log, tape recorder, assessment tests, and a Life Review and Experiencing Form (LREF).</td>
</tr>
<tr>
<td>3. Implement:</td>
<td>1. Implement:</td>
</tr>
<tr>
<td>• Know something about each member before the first meeting</td>
<td>• Socialize</td>
</tr>
<tr>
<td>• Give individual attention to limit attrition</td>
<td>• Form a contract of topics to be discussed to enable entire life span to be covered</td>
</tr>
<tr>
<td>• Expect to share a few memories</td>
<td>• Give the person a copy of the next week’s topic to be discussed</td>
</tr>
<tr>
<td>• Encourage discussion</td>
<td>• Remember confidentiality</td>
</tr>
<tr>
<td>• Remember confidentiality</td>
<td>• Remind of termination date</td>
</tr>
<tr>
<td>• Remind of termination date</td>
<td></td>
</tr>
<tr>
<td>4. Evaluate benefits and ask agency personnel for feedback</td>
<td>2. Evaluate after eight weeks using objective measure.</td>
</tr>
</tbody>
</table>
Confusion, lack of operationalization for nursing interventions, and interchange of the terms prompted a concept analysis by Burnside and Haight (1992) to clarify how life review and reminiscence therapy differ. The analysis showed the two concepts to be similar in the use of memory or concern with the past. Attributes of reminiscence included verbal interaction between two or more persons in which early events are recalled; those of life review included an evaluative aspect with a therapeutic listener for recent, remote, happy, and sad times. Lashley (1993) described reminiscing as sometimes being painful, the nursing process being accessed when that occurred. Life review and reminiscence were consciously interchanged. Life review, oral history, autobiography, and family folklore were all regarded as types of reminiscences.

Reminiscence, according to Lashley, was the means to achieve ego integrity and prevent depression and despair. A perception of life as satisfactory, or a decrease in depression intensity, was viewed as evidence that reminiscence was effective.

Reminiscence, being linguistically based, gained recognition among speech pathologist as being culturally suited for speech-impaired elderly persons (Harris, 1997). Evoking conversation related to autobiographical content was found to be preferred by the elderly and to provide interactive opportunities. Keeping the group small and having similar cohorts, along with meeting weekly to prevent boredom and promote continuity, was suggested. Harris suggested that evaluations include a tally of verbal responses and documentation of behaviors and comments. As the 1990s drew to a close, Cohen and Taylor (1998) questioned the types and methods of reminiscing. Lack of precise definitions of both reminiscence therapy and life review, and failure to recognize that the methodologies employed biased the nature of the reminiscence, were believed to have contributed to the research inconsistencies. Types of reminiscences recognized by previous researchers were not believed to be mutually exclusive; rather, they occurred simultaneously. Eliciting autobiographical memories using word cues did not conform to naturally occurring reminiscing. Questionnaires and rating scales were also not without bias. Age, considered to influence reminiscing, was described as U-shaped with younger and older persons reminiscing the most and middle-aged persons the least; suggesting that

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reminiscing is dependent on life-style rather than age. Finally, the association of age to reminiscing and death was dispelled, as younger terminally ill persons have not been studied to determine whether preoccupation with the past occurs.

Empirical Studies. Research conducted in the 1990s focused on the outcome variables of health promotion, power, fatigue, affect, coping, self-esteem, and life satisfaction in the elderly person. Many studies employed qualitative methods to determine common themes and types of reminiscing.

Neither reminiscence therapy, nor “Dear Abby” discussions, nor participation in a control group made significant differences in fatigue, affect, or life satisfaction in women (n=67) aged 65 years or older living in the community (Burnside, 1990b). Qualitative analysis showed the most popular themes of reminiscence to be “favorite holiday”, followed by themes the participants indicated as firsts: pet, job, day of school, date, toy, playmate, and memory. The importance of “firsts” in seven of the eight themes supported the significance and the ability of the study participants to recall these autobiographical memories. Participants described the meanings of reminiscence as comparing one’s life with the lives of others, engendering fellowship, and providing enjoyment. The importance of the study, the first to evaluate perception of reminiscence therapy, used group context. Limitations of the study, including a nonrandom sample and use of the Life Satisfaction Index-A (LSIA) to measure life satisfaction, requiring participants to choose options that they did not value.

Kovach (1991a) analyzed transcripts into units of analysis to code reminiscing as either validating or lamenting among 21 elderly women at an adult day-care center. Lamenting reminisces included regrets, lack of choice, and personal difficulties; validating reminisces included positive self-appraisal; having choices, social connections, joys; and comparing the past to the present. Generalizability of the study is limited because the sample was mostly Jewish and entirely women. In a secondary data analysis of the same sample, Kovach (1991b) classified reminiscers as either engaged or nonengaged. The sample was further described as having a mean age of 80 years and being free of psychiatric problems. Those participants who engaged in
reminiscing provided memories having more depth, ease of access, emotion, excitement, than less neutral or nonreminiscence memories. The researcher concluded that, based on Erikson’s theory, elderly persons who lament on many topics are in despair; validating memories, on the other hand, led to ego integrity. Teaching the elderly how to become engaged was suggested. A limitation of the study was the use of a single question asking participants about her life; perhaps tangible cues might have helped nonengaged reminiscers retrieve more validating memories.

Another qualitative study using content analysis, by Wong and Watt (1991), compared transcripts of elderly persons living in institutions (n=200) with those living in the community (n=200). Those elderly who had aged successfully, defined as higher-than-average physical, mental, and adaptive ratings, had more reminiscences that were integrative (engendering self worth and reconciliation with the past) and instrumental (evoking competency as related to plans, goals, and problem solving). They also had fewer reminiscences that were obsessive (ruminations, related to depression and suicide). Other types of reminiscences included transmissive (cultural heritage, storytelling), narrative (biographical, descriptive), and escapist (past exaggerated, nonconstructive). Coleman (1994) suggested in that study, that transmissive, narrative, and cultural reminiscences occurred infrequently because an interview setting was not appropriate for passing on personal wisdom and cultural heritage. Limitations of the study included nonrandom sampling, an evaluation consisting of sentence/paragraph count to determine frequency, and lack of specific outcome measures to determine how each type of reminiscing related to successful aging.

Fishman (1992) found that in 115 elderly men and women (aged 65 to 93 years) free of dementia and depression, a negative correlation existed between frequency of life review and ego integrity. There was partial support that life review decreased death anxiety and high levels of ego integrity decreased death anxiety (r=1.98, p=.039). Findings related to a negative correlation between life review and ego integrity supported Boylin’s (1976) study. The Fishman sample, compared with the Boylin’s included both men and women who were younger community dwellers, thereby increasing generalizability. The Adult Ego Integrity Scale developed by
Boylin was revised, and reliability and validity has not been established for elderly persons exposed to the present form of the instrument. The Life Review instrument also lacked confirmed reliability and validity and focused solely on negative emotions that might have contributed to undue sadness in that population. Interestingly, several subjects objected to the Likert scaling, considering it to be confusing; again, the possibility of questionable findings arises.

In a study of 60 Southerners aged 65 to 96 years, Newbern (1992) determined that reminiscence played a role in health promotion, defined as self-care. Reminiscence was believed to prevent depression, hopelessness, and failure to thrive. Case studies supported reminiscence as useful in providing a sense of worth, venting anger and despair, increasing self-esteem, and valuing past work. Newbern postulated that savings could be seen in dollars and emotional well-being as the result of elderly reminiscing.

Bramlett and Gueldner (1993) found reminiscent storytelling to have no effect in enhancing the sense of power in well elderly persons (aged 60 to 86 years) who were mostly Caucasian (81%) and living in the community. Reminiscent storytelling, according to the researchers was based on Butler's life review, but, no attempt was made to accomplish deep psychotherapeutic objectives; rather, only simple recall of pleasant memories to foster self-esteem and life satisfaction was promoted. Power was measured using Barrett's Power of Knowing Participation in Change Test, a semantic differential scale. Participants were placed in either an experimental group receiving reminiscence therapy three times during one week, or a control group who received only testing. Analysis of variance revealed no significant difference between the groups ($F=2.28$, $p=.0136$). The researchers attributed the lack of difference between groups to unintentional participation in social activities that might have resembled reminiscing. Practice in taking the test was seen to help some of the elderly learn unfamiliar words, which might have also affected findings.

Case studies were used to discover uses of reminiscence therapy and to distinguish between life review and reminiscence therapy. Nugent (1995) presented case studies of elderly
patients, admitted to an acute-care hospital, in whom reminiscence therapy had increased self-esteem, coping, and life satisfaction. Reminiscence was seen as encompassing life review. Hogstel and Curry (1995) conducted a descriptive longitudinal case study of a man between the ages 82 to 92 years. Reminiscence was defined as focusing on memorable past events, whereas life review dealt with feelings of guilt and despair. Reflections on experiences during the man’s lifetime led to integrity and a feeling that life was meaningful. A panel of experts classified statements as either positive (ego integrity) or negative (despair). More statements were positive (68%) than negative, with positive statements remaining stable and negative statements decreasing with age. Hogstel and Curry concluded that life satisfaction and acceptance of one’s life resulted in successful resolution of Erikson’s eighth stage. Although case studies such as these offer rich data, generalizability is limited.

Institutionalized Elderly

Impaired mental health spirals upward during the course of the lifespan. That increase in mental health impairment places an enormous burden on the mental health care system. Depression and suicide are also common among the aged population (Youssef, 1990). Reminiscing is believed to relieve depression and increase self-esteem; however, previous research has failed to substantiate empirically the effectiveness of reminiscing. Erikson’s eighth stage of life-span development, integrity versus despair, was the “yardstick of successful aging” (Taft & Nehrke, 1990, p. 189) when studying institutionalized elderly.

Empirical Studies. In Taft and Nehrke’s (1990) correlational study, of 30 rural elderlies (mean age 84.13) living in a skilled nursing home, the frequency of reminiscence did not correlate with ego integrity, as measured by the Ego Integrity Scale. Those findings conflict with those of Boylin failing to validate a positive relationship; however, Boylin’s sample was large, urban, and exclusively male. Of the three uses for reminiscing -- life review, problem solving, or teaching/entertaining -- only life review had a significant correlation with ego integrity ($r=.56$, $p < .001$). The researchers concluded that the purpose of reminiscing is more important than the frequency. Measurement issues with the elderly, such as the use of the seven-
point Likert scaling in the EIS, might have reduced the validity of the study. Components of problem-solving reminiscing were not mutually exclusive and many attributes of life review, i.e. coping with loss and dealing with difficulty, further produced confusing results. Generalizability of the study was limited by small sample size and a correlational design.

Sixty Caucasian elderly women aged 65 years and older were placed in three groups. Two groups received reminiscence therapy and were separated by age. Those aged 65 to 74 comprised one group, and those over age 74 in another group (Youssef, 1990). The third group were control, received no treatment. Depression levels were measured by means of the Beck Depression Inventory (BDI). Those who reminisced had decreased depression levels, but only for participants aged 65 to 74 years; after age 74 the effect was insignificant. Prompts for reminiscing included verbal cues, questions, and photographs. Although photographs were described as excellent stimuli, the researcher did not evaluate the effectiveness of any type of prompt, including photographs. The grouping of elderly persons, such as those aged 74 and older who were considered to have diminished competence, might have led to resentment and influenced the findings. Generalizability of the study was limited gain because of the small sample size and the recruitment of volunteers.

Stevens-Ratchford (1992), using a pre-test post-test design, studied the effects of structured life review on depression, as measured by the BDI, and on self-esteem, as measured by the Rosenberg’s Self-Esteem Survey. The sample consisted of 24 healthy older adults (mean age 79.75 years), both men (n=8) and women (n=16), living in a lifetime care center, who were placed in one of two groups, a life-review or control group. Stevens-Ratchford defined life review as “the engagement of persons in past-oriented thinking and discussion after the presentation of organized visual and auditory stimuli of people, objects, and events from the past” (p. 416). Although depression decreased slightly in both groups, no difference was found between groups for either self-esteem or depression (F=.21, p=.695). Presence of a high level of self-esteem and lack of depression in both groups before the intervention might have influenced the findings. Generalizability of the study was limited due to small sample size. Stevens-
Ratchford concluded that the lack of significance could possibly be attributed to the participants having already adjusted to old age.

Cook (1998) studied 36 elderly women (mean age of 82.4 years) residing in a nursing home. Group reminiscence had a positive effect on life satisfaction, as measured by the LSIA, compared with those participating in discussions of current events \([F(1,30)=5.12, p=.03]\). Generalizability was limited in the study again due to small sample size, nonrandom sampling, and one-time data collection. The researcher suggested studies the use of other instruments to measure life satisfaction.

**Elderly with Alzheimer’s Disease**

"I am not going to lose this, I am going to take this book [personal photograph album] to be with me, to hold it tight in bed and keep it alive" (Rentz, 1995, p. 18).

The above quote from an elderly woman with Alzheimer’s disease illustrates the fear of forgetting and losing memories. In past studies, researchers have sought to determine the effectiveness of reminiscence for patients with Alzheimer’s disease; however, they often grouped those elderly persons with others who were depressed or confused (Namazi & Haynes, 1994; Rentz, 1995).

Namazi and Hayes (1994) used group therapy in treating 15 elderly patients having Alzheimer’s disease (mean age of 81 years) who were placed in either a reminiscence, current events, or control group. Pictures of objects or animals, but not personal photographs, accompanied by sounds provided stimuli for reminiscing. No change in facial expression occurred in any of the groups, although combative behavior increased in the reminiscence group. The combative behavior was attributed to the participants’ viewing of unfamiliar photographs and hearing unaccustomed sounds. Reminiscence did improve short-term cognitive skills until sessions had been terminated for six weeks. The researchers concluded that no two elderly persons are alike, partially because of the diversity and severity of the disease process. Use of group therapy might have been ineffective, because each participant presented with symptoms consistent with various degrees of impairment. Rentz (1995) provided case studies to support
dyad reminiscing as an intervention for elderly persons with Alzheimer’s disease. Kovach’s model of reminiscing, which classifies memories as either validating or lamenting, formed the theoretical framework. Photograph albums belonging to the residents were used to cue reminiscing. A woman having a moderately severe cognitive impairment [Stage 5 on the Global Deterioration Scale (GDS)] responded positively while viewing her photographs. After four sessions, her orientation improved and she was able to identify past strengths. Two other persons (Stage 6 on the GDS), who answered only to name and were unable to complete sentences, responded by simply closing their eyes and crying. Barriers made it impossible to determine the effectiveness of the sessions. The researcher concluded that identifying empirical indicators for verbally and cognitively impaired elderly was needed.

Qualitative Studies

Qualitative research is one means to discover meanings of past experiences. The insights gained from this process can guide nursing practice and build nursing knowledge. The qualitative approach is holistic and based on the belief that reality is based on perceptions, which are different for each person. People are “self-interpreting” and the only source to answer what is the meaning of the reminiscence experience (Burns & Grove, 1997). The reminiscer interprets the experience, then the researcher interprets the explanations of the participant. Qualitative studies add richness in explaining a multifaceted phenomenon (Boyd, 1993).

Qualitative studies, dispersed within the chronological era in which they occurred, are found throughout this review of the literature concerning reminiscence therapy. Prior to the 1990s, few qualitative studies existed. Although more recently, researchers have utilized qualitative methods, few have replicated previous qualitative studies. Qualitative methods have varied from single to multiple case studies, to interviews analyzed by content analysis, semantic, and constant comparison methods (see Table 3).
### Table 3

#### The Evolution of Qualitative Research in Reminiscing

<table>
<thead>
<tr>
<th>Researcher/s (Date)</th>
<th>Sample/Context</th>
<th>Qualitative Method</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liton &amp; Olstein (1969)</td>
<td>4 senile women/ institutionalized</td>
<td>Case Illustrations</td>
<td>Illustrate therapeutic aspects of reminiscing for senile patients</td>
</tr>
<tr>
<td>McMahon &amp; Rhudick (1964)</td>
<td>25 veterans/ noninstitutionalized</td>
<td>Non-directive interview (taped). Responses were classified as past, present, or future oriented. The relationship of depression and reminiscence also evaluated.</td>
<td>Clarify ways in which reminiscing is adaptive</td>
</tr>
<tr>
<td>Revere &amp; Tobin (1980)</td>
<td>35 persons aged 65-103 &amp; 25 person aged 44-55 /community dwellers</td>
<td>Face to face interviews using 3 open ended questionnaires. Verbal &amp; nonverbal communication used to support each dimension of the Remembered Past Scale developed by the researchers.</td>
<td>Generate scales to measure involvement, dramatization, consistency/certainty, and reconciliation while discriminating between the two samples</td>
</tr>
<tr>
<td>Miller (1989)</td>
<td>19 women/ extended care facility</td>
<td>Taped interviews to identify themes, number of positive/negative responses, and triggers for reminiscing.</td>
<td>Determine 1) How memories are triggered and 2) What aspects of daily living cause people to reminiscence</td>
</tr>
<tr>
<td>Merriam (1989)</td>
<td>25 men &amp; women/ context not identified</td>
<td>Constant comparative method to analyze verbatim transcripts for determining the process of reminiscing</td>
<td>Explain the character of simple reminiscence therapy</td>
</tr>
<tr>
<td>Oleson (1989)</td>
<td>1 man/ nursing home</td>
<td>Presentation of student nurse's experience that promoted ego integrity using reminiscence in physically disable male</td>
<td>Describe the use of reminiscence to enhance ego integrity in totally dependent institutionalized elderly</td>
</tr>
<tr>
<td>Burnside (1990)</td>
<td>67 women/ community dwellers</td>
<td>Triangulated study-transcripts from group reminiscence &amp; open-ended questions to identify themes and meaning of reminiscence experience were analyzed using semantic analysis &amp; constant comparison method</td>
<td>Examine the effect of reminiscence groups on fatigue, affect, and life satisfaction.</td>
</tr>
<tr>
<td>Kovach (1991a)</td>
<td>21 cognitively intact women/ Adult Daycare Center</td>
<td>Content analysis of transcripts from semistructured interview to discover categorize the meaning of reminiscence into validating or lamenting</td>
<td>Provide clear conceptualization of reminiscence by examining reminiscers past personal experiences</td>
</tr>
<tr>
<td>Kovach (1991b)</td>
<td>21 women requiring physical and psychosocial support/ Adult Daycare Center</td>
<td>Content analysis of transcripts from semistructured questions. Reminiscers were identified as engaged (provide many details and stay on topic) or disengaged (provide few details and switch topics)</td>
<td>Determine variations in reminiscing behavior.</td>
</tr>
<tr>
<td>Wong &amp; Watt (1991)</td>
<td>88 men &amp; women aging successfully &amp; 83 aging unsuccessfully/ community dwellers &amp; institutionalized</td>
<td>Content analysis of audiotaped verbatim transcriptions which identified 6 types of reminiscing. Compared findings between groups to determine which types are beneficial</td>
<td>Investigate what types of reminiscing are associated with successful aging.</td>
</tr>
<tr>
<td>Nugent (1993)</td>
<td>4 hospitalized community dwellers</td>
<td>Case studies</td>
<td>Illustrate how reminiscence helped coping and self-esteem</td>
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<tr>
<td>Hogstel &amp; Curry (1995)</td>
<td>1 male/ community dweller</td>
<td>Single subject longitudinal design in which recorded statements were classified as positive or negative</td>
<td>Determine if ego-integrity or despair is most common as a person ages</td>
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<td>Crump (1997)</td>
<td>18 men &amp; women/ inpatients with mental health needs</td>
<td>Analysis of written information recorded after a structured interview using three open-ended questions about how reminiscers felt about the activity and what influenced these feelings</td>
<td>Determine if a 1930/40s style theme room changed the perception of reminiscers</td>
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Life Satisfaction

"Life satisfaction is an attitude toward one's own life . . . thus age related declines in positive affect may be countered by increases in the sense of satisfaction with life . . . ." (Matteson, 1997, p. 568).

Researchers have identified happiness as the affective component of subjective well-being, whereas life satisfaction is the cognitive aspect (Diener, 1984; Matteson, 1997). Diener further described happiness as positive affective or emotional reactions; whereas, life satisfaction is a judgment composed from positive reflections of the past (Matteson, 1997). The subjective meaning of life satisfaction is formulated by a global assessment of past experiences during a lifetime according to the person's own chosen criteria (Diener, 1984). Here presented is a review of commonly used instruments to measure life satisfaction in the elderly and those variables thought to influence life satisfaction. Instruments are reviewed in light of their normative group, purpose, and reliability and validity in the initial study. Those instruments are discussed further as research in which they have been used. The research review is limited to studies of life satisfaction in noninstitutionalized elderly persons, with the exception of those studies that compare different living contexts in which institutionalized persons were included. Because of the number and differences of variables studied, only those variables that were significant are included here.

Measurement of Life Satisfaction

Self-Anchoring Life Satisfaction Scale (SALSS). Kilpatrick and Cantril (1960) developed self-anchoring scaling, often referred to as simply Cantril’s Ladder. The symbol of a ladder was chosen, because of its ease of understanding across many cultures. Indeed, Cantril’s study of more than 3,000 persons in 13 countries provided evidence that the instrument was valid in many cultures. Reliability and validity of the SALSS is discussed in depth in the methods chapter. Each participant was asked to evaluate a variable by applying his or her own “perception, goals, and values” (Kilpatrick & Cantril, 1960, p. 22). The worst scenario becomes the bottom of the ladder with the best scenario becoming the top of the ladder or anchoring points; thus it is self-anchoring. Cantril (1965) theorized that to understand life satisfaction one must also consider
the unique reality world of the individual; consequently the Cantril Ladder espouses the first-person point of view. The purpose of the ladder was to encourage researchers to evaluate subjective variables from the perspective of the participants rather than subjecting the researchers’ views on the participants. Cantril theorized that an instrument in which the subject was forced to make choices concerning the variable being studied could not evaluate the subject’s own reality. The most common variable measured by Cantril’s Ladder has been life satisfaction (SALSS); however, its most common use for nursing has been the measurement of self-perceived health status.

To address validity, more than 3,000 subjects were interviewed around the world to secure quantitative comparisons of concepts that constitute a satisfying life. An interrater reliability of 0.95 was reported for the coding and categorization of those data. The interviewers asked the participant to describe in detail the best and worst scenario, which was transcribed verbatim and categorized. Illustrative quotations identified each category (Cantril, 1963). In a first report detailing some preliminary studies, initial tests of 100 adult Americans, persons from five categories (farmers, executives, college professors, African-Americans, and immigrants) were asked to describe the best and worst life. Although the sample was small, replies varied greatly across the categories, the researchers surmising the importance and meaning a person gave in response were learned from past experiences. Each person had subjective standards to define satisfactions. For example, both farmers and college professors feared curtailment of freedom. For farmers, that meant living in restricted surroundings with a lot of public pressure, whereas college professors defined it as a limitation of ideas or philosophy. Present life satisfaction scores were highest among college professors (7.70) and lowest for African-Americans (4.90). Past satisfaction with life was highest among farmers (6.55) and lowest among African Americans (4.40). When asked how satisfied they expected to be five years from then, junior executives had the highest score (8.75) with African-Americans again having the lowest score (6.95). Inasmuch as African-Americans had the lowest scores, they had the greatest gain for future satisfaction (2.05 points) compared with the lowest expected gain of 0.70 among college professors.
Extensive data from the completed study separated participants into three groups by ladder ratings, with low (1 to 3), middle (4 to 6), and high (7 to 10) indicating their level of satisfaction. During the entire study, the 2696 adults interviewed in the United States included a menagerie of all ages, educational levels, socioeconomic statuses, races, and religions. Most participants rated their present life satisfaction as high (51%), with only 7% having low life satisfaction scores. The mean life satisfaction score for the present was 6.6, and that for past life satisfaction was 6.3. Cantril concluded that humans want to experience identity and integrity in which they are a decisive participant. Both identity and integrity are gained by sharing significances with others.

McKeehan, Cowling, and Wykle (1986), listed the assumptions related to the self-anchoring process as 1) each person is unique, and understanding their uniqueness may help health-care providers in morphogenic and clinical analysis; 2) self-knowledge is central to research; 3) certain goal-related variables have considerable meaning making it important to compare individuals in this regard but also to consider their values; and 4) perceiving never exists independent of the total life situation.

**Index of Domain Satisfaction.** Campbell (1976) was one of the first to realize that subjective measures of well-being are not related to material possessions. He stated that, although the gross national product is important, it could not be the measure of happiness of a nation’s people; rather happiness depends on life’s experiences. During 1957 and 1972, when the United States was moving in a positive direction economically, the majority of the population described themselves as unhappy. To measure life satisfaction, 2,164 men and women from the continental United States were evaluated by means of the Index of Domain Satisfactions (IDS). That instrument elicited information concerning 10 variables thought to contribute to life satisfaction and was found to correlate at .70 with the SALSS. The 10 variables -- life cycle, urbanicity, age, race, working or other, family income, occupation of head of household, education, religion, and sex -- accounted for only 17% of the variance, with life cycle (.26) being the most significant. Those findings support Diener’s (1984) belief that expecting a few variables to be of overwhelming importance is impractical, just because of the numerous potential influencing factors.
Life Satisfaction Index (Forms A, B, Z). Neugarten, Havinghurst, and Tobin (1961) realized that well-being in the elderly could not be measured by the same values that apply to younger persons, especially as to activity or social involvement. The researchers sought to measure well-being using the person's own point of reference, independent of activity or social participation. Life Satisfaction Ratings (LSR) were collected from 177 reasonably healthy, middle-class, urban Kansas City men and women aged 50 to 90 years and validated against the judgment of a clinical psychologist who reinterviewed 80 persons in the study. Two short self-administered scales, the Life Satisfaction Index A (LSIA) and B (LSIB), were developed to be used either together or separately when it was not possible to obtain in-depth LSRs. The LSIA, a 20-item questionnaire, comprises the following categories: 1) zest vs. apathy, which determines whether the person approaches life with enthusiasm or has a bland approach; 2) resolution or the degree to which the person accepts personal responsibility for his or her life; 3) congruence between desired and achieved goals; 4) self concept; and 5) mood tone defined as "happy and optimistic" or "depressed." Participants were asked to answer "agree," "disagree," or "unsure" to each question. Correct answers, either agree or disagree (depending on the question), were assigned one point, with incorrect or unsure answers receiving zero points. The LSIB asks 12 open-ended questions in which the researcher assigns a score for the answers. The coefficient of correlation between the LSIA and the LSR was only .55 and for the LSIB, .58. When compared with the ratings made by the clinical psychologist, the LSIA and LSIB correlated at .39 and .47, respectively. The researcher suggested that the instruments were only moderately successful, but were more successful for older adults than younger adults, and may be useful for persons more than age 65 if used with caution.

In a restudy of the instrument in a rural Kansas sample (n=100) of both men (n=30) and women (n=70), Wood, Wylie, and Sheafor (1969) found similar results using the LSIA as a mail questionnaire. Those researchers reduced the LSIA from 20 to 13 items (KR=.79), and scoring was changed to two points for correct answers and one point for uncertain responses increasing correlation with the LSR. Use of the revised instrument, the LSI-Z, resulted in a high correlation between LSR and LSI-Z scores for men (.83) as compared with that for women (.42). Because
the researchers were less confident about the use of the LSI-Z for rural elderly women, they suggested limiting the use of the instrument to elderly rural men. The researchers also found they were unable to publish the 20-item LSIA on one sheet, the crowding of items causing some to be discarded because participants overlooked them. In the original study, the LSIA was completed during a personal interview rather than by mail.

Adams (1969) found the LSIA to estimate life satisfaction adequately in a sample of 508 persons, men (n=200, median age 73.8 years) and women (n=308, median age 74.7 years) living in a small town in Missouri (M=12.5) as it had for the Kansas City sample (M=12.4). The LSIA was further evaluated in terms of the reliability of index items and number of factors measured in the index. Using biserial correlation, the researcher found that two items, “Compared to other people my age, I've made a lot of foolish decisions in my life” and “I feel my age, but it doesn’t bother me,” did not meet the desirable r=.30. The biserial correlations were .16 and .28, respectively, and it was suggested the two items be eliminated. Factor rotation indicated that only four components of life satisfaction were represented with the self-concept being absent.

Satisfaction with Life Scale (SWLS). Diener, Emmons, Larsen, and Griffin (1985) criticized the LSIA because it measured not only life satisfaction but zest as well. Those researchers developed the Satisfaction with Life Scale (SWLS), comprising five items structured on a seven-point Likert Scale, which sought to measure the “overall” evaluation of life satisfaction. The researchers specifically wanted their scale to be appropriate for populations other than the elderly, and the initial evaluation was on one group of 176 undergraduate students, followed by another group of 163 undergraduates. The SWLS correlated .64 with the SALSS in those groups. The SWLS was then given to 53 elderly persons in whom the LISA and the SWLS correlated at only .43. Interestingly, although the researchers had disapproved of the LSIA, interviewer ratings correlated higher with that instrument (.68) than with the researcher’s SWLS (.43).

Variables Influencing Life Satisfaction

Time. Many variables have been studied to determine their relationship to life satisfaction in the elderly; however, most have been cross-sectional and collected on a one-time basis,
limiting their ability to evaluate change over the life cycle of an individual. In the first longitudinal study to determine change in life satisfaction, Palmore and Kivett (1977) studied 378 middle- and upper-income community residents, aged 46 to 70 years, during a four-year period. Life satisfaction was measured three times, with two years spanning each data collection. The SALSS was chosen because it required no judgment of what constituted significant dimensions of life satisfaction by the researchers. In initial interviews, 17 variables were tested for correlation with life satisfaction; however, only five proved to be significant: self-rated health (also measured by the SALSS) \( r = .42, p < .05 \), activity in organizations \( r = .18, p < .05 \), time spent in social activities \( r = .22, p < .01 \), productive hours \( r = .10, p < .05 \), and sexual enjoyment \( r = .14, p < .05 \). In previous research, life satisfaction was found to decrease with age and the occurrence of crises such as menopause and retirement. When data were compared over time for a given study participant, life satisfaction remained stable. The researchers postulated that the reason for the inconsistency with previous research findings was the measurement of the same person over time, and the SALSS enabled the person to assess life satisfaction by applying his or her own values. Only self-rated health \( r = .25 \), social activity \( r = .13 \), and sexual enjoyment \( r = .12 \) were found to be significantly related to initial levels. Using multiple regression to predict life satisfaction, the researchers found that only self-rated health had a strong relationship \( \beta = .25, p < .01 \) and sexual enjoyment contributed only slightly \( \beta = .10, p < .05 \) to the variance explained. Life cycles span many years, and, although the study was conducted during a four-year period, conclusions that scores remained stable because they were derived from the same person over time might have been not supported. Rather, 25% of the participants reported changes of two or more levels on the SALSS. More important were these contributors to the stability: lack of crisis, lack of transition from one stage to another, or a time when the person was successful and felt stressors to be irrelevant. Sixteen percent of the participants did not have a usable score for one or more variables during the third data collection, so estimated values were used. Neither the age of the participant who had unusable data nor the reason for the non-use of that data was reported. Because of the fragility of elderly, this age group might have had significant missing.
data making the findings questionable. Because low-income elderly were not included and the type of community housing was not described, generalizability is limited in these populations.

Baur and Okun’s (1983) longitudinal study, during three years, of 94 elderly community residents extended Palmore and Kivett’s study to include the “old-old.” Using a stratified random sample of primarily white, middle-class, Protestant, elderly persons living in a retirement community, the researchers collected data in 1977 (n=105) and again in 1980 (n=94). The LSIB was used to measure life satisfaction, which in that study demonstrated an internal consistency coefficient alpha at .69 and .73 for data-collection periods one and two respectively. Stability of life satisfaction scores in the population was consistent with those of Palmer and Kivett’s study. Of the 19 variables measured, with all other variables controlled for; three resulted in strong scores: friends do not neglect friends (.37, p<.001), self-perceived health (.37, p<.001), and going as a passenger in a car with a friend or neighbor as usual form of transportation (-.24, p<.01); the three together only accounted for 49% of the variance in LSIB scores [F (19,67)=3.3, p<.001]. The amount of variance may have been inflated because the number of participants was low but the predictor set itself was large. The researcher suggested the use of LISREL, which does not assume that variables are measured perfectly and errors are not correlated over time. The fact that a high life satisfaction score in later life (17.6; 17.17) compared well with the original somewhat younger sample studied using the LSIB (15.1), showed that life satisfaction can be positive, even with the adversities and losses associated with aging. Generalizability was limited in this study because of the sample’s racial and economic homogeneity.

Race. Jackson, Bacon, and Peterson (1977-78) believed that, because conceptual frameworks related to life satisfaction were formulated from white populations, the applicability to black elderly persons was questionable. Noninstitutionalized retired elderly persons (n=102) from a large, urban adult center were interviewed to determine their degree of life satisfaction. Perceived health status was assessed by asking the participant to respond either “yes” or “no” to two questions, “Are you in good health?” and “Have you ever been hospitalized for any illness that you consider serious?” Personality variables measures included self-esteem, as generated by the Rosenberg Self-Esteem Scale; affiliation, as determined by an “objective forced choice”
instrument; and individual versus "system" blame for causes of social and economic failings among blacks, as measured by the Gurin Multidimensional I-E scale. The SALSS was used to measure life satisfaction, as well as past and future adjustment. Although no definition of life satisfaction was provided, life perceptions were described as including life satisfaction. Life satisfaction scores were reported to have a mean of 19.95; however, the instrument was a 10-rung ladder, with 10 being the highest score. Both personality measures, self-esteem (.41, p<.01) and individual system blame (.22, p<.05), were related to life satisfaction, indicating that those with higher self-esteem and those who "blamed the system" for the economic and social status of blacks scored higher on life satisfaction. Findings may be questionable because the instrument was developed to measure motivation in black youths, not elderly persons. Six variables were found to predict life satisfaction, perceived health was found to be the primary determinant of life satisfaction (β= -.402, p<.01). Education (β= .254, p< .05), attitude toward employment of the elderly (β= -.281, p<.05), need affiliation (β= .207, p<.05), religious attitudes (β=.283, p<.05), and self-esteem (β= .279, p<.05) also predicted the degree of life satisfaction. High life satisfaction scores were attributed to negative incidences having less effect, different antecedents, or different correlates of life satisfaction for black persons than for white elderly persons, consequent to racial discrimination and social inequality before and during aging. The researchers offered the findings with a warning of caution because of the instability of the analysis in which some variables (income, political affiliation, political participation, individual blame system, and future adjustment) correlated with life satisfaction but disappeared in multiple-regression analysis. The questionable life satisfaction scores using the SALSS make comparison with previous studies impossible.

With the ever-increasing costs of health care attributed to the aging population and the six-year disparity between the average life spans of African-American men (64.1 years) and Caucasian men (70.8 years) and between African-American women (72.8 years) and Caucasian women (78.2 years), Foster (1992) measured life satisfaction, perceived health status, and health-promoting activities among 80 elderly African-American persons participating in a seniors' activity center and living in the community. Variables were chosen because of the relationship of
health-promoting activities with perceived health promotion (Pender, 1987). Life satisfaction was used as an index of well-being. The use of tobacco products was included because of the association with health effects. Life satisfaction was found to positively correlated with perceived health status ($r=.582$), health promotion ($r=.320$), older age ($r=.226$), and high socioeconomic status ($r=-.270$ [scoring inverted]) in black elderly Americans. Those elderly who were more satisfied with life were less likely to smoke cigarettes ($r=-.21$); however, no significant relationship existed with other tobacco products. The significant relationship between cigarette smoking and life satisfaction may lack validity, inasmuch as older participants were reported to have been less likely to have ever smoked cigarettes; instead, they were much more likely to use snuff or chewing tobacco, if any tobacco at all. The nonrandom correlational study design prevents generalization to the general population of elderly persons. Participation in recreational activities and lunches at the community centers might have influenced the degree of life satisfaction. Findings indicating that life satisfaction increased with age contradicted Palmore and Kivett's (1977) study that satisfaction with life remains constant during the life span. The inconsistency could relate to the Likert scaling used in the LSIA to measure life satisfaction in the Foster (1992) study, rather than the SALSS in the Palmore and Kivett study.

Coke (1992) examined self-rated health, adequacy of income, participation in church activities, and family role involvement as correlates of life satisfaction among 166 elderly African-Americans aged 65 to 88 years. The researcher sought to determine which factors contribute to life satisfaction; although a higher proportion of African-Americans are poor and have more health problems, past research has shown high levels of life satisfaction within that group. Indeed, annual income ranged from $0 to only $19,000. Women showed significantly higher levels of life satisfaction ($M=20.8, p<.001$) than did men ($M=16.8, p<.001$). Only self-rated religiosity (.38) was significant as a predictor of life satisfaction in women and was the highest predictor in men; however, family-role involvement (.27), church participation (.38), self-perceived adequacy of income (.29), actual household income (.19), education level (.35), and self-rated religiosity (.54) were also significant in men. Generalizability is limited in this study because of the nonrandomized convenience sample, data collected on a one-time basis, and
lack of a control group. Measures of life satisfaction might be questionable because of the 
Likert-type scale and the instrument’s development for use in populations other than the elderly.

Krause (1993) attempted to formulate a conceptual model to determine the differences in 
life satisfaction between African-American and Caucasian elderly persons (n=1,156). Life 
satisfaction was assessed by mood tone, focusing on the degree of happiness or the affective 
aspect of well-being rather than on life satisfaction per se. The conceptual model and proposed 
variables of life satisfaction had, as the researcher stated, “a decided economic bent” (p. S235). 
The conceptual model focused entirely on economic plans for retirement, economic dependence 
on the family, financial strain, and the interplay of those factors with either positive or negative 
mood tones. Education was seen only as a means to access to financial resources across the life course. Older African-Americans were much less likely to have put into practice economic 
retirement plans ($\beta=-.255$, $p<.001$), but, as education levels increased so did retirement planning 
($\beta=.330; p<.001$). Elderly African-Americans had fewer years of education and more financial 
problems than did elderly Caucasians, resulting in the former’s greater dependence on family 
members for economic assistance. The researcher reported that although elderly African-
Americans are more economically disadvantaged, the harmful effects are counterbalanced by 
some source of resilience not included in their model. Elderly African-Americans were no more 
likely than elderly Caucasians to have reduced positive mood-tone scores. Findings of the study 
may be questionable because only 16.6% of the sample was African-American and the data were 
collected 12 years earlier, in 1988, which might have been influenced by indirect or 
compounding variables not seen some 12 years later. The researcher assumed that financial 
security and planning was the means toward happiness. Although the researcher purported to 
measure life satisfaction, the affective side of well-being, happiness, was actually measured. 
Although less education was attributed to lack of retirement planning, that attribution fits with 
Maslow’s hierarchy that basic needs are met first, and future planning may or may not be 
reached. Although elderly African-Americans may find relying on family for financial support 
stressful, such reliance failed to decrease their positive mood. The findings suggest that many 
variables are in play rather than the financial aspects alone.
A belief that variables associated with life satisfaction in elderly American-Indians differ from those of the preponderant white culture, prompted Johnson et al. (1986) to examine life satisfaction in 58 elderly American-Indians (14 men and 44 women) living on reservations. Life satisfaction was conceptualized as an element of mental health in which the person’s mind is content and free of anxiety. Although American-Indians had less formal education, lower income, higher morbidity and mortality, substandard housing, and fewer choices as to residency, life satisfaction was moderately high, with a mean of 17 (range 1 to 26), as measured by the LSI-Z. Johnson agreed with the conclusion drawn by Jackson, Bacon, and Peterson (1977-78) that minority elderly persons have less adjustment to aging because of previous experiences of discrimination and social inequality. Seventeen independent factors that contributed to life satisfaction were selected from the OARS instrument. Using bivariate correlations, the researchers found that LONE (frequency of feelings of loneliness), correlated most highly with life satisfaction ($r=0.5$), representing 25% of the variability. WOR (frequency of worry), ISIT (condition of eye sight), and SUBLS (perception of satisfaction with life) correlated with the LSI-Z scores at ($r=0.4$), for 16% of variability. A backward stepwise regression analysis was used in hopes of gaining more information related to variances in life satisfaction; however, the researchers warned that the limitation of this process with a small ratio of subject per variable was a greater probability of associating the independent variables with the dependent variable by chance. Even though TALK (frequency of conversation), LONE, SICK (sickness limiting activities), ISIT, IHR (hearing ability), and SUBH (perception of overall health) correlated most highly with life satisfaction ($r=0.65, p<.001$), they only explained 40% of the variability, leaving 60% unexplained. Subjective life satisfaction (SUBLS), measured by having the participant rate life satisfaction as good, fair, or poor, correlated with the LSI-Z at 0.4 ($p<.05$). The researchers found little association between the MHR and the LSI-Z, and suggested that a tool developed by persons other than those from one’s own culture may not be appropriate for use. They failed to point out that the MHR scores, taken and developed by their own researcher, failed to associate with all scores of life satisfaction and mental health. Indeed, researchers should choose instruments that have been developed and found valid and reliable for use with the intended
sample. Use of the LSI-Z, strongly suggested for use only in men and rural settings, may have reduced validity as only 14 men participated in the study.

**Activity.** To establish the relationship between purposeful activity and life satisfaction, Madigan, Mise, and Maynard (1996) studied 50 men, both African-Americans and Caucasians, aged 65 and older, in five settings. The five settings were adult day care centers, retirement communities, adult homes (requiring supervision but not medical and nursing care), nursing homes, and senior centers. Life satisfaction was measured using the LSI-Z. The Elder's Interest/Activity Scale (EIAS) measured communication, self care, social-leisure, physical, spiritual, and work-related activities. Elderly persons living in retirement communities were the most satisfied (20.7) as compared with those in adult day-care centers, who were the least satisfied (15.9). It is important to note that all the men, in all settings, had a moderate (average) level of life satisfaction (M=17.4). Persons interviewed at the senior center had the highest activity level (39.5) and nursing-home residents had the lowest level (20.1). The categories of communication (.25), social-leisure (.31), and spiritual enrichment (.28), significantly correlated (p<.05) with life satisfaction; conversely, an ANOVA determined that no significant relationship existed between any activity variable and life satisfaction. The use of the LSI-Z was appropriate in this male group; however, the reliability and validity for the EIAS had not been established. The small sample size of 10 elderlies in each of five living settings prevented generalization.

Physical therapists, Smith, Kielhofner, and Watts, (1986) chose to examine the relationship between volition, which influences decisions, and commitment in one’s occupation to life satisfaction. Although life satisfaction was not defined, the researchers reported measuring it by means of the Attitude Index (AI) developed by Cavan in 1949. That index in fact actually measures the affective aspect of well-being rather than the cognitive aspect of life satisfaction. Nonetheless, 60 elderly persons, aged 65 to 99 years were interviewed in either a senior center (n=30) or a nursing home (n=30). Responses to the Occupational Questionnaire (OQ), developed by the researchers, showed that work and recreation correlated positively with life satisfaction, whereas rest correlated negatively (p<.05). The researcher then divided participants into low (n=13) versus high levels (n=40) of life satisfaction to determine the correlation with
activity patterns; however, the scores of seven persons were not included, nor was the reason for their exclusion provided. The researchers stated that those with high life satisfaction scores spent more time in recreation and work as compared with those with low scores, who spent more time in rest and daily living. In the data presented; however, those with high life satisfaction spent more time in the activities of daily living (19%) and recreation (31%) as compared with those with low life satisfaction scores who spent a higher percentage of time engaged in recreation (18%) and activities of daily living (23%). To establish validity, the OQ and the Household Work Study Diary were administered to 18 senior college students to determine whether items were correctly classified as work or leisure. The latter instrument's validity is questionable because of testing in a population other than the elderly. Interestingly, the researchers had previously determined that what was work to a woman in earlier life cycles, such as vacuuming, become activities of daily living during old age, making the validity of the instrument in elderly persons even more doubtful.

Occupational therapists interested in the relationship between leisure activities and life satisfaction studied 104 elderly men (28%) and women (72%) (mean age=74 years) living independently in the community (Griffin & McKenna, 1998). Leisure activity was believed to become more important after retirement. Leisure variety (LV), consisting of 27 activities most often engaged in by elderly persons, was measured using a four-point Likert Scale. Leisure satisfaction was measured by means of the modified Leisure Satisfaction Scale (LSS), which utilized a five-point Likert Scale. Life satisfaction was measured via the SWLS with a seven-point Likert Scale. The median life satisfaction score was 30 (range 5 to 35); the mean was not provided, precluding any comparison with the mean score of 25.8 for the elderly population that Denier (1985) used to establish reliability and validity. The median scores for other measures were as follows: leisure satisfaction, 22 (range 12 to 60); variety of leisure participation, 7.3 (range 0 to 8); and amount of leisure participation, 37.8 (range 0 to 81). Multiple regression for the independent variables (leisure amount, variety, and satisfaction) pertaining to life satisfaction was not significant. Generalizability of the study was limited because of nonprobability snowball sampling, which led to the homogeneity of the sample and might have influenced the
small amount of variability in the scores. The use of a small-to-medium-size effect in the multiple regression analysis, when a large-effect size and power would have been indicated, also contributed to nonsignificant results. Griffin and McKenna concluded that life satisfaction scores might be unreliable because of the person being unable to consider specific life domains and suggested that measures were needed in which “the breadth of life as a whole” was considered (p. 14).

**Health Status.** Perceived health status has been the strongest variable affecting life satisfaction, more important than health professionals’ objective evaluations. Physical disability, even that necessitating assistance with the activities of daily living (ADL), did not lessen the perceived quality of life. Although self-perceived health status has significant influence on life satisfaction, chronic illness is a major problem for elderly persons in the United States (Laborde & Powers, 1985). Cardiovascular disease is the leading cause of morbidity and mortality for the elderly in the United States (Lueckenotte, 1996); however, considerable research on the disease and its relationship with life satisfaction has dealt with the effect of coronary vascular bypass on life satisfaction, primarily in middle-aged-adults. Data from the included studies, therefore, will be limited to the cohorts aged 65 and older.

With data from the Duke Adaptation Study (1968), an interdisciplinary longitudinal study of 592 male (n=261) and female (n=241) Caucasian persons from middle and upper socioeconomic levels was designed to determine variables affecting life satisfaction (Palmore & Luikart, 1972). Although the study was longitudinal, the data reported were cross-sectional inasmuch as only one interview had been completed at that time. Furthermore, although the ages of participants ranged from 45 to 69 years, one group (n=111) was limited to those aged 65-69 years; discussion here is limited to findings for the latter group. Opinions of what constitutes middle age differ, and in the Palmore and Luikart (1972) sample 40% of those persons aged 65 years and older considered themselves middle-aged. Life satisfaction was measured by the SALSS (rungs scored 0-9) because researchers believed it to be the most stable and global assessment of life satisfaction. Self-rated health had the greatest effect on life satisfaction ($\beta=.398, p < .05$), followed by internal control ($\beta=.277$), and organizational activity ($\beta=.042$).
According to Palmore and Luikart (1972) and Erikson (1959), internal control relates positively to autonomy and negatively to estrangement and hopelessness. Asking participants whether life experiences had been their own doing assessed internal control. Although the variables correlated with life satisfaction, none was strong enough to explain the variance in life satisfaction.

Levin (1994) defined life satisfaction as occurring in degrees, with all lives not being equally fulfilled, and with some facets leading to greater satisfaction. To determine whether requiring assistance with activities of daily living (ADLs) influenced life satisfaction, Levin (1994) assessed 98 elderly persons, aged 60 to 90 years. Subjects were mostly women and all had private insurance. The LSSE was used to measure life satisfaction, and an RN supervisor determined each subject's physical limitations objectively. ADL variables had no predictive value, and the relationship between performance of ADLs and life satisfaction was not significant. Even though 75% of participants required assistance with simple ADLs, such as dressing, life satisfaction remained high. Levin had sought a homogeneous group to avert confusing correlations of variables because of differing subjects; nonetheless, that homogeneity limited generalization.

Arthritis is estimated to be present in four of nine persons aged 65 years or more, with osteoarthritis being most prevalent as noted by Laborde & Powers (1985). Those researchers studied a convenience sample of 160 elderly persons having osteoarthritis (aged 40 to 93 years) to assess the effect of health perception, locus of control, and level of life satisfaction. Life satisfaction was measured by means of the SALSS. Locus of control was measured by the Health Locus of Control (HLC), a Likert-type scale, which had an alpha reliability of .72 on initial testing with college students. Health perception was measured by use of Cantril's Ladder. The mean of past life satisfaction scores was highest (6.7, SD=2.8), followed by that of present life satisfaction (6.5, SD=2.3), with future life satisfaction scores (4.1, SD=4.1) having the lowest mean. Perceived health status scores were high (M=6.3, SD=2.4), and an external orientation to health beliefs (M=39.4, SD=7.7) was found. The influence of variables on present life satisfaction was determined by means of hierarchical regression, present life satisfaction.
being found to be significantly related to increased health status perception, internal health locus of control, and diminished frequency and intensity of joint pain. The findings related to future life satisfaction conflicted with the findings of most studies, in which future life satisfaction was rated higher. Laborde and Powers held that some elderly persons who would not speculate on their future received a score of zero, which might have influenced that finding. The use of Likert scaling in the HLC instrument might have altered the ability of the elderly to discriminate between levels. Although the researcher did not draw that conclusion, one could postulate that because osteoarthritis might not have been present or have caused pain in the past, persons now experiencing chronic pain may see such a condition as affecting their satisfaction. By reflecting back on the past when life is viewed as most satisfactory, elderly persons may gain the internal locus of control needed to deal with the present and to look forward to the future. In an earlier study with younger participants, Laborade and Powers (1980) used the SALSS to compare the mean life satisfaction scores of 20 hemodialysis patients (aged 25 to 59 years) with 20 osteoarthritis patients (aged 40 to 60 years) in determining past, present, and future life satisfaction. The two groups were found to not differ in past and future life satisfaction; however, the present life satisfaction mean score was lower for arthritic patients, and pain was thought to be the factor. Generalization of the study was limited because of small sample size and convenience sampling.

In a descriptive correlational study, Downe-Walboldt (1991) measured the relationship between coping and life satisfaction in elderly women (n=90) having osteoarthritis, living in the community, and receiving home care. Lazarus’s theory of psychological stress and coping (1980) formed the theoretical framework for the study; cognitive evaluation and coping were seen as intervening processes between the person and resulting outcomes. The Arthritis Impact Measurement Scale (AIMS) measured the effect of arthritis. Coping was measured by means of the Jalowiec Coping Scale (1979) (JCS), which measures confrontive, emotive, and palliative coping. Subscales from the Stress Questionnaire developed by Folkman et al. (1986) were used to appraise stressful encounters. Life satisfaction was measured using the LSI-Z. Because of the complex nature of life satisfaction, a second measure, the SALSS was also used to assess life
satisfaction. A partial but significant correlation was found between the LSI-Z and SALSS 
($r=0.45$, $p<0.001$). A significant relationship was found between coping and life satisfaction 
($r=0.21$) by means of the LSI-Z; however, no significant relationship was found between coping 
and SALSS scores. No relationship was found between total stress scores and coping scores; however, these instruments involve Likert-type scaling, resulting in a diverse range of responses. The original JCS consisted of eight coping styles, of which the optimistic, fatalistic, supportant, and self-reliant coping styles were eliminated from the study. Because of those omissions, participants may well have been forced to choose a coping style that might not have permitted comparison with life satisfaction. The finding of relatively high life satisfaction scores suggests that the participants were optimistic and self-reliant. The measures of life satisfaction might differ because of the LSI-Z being most reliable in male populations. The mean score on the SALSS was 6.93, which is relatively high. Generalizability of the study is limited because of one-time measures and an entirely female sample.

Among elderly, visual impairment is third as a handicapping condition, and if the proportion of elderly remains the same, nine million persons will be visually impaired by the year 2020 (Kleinschmidt et al., 1995). A sample of 80 healthy, Caucasian elderly persons, both men ($n=22$) and women ($n=58$), aged 65-91, living independently in the community, were studied to determine the relationship between visual impairment and life satisfaction. The sample was divided into two groups: minimally impaired (visual acuity no worse than 20/50) and severely impaired (visual acuity of 20/100 or worse). Participants in both groups were well educated, with 85% having at least a high school education. The study employed five instruments: the Geriatric Depression Scale (GDS), involving yes/no scaling, measured depression; the LSSE measured life satisfaction; the Spieldberger State-Trait Anxiety Inventory measured trait anxiety; the Desired Control Measure Part II, Short Form, measured the degree of control of factors contributing to happiness; the Multidimensional Locus of Control Measure measured source of control; and the Multidimensional Health Locus of Control Form A measured control dimensions. The severely visually impaired elderly ($M=9.25$) were significantly more depressed ($p < .01$) than the minimally impaired ($M=6.025$); however, 75% of...
the total sample fell within the normal range (0 to 10) for depression. Comparison of the two
groups found that the severely impaired elderly were not significantly more anxious (p=.128) nor
less satisfied with life (p=.304) than the minimally impaired. Perceived control accounted for
25% of the variance in life satisfaction and all other control variables accounted for only 7% of
the variance. The finding that the elderly with severe visual impairment were more depressed
than those with minimal impairment might have been distorted by inclusion of the few severely
impaired persons having severe depression. Elderly persons with less-than-severe visual
impairment were found to remain satisfied with life. Generalizability of the study is limited
because the study sample comprised well-educated, healthy, all-Caucasian persons who lived
solely in the community.

Psychosocial. Feeling in control of one's environment for the elderly person, has been
referred to as competence. Jacob and Guarnaccia (1997) studied the relationship between
competence motivation and life satisfaction by measuring achievement (endeavor to do things
better) and affiliation (desire to maintain relationships) in 97 elderly (mean age=74.7 years) men
(n=22) and women (n=75) living independently in a large urban community. Participants were
primarily Caucasian (90%) and well educated, with 41% having completed high school and 26%
having a college education. Only 10% of the sample had retired from service jobs; all others had
retired from administrative or executive positions. Life satisfaction scores, as measured by the
LSES, ranged from 103 to 181 (SD=15.5) and scores on the Short Form-36, which measures the
influence of health status, had a mean of 43.39, which was similar to that of the normative group
(M=43.33). The highest correlation was found to exist between health and life satisfaction
(r=.45, p<.001); however, motivation for achievement (r=.33, p<.001), number of friends (r=.34,
p<.001), and exercise (r=.29, p<.01) were moderately correlated. Jacob and Guarnaccia
concluded that the findings affirmed life satisfaction as being multivariate. The findings also
supported Erikson's theory that, as adults move past the Intimacy and Generativity stages,
relationships (affiliations) may be less important. They further suggested that adjustment in old
age related to renouncing the need for material goods and social contacts, contrary to their
finding that the number of friends was related significantly to life satisfaction. Individual scores

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of the eight variables of the LSES were not reported; only a composite score was provided. The large standard deviation and range, however, suggested the diversity of the group and the uniqueness of each person. Generalizability of the study is limited because the sample was mostly Caucasian, well-educated, and without financial worries. Use of the LSES limited measures of life satisfaction to eight variables: daily activities, meanings, goals, mood, self-concept, health, finances, and social contacts. As seen in previous studies, many of those variables have been shown to have little or no effect on life satisfaction.

Gray, Ventis, and Hayslip (1992) explored the involvement of sociocognitive skills on life satisfaction for 60 community-dwelling men (n=17) and women (n=43) having a mean age of 67 years. Person perception, the ability to recognize and use contextual cues about a person, correlated significantly with life satisfaction (r=.65). The researcher believed that person perception allowed the elderly to assess others as a source of support. Life satisfaction was measured using the LSI-A, with scoring as true or false. Assessment of the elderly person’s communication skills using Rubin’s Communication Competence Self-Report Questionnaire, consisting of Likert Scales, was not significant. The instrument, however, was developed for use with a student population. The generalizability of the study is limited because selective volunteer sampling was used and the ratio of predictors to participants was small (8:1).

Qualitative Study

In the only qualitative study for life satisfaction, Thomas and Chambers (1989) compared standardized measures of life satisfaction by means of qualitative analysis for 100 elderly men (mean age=77.5 years) living in India and England. The LSI-A, SALSS, and a single happiness question were used. Instruments were administered at one of two interviews, 3 to 4 weeks apart, along with opened-ended questions in which the participant was encouraged to talk about his past successes and failures. The hermeneutical approach used for data analysis of 20 participants from each country, necessitated a review of the entire text, and then of individual components, to arrive at a conclusion. The dominant theme from the English sample (n=20) was fear of incapacitation (n=14). Three dominant themes emerged from the Indian sample (n=20): importance of family (n=17), significance of religious beliefs (n=16), and present life satisfaction.
(n=15) (defined as family closeness and doing one’s duty to one’s children). Those in the English sample were found to be satisfied with life, as measured by the LSI-A (25.9) and the SALSS (7.20). Comparatively, those in the Indian sample were also satisfied with life, as measured by the LSI-A (25.9) and SALSS (7.65). Data from the qualitative analysis and structured instruments suggested little difference in life satisfaction but definite differences in values and concerns. The researchers attributed the lack of higher satisfaction among the English sample to the stoic quality of the English or beliefs that one should not complain.

Conclusion

Many facets of autobiographical memory find their place in life-span development cognition (Fitzgerald, 1999). Erikson relied on autobiographical memories to create his theory of life-span development, with narratives of the elderly being arranged around issues of ego integrity versus despair. The method used to elicit autobiographical memories can strongly influence the outcome (Fitzgerald, 1999). The word-cue technique has been and remains the most common method to prompt autobiographical memory. Producing isolated memories from word cues is not consistent with reminiscing. Photographs, rich in visual imagery, have either been ignored or combined with other prompts, causing their effectiveness to be unclear. Reminiscence therapy, although used extensively, has not been empirically justified.

Most studies have been among institutionalized elderly persons despite the fact that most elderly persons live independently in the community. Group therapy has dominated the research; the use of individual reminiscing, however, still awaits empirical justification. The failure of researchers to agree on a precise definition of reminiscence has prevented a body of knowledge from developing. Indeed, as can be seen in Table 4, researchers have failed to build on previous research and continue to interchange the terms life review and reminiscence therapy, using either a global approach where the two terms are synonymous or interchanging different terms that are not mutually exclusive. The literature on the structure and measurement of life satisfaction dates back 100 years, but the variables influencing life satisfaction are still uncertain. Researchers have concluded that the variables studied account for only a small percentage of the diversity in life satisfaction. Diener (1984) summarized life satisfaction best when he suggested
it is not just a few influential variables, but an integrative judgment of the individual’s life. Because the elderly are the most heterogeneous group, life satisfaction studies that concern themselves with the uniqueness of each elderly person require a global assessment. Erikson supported global assessment when describing the eighth stage of integrity versus despair by concluding that a person cannot be considered separately from his or her culture and past influences.
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<th>Cited Study</th>
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<td>McMahon &amp; Rhudick (1964)</td>
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CHAPTER III

METHOD

To determine the effectiveness of simple reminiscence therapy using photographic prompts in enhancing life satisfaction, a group of noninstitutionalized elderly persons were asked to subjectively evaluate their degree of life satisfaction before receiving simple reminiscence therapy and after receiving the therapy for four weeks. The degree of life satisfaction was then compared with that of a similar group of elderlies in a current events group and a control group who did not receive any therapy. The initial measure of the dependent variable served as the baseline measure (Polit & Hungler, 1995). This approach allowed the treatment group to be under the control of the researcher. Comparison of pre-test and post-test scores within individuals, and pre-test to post-test differences between groups were analyzed. Because more than one experimental group was used; reminiscence therapy and current events therapy, the generalizability of the study findings are greatly increased (Burns & Grove, 1997). A qualitative approach was used to determine the perception of simple reminiscence prompts using photographic prompts. Participants were asked three open-ended questions via a telephone interview, transcripts were analyzed and themes identified.

Sample

The convenience sample included 78 adults (male and female) aged 65 years or older, who lived independently in the community. Subjects were recruited from government-subsidized housing communities in western Tennessee. They were randomly assigned to one of three groups using a balanced design and then each group was randomly assigned as either the reminiscence therapy, current events, or no treatment (control) group. The projected sample size was based on expert recommendation to establish statistical power with respect to a higher effect size, $r = .75$, with alpha set at .05 for a power of .70 (Glass & Hopkins, 1996, p. 410). In situations in which the metric of the dependent variable is arbitrary, the use of effect size to express the magnitude of a difference is valuable (Glass & Hopkins, 1996).
Criteria for inclusion in the study were: 1) ability to communicate in English, 2) age 65 years or older, 3) physical and mental ability to participate without causing harm, 4) telephone present in home, and 4) consent to participate. Participants who did not attend at least three of the four meetings were excluded from the study. Directors of each center were contacted and permission obtained to recruit participants (See Appendix B and C). Flyers providing information about the study were posted in prominent places within each facility before potential participants were contacted (See Appendix D).

Setting

The participants were recruited from government-subsidized housing located in an urban setting in western Tennessee. Those agencies were selected because they provided government-subsidized housing in which the person lived independently and were mentally and physically able to care for himself or herself. Each facility is licensed to maintain from 80 to 396 apartments. Participants were interviewed on a one-to-one basis in the privacy of their apartment.

Protection of Human Subjects

Protection of human subjects was addressed by having all subjects sign a consent form (See Appendix E) that has been approved by the Louisiana State University Health Sciences Center Institutional Review Board (See Appendix F). A description of the study was provided to all potential participants. Subjects were notified in writing that they could refuse to participate in the study or withdraw from the study at any time. No medical records were required for the study. The participants had no financial charge because of the study nor were they be paid for participating. Confidentiality was maintained by using codes rather than actual names on all data-collection instruments. Consent to participate forms are stored separately from the research instruments. Files are maintained in the researcher’s locked office.

Instruments

The instruments used in this study were the Self-Anchoring Life Satisfaction Scale, a demographic data form, and a telephone interview form consisting of three open-ended questions to determine perception of reminiscence therapy. A description of each instrument follows.
Demographic Instrument. Demographic variables (age, race, gender, marital status, and perceived health status) was assessed via a demographic sheet developed by the investigator (Appendix G).

Self-Anchoring Life Satisfaction Scale (SALSS). The SALSS, a self-anchoring scaling technique to measure life satisfaction subjectively, was developed by Kilpatrick and Cantril (1960) (see Appendix H). The SALSS has been used in all ages of adults, including persons aged 65 years and older (Laborde & Powers, 1985; Palmore & Kivette, 1977; Thomas & Chambers, 1989; Downe-Wamboldt, 1991) and is readily understood across an extensive variety of cultures (Kilpatrick & Cantril, 1960). The SALSS is shaped like a ladder, symbolic of the “ladder of life”. One is asked where he or she stands today with the top rung indicating complete satisfaction and the bottom rung indicating complete dissatisfaction as defined by the participant. Rungs 1 through 3 are considered low, rungs 4 through 6 are middle, and rungs 7 through 10 are considered high degrees of life satisfaction. The SALSS allows a person to evaluate his or her own unique reality world formulated from their own assumptions, perceptions, goals, and values on the two extremes of the ladder (Cantril, 1965). The person can respond without having boundaries imposed by fixed categories, options, symbols or circumstances, as is common in most quantitative questionnaires. The SALSS can provide significant comparisons between different persons, groups, or societies. All ratings are then anchored within the person’s own reality world, influenced by the society, and culture in which he or she experienced life.

Cantril’s study of more than 3,000 people in 13 countries provided evidence that the instrument was valid in many cultures. To address validity, Cantril reported that before this study, subjects were interviewed around the world to secure quantitative comparisons of concepts that constitute a satisfying life. An interrater reliability of 0.95 was reported for the coding and categorization of those data. According to Kirkpatrick and Cantril (1960), the scale is psychologically directly comparable enabling responses made by one person or group to be meaningful when compared to responses from other persons or groups.

Frank-Stromborg and Olsen (1997) reported Cantril’s SALSS to have been used effectively to assess a person’s general sense of well-being in a variety of research studies that
explored life satisfaction. Responses are coded into meaningful categories to provide comparisons between different groups. The end-points of the ladders were described as being personal and self-defined with the meaning remaining reasonably constant over time, thus minimizing error variance. Face validity was seen as being confirmed by the obvious relationship between the structure of the instrument and life satisfaction. McKeehan, Cowling, and Wykle (1986) described the value of the instrument as its ability to persuade researchers to view the world from the subject’s point of view, rather than imposing their own views on the subject. They supported Cantril’s belief that subjects’ reality could not be assessed by forcing them to make choices between alternatives, categories, or situations found in many instruments.

Andrew and Withey (1976) considered the social indicators of well-being in 5,000 persons ages 15 to 65 years. Universal measures of life satisfaction were compared: the Delighted-Terrible Scale, the Faces, and the Circles Scale produced validity coefficients of 0.8; the SALSS had validity of 0.7; and the Social Comparison Technique and Rating by Others showed validities of only 0.4. Campbell (1976) also sought to determine which variables contributed to life satisfaction. In a survey of the national population of adults aged 18 years and older living in private households in the continental United States, Campbell compared a newly developed instrument, the Satisfaction in Life Domains, which measured 10 domains associated with life satisfaction to the SALSS. The instrument was found to correlate at .70 with the SALSS. In a longitudinal study of 378 community residents (aged 46 to 70 years), during a four-year period, Palmore and Kivett (1977) reported a test-retest reliability coefficient of 0.65 after administering Cantril’s SALSS. These findings were similar to those usually reported for social-psychological variables (Heise, 1969). Laborde and Powers (1980) interviewed 20 persons receiving hemodialysis and 20 diagnosed with osteoarthritis to determine their degree of past, present, and future life satisfaction using the SALSS. The stability of the instrument was supported because the anchoring points are self-defined and link the scale margins and the experience of life satisfaction. Those researchers selected the instrument based on Cantril’s framework that asserts every person learns what to desire and value; therefore, behavior is directed toward achieving satisfaction.
**Telephone Interview Instrument.** Perception of reminiscence therapy was assessed via a telephone interview form using three open-ended questions developed by the investigator (Appendix I).

**Procedure**

Permission to recruit participants was obtained by the investigator from the director of each designated community agency before beginning the study. The director and investigator reviewed a computer-generated list of all clients residing in the facility who are aged 65 years or older before contacting potential participants. The researcher provided instructions to data collector(s) regarding IRB guidelines, procedures, and instrument administration for the current events and control groups. The investigator maintained control of the reminiscence therapy group. On meeting the criteria for inclusion in the study, potential participants were contacted by the researcher via telephone and given a brief explanation of the study. After verbal consent was obtained, each potential participant was randomly assigned to one of three groups. To assure a minimum of 20 participants in each group, 26 participants were assigned to each group to allow for attrition, then each group was randomly assigned as either the reminiscence therapy, current events, or control group.

After placement in an assigned group, a visit in the participant’s home was made at a time convenient for the participant and informed consent was obtained and questions related to the study were answered. Data was then collected one-to-one in the participant’s home with the investigator asking questions related to demographic information and introducing the SALSS to participants in the reminiscence group. Another data collector conducted a telephone interview with participants; at least three days after the last session, and no longer than one week, that determined perceptions of simple reminiscence therapy. Data collectors and the researcher asked questions related to demographic information to both the current events group and the control group with the SALSS introduction being read by the data collectors or the researcher. Participants in the current events and control group did not participate in the telephone interview following the intervention. Participants in all three groups completed the demographic questionnaire at the beginning of the study. All participants completed the SALSS at the...
beginning and again at the end of the four-week intervention.

**Description of Groups**

This study consisted of two treatment groups: Experimental Group I and Experimental Group II. A third group, the control group, did not receive any intervention.

**Experimental Group I**

Participants in this group received simple reminiscence therapy (SRT) one-to-one, consisting of one 30- to 40-minute session each for four consecutive weeks. Participants shared personal photographs and dialogued with the investigator concerning their past. Discussion was spontaneous with no prompts used other than their photographs. The investigator encouraged the participant by asking, “Tell me about this photograph.” At least three days following the last session, and no later than one week, participants were asked three open-ended questions via a telephone interview which determined their perception of simple reminiscence therapy using photographic prompts.

**Experimental Group II**

Participants in this group received current event therapy (CET) on a one-to-one basis, consisting of one 30- to 40-minute session each for four consecutive weeks. Data collectors selected an article from the local newspaper each week that was discussed with the participants. All participants had the same article discussed and the article changed each week.

**Control Group**

Participants in this group did not receive any treatment for four weeks. They only received pre-testing and post-testing in a one-to-one setting.

**Intervention**

**Simple Reminiscence Therapy.** The researcher contacted the participant by phone 24 hours before the scheduled visit or the next visit was scheduled prior to leaving. At this time, the researcher asked the participant to select five to eight personal photographs to share with the researcher during the next visit. This intervention consisted of the researcher viewing the chosen photographs and listening to the participant spontaneously tell his or her life story by reflecting on the memories elicited by the photographs. This number of photographs was chosen as
effective based on a study by Gerace (1989) in which photographs were used to explore life cycle changes. During the first and last sessions, participants were asked to place a mark or point to a location on the SALSS indicating their degree of life satisfaction after the researcher read the script for the SALSS to each participant. The following script was used as was developed by the instrument’s developer (Cantril, 1965, p. 265).

Some people seem to be quite happy and satisfied with their lives, while others seem quite unhappy and dissatisfied. Look at the ladder. Suppose a person who is entirely satisfied with his life would be at the top of the ladder, and a person who is extremely dissatisfied with his life would be at the bottom of the ladder. Where would you put yourself on the ladder at the present stage of your life in terms of how satisfied or dissatisfied you are with your own personal life?

Each session lasted about 30 to 40 minutes, as this is the time most elderly will continue reminiscing (Kovach, 1991b). Weekly visits were scheduled as suggested in the guidelines for visiting by AARP (1994) for four consecutive weeks. Simple reminiscence therapy focused on positive memories and no participants became saddened. However, in the event that a participant had become saddened during the visit, the researcher would have allowed the person to ventilate, remembering tears are therapeutic. In the event that the participant continued to be sad; before ending the visit, the researcher would have contacted an adult psychiatric clinical nurse specialist who would have visited the person and intervened as appropriate.

At least three days, but no longer than one week after the last session, the data collector attempted to call each participant in the reminiscence group to be interviewed via phone conference. If the participant agreed the interviews were tape-recorded. If they did not agree to tape-recording or difficulty with the recording equipment occurred, the data collector who made the call transcribed the response. The interview consisted of three questions: 1) Overall, how do you feel about what we have done during the last four weeks? 2) Was there anything in particular you liked, or disliked about the reminiscence experience? 3) Are there any reasons why you would/would not recommend using pictures to help someone recall past events? The principle investigator analyzed the transcripts from the interviews and identified common
themes.

Current Events. A data collector or the researcher contacted the participant by phone 24 hours before the scheduled visit or the next visit was scheduled prior to leaving. This intervention consisted of sharing a story of a current happening chosen by the data collector that was published in the local newspaper. All participants had the same story read to and discussed with them. Each week the data collector selected a different story. The participant was encouraged to describe his or her view of the story but not reminiscence. Each session lasted about 30 to 40 minutes and was scheduled weekly for four weeks to replicate the reminiscence therapy structure.

Control Group. This intervention consisted only of administering the pre- and post-data assessment instruments by data collectors or the researcher during a timeframe that coincided with the experimental groups.

Data Analysis

Descriptive statistics were be used to describe the sample of older adults in terms of age, race, gender, marital status, and perceived health status. Demographics are described by percentages.

Research Question. How do noninstitutionalized elderly persons who undergo simple reminiscence therapy using photographic prompts perceive simple reminiscence therapy? Transcripts from three open-ended questions were analyzed and themes identified.

Research Hypothesis 1. Within subjects, life satisfaction will be shown to have increased after four weeks of simple reminiscence therapy as measured by the SALSS. Paired t-test were used to analyze within subject differences from pre-intervention to post-intervention in the dependent variable, life satisfaction.

Research Hypothesis 2. Subjects who undergo simple reminiscence therapy involving photographic prompts weekly for four weeks will have higher life satisfaction scores, as measured by the SALSS, than subjects who participate in the current events treatment or no treatment group. Data was analyzed statistically using with a One-way Analysis of Variance (ANOVA) for gain scores to determine between group differences in the dependent variable, life satisfaction.
satisfaction. Although significance was not found, post hoc analysis was run to determine where
the differences lie.

Rigor of Qualitative Research

Lincoln and Guba (1985) proposed terms such as credibility, transferability, dependability,
and confirmability be used in qualitative research to replace reliability and validity in
quantitative research. Credibility (internal validity) was enhanced by using triangulation, the use
of multiple research methods, to increase comprehensiveness and confirm the findings. Findings
from the qualitative telephone interview were compared with the findings from the quantitative
analysis. The transcriptions of telephone interview along with the researcher’s notes and
conceptual coding will also be used to support the findings. This is especially important when
multi-faceted phenomena such as reminiscence and life satisfaction are studied because the use
of only one method provides only a fractional representation of the perception of the participants.
Triangulation is aimed at promoting accuracy of evaluation of specific data. To achieve
transferability (external validity) the researcher provided a description of the time and context in
which they were found to be applicable. The rich descriptions presented provide a means for
future researchers to determine the feasibility of transferring the findings to another context.
Dependability (reliability) and confirmability (objectivity) are determined by the “audit trail”
which involved retaining records of how the data was collected and reduced for analysis. All
raw data is stored and available for review (Burns & Grove, 1997). The researcher’s notes used
to support the findings, including transcriptions of telephone interview and coding sheets will be
retained. Dependability was also established by having an expert in qualitative research consider
the process of the inquiry and evaluate its acceptability.
CHAPTER IV
RESULTS OF DATA ANALYSIS

This chapter presents the analysis and interpretation of the data obtained in this study. Three fundamental elements of the applied experimental design included random sampling; researcher-controlled manipulation of the independent variable, simple reminiscence therapy; and use of a comparison group, current events therapy group, and a control group. A pretest-posttest design was used, with all participants being randomly assigned to one of the three groups. Each group was then randomly assigned as the reminiscence, current events, or control group. (Burns & Grove, 1997).

The intent of this study was to determine the effectiveness and perceived effectiveness of simple reminiscence therapy using photographic prompts on life satisfaction of noninstitutionalized elderly persons. To meet this goal, 78 elderly persons living independently began the study in one of the three groups: simple reminiscence therapy, current events, or control. Completing the study were 73 persons, 25 of whom evaluated their degree of life satisfaction by completing the SALSS before and after participating in simple reminiscence therapy using photographic prompts for four consecutive weeks. A telephone interview after the intervention, conducted by one collector within three days but not longer than one week after the intervention, determined the perceived effectiveness of simple reminiscence therapy using photographic prompts for 20 of the participants. A second group, 25 elderly persons, served as the comparison group who evaluated their degree of life satisfaction before and after participating in current events therapy for four consecutive weeks. The third group of 23 elderly persons, the control group, evaluated their degree of life satisfaction by completing the SALSS at the beginning and end of four consecutive weeks, but received no treatment. Demographic data were also collected on all three groups during the first visit.

For the simple reminiscence therapy, the researcher contacted the participant by phone 24
hours before the scheduled visit, or the next visit was scheduled before the researcher left. Five to eight photographs were shared one-to-one with the researcher enabling the participant to tell his or her memories associated with the photograph. Each session lasted about 30 to 45 minutes for four consecutive weeks. Although no participants showed overt sadness during the visits, an adult psychiatric clinical nurse specialist was available to intervene if needed. Those participating in the current events groups also met one-to-one for 30 to 45 minutes for four consecutive weeks to share a story of a current happening, selected by the data collector, from the local newspaper. Each participant was read the same story, with a different story chosen each week. The control group “therapy” consisted only of administering the pre- and post-data assessment instruments during a timeframe that coincided with the experimental groups.

The first section in this chapter includes a summary of the procedures and a description of the sample as a whole, accompanied by a description of each of the three comparative groups: simple reminiscence therapy, current events, and no-treatment (control) group. The second section presents the research questions and the statistics used to test the hypotheses. The results and interpretation of the quantitative data are presented as related to the two hypotheses: “Within subjects, life satisfaction will be shown to have increased after four weeks of simple reminiscence therapy (as measured by the SALSS),” and “Subjects who undergo simple reminiscence therapy using photographic prompts weekly for four weeks will have higher life satisfaction scores as measured by the SALSS, than subjects who participate in the current events treatment or control group, who will receive no treatment.” The third section contains the interpretation of the qualitative data related to the research question, “How do noninstitutionalized elderly persons who undergo simple reminiscence therapy using photographic prompts perceive simple reminiscence therapy”?

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Summary of Procedures

The researcher obtained permission from the directors of two government-subsidized housing agencies in western Tennessee to recruit participants. A flyer providing information concerning the study was posted in prominent places to recruit participants. A computer-generated list of all clients residing in both facilities was reviewed by the researcher to identify those who were aged 65 years and older, had a telephone, and did not reside on a unit designated as assisted living. After initial eligibility was determined, the researcher contacted potential participants to explain the study and obtain verbal consent to participate. The sample size of 78 was more than adequate, based on expert recommendation to establish statistical power, \( r = 0.75 \), with alpha set at .05 for a power of .70. Participants were randomly assigned to one of three groups using a balanced design, and then each group in turn was randomly assigned as either the reminiscence therapy, current events therapy, or control group. The researcher maintained control of the reminiscence therapy group and provided instructions to data collectors concerning IRB guidelines, procedures, and instrument administration for the current events and control groups. All participants signed a consent form approved by the Louisiana State University Health Sciences Center Institutional Review Board and were provided with a description of the study. Subjects were informed of their right to refuse to participate or withdraw from the study at any time. Codes rather than actual names were used on both the demographic data instrument and the SALSS, with files locked in the researcher's office.

Demographic variables (age, race, gender, marital status, and perceived health status) were assessed via a demographic instrument developed by the researcher. The SALSS, was used to subjectively measure life satisfaction. Perception of the reminiscence experience was assessed via a telephone interview lasting about five minutes that used three open-ended questions:

"Overall, how do you feel about what you and the nurse did during the past four weeks?"  "Was there anything in particular you liked or disliked about the reminiscence experience?"  "Are there
any reasons you would or would not recommend using pictures to help someone recall the past?"

Demographic Data

The 78 participants initially recruited for this study were elderly persons independently living in government subsidized housing in western Tennessee. To achieve a balanced design, 26 participants were recruited for each of the three groups. Five participants did not complete the study for various reasons. One participant in the reminiscence group was hospitalized for an extensive time with repeated short-stays, preventing the four consecutive visits for the reminiscence intervention. One participant in the current events group decided not to participate. Three participants in the current events group did not complete the study because one participant moved out of the county, one decided not to participate, and one was hospitalized for an extended period disallowing the final visits. Descriptive statistics were be used to specify the sample of older adults in terms of age, race, gender, marital status, and perceived health status. Demographics were described by percentages. The demographic data for the entire sample are displayed in Table 4, with the demographic variables of each of the three groups presented in Tables 5 through 7.
Table 4

Demographics of Entire Sample Participating in Simple Reminiscence, Current Events, and No Treatment Groups

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65-69</td>
<td>11</td>
<td>15.0</td>
</tr>
<tr>
<td>70-74</td>
<td>20</td>
<td>27.0</td>
</tr>
<tr>
<td>75-79</td>
<td>8</td>
<td>11.0</td>
</tr>
<tr>
<td>80-84</td>
<td>14</td>
<td>19.0</td>
</tr>
<tr>
<td>85-89</td>
<td>12</td>
<td>16.0</td>
</tr>
<tr>
<td>90-94</td>
<td>5</td>
<td>7.0</td>
</tr>
<tr>
<td>95-99</td>
<td>2</td>
<td>3.0</td>
</tr>
<tr>
<td>100-104</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>47</td>
<td>64.0</td>
</tr>
<tr>
<td>African-American</td>
<td>26</td>
<td>36.0</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>51</td>
<td>70.0</td>
</tr>
<tr>
<td>Male</td>
<td>22</td>
<td>30.0</td>
</tr>
<tr>
<td>Martial Status</td>
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<td></td>
</tr>
<tr>
<td>Single</td>
<td>6</td>
<td>8.0</td>
</tr>
<tr>
<td>Married</td>
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<td>1.0</td>
</tr>
<tr>
<td>Separated</td>
<td>5</td>
<td>7.0</td>
</tr>
<tr>
<td>Divorced</td>
<td>18</td>
<td>25.0</td>
</tr>
<tr>
<td>Widowed</td>
<td>43</td>
<td>59.0</td>
</tr>
<tr>
<td>Perceived Health Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low (Rungs 1-3)</td>
<td>10</td>
<td>14.0</td>
</tr>
<tr>
<td>Middle (Rungs 4-6)</td>
<td>20</td>
<td>27.0</td>
</tr>
<tr>
<td>High (Rungs 7-10)</td>
<td>43</td>
<td>59.0</td>
</tr>
</tbody>
</table>

The age of the sample ranged from 65 years to 103 years, a spread of 38 years. The mean age of the sample was 78.64 years (SD= 8.73), with the mode age being 74 years (n=7). The control group was slightly older (M=80.65 years) followed by the simple reminiscence group (M=78.2 years) and the current events group (M=77.08 years). The majority of persons in the sample were white (64%), female (70%), widowed (59%), and perceived their health status as high (59%). The perceived health status ranged from 1 to 10 points, a span of 9 points. The most frequently occurring score was 8 (n=7) and, interestingly, the average of each of the three
groups rounded up to 7, placing them in the high life-satisfaction range.

Twenty-five elderly individuals participated in simple reminiscence therapy. The demographic findings, with frequency of occurrence for this group, are presented in Table 5.

Table 5

Demographics of the Individuals Participating in Simple Reminiscence Therapy

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65-69</td>
<td>4</td>
<td>16.0</td>
</tr>
<tr>
<td>70-74</td>
<td>5</td>
<td>20.0</td>
</tr>
<tr>
<td>75-79</td>
<td>4</td>
<td>16.0</td>
</tr>
<tr>
<td>80-84</td>
<td>5</td>
<td>20.0</td>
</tr>
<tr>
<td>85-89</td>
<td>5</td>
<td>20.0</td>
</tr>
<tr>
<td>90-94</td>
<td>2</td>
<td>8.0</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>20</td>
<td>80.0</td>
</tr>
<tr>
<td>African-American</td>
<td>5</td>
<td>20.0</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>23</td>
<td>92.0</td>
</tr>
<tr>
<td>Male</td>
<td>2</td>
<td>8.0</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>2</td>
<td>8.0</td>
</tr>
<tr>
<td>Married</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Separated</td>
<td>2</td>
<td>8.0</td>
</tr>
<tr>
<td>Divorced</td>
<td>3</td>
<td>12.0</td>
</tr>
<tr>
<td>Widowed</td>
<td>18</td>
<td>72.0</td>
</tr>
<tr>
<td>Perceived Health Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low (Rungs 1-3)</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>Middle (Rungs 4-6)</td>
<td>9</td>
<td>36.0</td>
</tr>
<tr>
<td>High (Rungs 7-10)</td>
<td>15</td>
<td>60.0</td>
</tr>
</tbody>
</table>

The age of the participants in the simple reminiscence group ranged from 66 to 91 years, a spread of 25 years. The mean age of the sample was 78.2 years (SD=7.78), with the mode being 82 years (n=3). The majority of the participants were white (80%), female (92%), widowed (72%), and perceived their health status as high (60%). The perceived health status ranged from 3 to 10 points, a span of 6 points. The most frequently occurring scores were 7 (n=5) and 9 (n=5). More individual scores fell in the high life-satisfaction range (n=14) than in the middle
range (n=9) or low range (n=2).

Twenty-five elderly individuals participated in current events therapy. The demographic findings, with frequency of occurrence for this group, are presented in Table 6.

Table 6

Demographics of Individuals Participating in Current Events Therapy

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65-69</td>
<td>5</td>
<td>20.0</td>
</tr>
<tr>
<td>70-74</td>
<td>8</td>
<td>32.0</td>
</tr>
<tr>
<td>75-79</td>
<td>3</td>
<td>12.0</td>
</tr>
<tr>
<td>80-84</td>
<td>4</td>
<td>16.0</td>
</tr>
<tr>
<td>85-89</td>
<td>3</td>
<td>12.0</td>
</tr>
<tr>
<td>90-94</td>
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<td>4.0</td>
</tr>
<tr>
<td>95-99</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>11</td>
<td>44.0</td>
</tr>
<tr>
<td>African-American</td>
<td>14</td>
<td>56.0</td>
</tr>
<tr>
<td>Gender</td>
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<td></td>
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<tr>
<td>Female</td>
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<tr>
<td>Male</td>
<td>12</td>
<td>48.0</td>
</tr>
<tr>
<td>Marital Status</td>
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<td></td>
</tr>
<tr>
<td>Single</td>
<td>2</td>
<td>8.0</td>
</tr>
<tr>
<td>Married</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Separated</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>Divorced</td>
<td>8</td>
<td>32.0</td>
</tr>
<tr>
<td>Widowed</td>
<td>14</td>
<td>56.0</td>
</tr>
<tr>
<td>Perceived Health Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low (Rungs 1-3)</td>
<td>5</td>
<td>20.0</td>
</tr>
<tr>
<td>Middle (Rungs 4-6)</td>
<td>4</td>
<td>16.0</td>
</tr>
<tr>
<td>High (Rungs 7-10)</td>
<td>16</td>
<td>64.0</td>
</tr>
</tbody>
</table>

The age of the participants in the current events group ranged from 65 to 95 years, a spread of 30 years. The mean age of the sample was 77.08 years (SD=8.06) with the mode being 74 years (n=5). The majority of the participants were African-American (56%), female (52%), widowed (56%), and perceived their health status as high (64%). The perceived health status ranged from 1 to 10 points, a span of 9 points. The most frequently occurring score was 7 (n=5).
More individuals’ scores in the high life-satisfaction range (n=14) than in the middle range (n=7) or low range (n=4).

Twenty-three elderly individuals who participated in the control group received no therapy. The demographic findings, with frequency of occurrence for this group are presented in Table 7.

Table 7
Demographics of Individuals Participating in the Control Group

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65-69</td>
<td>2</td>
<td>9.0</td>
</tr>
<tr>
<td>70-74</td>
<td>8</td>
<td>35.0</td>
</tr>
<tr>
<td>75-79</td>
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<td>0.0</td>
</tr>
<tr>
<td>80-84</td>
<td>5</td>
<td>22.0</td>
</tr>
<tr>
<td>85-89</td>
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<td>17.0</td>
</tr>
<tr>
<td>90-94</td>
<td>2</td>
<td>9.0</td>
</tr>
<tr>
<td>95-99</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>100-104</td>
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<td>4.0</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>16</td>
<td>70.0</td>
</tr>
<tr>
<td>African-American</td>
<td>7</td>
<td>30.0</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>15</td>
<td>65.0</td>
</tr>
<tr>
<td>Male</td>
<td>8</td>
<td>35.0</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>2</td>
<td>0.9</td>
</tr>
<tr>
<td>Married</td>
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<td>0.4</td>
</tr>
<tr>
<td>Separated</td>
<td>2</td>
<td>0.9</td>
</tr>
<tr>
<td>Divorced</td>
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<td>30.0</td>
</tr>
<tr>
<td>Widowed</td>
<td>11</td>
<td>48.0</td>
</tr>
<tr>
<td>Perceived Health Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low (Rungs 1-3)</td>
<td>4</td>
<td>17.0</td>
</tr>
<tr>
<td>Middle (Rungs 4-6)</td>
<td>4</td>
<td>17.0</td>
</tr>
<tr>
<td>High (Rungs 7-10)</td>
<td>15</td>
<td>65.0</td>
</tr>
</tbody>
</table>

The age of the participants in the control group ranged from 68 to 103 years, a spread of 35 years. The mean age of the sample was 80.65 years (SD=10.26), with the mode being 70 years (n=4). The majority of the participants were white (70%), female (65%), and perceived their health status as high (65%). A near majority were widowed (48%). The perceived health status
ranged from 2 to 10 points, a span of 8 points. The most frequently occurring score was 8 (n=7). More individual scores fell in the high life-satisfaction range (n=15), with an equal number scoring in both the middle range (n=4) and the low range (n=4).

Tests of Hypotheses

Hypothesis 1. Within subjects, life satisfaction will be shown to have increased after four weeks of simple reminiscence therapy, as measured by the SALSS.

The dependent variable, life satisfaction, was measured before beginning the intervention during the first visit and after completing the fourth consecutive week of simple reminiscence therapy. The scores on the SALSS ranged from 1 to 10, with 1 to 3 being low levels of life satisfaction, 4 to 6 indicating medium levels, and 7 to 10 showing high levels of life satisfaction.

For the participants in the simple reminiscence group, the paired t-test was used to compare the differences between the pretest and posttest scores of life satisfaction. In view of the fact that the groups being compared were similar or equivalent, such as in this pretest and posttest design, the scores were likely to be similar. Thus, a correlated or paired t-test was used, which made it more likely for any significant difference to be found (Munro, 2001) (see Table 8).
Table 8
Differences in Life Satisfaction Score for Individuals Before and After Participating in Simple Reminiscence Therapy

<table>
<thead>
<tr>
<th>Paired Samples Statistics</th>
<th>M</th>
<th>N</th>
<th>SD</th>
<th>Std. Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life satisfaction prior to simple reminiscence therapy</td>
<td>7.000</td>
<td>25</td>
<td>2.1602</td>
<td>.4320</td>
</tr>
<tr>
<td>Life satisfaction after simple reminiscence therapy</td>
<td>8.400</td>
<td>25</td>
<td>2.0616</td>
<td>.4123</td>
</tr>
</tbody>
</table>

Paired Samples Correlations

<table>
<thead>
<tr>
<th>Life satisfaction prior to participating in simple reminiscence therapy and life satisfaction after participation.</th>
<th>N</th>
<th>Correlation</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>25</td>
<td>.384</td>
<td>.058*</td>
</tr>
</tbody>
</table>

Paired samples test

<table>
<thead>
<tr>
<th>Paired differences</th>
<th>Mean</th>
<th>SD</th>
<th>Std. Error Mean</th>
<th>95% Confidence Interval</th>
<th>t</th>
<th>df</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest &amp; Posttest</td>
<td>-1.4000</td>
<td>2.3452</td>
<td>.4690</td>
<td>-2.3681</td>
<td>-.4319</td>
<td>-2.985</td>
<td>24</td>
</tr>
</tbody>
</table>

*p<.05

There was a significant difference (p=.006) between the scores of life satisfaction in the individuals before participation in simple reminiscence therapy (M=7.000) and after participation (M=8.400). The correlation between the two measures was .384 (p=.058).

Hypothesis 2. Subjects who undergo simple reminiscence therapy using photographic prompts weekly for four weeks will have higher life satisfaction scores, as measured by the SALSS, than subjects who participate in the current events treatment group or control group who will received no treatment.

The dependent variable, life satisfaction, was measured before beginning the intervention during the first visit and at the final visit after participates completed four consecutive weeks of
either simple reminiscence, current events, or no therapy. The scores on the SALSS ranged from 0 to 10, with 1 to 3 being low levels of life satisfaction, 4 to 6 indicating medium levels, and 7 to 10 showing high levels of life satisfaction. Differences among the three groups were determined by a gain score one-way analysis of variance (ANOVA) which greatly reduced the risk of a type I error than that found with multiple t-tests. One assumption of the gain score ANOVA is that all variances must be equal. A test of homogeneity of variances, the Levene statistic, found the variances to be equal (p=.494). As seen in Table 9, no significant differences were found among the three groups. However; a post hoc test, LSD, showed the reminiscence and control groups approaching a significance difference, with an alpha of .128.

Table 9
**Differences in Life Satisfaction Scores in the Reminiscence, Current Events, and Control Groups**

<table>
<thead>
<tr>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between groups</td>
<td>21.133</td>
<td>2</td>
<td>10.566</td>
<td>1.217</td>
</tr>
<tr>
<td>Within groups</td>
<td>607.826</td>
<td>70</td>
<td>8.683</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>628.959</td>
<td>72</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Qualitative Data Analysis

Transcripts from 22 telephone interviews were obtained from individuals participating in the simple reminiscence therapy group. The interviews were conducted at least three days, but no more than one week, after the last visit. All interviews were conducted by the same data collector to ensure reliability. Each participant was asked for permission to tape the interview, and each granted permission. Faulty equipment made some tape-recorded transcripts inaudible; however, the data collector had also transcribed each interview by hand. During each telephone interview which lasted about five minutes, each participant was asked the following three
questions: “Overall, how do you feel about what you and the nurse did during the past four weeks?” “Was there anything in particular you liked or disliked about the reminiscence experience?” “Are there any reasons you would or would not recommend using pictures to help someone recall past events?” A descriptive exploratory analysis was used to analyze the participants’ comments and 11 common themes were identified. The unit of analysis was the word or phrase elicited from the participants. Lists of meanings were noted in the left-hand column of the typed transcripts, and the meanings were read and reread to determine emerging themes with similar meanings. Each of the three questions underwent the same process of analysis, with the researcher analyzing the transcripts. Coding of the transcripts was mutually exhaustive.

Question 1

For the first question, “Overall, how do you feel about what you and the nurse did during the past four weeks?”, the following four common themes were revealed: “pleasurable experience,” “socialization/value as person,” “therapeutic/beneficial,” and “nurse, patient relationship.” The most commonly occurring theme was “pleasurable experience”. The four themes with the frequencies are displayed in Table 10.

Table 10

Four Themes That Emerged From the First Interview Question Related to Overall Perception of Reminiscence Experience

<table>
<thead>
<tr>
<th>Interview Question</th>
<th>Common Themes</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall, how do you feel about what you and the nurse did during the past four weeks?</td>
<td>Pleasurable experience</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Therapeutic/beneficial</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Socialization/value as person</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Nurse, patient relationship</td>
<td>4</td>
</tr>
</tbody>
</table>

Pleasurable experience. The most commonly recurring theme, “pleasurable experience,”
was defined as a positive occurrence from which one gained a feeling of satisfaction or gratification after having experienced reminiscing prompted by personal photographs. Examples of conceptual meanings for this theme included, “It was pleasurable,” “It was nice,” “It was very good,” and “It was enjoyable.” The participants often used single descriptors when answering this question. The most commonly occurring descriptor was “enjoyed” (n=6). No negative descriptors were voiced.

Examples of participants’ comments included the following: I enjoyed it very much; It is wonderful, keep it up; It was wonderful, I enjoyed it very much; Real nice.

Therapeutic/beneficial. The second most commonly occurring theme, “therapeutic/beneficial,” was defined as a feeling that the reminiscence experience was advantageous, helpful, or constructive in some way. Examples of conceptual meanings for this theme included, “Did good,” Enlightened vision,” and “Helped.”

Examples of participants’ comments included the following: Makes me feel good; It enlightened my vision of things; The visits were a complement to everything; I felt kind of out of sorts...but I felt secure when she [the researcher] would come in; It really helps you.

Socialization/value as person. The third theme, “socialization/value as person,” was defined as having a visit made distinct by conversation and companionship as a result of sharing photographs. “Value as person” was defined as an interest in the person and the realization that what they had to say was important. Examples of conceptual meanings for this theme included, “Glad to see her [researcher],” “Nice conversation,” and “Taking an interest.”

Examples of participants’ comments included the following: I appreciate her coming by; I enjoyed talking to her [researcher]; I am approaching 90 years old and she [researcher] is so great to have come.

Nurse, patient relationship. The fourth theme, “nurse, patient relationship,” was defined as the rapport established, acceptance of the nurse, and the perception of the nurse as expert.
Examples of conceptual meanings for this theme included, “Acceptance,” “Expert,” and “Rapport.”

Examples of participants’ comments included the following: I think she [the researcher] knows what she is doing; She knows why she is here seeing me; I accept her as she is; She has a lovely personality.

Question 2

This question, “Was there anything in particular you liked or disliked about the reminiscence experience?” revealed five common themes: “socialization/interest in person,” “reflecting on the past,” “sharing linguistically family memories,” “losses/regrets,” and “positive/nonspecific.” The most frequently recurring theme was “positive/nonspecific.” The five themes with their frequencies are displayed in Table 11.

Table 11

Five Themes That Emerged from the Second Interview Question Related to Likes and Dislikes of the Reminiscence Experience

<table>
<thead>
<tr>
<th>Interview Question</th>
<th>Common Themes</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Was there anything in particular you liked or disliked about the reminiscence experience?”</td>
<td>Positive/nonspecific</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Reflecting on the past</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Socialization/interest in</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>person</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sharing linguistically</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>family memories</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Losses/regrets</td>
<td>4</td>
</tr>
</tbody>
</table>

Positive/nonspecific. The predominant theme, “positive/nonspecific,” was defined as the universal belief that the reminiscence experience had been worthwhile in a nonspecific way; indeed, several participants simply responded that there was not anything they didn’t like (n=8), and four stated they liked the experience. Examples of conceptual meanings for this theme included, “No dislikes” and “Liked.”

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Examples of participants’ comments included the following: *No, nothing I didn’t like; I liked it.*

**Reflecting on the past.** The second most commonly recurring theme, “reflecting on the past,” was defined as the enjoyment of recalling the past and happy times but also the firm denial that one does not dwell in the past. Examples of conceptual meanings for this theme included “Love to reminisce,” “Happy memories,” and “Don’t dwell.”

Examples of participants’ comments included the following: *I was 18, I had on an evening dress, I was going to the prom that night. My daddy took that picture. It was a pretty picture. That was happy memories; I do love to reminisce; I don’t live in the past.*

**Socialization/interest in the person.** The last three themes occurred with the same frequency. “Socialization/interest in the person” was defined as the desire to continue the reminiscence visits with expressed enjoyment of talking with another person, the evidence of a genuine interest in what the participant had to say. Examples of conceptual meanings for this theme included, “Enjoy talking,” “Continuation,” and “Interest.”

Examples of participants’ comments included the following: *I especially enjoyed talking about my grandchildren; Someone was interested in you, you know; I enjoyed the talks.*

**Linguistically sharing family memories.** The theme, “linguistically sharing family memories,” was defined as the act of viewing family photographs and allowing the participant to spontaneously describe the memories prompted by the memories. Examples of conceptual meanings for this theme included, “Talked about parents,” “Talked about pictures on the wall,” and “Love to reminiscence.”

Examples of participants’ comments included the following: *I love talking about family pictures; I do love to reminiscence and talk about the past.*

**Losses/ regrets.** This final theme, “Losses/regrets,” was defined as memories of past events that brought sorrow or reminded the participant of misgivings experienced or of what they
could not retrieve, such as beauty or youth. Examples of conceptual meanings for this theme included, “Loss of family member,” “Loss of youth,” and “Disquiet about not having had children.”

Examples of participants’ comments included the following: *I liked it* [remembering the past using photographic prompts][but] *the only thing I disliked was when I lost my boy back in 1951. I don't sit and dwell on it all time, I can't do it. I know he is gone to rest; If they [photographs of family members’ children] had been my own I probably would have been thrilled; I was young and pretty, now I am old and decrepit looking.*

**Question 3**

Responses to the question, “Are there any reasons you would or would not recommend using pictures to help someone recall the past?”, exposed two common themes: “recommend without reservations” and “recommend with reservation depending on the situation”. The most frequently recurring theme was “recommend without reservations.” The two themes with their frequencies are displayed in Table 12.

**Table 12**

<table>
<thead>
<tr>
<th>Interview Question</th>
<th>Common Themes</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Are there any reasons you would or would not recommend using pictures to help someone recall past events?”</td>
<td>Recommend without reservations</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Recommend with reservations depending on the situation</td>
<td>6</td>
</tr>
</tbody>
</table>

*Recommend without reservation.* The preponderant theme, “Recommend without reservation,” was defined as the belief that photographs, especially personal photographs, were an effective catalyst for recalling the past, and participants would willingly suggest their use to
others. The example of conceptual meaning for this theme included, “I would recommend pictures.”

Examples of participants’ comments included the following: I would recommend using pictures, it was fine; I think it would help other people.

Recommend with reservation depending on the situation. The second theme, “recommend with reservation, depending on situation,” was defined as the belief that, although the photographs had been effective in helping the participant recall the past, he or she could not speak for others. The example of conceptual meaning for this theme included, “Situational recommendation.”

Examples of participants’ comments included the following: Would it help others? I don’t know why it wouldn’t. Maybe they don’t have as much joy and love, but it helps me to reminiscence; Depends on the person.

The qualitative data indicate that the participants of simple reminiscence therapy perceive reminiscence therapy involving the use of photographs as helping to recall the past. Several participants encouraged the interviewer to continue the reminiscence sessions. It was noted by both the researcher and the data collector who performed the telephone interviews, that, indeed, three of the participants had begun to share photographs with family members after participating in the reminiscence sessions. Participants stated, “One of my grandsons came out here, he and his wife, the other evening, we sat and looked at ‘old timey’ pictures, and he didn’t even know I had a picture of him.” “Me and [a family member] have been looking at pictures.” “I have begun gathering my pictures for my memoirs.” Throughout the study losses such as the death of family members and friends, as well as physical losses such as rapidly declining eyesight and progressive heart disease, were rampant. Nonetheless, participants were willing to receive the researcher into their homes to share the past. Testimonies of the personal value of photographs were described by participants, along with the enjoyment elicited from sharing memories. One participant commented, “I think it is necessary for us to have pictures; it is a good thing. I have some new ones to share with [the researcher] of my birthday party with the Little Elvis imitator. I have some real cute pictures of him singing to me. It means a lot. I hope you don’t forget us.”
CHAPTER V
CONCLUSION AND IMPLICATIONS

This chapter includes a discussion of the conclusions and implications of the findings based on the analysis of the data. Major findings will be presented and the relationship of the research findings to the theoretical framework will be discussed. The implications for nursing practice, research and education are incorporated. Recommendations for future nursing practice, research, and education are also included.

The most commonly used experimental design, pretest-posttest, was chosen for this study because that design has the greatest power. Comparison of the pretest scores allowed for evaluation of the effectiveness of the intervention, i.e. simple reminiscence therapy in a group of elderly individuals living in government-subsidized housing, for increasing the degree of life satisfaction. Multiple groups, both experimental and control, were used to increase the generalizability of the study (Burns & Grove, 1997).

The convenience sample of 78 adults (men and women) aged 65 years or older, who were living independently in the community, were recruited and randomly assigned to one of three groups using a balanced design. Each group was then randomly assigned as the reminiscence, current events, or no treatment (control) group. Five participants did not complete the study. Participants in the simple reminiscence group met once weekly for four consecutive weeks to reminisce one-to-one with the researcher. They shared personal photographs and dialogued with the researcher concerning life experiences. They then described their perception of the intervention during a telephone interview conducted within three days, but no later than one week, after the intervention. Those persons in the current events group also met weekly, one-to-one with data collectors, for four consecutive weeks discussing an article from the local newspaper. Participants in both the reminiscence and current events groups completed the SALSS and a demographic data form at the first visit and after four weeks they again completed the SALSS. The control group participants only received pre- and post-testing one-to-one when beginning the study and again in four weeks. Persons in the current events and control groups did not participate in the telephone interview.
Descriptive statistics were used to identify the sample in terms of demographics that included age, race, gender, marital status, and perceived health status. Transcripts of telephone interviews were analyzed and commonly recurring themes identified. Paired t-tests were used to analyze within-subject differences from pre-intervention to post-intervention in the dependent variable, life satisfaction. A one-way analysis of variance for gain scores was used to determine between-group differences in the dependent variable. A post hoc analysis, the LSD, was run to determine where the groups differed.

Summary of Major Findings

Hypothesis 1

Within subjects, life satisfaction will be shown to have increased after four weeks of simple reminiscence therapy, as measured by the SALSS.

A paired t-test revealed a significant difference ($p=.006$) between the scores of life satisfaction in the individuals before participation in simple reminiscence therapy ($M=7.000$) and after participation ($M=8.400$). The correlation between the two measures was .384 ($p=.058$).

Hypothesis 2

Subjects who undergo simple reminiscence therapy using photographic prompts weekly for four weeks will have higher life satisfaction scores, as measured by the SALSS, than subjects who participate in the current events or control group who will receive no treatment.

A one-way analysis of variance for gain scores revealed no significant differences between the three groups; however, a post hoc test, the LSD, showed the reminiscence and control groups approaching a significant difference, with an alpha of .128.

Research Question

How do noninstitutionalized elderly persons who undergo simple reminiscence therapy using photographic prompts perceive simple reminiscence therapy?

An exploratory descriptive analysis of three questions asked during a telephone interview following simple reminiscence therapy revealed common themes (see Figure 3).
Perceived Effectiveness of Simple Reminiscence Therapy Using Photographic Prompts

Overall Perception of Experience
1. Pleasurable experience
2. Therapeutic/beneficial
3. Socialization/value as person
4. Nurse, patient relationship

Likes or Dislikes
1. Positive/nonspecific
2. Reflecting on the past
3. Socialization/interest in person
4. Linguistically sharing family memories
5. Losses/regrets

Recommendations For/Against the Use of Photographs
1. Recommend without reservations
2. Recommend with reservations depending on situation

Figure 3. Common themes in perception of simple reminiscence therapy using photographic prompts
Telephone Interview Question 1

"How did you feel about what you and the nurse did during the past four weeks?"

Four common themes were revealed: "pleasurable experience", "socialization/value as person", "therapeutic/beneficial", and "nurse patient relationship". The most commonly occurring theme was "pleasurable experience".

Telephone Interview Question 2

"Was there anything particular you liked or disliked about the reminiscence experience?"

Five common themes were revealed: "positive/nonspecific", "reflecting on the past", "socialization/interest in person", "sharing linguistically family memories", and "losses/regrets". The most commonly occurring theme was "positive/nonspecific".

Telephone Interview Question 3

"Was there any reasons you would or would not recommend using pictures to help someone recall the past?"

Two common themes were revealed: "recommend without reservation" and "recommend with reservation depending on the situation". The most commonly occurring theme was "recommend without reservations".

Relationship of Research Findings to the Conceptual Framework

Erikson's Developmental Theory (1963) and the concept reminiscence served as the conceptual framework for this study. He identified eight developmental stages, and for each of the stages, a crisis occurs. Erikson's eighth developmental stage, occurring at age 65 and older, is integrity versus despair. During a person's life, many factors influence his or her value system and what constitutes life satisfaction. According to Erikson, reminiscence is the means to resolve the crisis of integrity versus despair by recalling the past, resulting in a sense of satisfaction and acceptance of life.

The results of this study supported the application of reminiscence to Erikson's conceptual framework; wherein, the eighth developmental stage of "integrity" is accomplished through
reflecting on the past and sharing linguistically those memories evoked. After participating in simple reminiscence therapy for four consecutive weeks, life satisfaction had indeed increased. Of the 25 participants originally in the group, 22 also participated in a telephone interview and described their perception of the experience as being positive; indeed, no negative responses were elicited. Reminiscence therapy as a means to achieve integrity was supported by statements such as, “I felt kind of out of sorts... but I felt secure when she [the researcher] would come in,” “It really helps you,” and “It enlightened my vision of things.” The instrument used to measure life satisfaction, the SALSS developed by Cantril (1965), also supported Erikson’s theory in that it is centered on the position that satisfaction is based on values that are meaningful to the individual and can be compared with one another. In this value context, persons are motivated to “extend the range and heighten the quality of value satisfaction and insure the repeatability of those value satisfactions already experienced” (Cantril, 1965, p. 10).

Demographic Results

The demographics of the study population are consistent with the elderly population of the United States. The majority of elderly individuals participating in the study were female (70%), white (64%), and widowed (59%). Of the nation’s elderly (U. S. Census Bureau, 1999), more were white (29.8 million) than African-American (2.7 million). The male-to-female sex ratio for the 65-to-69 year-old person was 82:100, respectively, and decreased progressively to 39:100 for men aged 85 or older. More elderly women (47%) were widowed compared with elderly men (13%).

Conclusions

The following conclusions derived from the data analysis of the two research hypotheses and the research question:

1. Participation in simple reminiscence therapy increases life satisfaction in elderly noninstitutionalized persons. Reminiscence therapy enables the elderly person to recall past events, often of times when they were robust, providing validation that their life has been worthwhile and satisfactory.
2. Although the study data show that simple reminiscence therapy did not significantly increase life satisfaction more than did participation in current events or undergoing no therapy, the degree of life satisfaction approached being significantly different between the groups undergoing simple reminiscence therapy and receiving no treatment. This finding suggests that of the two experimental therapies, reminiscence may well be more effective than current events therapy, although not significantly different.

3. Reminiscence therapy is perceived to be a positive experience by participants, one that is both therapeutic and enjoyable. Comments by the participants such as “I really enjoyed it” and “It really helped” support this conclusion.

4. Photographs are valued treasures with the ability to validate past memories and act as a catalyst for restoring forgotten memories as evidenced by comments such as “Pictures help me” and “I like using pictures to recall the past.”

5. Reminiscence therapy using photographic prompts enables the elderly person to share and dialogue about his or her past, thus forging a relationship in which his or her life has value and is worthwhile. This life valuing is best represented by the following comments: “I am approaching 90 years old, and she [the researcher] is so great to have come” and “I appreciate her [the researcher’s] interest and concern.”

6. Reminiscence therapy conducted in a one-to-one context is effective and has many merits not available when using the more common group setting. In the one-to-one context, 1) the elderly person receives all the attention with discussion centered around their unique past, 2) the risk of damage to valuable objects such as photographs is minimal, and 3) the person is able to dialogue without fear of sharing his or her past with a group or other persons.

7. Simple reminiscence therapy is successful with noninstitutionalized community-dwelling elderly persons. Although most former studies have been conducted in nursing home settings, reminiscence therapy can be valuable to elderly persons who are able to live independently.

8. Perceived health status is a prominent indicator of life satisfaction; however, because of
the lack of heterogeneity in the elderly population, with numerous values and beliefs contributing to life satisfaction, one variable cannot contribute to the majority of variance in life satisfaction. An instrument that enables the elderly person to evaluate his or her degree of life satisfaction based on his or her constellation of values and beliefs rather than those imposed by the researcher is essential.

9. The SALSS is a valid measurement of life satisfaction in the elderly. The use of a qualitative measure, the telephone interviews to identify common themes, converged with the findings of the SALSS, providing validity in this population.

Discussion

Life Satisfaction

Mortality is more likely among groups whose life satisfaction and socioeconomic status is low (Mossey & Shapiro, 1982), and, although the literature on life satisfaction dates back 100 years, the variables influencing life satisfaction are still uncertain. The contribution of different variables is unique to the person and cannot be understood separately from his or her past. Therefore, the elderly person must evaluate life satisfaction by virtue of his or her own standards rather than those of the researcher. Cantril’s Ladder, a global assessment of life satisfaction based on the reality of the participant, was used to measure perceived health status. The Ladder has a possible range of 0 to 10, with 0 to 3 being low, 4 to 6 being medium, and 7 to 10 indicating high levels of perceived health. The mean for perceived health status of this study’s sample \( n=73 \) was 6.7 \((SD=2.4)\). The group with the highest mean score was the control group (6.9) followed by the reminiscence group (6.8), with the current events group receiving the lowest score (6.5). In studies that used the Cantril Ladder to measure perceived health status, the scores ranged from 6.3 \((SD=2.4)\) (Laborde & Powers, 1985) to a high level of 6.8 \((SD=1.5)\) (Palmore & Luikart, 1972), consistent with the findings in the present study.

Although the present study did not include a hypothesis to study the relationship between
demographic variables and life satisfaction, many previous studies focused on that relationship.

Mossey and Shapiro’s (1982) study of noninstitutionalized elderly persons (n=3128), aged 65 years and older, found self-rated health to be a predictor of mortality without regard to objective health status; thus, the way a person views his or her health was related to consequent health outcomes. Perceived health status was found to be second only to age in its ability to predict early death, and was the strongest predictor of late mortality.

With medical advances, elderly persons may live longer as evidenced by the increasing number of centenarians. The fact that this study population comprised both elderly and low-income persons demonstrated the need to consider the relationship of perceived health status to life satisfaction in this vulnerable population. To build a consistent body of knowledge for this complex phenomenon, the relationship between demographic variables and life satisfaction (L.S.) was explored using a Pearson Correlation (see Table 13). Of the demographic variables in this study, which included age, race, gender, marital status, and perceived health status (P.H.S.), only perceived health status related significantly to life satisfaction (p=.01).

Table 13
Relationship of Demographic Variables to Dependent Variable, Life Satisfaction

<table>
<thead>
<tr>
<th>Pearson Correlation</th>
<th>Variable</th>
<th>LS</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>PHS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>L. S.</td>
<td>1.000</td>
<td>.089</td>
<td>.132</td>
<td>-.104</td>
<td>.259</td>
</tr>
<tr>
<td></td>
<td>Age</td>
<td>.089</td>
<td>1.000</td>
<td>.045</td>
<td>-.092</td>
<td>-.027</td>
</tr>
<tr>
<td></td>
<td>Gender</td>
<td>.132</td>
<td>.045</td>
<td>1.000</td>
<td>-.384</td>
<td>-.042</td>
</tr>
<tr>
<td></td>
<td>Race</td>
<td>-.104</td>
<td>-.192</td>
<td>-.384</td>
<td>1.000</td>
<td>-.006</td>
</tr>
<tr>
<td></td>
<td>P.H.S.</td>
<td>.259</td>
<td>-.027</td>
<td>-.042</td>
<td>.008</td>
<td>1.000</td>
</tr>
</tbody>
</table>

| Sig. (1-tailed)     | L. S.   | .227 | .133 | .190   | .014  |
|                     | Age     | .227 | .353 | .052   | .412  |
|                     | Gender  | .133 | .353 | .000   | .353  |
|                     | Race    | .190 | .052 | .000   | .479  |
|                     | P.H.S.  | .014*| .412 | .363   | .479  |

*p=.01

Consistent with the findings of this study, several other studies showed perceived health
status to be significantly related to life satisfaction (Baur & Okun, 1983; Foster, 1992; Jackson, Bacon & Peterson, 1977-78; Krause, 1993; Laborde & Powers, 1985; Palmore & Luikart, 1972). Indeed, of all the variables studied that correlated with life satisfaction, perceived health status was the most consistent and strongest (Downe-Wamboldt, 1991; Jackson, Bacon & Peterson, 1977-78; Palmore & Luikart, 1972). Nonetheless, also consistent with previous findings, perceived health status did not contribute to a majority of the variance in life satisfaction. Thomas and Chambers (1989) also found the degree of life satisfaction to be similar among culturally different groups; however, in their qualitative analysis showed definite differences in values. Denier (1984) summed up these findings when he stated that expecting a few variables to be of overwhelming importance is impractical, just because of the numerous potential factors. Denier further concluded that life satisfaction should be measured by applying the elderly person’s own chosen criteria. The use of the SALSS in the present study, allowed the individual to include all potential variables of value to him or her.

Simple Reminiscence Therapy Using Photographic Prompts

Nurses have failed to build a solid knowledge base to support the use of reminiscence therapy. Anecdotal evidence is prevalent, but empirical studies are fraught with small sample size, lack of a control group, and the use of instruments lacking reliability and validity. Indeed, evaluation often has consisted of merely a count of sentences (Kovach, 1995). Most researchers have failed to conceptualize and operationalize reminiscence, approaching it in global terms and often interchanging it with life review. With little consistency in terminology and with many types of reminiscing having common characteristics, comparing studies is difficult and building a solid knowledge base unique to nursing is problematic. The method used to elicit autobiographical memories can strongly influence the outcome; however, many studies have used multiple prompts and failed to evaluate their effectiveness. The present study, designed to
correct some of the limitations of previous studies, provides empirical evidence and an operational definition for simple reminiscence therapy so as to provide observable outcomes. Photographs belonging to a participant served as the only prompt to help the elderly person recall the past. Such prompting allowed the effectiveness of photographs to evoke reminiscing, which then could be evaluated.

Aristotle (367 to 347 B.C.) cast a negative stereotype of the elderly by describing them as having little hope because little of life was left, thus engendering the need for them to continually talk about the past because they enjoyed remembering. Butler (1963) was the first to claim reminiscing as a means to age successfully and declared that reminiscing was not a sign of senility or living in the past, but a natural part of life-span development. Participants in the study did enjoy reminiscing but were adamant that they did not live in the past, as demonstrated by comments such as, “I do love to reminisce and talk about the past” and “I don’t live in the past.” Six of the twenty-two elderly people who participated in the telephone interview to determine their perception of the reminiscence experience used the term “enjoyed” as a descriptor.

One limitation of previous reminiscence studies was the failure of researchers to operationalize reminiscence therapy, considering it to be the same as life review, or making no attempt to distinguish which intervention was actually used. This lack of a formal operational definition makes it difficult to specify observed changes as being attributable to reminiscence therapy (Gagnon, 1996). Reminiscence therapy is a psychosocial process focusing on pleasurable memories (Kovach, 1990), whereas life review is rooted in psychoanalytic therapy and is concerned with reworking disconcerting memories. The present study provided the theoretical definition of simple reminiscence therapy as a cognitive process of evoking memories of past experiences that are personally significant and believed to be reality based by the
individual (Kovach, 1991a). Operationally, it was defined as an independent nursing intervention to stimulate spontaneous recall of autobiographic memories. Reminiscence therapy was found to significantly increase life satisfaction in elderly persons living in the community, enabling those persons to accept aging as a normal phenomena of life. This finding differs from that of Boylin, Gordon, and Nehrke's study (1976), in which reminiscence correlated negatively with ego integrity. The researchers speculated that the all male-sample was, in actuality, participating in life review rather than in the process of simple reminiscence therapy. The researchers stated that no attempt was made to distinguish between simple reminiscence therapy and life review, declaring their results to be tentative. Fishman (1992) also found that a negative correlation existed between frequency of life review and ego integrity, supporting the probability that the participants in the above cited study were indeed engaged in life review. Consistent with the findings of the present study, Lappe (1987) reported that reminiscing increased life satisfaction. However, Lappe (1987) viewed reminiscence therapy and life review to be one process and constantly interchanged the terms reminiscence and life review. She described reminiscing as being the life review process. In her study, no attempt was made to discuss disconcerting memories, and participants selected the themes for the group meetings, both the nondiscussion and the theme-selection being inconsistent with the process of life review. Limitations of the study included the lack of a control group, and group context was used for the institutionalized elderly persons who composed the sample. If indeed the participants in Boylin, Gordon, and Nehrhe's study were engaged in life review and Lappe's participants were engaged in reminiscence therapy, it can be concluded that, when life review was used, a negative correlation existed with ego integrity whereas reminiscence therapy resulted in a positive relationship. However, because conceptualization is lacking and terms are interchanged, coming to a clear understanding is difficult.
Several researchers have tried to parcel reminiscence into groups or types based on characteristics and outcomes. However, many types of reminiscing are not mutually exclusive, making comparison of studies difficult. In the present study, simple reminiscence therapy focused on happy memories that were spontaneously recalled by the participants, resulting in an increase in life satisfaction. The types of reminiscences that share common characteristics of simple reminiscence therapy will be discussed to demonstrate the lack of consistency in the classification process.

McMahone and Rhudick (1964) described one type of reminiscing as storytelling, whereby the past is recalled with pleasure without evidence of depression. Storytelling was associated with good adjustment, as measured by life satisfaction. This classification of reminiscence was based on a study that was limited by its small sample size (n=25), nonrandom sampling, lack of a control group, and having an all male sample. Pincus (1970) who approached the classification of reminiscence from the perspective of social work, identified two types of reminiscence as interpersonal and intrapersonal. Only the intrapersonal type had characteristics similar to simple reminiscence therapy. The type was seen as a means to maintain self-esteem, deal with losses, and strengthen integrity, whereas the interpersonal type consisted of the reminiscer recalling when he or she was the age of the researcher. Contrariwise, Romaniuk and Romaniuk (1981) described intrapersonal reminiscence as having psychoanalytic qualities prompted by approaching death, with interpersonal reminiscence being conversational and associated with increased life satisfaction and effective coping. The Romaniuk and Romaniuk’s (1981) classification was limited by the sample composition being solely volunteer elderly persons (n=111) who participated in a one-time data collection. From Pincus’ study, one can generalize simple reminiscence therapy as being similar to the intrapersonal type, whereas the description provided by Romaniuk and Romaniuk (1981) make simple reminiscence therapy comparable to

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interpersonal reminiscence. LoGerfo (1980) and Sullivan (1982) described one type of reminiscence as informative, involving pleasant recollections in which one accepts the inevitability of life. The classifications offered by Pincus (1970), Lo Gerfo (1980), and Sullivan (1982) were anecdotal, based on literature reviews rather than empirical studies. Wong and Watt (1991) identified two types of reminiscence consistent with simple reminiscence therapy: *transmissive*, described as storytelling, and *narrative*, which is both biographical and descriptive. Limitations of the study included nonrandom sampling and lack of a control group.

To determine the therapeutic value of reminiscence therapy, researchers have considered many dependent variables using numerous measures and methods. Life satisfaction and or ego integrity have been the dependent variable in several research studies, including the present study. In the present experimental study, the finding that simple reminiscence therapy increased life satisfaction in the elderly persons supported the study of Havighurst and Glasser (1972), who, by measuring life satisfaction, found reminiscing to be positively correlated with good adjustment in the elderly. Then again, the questionnaire Havighurst and Glasser used to ask about reminiscing habits lacked validity, as it had been “normed” on a younger population and had many revisions. Their sample was entirely of male, middle-class, well-educated Caucasian elderly persons. In an experimental study, Haight (1988) also found that, of three intervention groups (reminiscence therapy, a friendly visit, and a control group), only the reminiscence group had significant positive correlation with life satisfaction. However, Haight used the LSIA to measure life satisfaction, imposing the values of the instrument’s developers and the researcher on the participant rather than deriving the values inherent in the participant. Contrariwise, using a quasi-experimental design, Burnside (1990b), reported that, among three groups (reminiscence, current events, and a control group) no significant differences were found in their effectiveness to increase life satisfaction. Burnside’s study was the first to determine the perception of the
participants concerning reminiscing; however, a group context was used along with nonrandom sampling. Interestingly, Cook (1998) did report a significant increase in life satisfaction for participants in simple reminiscence therapy when that group was compared with one participating in current events. Generalizability was limited because of small sample size (n=36), nonrandom sampling, and one-time data collection. Although the LSIA was used to measure life satisfaction, the researcher suggested the use of other instruments.

Burns and Grove (1997) described people as "self-interpreting," but their only data source was each participant's response to "what is the meaning of the reminiscence experience?" The insights gained from qualitative studies help to guide nursing practice and build nursing knowledge. Those qualitative studies multiplied in the 1990s, the method of analysis varying from semantic analysis, a count of sentence frequency, and constant comparison methods to content analysis. Although most qualitative studies had small sample size, as expected, they provided rich descriptions of the experience. The qualitative data from the present study used an exploratory descriptive analysis to explore the meanings of reminiscence therapy from the participant's perspective. This method was used because little credible evidence actually exists to describe the reminiscence experience from the perspective of the participant. Indeed, only Burnside (1990b) did so.

The case study approach has also been used to qualitatively study the effectiveness of reminiscence therapy as a means to increase life satisfaction and or ego integrity. Olsen (1989) using a case design study, in fact declared reminiscence and life review to be different. Olsen demonstrated how one man regained ego integrity by reflecting on, and sharing, his career of film making with others. Although the qualitative study added richness to the study of reminiscence therapy, generalization is not possible. Hogstel and Curry (1995), using a case study longitudinal design with one man, found his reflections to be primarily positive and
supportive of ego integrity. Reminiscence was described as focusing on memorable past events, whereas life review dealt with feelings related to guilt and despair.

To reflect on the past, i.e. to experience reminiscence, the elderly person must be able to remember his or her personal past and recall autobiographical memories. Autobiographical memory, the ability to recall one's life, is likened to psychological well-being. Although the Galton (1879) technique, the use of word cues as memory prompts, is still used today, many studies that involved the elderly failed to produce memories that were autobiographical. Photographs enable the person to recall insights that are inaccessible by other techniques facilitating spontaneity in the telling of one's life story. In other studies involving reminiscence therapy, researchers have failed to identify prompts used to recall the past or used multiple prompts, thus being unable to evaluate their effectiveness. The use of a single prompt, personal photographs, in the present study enabled the researcher to evaluate the effectiveness of the prompt, as well as the effectiveness as perceived by the participants. Ebersole (1976) used food, family occasions, and objects to stimulate reminiscing. Merriam (1989) prompted participants with discussion of topics such as past celebrations, vacations, and television and radio shows. Photographs were described by Youssef (1990) as excellent stimuli for reminiscing; however, verbal cues and questions were also used, and the researcher did not formally evaluate the prompts. Burnside (1990b) used themes selected by the researcher as a catalyst for reminiscing. She found that “first” themes were the most popular. Although personal photographs can be a catalyst for recalling a lifetime, Namazi and Hayes (1994) reported that showing pictures of objects and animals of a nonpersonal nature increased combative behavior in elderly patients having Alzheimer’s disease. In another study of elderly persons having Alzheimer’s disease, Rentz (1995) used photographs albums belonging to the resident to cue reminiscing. Barriers made it impossible to determine the effectiveness of the prompts.
Music has also been used as a prompt to help the elderly person recall the past. In 1985, Baker used music, exercise, and relaxation techniques during reminiscence therapy to improve self-concept, evaluating the effectiveness by asking the researcher to recall such subjective evaluations as verbal interaction, eye contact, touchings, smiles, and hostility level. Because many interventions were included, evaluation was impossible. Bennett and Maas (1988) used music as a prompt to recall the past, and a positive correlation was found with life satisfaction; however, Schulkind, Hennis, and Rubin (1999) found music failed to produce many autobiographical memories of specific events.

The positive perception of the participants in the present study for the effectiveness of sharing of photographs while reminiscing supported Highley's (1989) belief that this act fosters one's acceptance of being important and valuable. Comments from participants who shared photographs when reminiscing include, "Someone was interested in you, you know; I enjoyed the talks." Participants chose five to eight photographs to share during each reminiscence session, and, as with Ricoeur (1981), the elderly person was able to reflect on and describe the lived experience resulting in one means to achieve health promotion. Participants in the present study described simple reminiscence therapy prompted by photographs as helping, enlightening their vision, and doing good. Interestingly, during the first session, participants shared photographs that were exhibited publicly in their homes, either in frames or simply taped to the walls. As the relationship with the researcher turned to trust and the realization that the interest in them as a person was genuine, participants turned from "public pictures" to "boxed pictures," which spanned a lifetime but often of the period described as the "reminiscence bump" when they were young and competent and for many were raising families of their own. During the telephone interview, after the simple reminiscence therapy had ended, several participants described sharing photographs with other family members and often recording the details of the
photographs to be passed along to others. This action supported the belief that, once the photographs were reflected on and considered, one often desires to pass on the experience to others (Hagedorn, 1994; Highley, 1989).

Recent Approaches to Reminiscence Therapy

In a recent study Armstrong (1999) found reminiscence was not the answer to all the problems created by dementia, but was useful in increasing self-esteem in those affected. During the Blackhealth Project, 13 different localities and 11 countries participated in a “Remembering Yesterday, Caring Today” project. Armstrong conducted her project (n=18) in a Reminiscence Centre in London containing objects, furniture, and pictures from the past, participating in separate and joint sessions with the caree. Reminiscence was focused on enjoyable and fun stimuli, such as talking about past dances and schooldays. Celebrations, such as wedding anniversaries, were conducted. During one session when the caretaker and caree were in separate rooms, one caretaker was instructed to look bored and avoid eye contact while another caretaker told his or her story. The storyteller was unable to continue with his or her narrative. This scenario was used to demonstrate how elderly persons with dementia often feel when they believe no one is listening. Because caretakers often listen to the same story over and over, enrolling volunteers to listen to the elderly person was suggested. The study results were evaluated a conference in which pre-project and post-project questionnaires, leader’s diaries, photographs, and videos were examined. Although a group context was used and no exact description of the evaluation process was included, all participating countries reported favorable results. Even though photographs were used, the introduction of the various prompts located in the Centre along with special projects, such as celebrations, made evaluation of photographs impracticable. The value of the study included a description in which volunteers had assisted in or led reminiscence therapy and a transcultural view of dealing with reminiscence therapy, which

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added valuable insight into incorporating reminiscence into the care of demented elderly persons.

Watt and Capeliez (2000) added another set of classifications to reminiscence. To determine the effectiveness of reminiscence in the treatment of depression, elderly subjects (n=26) were assigned to two reminiscence groups or to a socialization group that was to serve as the control. Integrative reminiscence was defined as a process to facilitate acceptance of negative experiences and to resolve past conflicts by dealing directly with negative thoughts. Instrumental reminiscence involves reflecting on past coping mechanisms and the means used to achieve goals. The sample consisted of elderly persons (mean age=66.8 years), with equal numbers of males to females, and the majority having some college education. The subjects were moderately to severely depressed and were recruited from a mental health agency and through community advertising. In the integrative group, 58% of the clients had significant relief from depression following six sessions and 100% at a three-month follow-up. Participants in the instrumental groups also showed some alleviation of their depression (56%), with 88% having improvement at the three-month follow-up. No reduction in depression was noted in the control group. Based on the definitions, integrative reminiscence is similar to life review, whereas instrumental reminiscence has characteristics similar to simple reminiscence therapy. Limitations of the study included the use of a group context, small sample size, large attrition rate, and the high education level of the participants.

A surge of research has recently suggested the value of a life album, a collection of memorabilia, photographs, and artifacts describing an elderly person’s life, placed in a book format for reviewing and sharing with others. Coleman (1999) suggested that with reminiscence, one should do more than “just remember;” one should also reconcile with the past. The recall of painful and traumatic memories was thought to receive little concern from researchers. Coleman described three attributes of the life story: coherence, the connection of past and present;
Coleman's use of "reminiscence" is more consistent with life review, where one purposefully works through painful memories. Even at the turn of the century, researchers are still interchanging the terms reminiscence and life review.

Haight (2001) described the use of the life storybooks for assisting elderly persons having Alzheimer's disease. Life review has been shown to help both the caregiver and care receiver who has Alzheimer's disease. Life review was defined as a reminiscing process, in which the person reflected on, evaluated, integrated, and accepted his or her past. Haight listed four characteristics of this type of life review that make it different from reminiscing. First, evaluation is similar to problem solving for unfinished business. Second, structure is the orderly thinking process that enables the elderly person to remember his or her earliest years. Third, the individual approach refers to the therapeutic relationship that develops between the care receiver and the listener. This listening was seen as helping the person believe he or she has self-worth. The fourth and final characteristic was time, the process occurring with some extension of time, a trusting relationship taking weeks to develop. The life review process was conducted using a "life book" containing pictures and memorabilia chosen by the person receiving care, starting with childhood and continuing through recent years. Sharing the "life book" with caregivers was reported to reduce the burden of providing care, and the care receiver demonstrated improved moods. Unfortunately, Haight did not describe the method used to evaluate the "improved mood," and the means for selection of participants was not disclosed. Clarke (2000) also relied on the elderly person's biography to provide an insight in that person's unique present and future needs, priorities, and aspirations. The biography enabled the listener to determine what had shaped the elderly person's life. Life stories were seen to "uncover" more information than was derived from merely reminiscing, and included the person's most recent plans. A case study of
an eighty-year old male neighbor was presented in which the researcher's stereotyping was disputed. Photographs and personal belongings were suggested to prompt memories, the researcher reporting that, by using such prompts, caregivers gained a new understanding of the person as an individual. As previously mentioned, case studies add richness to a complex phenomenon such as reminiscing and the biographical approach; generalization however, is limited.

Guse et al. (2000), along with research assistants (RAs) (university students and recent graduates), helped 13 long-term-care residents to create life albums consisting of artifacts chosen by the residents from their present and past life. The albums provided a means to recall life events. The researchers stated that the life albums are based clearly on reminiscence, differentiating reminiscence from life review by stating "reminiscence tells a story" and life review "tells the story but also dissects, analyzes, and seeks meaning in the story" (p. 35). They, too voiced a concern that much of the literature interchanged the two terms. The researchers and RAs worked one-to-one to create the albums. The contents, including photographs, awards, items with intimate meaning (such as pressed flowers), creative work (such as poetry), and other documents, were placed in an album for protection. One resident was quoted as saying her album was "...worth more than money." Relatives noticed the albums became part of their visits, and many requested copies of the albums. Personnel stated they learned new things about the residents for who they had provided care for a long time. The researcher identified two obstacles with the life-album project: 1) The creation of the album required many hours to assemble and additional staff would be needed to continue the project. 2) The resident must be cognitively able to tell his or her story.

Although the use of "albums" or "books" to portray the life of the elderly reaps many benefits, researchers are continuing to interchange life review and reminiscence, thus
diminishing the ability to build a coherent body of knowledge concerning the specific benefits of either process. Only Guse et al. (2000) described the lack of consensus of what is the operational definition of reminiscence therapy.

Limitations

Limitations specific to this study include the following:

1. Interaction with the elderly was therapeutic, whether through reminiscing or in discussing current events. Among the participants, the life satisfaction scores for both the current events and simple reminiscence therapy groups increased after involvement with the interventions for four weeks.

2. Because of the homogeneity of the sample (low socioeconomic status, living in government-subsidized housing, and being predominantly Caucasian, female, and widowed, and having a high level of perceived health), generalizability is limited. It is also possible that elderly persons with low socioeconomic status living in the community without the aide of government-subsidized housing would have responded differently.

3. The attrition rate (6%) caused the control group to have an unequal number of subjects. Although the life satisfaction in this group was not significantly different from that of the simple reminiscence or current events group, the impact of the group-size reduction by three participants cannot be determined.

4. Residents in both facilities have a central gathering area in which many participants of all three groups congregate. It is possible that participants from the three different groups discussed the interventions they were participating in, thus stimulating others to have similar experiences with someone other than the researcher.

5. Frequency of reminiscing was not evaluated. Havighurst and Glasser (1972) found that increased frequency of reminiscing was positively associated with the pleasant effects of
reminiscing, while Lewis (1971) reported that a significantly greater number of nonreminiscers regarded the past as negative than did reminiscers. A negative view of the past can result in a sense of despair.

6. Both the researcher and data collectors were registered nurses. Nurses have a holistic approach to reminiscing and demonstrate empathetic communication. Many elderly persons trust nurses and feel comfortable talking with them (Osborn, 1989). It was not possible to determine the effect the researcher and data collectors may have had on the elderly person.

7. The participants were independently living elderly persons. To live in the apartments included in this study, the elderly persons must be mentally and physically able to care for themselves. Thus the finding could not be generalized to elderly persons living in the community having assisted living or requiring day care.

Implications

Nursing Practice

This study added to the body of nursing knowledge and provided a basis for incorporating simple reminiscence therapy into nursing practice by providing empirical evidence as to the therapy’s effectiveness in increasing life satisfaction in elderly persons living independently in the community. By all evidence, this study is the first to evaluate the effectiveness of reminiscence therapy conducted one-to-one on increasing life satisfaction in the elderly person living in government-subsidized housing in the community. Consumer awareness and the need to practice nursing care based on proven outcomes validated the need for this study. With the ever-increasing number of elderly persons and the need to identify cost-effective measures to promote health in this burgeoning population, the fact that simple reminiscence therapy required no monetary investment because the participants used personal photographs is noteworthy. Two realities obtained: Much time was required of the researcher and elderly persons have few
listeners (Newbem, 1992). Through reminiscence, the study researcher gained insight into the coping strategies and health beliefs of the elderly person, thus providing health-care providers with a means to accurately define what unique health-care measures would be appropriate for the elderly person. Reminiscence is a tool for health promotion; by decreasing depression and increasing self-esteem, the elderly person can be helped to cope at home, circumventing costly hospitalization and institutionalization. The need to share memories linguistically with an interested person contributed to feelings of self-worth and the viewpoint that life is acceptable coincident with ego integrity.

**Nursing Research.**

This study presented a clear definition of simple reminiscence therapy to differentiate it from life review, allowing for the development of a body of knowledge while also comparing it with variations of reminiscence therapy from past studies. The effectiveness of personal photographs, selected by the participant as the only catalyst for reflecting on the past, was substantiated in the recalling of autobiographical memories by the participants. That effectiveness was also established by asking the participants if they would or would not recommend photographs to help others recall the past. All participants stated that they enjoyed using photographs to recall the past, with only six stating they could not speak for others. Former studies had used photographs to help the elderly recall the past, but they were often nonpersonal or were combined with other prompts, such as music, memorabilia, or themes chosen by the researcher. The use of an experimental design, pretest-posttest, with randomized sampling for multiple groups, including a control group, established evidence that elderly persons living in the community benefited from simple reminiscence therapy conducted on a one-to-one basis, whereby a trusting relationship built on respect and genuine interest could develop. This finding is also important because fatigue, a common factor in the elderly, often
results from simply attempting to arrive at group therapy, leaving little energy to contribute to the reminiscence process. Another common concern of research conducted with the elderly is the means to evaluate the intervention, with inappropriate instruments causing invalid conclusions to be drawn. The SALSS required only a few minutes to complete, minimizing fatigue. The instrument, shaped to resemble the “ladder of life,” simply asked participants to point to a rung of the ladder that represented their degree of life satisfaction. Thus, participants were able to evaluate life satisfaction from their own perspective. The use of triangulation added greater understanding to the multifaceted phenomenon known as life satisfaction and provided further evidence that the SALSS was valid in this population.

Nursing Education

Because of the ever-increasing number of elderly persons requiring health care, those being educated to provide nursing care are faced with the question of how to deliver cost effective care that is outcome driven. Those who guide nursing students and novice nurses in the acquisition of knowledge must include independent nursing actions with proven effectiveness to help the elderly person age successfully. To be therapeutic, the nurse must evaluate his or her own feelings regarding the elderly and work to stamp out ageism in the nursing profession and among those providing care under the direct supervision of the registered nurse. According to Burnside (1990a), baccalaureate students need to be instructed in reminiscence therapy to reduce negative attitudes toward the elderly. She further postulated that reminiscence was the single most effective way to reduce ageism in nursing students. Students can implement simple reminiscence therapy on a one-to-one basis while conducting health interviews, assisting with activities of daily living, and developing therapeutic communications. By participating in simple reminiscence therapy one-to-one with the elderly person, the student can view the person as “unique” and visualize that person’s past accomplishments, thus not seeing him or her as a
"nursing diagnosis." Advance practice nurses who focus on prevention can use simple reminiscence therapy as a health promotion activity. Professional nurses involved in writing and evaluating test questions on the National Certification for Licensure Examination for Registered Nurses (NCLEX) should encourage having the geriatric content increased inasmuch as the examination is designed to reflect the comprehensive practice of the beginning nurse, and the elderly are the largest consumer of health-care services.

Recommendations

Nursing Practice

As derived from the findings of this study, specific recommendations for nursing practice are as follows:

1. Encourage simple reminiscence therapy as part of the history-taking and interviewing process to elicit past coping mechanisms and insight into the value system of the elderly person.

2. Participate in simple reminiscence therapy in a one-to-one context for elderly individuals as a tool for health promotion.

3. Invite family members and significant others to participate in simple reminiscence therapy, along with the elderly person and nurse, to increase positive interpersonal relationships.

4. Encourage patients and family members to bring personal photographs of the patient to the health care facility to allow health-care providers the opportunity to help the elderly person reminisce and gain insight into his or her past.

Nursing Research

From the findings of this study, these actions for nursing research are recommended:

1. Qualitative research might be used to determine the perceived effectiveness of current events therapy, because participation in current events therapy increased life satisfaction in the elderly population studied.
2. The study might be replicated using researchers who are not nurses. Elderly persons trust nurses and are more willing to talk with nurses. Even though it has been reported that laypersons can effectively conduct reminiscence therapy, little evidence supports that belief.

3. A phenomenological study might explore the “lived experience” of recalling the past, providing richness and validation to the existing quantitative data that supports the use of reminiscence therapy in the elderly population.

4. A study using verbal prompts in a one-to-one context to evoke recall of the past might be compared with another experimental group using photographs as stimuli to evaluate the effectiveness of verbal prompts in this context.

5. The study might be replicated with persons who require assisted living or who are in the terminal stages of illness but remain at home, thus to provide insight into a population other than that of elderly persons living independently.

6. The study might be replicated in a population living in the community that does not receive government-assisted housing but has limited socioeconomic resources, thus to determine how living situations affect the reminiscence process and degree of life satisfaction.

Nursing Education

From the findings of this study, are derived these recommendations for nursing education:

1. A class in geriatric nursing at the undergraduate level should be required in the same way that classes on the care of the obstetrical patient and infant/child are now required (Whall & Colling, 2001).

2. Student nurses should be assigned to reminisce one-to one with an elderly person. Student nurses typically have a decreased patient assignment, therefore, they have an opportunity to spend time listening to those who have few listeners.

3. Lectures and other learning experiences should incorporate simple reminiscence therapy
as a means to promote health in the elderly and to help that population age successfully.

4. As an effective means to help the elderly recall the past, photographs should be included in simple reminiscence content. Students should be encouraged to ask elderly persons about the photographs they have displayed.

Summary

Simple reminiscence therapy was shown to increase life satisfaction in elderly persons living independently in the community, although they were in a low socioeconomic group. That life satisfaction increase is important because mortality increases in groups having low socioeconomic status and low life satisfaction. The convergence of the quantitative data (SALSS) and the qualitative data (telephone interview) confirmed simple reminiscence therapy to be an effective means to increase life satisfaction for noninstitutionalized elderly persons living in the community.

The relationship between simple reminiscence therapy, autobiographical memories, and photographs as stimuli to recall the past was also confirmed (see Figure 1). Photographs were shown to act as a catalyst for engendering autobiographical memories and for enabling the elderly person to recall his or her unique past. As the elderly person reflected on the photographs, new means for reflection were evoked and forgotten experiences remembered. The effectiveness of photographs to stimulate reminiscing was supported by comments such as “pictures help me” and “...makes you remember better, helps you remember what you have forgotten.”

Although reminiscence therapy was not significantly more effective for increasing life satisfaction than was participation in either a current events or no-therapy group, reminiscence increased life satisfaction after four weeks. The relationship between life satisfaction and
mortality, well-being, and health promotion in elderly persons coupled with the empirical evidence that simple reminiscence therapy increased life satisfaction in this population, provided outcome measures to validate its use by nurses. Nurses can better assist in health promotion by supporting each person in his or her journey of self-discovery, as facilitated by photographs and self-reflection (Koithan 1994).
References


Appendixes
Appendix A

Erikson’s Eight Developmental Stages
Appendix A: Erikson’s Eight Developmental Stages (Erikson, 1963)

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Appendix B

Letter to Ms. Mary Moore

Director of Wesley Highland Towers
Dear Ms. Moore:

I am currently a doctoral student in nursing at Louisiana State University Center for the Health Sciences (LSUHSC) in New Orleans, Louisiana. My research study is "The Effectiveness of Simple Reminiscence Therapy Involving Photographic Prompts for Determining Life Satisfaction in Noninstitutionalized Elderly Persons".

I would like to obtain permission to conduct my study in your facility. Three groups will be used: reminiscence, current events, and a control group. Visits will be scheduled once weekly for four consecutive weeks. Participants in all three groups will be asked to sign a consent form, complete a demographic information sheet, and a scale to measure life satisfaction. For the group receiving reminiscence, the participants will be asked to share personal photographs and dialogue with the researcher. The current events group will share an article from the local newspaper and dialogue with either the researcher or a data collector. Those in the control group will only complete the instruments at the beginning of the study and again at the end of four weeks. The information will be kept confidential and the names of the participants will not be mentioned.

I have spoken with Carla Coleman, RN who is familiar with the study and she gave me permission to contact you. You may contact me at [redacted] should you have any questions. By signing below, you give your permission for the study to be conducted in your facility. Thank you.

Sincerely,

Tommie L. Norris, RN, DNS(c)
Appendix C

Letter to Ms. Betty Vinson

Director of Wesley at Millington
Dear Ms. Vincent:

I am currently a doctoral student in nursing at Louisiana State University Center for the Health Sciences (LSUHSC) in New Orleans, Louisiana. My research study is "The Effectiveness of Simple Reminiscence Therapy Involving Photographic Prompts for Determining Life Satisfaction in Noninstitutionalized Elderly Persons".

I would like to obtain permission to conduct my study in your facility. Three groups will be used: reminiscence, current events, and a control group. Visits will be scheduled once weekly for four consecutive weeks. Participants in all three groups will be asked to sign a consent form, complete a demographic information sheet, and a scale to measure life satisfaction. For the group receiving reminiscence, the participants will be asked to share personal photographs and dialogue with the researcher. The current events group will share an article from the local newspaper and dialogue with either the researcher or a data collector. Those in the control group will only complete the instruments at the beginning of the study and again at the end of four weeks. The information will be kept confidential and the names of the participants will not be mentioned.

I have spoken with Carla Coleman, RN and Ms. Mary Moore at Wesley Highland where I will also have permission to conduct the study. Ms. Coleman is familiar with the study and she gave me permission to contact you. You may contact me at _______ should you have any questions. By signing below, you give your permission for the study to be conducted in your facility. Thank you.

Sincerely,

[Signature]

Tommie L. Norris, RN, DNS(Ed)

[Signature]

Betty Vincent, Director
Appendix D

Recruitment Flyers
If You Are Age 65 Years or Older

You may get a phone call from a registered nurse asking you to join a research study to:

- Share family pictures and talk with a registered nurse OR
- Talk about a story in the local newspaper with a registered nurse OR
- Meet with a registered nurse to answer questions about yourself

The purpose of this research study is to find out if sharing one's personal photographs with someone while thinking about the past help people age 65 years or older to age successfully.

If you have any questions, call Tommie Norris, RN at [redacted]
Appendix E

Consent to Participate Form
1. Study Title: The Effectiveness and Perceived Effectiveness of Simple Reminiscence Therapy Using Photographic Prompts in Determining Life Satisfaction in Noninstitutionalized Elderly Persons

2. Performance Sites: Wesley Highland Towers

3. Names and Telephone Numbers of Investigators:
   - Principle Investigator: Barbara Donlon, RN, EdD
     Work Phone: [redacted]
     Home Phone: [redacted]

   - Associate Investigator: Tommie L. Norris, RN, DNS(C)
     Work Phone: [redacted]
     Home Phone: [redacted]
     24-Hour Phone Number:
     Pager: [redacted]

4. Purpose of the Study: The purpose of this research study is to find out if sharing one’s personal photographs with someone while thinking about the past changes life satisfaction. It will also look at feelings about taking part in reminiscing. It is important for health care providers caring for patients to know how to help the elderly person look forward to life rather than losing hope.
Description of the Study: This research study will be made up of interviews with about 60 elderly adults. Participants will be chosen by chance from a list of elderly people living without help in the community, in housing supported by the government. Each person has the same chance of being chosen. The researcher will ask the director of the apartments for a list of all people living in the apartments who are aged 65 years or older. The researcher will use blind draw to select potential participants from the list and each chosen person will be approached about participating until a minimum of 60 persons has agreed to participate. Persons agreeing to participate will be placed by chance, also using blind draw, in one of three groups with all groups having the same number of participants. Then each group will be named by chance, using blind draw, as the reminiscence, current events, or no treatment group. Participants in the reminiscence group will meet with the researcher one-to-one in his or her private apartment for about 45 minutes once weekly for four weeks to share personal photographs and talk about the past. At the first visit and last visit, the researcher will ask each participant how satisfied he or she is with life. At the first visit, the researcher will also ask questions about age, race, gender, marital status, and health standing. At least three days after the last visit, but no longer than one week, another data collector will call participants and ask how they felt about the time spent sharing and talking about their photographs. Participants in the current events group will meet at the same times in their own apartments, but will talk about a story from the local newspaper. They will be asked by the researcher or nurses helping with the study, to answer the same questions as people in the reminiscence group, but will not take part in a telephone interview. Participants in the control group will meet only to answer the same questions at the beginning of the study and again after four weeks.
6. Benefits to Subject: Participants may recall past events that help them to deal with their present situation and see their life as acceptable.

7. Risks to Subject: Participants may discover memories that cause them to be sad. If this happens, they will be referred to a nurse who is trained to help people with these types of feelings.

8. Alternatives to Participation in the Study: The alternative to participating in this study is to not participate.

9. Subject Removal: Participants who miss more than one meeting will be removed from the study.

10. Subject's Right to Refuse to Participate or Withdraw: Participants may refuse to participate or withdraw from the study at any time without jeopardizing, in any way, their ability to live in these apartments. Should significant new findings develop during the course of the research which may relate to the participants’ willingness to continue participation, that information will be provided to the participant.

11. Subject's Right to Privacy: The results of the study will be shared with the funding agency. This research is partially funded by Sigma Theta Tau International Honor Society of Nursing. The results of the study may be published. The privacy of subjects will be protected and their names will not be used in any manner.

12. Release of Information: The records related to this study are available only to the investigators.

13. Financial Information:
   A. Participation in this study will not result in any charges.
B. The costs of all drugs, visits, procedures and study related and unforeseen complications must be met by subjects.

14. Signatures: The study has been discussed with me and all my questions have been answered. I understand that additional questions regarding the study should be directed to investigators listed on page 1 of this consent form. I understand that if I have questions about subject’s rights, or other concerns, I can contact the Chancellor of LSU Health Sciences Center, at [REDACTED]. I agree with the terms above, acknowledge I have been given a copy of the consent form and agree to participate in this study. I understand that I have not waived any of my legal rights by signing this form.

_________________________________________  __________________________
Signature of Subject                         Date

_________________________________________  __________________________
Signature of Witness                        Date

The study subject has indicated to me that the subject is unable to read. I certify that I have read this consent form to the subject and explained that by completing the signature line above the subject has agreed to participate.

_________________________________________  __________________________
Signature of Reader                         Date

_________________________________________  __________________________
Signature of Person Administering Consent   Date

_________________________________________  __________________________
Signature of Principal Investigator         Date

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Appendix F

Letter from the IRB Board
EXPEDITED APPROVAL
LOUISIANA STATE UNIVERSITY MEDICAL CENTER
(Assurance Number M1130)

FROM: LSUHSC Institutional Review Board

TO: Joseph Moerschbaecher, Ph.D.
Vice Chancellor for Academics

RE: Grant Application By: Barbara Donlon, Ed.D.
Department of Graduate Program

Entitled: IRB#4905 - The Effectiveness and Perceived Effectiveness of Simple Reminiscence Therapy Using Photographic Prompts in Determining Life Satisfaction in Noninstitutionalized Elderly Persons

This is to document review and approval of the above research proposal. In the judgement of this Board, the procedures delineated in said application conform to the pertinent DDHS and FDA rules and regulations regarding use of human subjects. This procedure is authorized by 45 CFR 46.110 and 21 CFR 56.110 as published in the Federal Register November 9, 1998. Records regarding action of the Board, referable to said project are on file in the Office of the Chairman. This study is expedited under 45 CFR 46.110 of category 7.

THE INVESTIGATOR agrees to report to the Committee any emergent problems, serious adverse reactions, or procedural changes that may affect the status of the investigation, and that no such change will be made without Board Approval, except where necessary to eliminate apparent immediate hazards. The investigator also agrees to periodic review of this project by the Board at intervals appropriate to the degree of risk to assure that the new project is being conducted in compliance with the Board's understanding and recommendation, and this interval will not exceed one year.

*PLEASE NOTE: 1. Any advertisement to recruit subjects for this study must be approved by the IRB prior to posting, publication and/or distribution.
2. Other institutional approvals may be required before the study can be initiated.
3. Written notification (at the time this study is completed/canceled) must be sent to the Office of the Chairman.

APPROVAL PERIOD: June 14, 2001 to June 13, 2002

Principal Investigator

Kenneth E. Kratz, Ph.D., Chairman

DATE: 06/19/01
DATE: June 14, 2001

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Appendix G
Demographic Instrument
Demographic Instrument

Code # __________
Date __________

Please answer all questions by filling in the blank or circling the answer that represents the correct response.

1. What year were you born? __________
2. Ethnic origin
   a. White
   b. African American
   c. Hispanic
   d. Oriental
   e. American Indian
   f. Other: specify __________
3. What is your gender?
   a. Male
   b. Female
4. What is your marital status?
   a. Single (never married)
   b. Married
   c. Separated
   d. Divorced
   e. Widowed
5. How would you rate your overall health if the bottom of the ladder represented the worst possible health and the top of the ladder represented the best possible health?
Appendix H

Self-Anchorong Life Satisfaction Scale (SALSS)
Self-Anchoring Life Satisfaction Scale

Dialogue to be read by researcher/data collector:

“Some people seem to be quite happy and satisfied with their lives, while others seem quite unhappy and dissatisfied. Look at the ladder. Suppose a person who is entirely satisfied with his life would be at the top of the ladder, and a person who is extremely dissatisfied with his life would be at the bottom of the ladder. Where would you put yourself on the ladder at the present stage of your life in terms of how satisfied or dissatisfied you are with your own personal life?
Self-Anchoring Life Satisfaction Scale
Appendix I

Telephone Interview Instrument
Telephone Interview Instrument

A data collector will asked the following questions via telephone interview:

1. Overall, how do you feel about what we have done during the last four weeks?
2. Was there anything in particular you liked, or disliked about the reminiscence experience?
3. Are there any reasons why you would/would not recommend using pictures to help someone recall past events?
VITA
Tommie Powell Norris graduated from Dyersburg High School in Dyersburg, Tennessee in 1973. She received the Associate of Science in Nursing from Union University in Jackson, Tennessee in 1983 and the Bachelor of Science Degree in Nursing from Memphis State University in Memphis, Tennessee in 1985. She was awarded a Master of Science in Nursing with a concentration in Community and Family Health from the University of Tennessee Health Sciences Center in Memphis, Tennessee in 1987 and a minor in Nursing Administration in 1991. Her professional practice has included critical care and home health nursing.

Currently she is an Assistant Professor in the Loewenberg School of Nursing at the University of Memphis. Her research in gerontology focuses on congestive heart failure and reminiscence therapy.

Mrs. Norris is a member of Sigma Theta Tau, the International Honor Society of Nursing, where she serves as Administrative Vice President of the Beta Theta Chapter-At-Large. She was the recipient of the chapter’s scholarship award in 1997 and received a research grant for partial funding of the present study in 2001. She has also been a member of Phi Kappa Phi Honor Society since 1984. Mrs. Norris has been elected “Most Outstanding Faculty” by six different graduating classes at the University of Memphis.