Meeting the mental health needs of older adults through the reminiscence group

Christina Marie Martin

Follow this and additional works at: https://scholarworks.lib.csusb.edu/etd-project

Part of the Gerontology Commons

Recommended Citation
Martin, Christina Marie, "Meeting the mental health needs of older adults through the reminiscence group" (1993). Theses Digitization Project. 481.
https://scholarworks.lib.csusb.edu/etd-project/481

This Project is brought to you for free and open access by the John M. Pfau Library at CSUSB ScholarWorks. It has been accepted for inclusion in Theses Digitization Project by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.
MEETING THE MENTAL HEALTH NEEDS OF OLDER ADULTS

THROUGH THE REMINISCENCE GROUP

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master
of
Social Work

by

Christina Marie Martin

June 1993
MEETING THE MENTAL HEALTH NEEDS OF OLDER ADULTS
THROUGH THE REMINISCENCE GROUP

A Project
Presented to the
Faculty of
California State University,
San Bernardino

by
Christina Marie Martin
June 1993

Approved by:

Marjorie Hunt, Ph.D., Research Advisor, Department of Social Work

Anne Stewart, LCSW, Coordinator, AgeWise Program
County of San Bernardino, Department of Mental Health

Teresa Morris, DSW, Director, Research Sequence
ABSTRACT:

The Reminiscence group is an important form of therapy among older adults. This survey is a preliminary study exploring a Reminiscence group offered by the AgeWise Program, a community outreach program of the County of San Bernardino, Department of Mental Health. The research design is exploratory with data analysis consisting of open coding where the information gathered from the topics is put into categories. This is a survey of an open reminiscence group who have been meeting weekly for approximately two months. It explores, through individual interviews, how the participants feel they have benefitted from the group, and what changes they feel are necessary to benefit of future groups. Interviews with staff also explore their observations. This research is very helpful to the AgeWise Program, which is just beginning reminiscing therapy and would use the information to modify the program. This research is important, not only to AgeWise, but to other programs working with the older adult. It provides a base upon which more studies can be built to discover how to refine existing reminiscence groups to the benefit of all people who participate in such groups.
# TABLE OF CONTENTS

ABSTRACT .................................................................................................................. iii
INTRODUCTION/LITERATURE REVIEW ............................................................... 1
PURPOSE OF THE STUDY ....................................................................................... 5
METHODS .................................................................................................................... 6
RESEARCH QUESTION .............................................................................................. 7
SAMPLE ....................................................................................................................... 7
DATA COLLECTION AND INSTRUMENTS ................................................................. 8
DATA ANALYSIS ....................................................................................................... 10
MEMBERS INTERVIEW RESULTS .......................................................................... 10
STAFF INTERVIEW RESULTS .................................................................................. 16
DISCUSSION SECTION ............................................................................................. 33
APPENDIX A: GROUP QUESTIONS ......................................................................... 43
APPENDIX B: STAFF QUESTIONS ........................................................................... 44
APPENDIX C: GROUP CONSENT FORM .................................................................. 45
APPENDIX D: STAFF CONSENT FORM ................................................................. 46
APPENDIX E: GROUP DEBRIEFING FORM ........................................................... 47
APPENDIX F: STAFF DEBRIEFING FORM ............................................................. 48
BIBLIOGRAPHY ......................................................................................................... 49
INTRODUCTION/LITERATURE REVIEW:

It appears that society tends to view old age as something to be afraid of, when in reality society is afraid of its own mortality. One looks at someone who is elderly and one sees himself in twenty, thirty or however many years. The emphasis in this society is on youth!! We try to preserve that youth as long as we can with face lifts, other plastic surgeries, creams, pills, hair-coloring and girdles. The list is endless.

How does all of this affect the lives of the current generation of older adults? All of this avoidance of reality is harmful, not only to those who will eventually grow old and have to face the reality of aging, but it is harmful to the current generation of older adults who are feeling worthless and "out of date". This is how Freud describes late adulthood as an era of decline, but he does go on to say that it is also an opportunity for development. One might ask, at that age, what is there left to develop? Erickson describes the final ego stage as follows: "As man enters late adulthood he feels that he has completed the major part-perhaps all of his life work. His contribution to society and to his own immortality is largely completed. He must arrive at some appraisal of his life. The developmental task is to gain a sense of the integrity of his life-not simply of his virtue or achievement, but of his life as a whole" (Erickson, 1950, p.77). One way to
approach this development is through reminiscence which is the focus of this survey.

In general, reminiscence has had a negative connotation. It has been seen as a result of... "intellectual deterioration, and of memory loss..." and people considered it a sign of encroaching senility (Getzel, 1985, pp.225-247). It is incorrect to assume that reminiscence is an indication of the decline of an elderly person. Studies have concluded that life review is a distinct developmental occurrence of late life and it is recognized universally as a mental process which develops as a person faces the reality of oncoming dissolution and death (Butler, 1974, p.165). Also, "...the content of the reminiscence often reflects underlying struggles in which the client may be engaged, such as the life review or the crisis of ego integrity versus despair. It may involve themes of finding justification of one’s life and achievements and working through grief or loss" (Getzel, 1985, pp.225-247).

A 1991-92 report by the State of California Department of Mental Health and the California Department of Aging regarding services to older adults, concluded that "Older adults suffer from mental health problems that can result in serious functional disorders" (SDMH & CDA, 1991, pp. 57-68). To break it down into percentages, " ...between 15 and 25 percent of Americans over the age of 65 suffer from
significant mental health problems" (SDMH & CDA, 1991, pp. 57-68). "Older adults constitute both the most under-served population group in California's mental health system and the fastest growing population group in the state. By the year 2000 the proportion of counties with 12 percent or more of their population over the age of 64 will rise from 20 to 35 percent" (SDMH & CDA, 1991-92, pp.57-68).

In older adults, 55+ years, Erickson's theoretical conflict theory suggests that Integrity vs. Despair are major issues. "The problem is one of accepting one's own and only life. Evaluating one's life and seeing that it has been meaningful vs. a sense of meaninglessness. There is a sense that time is short; it's time of retirement and decline of health. This stage can develop WISDOM" (Erickson, 1950, p.77). One approach to addressing the mental health needs of this developmental stage is Reminiscence. Wallace defines it as talking "about the past [which] bolsters self-esteem and suggests that wisdom and serenity in old age may be due more to social integration than to the fulfillment of psychological need" (Wallace, 1992, pp.120-125).

Reminiscing is defined by Lewis R. Butler, as "the act or process of recalling the past" which is crucial for transitioning into growing older and the accepting of the "inevitability of death" (Lappe, 1987, p.12). Reminiscence can be used as a tool to help resolve conflicts in the past
or present, reintegrate them, leading to an increased sense of self-esteem (Lappe, 1987, p.12). Potentially, it is this increased sense of self-esteem which will give older adults more confidence and lead them to making more and stronger contacts with people. Also, gaining a higher sense of self-esteem and resolving conflicts of the past and present lead to a healthier mental attitude and can decrease the levels of depression suffered by many older adults.

As "reminiscence, [is] the act or process of recalling the past, [it] may be used as a means of reflecting on previous events, making some judgments about past events, and working toward the constructing a new and final identity (Burnside, 1986, p.289). In reminiscence groups, the goals include "...increasing self-esteem, increasing socialization and the ability to share meaningful memories with others and increasing awareness of the uniqueness of each participant" (Burnside, 1986,p.290).

AgeWise is a Community Outreach Program for Healthy Aging offered through the San Bernardino County Department of Mental Health. AgeWise has been a provider of needed mental health services to older adults in San Bernardino County since 1986. The professional staff provide short-term mental health services to older adults in their homes and other locations, such as senior centers and nutrition sites. The Senior Peer Counseling Program was developed to reach a greater number of older adults in the community. In
the Peer Counseling Program, older adult volunteers are recruited and trained to provide supportive counseling, under supervision, for frail and homebound older adults who are 55 and older, (AgeWise, 1988/89, pp. 1-35).

Both the AgeWise professional staff and the Peer Counselors run groups for the older adult population. They facilitate support groups which deal with difficult topics in the older adults lives. The staff provides "Wellness Workshops" and reminiscence groups. All of this is done to promote "healthy aging" in older adults, as this program aims at keeping them mentally as well as physically healthy.

This survey explores the opinions of current members of a reminiscence group and of the AgeWise staff who facilitate this and other reminiscence groups. Opinions were also sought of former staff who had facilitated reminiscence groups in the past. The topics included in this research concern the current functioning of the reminiscence group chosen for this survey and group members and staff's ideas for improvement of the group for the benefit of future groups.

PURPOSE OF THE STUDY:

The purpose of this study is to learn about the functioning of a reminiscence group facilitated by the AgeWise Program, the effects on the members and in what ways functioning of such groups could be improved. Eight group
members, older adults residing in a retirement apartment complex, were interviewed. This study also includes interviews with 5 members of the AgeWise staff who were asked their opinions about how such groups function and what they feel makes them successful or not successful. The staff interviewed have led reminiscence groups either in the past or are currently leading them.

METHODS:

A Positivist exploratory paradigm is being used, as this study will be exploring the current functioning of the reminiscence group and what improvements are needed to benefit future reminiscence groups. One part of the sample group studied was a convenience sample from an open reminiscence group. An open group is one where the "...members enter and terminate throughout the life of the group" (Toseland, pp.64-65, 1990). The participation of the sample tended to fluctuate from session to session, with 4 as the least number present and 15 as the highest number present. The group members who were interviewed were active in the group and were residing in the retirement apartment complex where the group is held. Their ages ranged from 50's on up to 90's.

Another part of the sample consisted of five of the AgeWise Staff who are currently, or have in the past led, other reminiscence groups. The number of groups they had
each led varied. One staff member had only led one reminiscence group, whereas another staff person had led 6 of them.

RESEARCH QUESTION:

When working with older adult reminiscence groups in a congregate resident situation, what are some of the current dynamics and approaches that work and what needs to be changed? Also, what does the AgeWise staff report works well and what does not work in the Reminiscence groups which they facilitated based upon present and past experience.

SAMPLE:

For this study, the sample was composed of 8 reminiscence group members from one selected group living in a retirement (congregate) apartment complex. This group of residents had already been actively participating for several months in the reminiscence group which was co-led by a Social Worker from the AgeWise Program and this researcher. Given the time available for this study, it was necessary to work with a group which was already in progress. It takes time to coalesce as a group, time is needed for new members to learn how to act in groups and to begin to build up trust with each other, so I chose to work with a group already in progress.
DATA COLLECTION AND INSTRUMENTS:

Data was collected through individual interviews with group members. They were asked detailed questions which included some basic demographic information. However, the majority of the questions referred to the current functioning of the group and what was needed to improve group functioning. Also, individual interviews were conducted with AgeWise Staff who have led or are leading reminiscence groups. The questions asked of staff included the number and length of time they have led reminiscence groups. Questions asked were also regarding their experience in running these groups and their opinions on what should be changed. See Appendix A for the group questions. See Appendix B for the staff questions.

To prevent members from thinking they could only stay in the group if they would participate in the interview, it was announced that the study was a masters degree project conducted in conjunction with AgeWise and California State University, San Bernardino. It was stated that the project was being conducted to ask the opinions of group members as to how they feel the group is going and if there is anything that can be done to improve for future groups. A couple of group members were asked individually if they would be willing to do an interview which would only take 20 to 30 minutes. A few members seemed very willing to talk.
Others seemed timid about giving their opinions and stated that they were not sure if they should do it.

The AgeWise staff was much easier to interview. Everyone who has done reminiscence groups was willing to be interviewed. In general, the interviews were conducted at the AgeWise office. Some staff had transferred to other programs within the Department of Mental Health, so interviews were conducted at their offices. The amount of time interviewing staff, per session, took longer than interviews with the group members. In both interview groups, the longest amount of time spent in one interview was approximately 40 minutes and the shortest was approximately 20 minutes. Consent forms were administered to each participant which they read through and signed. See Appendix C for the group consent form. See appendix D for the staff consent form. Also, see appendix E for the group debriefing form. See appendix F for the staff debriefing form.

As stated before, this group fluctuated in number from 4 to 15 members. More females than males attended. The typical member was caucasian of middle class background. The total number of group members interviewed were 8. The total number of staff in this sample was 5.
DATA ANALYSIS:

As this is a totally qualitative study, the data has been analyzed through open coding. "Coding represents the operations by which data are broken down, conceptualized, and put back together in new ways. It is the central process by which theories are built from data" (Straus & Corbin, 1990, pp. 57-74). During the analysis (coding) of the data for the project, the data was broken down into different categories to see if any similarities or specific differences could be found.

When the staff sample was asked the question, "What is your goal or purpose of the group?", the answers were different for each individual, but those responses were separated into categories. Those responses which appeared to be conceptually the same were placed into the same categories.

MEMBERS INTERVIEW RESULTS:

Q6. What was it that brought you to join the reminiscence group?

Questions 1 thru 5 were demographical information questions which were asked to help ease the participants into the interview questions. This helped to establish repore which seemed to make them more at ease. In the first reminiscence question the participants were asked why they joined the group: Two of the respondents answered
similarly, that they had heard about the group from other residents who were already members and who recommended it to them. One respondent, the only male in the group at that time, appeared very sharp intellectually, and was recovering from a major stroke, said, "I thought it would be beneficial to help maintain my mental capacity and physical capabilities." Another respondent said she enjoyed and wanted to be amongst other people. One of the member respondents who was diagnosed with Alzheimers, had been a part of the group and she was interviewed with her aide present. For this question she answered, "I don't want to miss anything new, I am interested in everything. It is my way of being happy." One of the respondents answered she came "...because the group was here", and another said, "I stumbled upon the group when it was in session one time" and one said she came to do "...anything to get out of my room."

Q7. What are your observations/thoughts about the group? What are your feelings during the group?

The respondent who was recovering from a stroke gave the most input of all of the respondents. He said, "Reminiscing brings back memories of how things were. You have to compare present day living with things in the past and evaluate each one. The group helped me to keep my mental facilities sharp. Being active is the main thing a
person wants to do. Keeping oneself mentally alert is half the battle of keeping oneself mentally efficient." He also said the group was "frustrating to the extent people don't remember points I think they should." This is a statement related to the fact that the composition of the group changed in a short period of time and became a mixture of higher and lower functioning members.

All of the respondents said, basically, that they enjoyed the group and the people in the group. At one point the group was divided into higher and lower functioning members, but because of time and access to facilities, the two groups remained in the same room. Most of the respondents felt that the division was helpful as it gave everyone more time to talk, but others felt it was more confusing as one group could hear what the other group was saying, making it hard to concentrate.

Most of them said the group gave them a good feeling about being able to participate and interact with each other. One said, "Feeling able to participate and interact with each other makes us feel like we are persons." Another said, "We can get acquainted to other people in the group and find out how they feel about other things, like living at this facility, for example." One respondent said that she "enjoys hearing things of the past, although I am not one who lives in the past. I don't have much recollection but the group triggers memories." The same person mentioned
the fact that one of the members, who always seemed to be "far, far away", had gradually begun to participate and remember more in the group.

One group member commented on the make up of the group and the fact that the lower functioning members were becoming more numerous, which was more difficult for both the higher and lower functioning members.

Five of the respondents reported enjoying the Reminiscence Group. Three stated that they were able to remember things in the group, that listening to others talk about their past helped to trigger their own memories. It was reported by three respondents that a camaraderie and an "ability" to interact easily with each other in the group had developed.

Three responded that having people who could not remember as well as they could was frustrating. Yet only two respondents said they liked splitting the group into two groups (of lower and higher functioning members).

The following are individual statements by the respondents which seemed to be important to the group as a whole. One said the following concerning his feelings about the group: "[a] person is never too old to learn"; "Experience is the best teacher in life"; "seems even with a speech impediment they rely on me to initiate the discussion which makes me feel important"; "leaders encourage the group to participate"; helped me to keep mental faculties up";
being active is the main thing a person wants to do"; keeping one's self mentally alert is half the battle of keeping one's self mentally efficient."

Another respondent who was very active with helping to run the activities and was involved with the welcoming committee stated the following, "Being in the group, I feel more like a member than a leader, usually, I feel like I always need to be leading." One respondent said she "...remembered one of the members to be 'far far away', now she can participate and remember more in the group."

This respondent "...found the group interesting"; "you find things out about your personality in a group"; get acquainted with other people in the group and find out how they feel about other things like living here, for example"; "look forward from one group meeting to the next to see what new topic the leaders have found."

The member who is diagnosed with Alzheimer's said the following about the group "I feel that 'Johnson' (referring to herself) feel natural in it"; and "Sure people would accept me." Another respondent said, "I don't talk much because I can't always talk as much as I want to as a result of a stroke. Most people don't understand, as it takes me longer to get the words out"; "when in your group, they (some of the higher functioning members) don't seem to understand, it is my own observation, they might be in fear
because of the lower functioning members, fear about becoming that way in the future."

Q8. Have you noticed any changes in yourself since joining the group? If so, what are they?
   
   Out of the eight, three of the respondents noted no change within themselves since joining the group. But two of them felt they are now more open-minded and better able to speak up more than before. One respondent said," now physically I help myself more." Another said, "the group did bring back some memories for me."

Q9. Can you tell me what you feel is needed to make the group even better for you and other members, so as to assure that you get the most possible benefit from it?

   One respondent suggested that the division of the group was not good, that it became confusing, as both groups were in the same room, some people would talk louder than others. "When there are a lot of people who can’t hear, people must speak louder. This makes it harder for those of us who can hear. I feel it would be better to stay in one group."

   But two respondents said that "...breaking the group up is good, and the important thing is to break the group down smaller, making it more intimate which would be more beneficial."
STAFF INTERVIEW RESULTS:

Q1. What were your initial goals and purpose for doing the reminiscence group? Have they changed since you began facilitating it?

Three respondents stated they wanted to find a type of group that people in retirement complexes would respond to and come to consistently. Specifically, a group that would increase interaction and communication between the other residents of the senior facilities. They "...wanted to bring people together and get them involved in a social context." Another three respondents had similar goals: "for the members to enjoy "getting out of their illness" for a short period of time.

Two of the staff interviewed stated it was important to find a non-threatening topic which would appeal to members. In addition, creating positive experiences to balance out the great amount of negative experiences in their current lives. Two staff said that to "...be able to have members identify similar and common experiences although at different levels of functioning" was important. "The group seemed to benefit from the group as it was composed."

There were individual comments made by the staff: "A goal was to find a group the Peer Counselors could easily facilitate"; "One goal was to work with a diversity of higher and lower functioning people, including a range of people at various functioning levels"; "...take them back to
their early accomplishments and see the contributions they made in life. Often those contributions made are forgotten about or not recognized by family and therefore not by themselves either."

In terms of goal changes, two of the five staff interviewed stated there were no changes in their goals for the group but the other respondents answered with individual statements, none of which fell into a similar category: "Staff do groups with Peer Counselors for a short period of time and then have them facilitate it independently." Also, "[c]lose contact of the Staff with the Peer Counselors facilitating the groups independently is important, for staff to be available to the Peer Counselors and to get involved when trouble happens. For example there was a sudden decrease in membership which the Staff person helped to remedy"; "The group has the potential for certain individuals to increase cognitive functioning and memory";

Individually, the staff stated: "It is important to find something healthy for a starting point. Start with something solid, healthy and positive to balance all of the troubles that come up"; "...the way to run the group in patterns and themes have changed a little bit. When one sees what works and what doesn’t in certain situations, then adjust it specifically for that group"; "Need to allow members to feel really worthwhile, since often times they feel they don’t have anything. As the members are often the
recipients of information, the group gives them a time where they are the experts which gives them the feeling that they are worthwhile."

Regarding memory, individual staff responded with a couple of stories from their groups: "One woman after her husband died, would always say in the group that she couldn’t remember anything. But the group has helped her trigger her memories which she probably wouldn’t have remembered without the group involvement." "One woman actually got up and left the room because she was not able to remember anything, but she came back a few minutes later looking very excited. She announced that when she got back to her room she remembered a story pertaining to the topic of discussion and she had to come back to the group and tell the story before she forgot again."

Q2. What are your reflections on the current functioning of the group?

Two of the staff commented about the different functioning levels of group members: "...the groups with higher physical and mental functioning were as bonded as those with lower functioning groups which I think is pretty normal." Other groups consisting of members with increased memory loss find they can participate in the reminiscence group. They find that they do know some things, their memories are different, but the benefit of the group is not
lesser than for other members with more intact memory, it may even be more beneficial for those with memory loss; "one thing I learned that is important and makes a big difference is having members in the group with similar functioning levels. It seems to make a difference in the functioning of the group. The age of members doesn’t seem to make a difference. Similar functioning makes it easier for the Peer Counselor to facilitate and there appears to be more group interaction between those with similar functioning levels"; "one higher functioning group had good memory and was interested in sharing stories and moved toward Life Review, which was found to be very helpful."

In terms of interaction within their groups three respondents said the following: "Members are interacting much more than when we started. They are interacting with each other rather than trying to compete with the leader"; "The interaction among the members was much better than at the beginning"; "It felt like 'I' (as the leader) was working less and they were working more in the functioning of the group."

Individual comments were made by respondents regarding memory, and members feelings of being able to contribute in this environment: "Members are able to recall more from the past in terms of remote (past) memory or they felt more comfortable and motivated to share more"; "the group is one place in their week where they can contribute and it has
nothing to do with health or declining functions"; Another respondent said the group "...is an open group who are in the 'early group stage' and they are directing questions to the leader instead of more questions to each other." One respondent gave no response to the question of group functioning.

The following is regarding group dynamics. Three staff member participants commented on the confidence of the members in the group: "As I begin to sense the personality of group members, I need to be assertive for the group members to give them confidence to be assertive for themselves"; "In the group I never confront the issue as avoidance or denial, where as in a general support group I would want to bring the members back to the issue or focus on the avoidance of that issue being discussed"; "I noticed leaders needed to provide structure, but as we went on they didn't need as much and the group could go with a topic presented without specific questions"; "Wanting to be led was important for the members. Making individual contact with members was important for the members to feel included. After that they mixed better with other group members."

Two respondents commented on the change in dynamics when dividing group members: "Problems changed along with process changes. Breaking down into smaller groups with the Peer Counselors seemed to draw out those who weren't willing to open up before. It turned out better in the smaller
groups"; "When there are lower functioning members among higher functioning members in the same group (ie: hearing problems, anger, control problems, personality conflicts, and physical frailty) it changes the dynamics of the group a lot. It takes more people to lead the group session to session. I decided to divide the different cognitive levels of members, but when first starting a group, one must take a few sessions to find out what are the functioning levels of the group members."

In terms of individual participation, two respondents said: "Each individual participates on his or her own level. Since the rules are looser in the Reminiscence group, the members are pretty much guided to participate at any level they can and they can go off and on, in terms of participation, any way they feel"; "With the more lower functioning (demented) members I don’t know if they are getting anything out of the group, but one member who is lower functioning and who sits quietly (she will answer if questions are directly asked to her, but never volunteers an answer) she has recently been coming up to me and the co-leader, brightens up and with a heightened attitude and demeanor says 'thanks for an enjoyable time'."

There were a few individual responses: "Some members compete for time and others compete for the most exciting story, they try to 'one-up the other's story'. In that sense they are kind of child-like"; "I do see some members
who are very verbal, as others sit silently while having quiet memories for themselves. It seems to be the best thing for them, not a negative thing." "Just because members don't feed back energy or have as much eye contact as members in a higher functioning support group, doesn't mean they are not participating in the group 'process'."

Q3. What are the dynamics of the group which are obvious and those which are not so obvious?

Two of the five participants gave no response regarding this question as they are no longer doing reminiscence groups. This topic did not generate any two responses that were similar. Individually, the responses were as follows:
The make up and tone of the group is important to the functioning of the group but one cannot predict the make up and tone of a group. Nor, can one know if there is a history of conflict, holding back, or isolation in an apartment complex (senior residence) which can be detrimental to the success of the group, such as in-group fighting; It seems that residences with a "...strong sense of community have more ability to do better in the group and those which lacked a sense of community did not do as well."
One factor which seemed to affect the residents' sense of community was if the facility provided meals for residents in a dining area. Such places seemed to have fostered a
strong sense of community as this promotes interaction among residents sitting at the same tables at each mealtime.

In terms of planning for the reminiscence group: Originally one would "...stick close to the plan and would bring in a lot of extra 'props' to spark members interest." Now, one still makes a plan and brings in props but "...found the more general the theme the more chance everybody got to participate"; Also, when including props, I "...found that photos or an old song, or a creative activity is successful to use in the group, but that not everything can be used in the same session." The group doesn't particularly have to be answering specific questions we've created, but we have developed a program for the group which give the leaders an outline of ideas to use to attempt to trigger the members' memories; Sometimes it only takes a word or two, or looking at a picture which seems enough to trigger memory within the group."

One respondent commented on the higher and lower functioning members in the reminiscence groups: "A current group of lower functioning members took a while to learn group process as they would get up and walk out quite a bit in the beginning, but have since learned that is not appropriate in a group. A previous group who were higher functioning, learned group socialization quicker, they were more socially appropriate and had more depth to their answers." After having experience with both higher and
lower functioning group members, the respondent reported how she changed the way she asked questions depending on the functioning level. For example, a different way to ask lower functioning members is to ask "we" questions, going around to each person for a response. Also, "...a list of questions are needed to quicken the pace and a lot more visual stimulation is needed to keep their attention than with other groups."

One respondent said, "...to be able to add a tactile stimulation more often in groups, ie. something that stimulates all of the senses, would be very successful." For example, during one meeting, the theme and activity (tactile stimulation) was to make cream into butter. This activity was done by putting heavy cream in a jar which each member passed around to each other so each member got a chance to shake it. After the group shook it into butter it was spread onto crackers and they ate it. This was very successful, the members really got involved and seemed to enjoy partaking in a task which allowed them to use all of their senses to accomplish it.

Q4. Do you feel doing such a group is beneficial to the population with which you are working? In what way is it or is it not beneficial?

All five of the respondents felt the group was beneficial for the members, but their reasons for it being
beneficial differed: Two participants said the group seemed to build the members self-confidence and self-esteem. The group brought about "...affirmation whether a positive or negative event was discussed, the connection itself was positive." Another reason it increased self-esteem was because the group was being asked the questions about their families and their life accomplishments. Having the leaders of a group and peers expressing such an interest in the members seemed to give them the feeling that what they did in the past was important and of interest to other people.

One participant said the group was beneficial because it was "...mainly bringing them back to positive experiences"; Two respondents said that members were socializing more with each other, they helped the facilitator and became friendlier with the other members. They "...do benefit from lively sessions and are interactive when learning, which is a very valuable thing for the population."

Another two respondents said as the group is so informally set up, members self-select to be or not to be in the group or in the discussion depending on the topic and what they feel comfortable with. Also, two staff participants felt that the sharing of personal knowledge was important: "The increased amount of personal knowledge people (group members) have of each other increases the opportunity for points of connection between members over a
life span". Sometimes the sharing of personal knowledge is not easy as some memories are difficult ones which many people choose for years to block out, but the leader "...reminds and reveals to the group that all of our times in life are not always happy, but all of the times in our lives make us strong and helped us to survive"; "To encourage both good and bad memories is important. This will give the leader a chance to reinforce strength, courage and energy people invested in their lives to rise above the adversity. This reframes what could be perceived as a negative and what has been always avoided into something which is positive and should be recognized as a beneficial part of their lives."

An individual participant gave a few reasons she felt the group was beneficial to the members: "As the topics discussed are from the past, most of the members can contribute because more often the long term memory is remains intact"; "A lot of the members are physically frail, but reminiscing brings them back to a time when they felt less vulnerable. It gives members a bit of peace, at least for that time they are with the group."

Three said that many older adults are isolated and often they are hearing only the negative things which are going on in the world and many of them feel vulnerable as a result. Being in the group gives them "...a break from all
the negative happening in the world and that less vulnerable feeling stays with them beyond the group meeting time."

Q5. How has attendance been for the groups? Has it been difficult to get and keep members in the group?

There were some similar responses from the staff participants in this subject area: Three participants said that in the beginning of the group, it was not difficult to get or keep members, but the leader must reach out to each individual. Making the individual and personal connection with members made a difference in the number of members who remained in the group for an extended period of time. They said that going door to door during recruitment helped to obtain members, but that the leader could not ignore any member if they intended to keep them in the group. "Physical contact is important. Be sure to touch the members hand or arm before and after the group. It adds a real humanistic quality to the group"; As well as the fact the "...leader must be warm and never talk down to any member"; One more important task the leader should do "...if a member who is usually active, is gone a few sessions, it is important to make an individual and personal connection to get them back into the group."

The type of facility was considered important by two of the respondents. If it is a facility which provides meals, then there most likely would be a stronger sense of
community which is an important element for the members to learn. Facilities which allow posters to be put up advertising the group helps bring up attendance in the group. One respondent discovered "...when one does a group at a retirement center setting, approximately 10% of that population chooses to participate in any activity and seem to enjoy this sort of activity."

Four participants reported attendance for their groups had been steady with a core group of 12 - 15 members. Giving reminders to the members at the end of each session is one strategy which helps to keep members coming back. Also, being able to put up posters at a facility helps to minimize the loss of members. One said she had a "...captive audience and basically the same people stayed in the group week after week."

An individual respondent discussed some general factors which affect attendance and should be considered when planning for the group. Also..."lower functioning members seem to have numerous doctor's appointments and are often absent from the group as a result. If the member's focus is on feeling sick or frail, it is harder to add an activity such as the reminiscence group." Also, the understanding of specific factors of each facility with which one works was considered very important to the success of the group. For example, a facility with more lower functioning residents have more health problems which would interfere with group
attendance. It is also important to know what type of activities and services are offered at the facility such as, a weekly exercise hour, social hour and transportation to appointments or on recreational outings. Finally if a facilitator is able to enlist the staff at the facility, they will bring in more people to attend the group.

Regarding attendance, another staff person felt that "making the room 'member friendly' is important, i.e. for those with hearing impairments, make sure they are sitting closer to the leaders and make easy access areas for people with walkers and wheel chairs. If a member can walk in and out of the group area without much problem this will help him decide to come back. Comfortable chairs are also an important factor. If one doesn't do these things he can lose his members."

Further comments by two respondents regarding attendance included comments about the fact that we are working with the older adult population has to be considered. "The older adult generation with which we work is more formal than the present generation, which means personal contact is more important. Reminder notes about the group in their mailboxes to either remind them or to tell them everyone misses them if they have not attended a couple of meetings in a row makes them feel special". "With more organized inviting, reminding one could get more participants, but a group of 8 to 15 members is a good group
to work with, and nor do we (leaders) have time for extensive publicity".

Q6. How receptive to the group do you feel the administrators are at the facilities where you do the groups?

Four said that attitudes of administrators vary at each facility. They are usually receptive and interested in obtaining a free service, but leaders must not demand much of the administrators time. They also like to get positive responses from the residents and having another activity to put on the calendar is important to them.

Two respondents said the administrators are pretty controlling and want to be in charge of all of the events. "Some are helpful by calling clients individually to remind them of the group. The level of care at that facility seems to determine whether or not administrators are helpful. "Management of a higher level of care facility seem to be more helpful in getting residents involved in groups".

Another two participants gave some examples of an administrator's response to the group: "The administration of one place was not particularly helpful, as the staff was overwhelmed because there were not enough of them. They wanted AgeWise to come in, do their thing and not ask anything of them. The administration offered refreshments for the group but there was always a hassle as to how to
work out a system to receive the refreshments." At another facility, the administration was "...helpful to the AgeWise staff but not as respectful or helpful with the senior Peer Counseling volunteers. They did not give the volunteers as much authority as they should have. For example, when the Peer Counselors would arrive at the facility early to set up the room and ask the staff to announce the group on the loud speaker, they refused to announce it until the AgeWise staff person arrived. Often he would not arrive until a few minutes before it began which delayed the starting of the group."

One staff respondent said that "knowing the management helped to improve administrative relationship and knowing the type of facility, ie., if there is a waiting list or looking for new residents, and knowing the general socio-economic level of the residents." Another said, "when the facility has a waiting list, there is much less concern from administrators about the services for their clients. When they are competing with other facilities for new residents, they promote these services for their benefit." From the participants responses, there was a wide spread continuum of those residential administrators totally disinterested in them, those who will have them there doing their group but have nothing to do with them, on to those who do want them and utilize the group for the benefit of their residents.
Q7. What changes do you feel (if any) are needed to improve any aspect of the group? Please be specific.

Suggestions were made for improvement of the group by four respondents: "The use of more 3 dimensional/visual aids, especially among members with sensory impairment is needed"; "I found the group responded well to multiple forms of sensory stimulation, not only writing, but singing and others for the different types of impairments of members." The use of props stimulates the different senses, they especially enjoy "hands-on" or touching and feeling types of props. "To smell, see and feel it, more senses are stimulated and there is an increase in the possibility of triggering more memories". "Lower functioning groups seem to respond to more sensory stimulation. Using as many of their sensory organs as possible, even smell, they will become more active and more able to remember and participate in the group."

Two respondents suggested that groups of more than eight members really requires more than one leader. To produce the most benefit for the members, there should be two leaders. Also, two participants said that "...facilitating the interaction closely is more important in this type of group than a regular support group. It is the staff's job to intervene with the members interactions if it seems necessary."
The following are individual suggestions for change by the respondents. It is important to consider each group with its own specific elements, not adhering to only one way of leading the group. One important factor to know before planning the group at a specific location is the functioning level of the population residing at that facility.

Concerning attendance, "getting them to come into the group is different at each facility, but to be able to work with the staff at that facility to personally gather residents to attend helps to bring more people into the group." Finally, concerning the format of the group, "instead of doing a long drawn out beginning, to jump right into the 'real stuff' seemed to get the group going quicker."

DISCUSSION SECTION:

The goals of this exploratory research survey on a selected reminiscence group, were to examine the current functioning of the group and to see what survey participants felt could be done to improve the groups. As stated earlier, the sample was drawn from two different types of individuals, reminiscence group members and staff who lead the reminiscence groups. Their responses were quite different. First, they differed in that the staff seemed to feel more at ease in giving their suggestions and opinions about the group, but the members seemed to hold back on
saying anything which could have been interpreted as a criticism. As one group participant stated, "I wouldn’t like to say anything about a change, I am just grateful to be able to sit in on the group." This could be one reason for the small number of suggestions from the group member participants.

During the interviews with the member participants this researcher felt that they did not want to say anything negative for fear of losing the group as a result. Another reason that they felt reluctant to criticize or give suggestions may also be because of their generation and the values of that particular cohort. A common saying was, "If you can’t say anything nice, don’t say anything at all." The fact that this researcher was also a group co-leader and did the survey by interview method, could also have resulted in reluctance to criticize. This researcher felt it necessary to interview group members though, because most were unable to write.

This researcher found it interesting that the only male group member participant seemed to be willing to say some critical things about the group and give suggestions on how to improve it. The women did not give nearly as many suggestions and did not seem as confident as the male member. This is possibly again the result of generational factors, and that men were considered intellectually superior to women.
During the time this researcher co-led the group she saw a lot of changes with the composition and dynamics of the group. After a few group meetings, the residence manager hired a new assistant activities director who was very enthusiastic. This would normally not be negative, but she wanted as many people to participate in the group as possible and without asking the leaders, she brought anyone she could convince to come, particularly extremely low functioning people. This changed the dynamics of the group, as there was then a majority of lower functioning people attending.

At first the higher functioning members attempted to help the lower functioning members to do the activities and tasks in the group, but this became too difficult for them. They seemed to become more anxious, and it was this researcher's impression that this made them feel uncomfortable and frustrated. As the activities director would bring more of the lower functioning residents in to the group, the other members would literally say to her, "No, don't bring her in to the group, she won't understand what is going on." The higher functioning members would have frustrated expressions on their faces, or wouldn't even look at the lower functioning member who was taking a very long time to express a thought which was not always about the topic. There was a drop in attendance of the higher functioning members and although the leaders talked with the
activities assistant about not bringing so many people into the group, she continued to do so.

For a short time the leaders split the higher and lower functioning members into two groups, but there was no separate room available so the groups sat at opposite ends of the same room, in circles. In some ways, this worked out better as was stated in the members’ responses, but overall, it did not work. The room was too small for two groups to meet and talk at the same time without the other group being distracted by the noise. Currently, the group is on a short hiatus. When it resumes it will be split up into two groups that will meet on the same day and time but in two different rooms.

Another incident which happened in the group was a misunderstanding regarding billing to Medi-care for group participation. AgeWise is a county funded program. There are no bills charged to anyone, not Medicare, Medi-Cal, nor private insurance for services. One day some of the reminiscence group members showed the leaders bills from Medi-Cal for psychotherapy and group therapy and they wanted to know what was going on. It was explained that in no way could it have been AgeWise doing the billing for services. We learned that there was a current events group which was offered weekly and it was this group leader who was charging for services. It had not been made clear to those attending the current events group that they would be billed for it.
Although this had nothing to do with the AgeWise program, some members decided to stop coming to this or any group. Unfortunately, the reminiscence group lost a few members, as a result of this incident.

Staff respondents chose to give more input than group member respondents as they did not seem uncomfortable about giving critical comments regarding the reminiscence group. Group member participants were older adults, retired and living in a facility. The staff participants have been educated in the field of Social Work and it was their job to set up and lead these groups. These different dynamics explain some of the difference in the types of responses from the two different types of participants.

Current staff participants had more suggestions than former staff participants. The former staff had not facilitated a reminiscence group in a number of months nor had they facilitated as many groups as had the current staff. This appears to have made a difference in the number of suggestions given. Staff who are currently running groups have more opinions and thoughts about what is needed to improve the reminiscence groups than staff who have been away from the program for several months.

Overall, both respondent groups said that the group is beneficial to its members. Also, it was the consensus that keeping the higher and lower functioning groups separate would be better for each group. It was better for the
higher functioning members, as it allowed them to participate at their intellectual and physical functioning levels. Lower functioning members took more time to answer a question and could not do the same type of activities planned for the higher functioning members. This made the lower functioning members feel inadequate, that they could not participate at the level of the higher functioning members.

From this study, it was found that the use of props such as, music, singing, pictures, etc... is a very effective method of stimulating the senses in the body and helps to trigger memories. To be actively involved in an activity in which there is tactile stimulation, as in the example which was given about making the butter, is a very successful approach. However, as stated above, the plan for any group must be customized to the type of population with which one is working. The props which are effective with the lower functioning members are not necessarily as effective with the higher functioning members. This is another reason the mixing of members with different functioning levels is not as beneficial for either type of group members.

During the time this survey was being done, this researcher attended a seminar where the speaker was Irene Burnside, R.N., Ph.D., FAAN, who has worked for many years and is prominent in the field of group work with the elderly. Her research interest is group work with the
elderly with a special focus on reminiscence therapy groups. She published the first "how-to" group manual which is in its fifth printing. Her book, "Working with the Elderly: Group Process & Techniques" was one of the references which this researcher utilized extensively for this survey. It was this researcher's privilege to have the opportunity to speak with Dr. Burnside regarding this survey.

Dr. Burnside discussed the time she was conducting research on groups and the techniques she used for data collection. She used open ended questions which she sent to the group members so they could fill it out without anyone sitting with them asking them questions face to face. This, she said, was a less intimidating way of asking the questions and was more likely to get more critical responses than face to face interviewing.

The different types of groups, open and closed groups were discussed and what the advantages and disadvantages to each type. Dr. Burnside suggested this researcher obtain a book written by Ronald W. Toseland, "Group Work with Older Adults", which contained current research in that area. In his book Ronald Toseland discusses the advantages and disadvantages of open and closed group membership. "Closed membership generally allows for a greater sense of cohesion and camaraderie. There tends to be greater stability of roles and norms. Closed groups proceed through the stages of group development in a more orderly and predictable
fashion" (Toseland, 1990, p.64). Having a closed group would have perhaps been more advantageous for this study, as interviewing members who have been consistently attending the group might have brought about more critical responses.

Toseland goes on to say, "Open membership allows new ideas and new resources to be brought to the group. It helps to ensure sufficient participation over the life of a group. On the negative side, adding new members can be disruptive, particularly when previous group experience in the group is important" (Toseland, 1990, p. 64). During this study, there were new members brought into the group every session. Even after this researcher discussed with her the fact that once the group starts the meeting it is too disruptive to add any one else, the activities staff person continued to bring them into the group. Sometimes as late as twenty minutes into the meeting she would bring in more people, most of whom were very low functioning which was very disruptive to the session every time it happened.

Also, this researcher feels that a closed group would possibly have produced more critical responses by the member participants. The members would have perhaps better understood that the group is something that belongs to them and is not a privilege that could be taken away if they were to raise any form of criticism.
The value of reminiscence groups is great for lower and higher functioning people. The main issue that is important for success is having a group functioning at a level as homogeneous as possible. Also, spending time to recruit administrative support helps to get the members. In her book, Irene Burnside described working towards gaining complete cooperation from staff and administration even by baking them a pan of brownies. One cannot assume the administrations' good will but must personally connect with them by seeing them and talking with them every time one leads the group.

Having a closed group is more beneficial to higher functioning people. They have more opportunity to build trust and support each other. When feeling supported people feel more confident and better about themselves. This type of interaction and support was not found to be the same with the lower functioning members. It is the opinion of this researcher that open-ended groups are more beneficial to lower functioning participants as there is less structure and less pressure to attend each session. As they tend to have more doctor visits and often must miss sessions, in an open-ended group it would be alright for the member to miss those sessions.

In summary, the findings of this project show that Reminiscence is an appropriate intervention to increase self-confidence, social support systems, and decrease
isolation in both higher and lower functioning populations. In this study, the member participants claimed to have improved memory, said the group gave them something to look forward to and a place where they felt certain of acceptance. Observations of group members by other group members also verified increased positive experiences and increased interaction among members in the group. The statement of one member was that her participation in the group, "is my way of being happy".

Working with the elderly is still a new enough field that demands the "pioneer spirit". With drastic demographic changes of our population, more and more mental health professionals will be confronted with having to create a treatment program for more and more elderly people. Reminiscence is a modality that can be quickly organized without extensive training, and provide a success experience for both the leader and the group participants.
APPENDIX A: GROUP QUESTIONS

1. What is your age, marital status, # of brothers and sisters?

2. Where are you from originally? Where else have you lived?

3. Do you have any children or other family living in the area?

4. How often are you able to be in contact with your family? How often are you able to get together with friends?

5. How long have you lived at this facility? Have you lived at any other facilities?

6. What was it that brought you to join the Reminiscence Group?

7. What are your observations/thoughts about the group? What are your feelings during the group?

8. Have you noticed any changes in yourself since joining the group? If so, what are they?

9. Can you tell me what you feel is needed to make the group even better for you and other members, so as to assure that you get the most possible benefit from it?
APPENDIX B: STAFF QUESTIONS

1. What were your initial goals and purpose for doing the Reminiscence group? Have they changed since you began facilitating it?

2. What are the dynamics of the group which are obvious and those which are not so obvious?

3. Can you briefly give a comparison of the current Reminiscence Group you are facilitating to previous ones?

4. Do you feel doing such a group is beneficial to the population with which you are working? In what way is it or is it not beneficial?

5. How has attendance been for the groups? Has it been difficult to get and keep members in the group? Why?

6. How receptive to the group do you feel the administrators are at the facilities where you do the groups?

7. What changes do you feel (if any) are needed to improve any aspect of the group? Please be specific.
APPENDIX C: GROUP CONSENT FORM

This group has been selected to be in a study of AgeWise work with older adults in reminiscence groups. In this study, group members will be asked to share opinions on their experiences in the group, and we want to look at how the group is currently going.

We want to see which group topics work well, which one's don't and if this approach is useful or not useful. We are asking that participants come, individually, to an approximately 1/2 hour long interview to talk about their opinions and experiences with the group.

I agree to participate in this survey and to the release of information gathered. I understand that participation in this survey is completely voluntary, my participation may be discontinued at any point in the study and taking part in the survey is not required for membership in this group.

Participant Name __________________ Signature __________________ Date __________

Researcher Signature __________________ Date __________
APPENDIX D: STAFF CONSENT FORM

AgeWise staff will be asked to share their experiences regarding their work with reminiscence therapy groups. The information gathered, which involves a survey of staff and group members, will be used to learn the opinion of all involved about the usefulness of this modality.

I ___________________________ consent to participate in A.W. Staff Person this survey and to the release of information gathered for this survey. I understand that the information gathered will be included in the final report of the project, in aggregate form, so that anonymity of the participants is preserved.

__________________________          Date
AgeWise Staff Signature

__________________________          Date
Researcher Signature
APPENDIX E: GROUP DEBRIEFING FORM

Thank you for your time and input in the survey. If there is anything you would like to know about the survey results, please call AgeWise and ask to speak with Jean Reilly, Anne Stewart, or myself, Christina Martin.

Also, if there are any issues which have come to your attention that you feel you would like to discuss further, please contact our program. Our AgeWise phone number is 1-800-451-5633, Monday through Friday, 8am to 5pm. You may ask for any of the staff members listed above. Or you can contact Dr. Marjorie Hunt, my research advisor at California State University, San Bernardino School of Social Work, at (909) 880-5501.

Best Wishes and thank you again!

Sincerely,

Christina Martin
APPENDIX F: STAFF DEBRIEFING FORM

Thank you for your time and input in the survey. If there is anything you would like to know about the survey results, please speak with Annette Nelson, Anne Stewart, or myself, Christina Martin. Or you can contact Dr. Marjorie Hunt, my research advisor at Cal State San Bernardino School of Social Work, at (909) 880-5501.

Best Wishes and thank you again!

Sincerely,

Christina Martin
BIBLIOGRAPHY


Burnside, I., R.N., Ph.D., FAAN. (1993). Personal Interview


Lewis, M.I., MSW & Butler, R.N., M.D. Life-Review Therapy: Putting memories to work in individual and group psychotherapy, Geriatrics, 165-173.


(S.D.M.H.) State Department of Mental Health & California Department of Aging, 1991-92 Report on Services To Older Adults, pp.57-68.


