

## ABSTRACT

Ann R. Dunn. THE EFFECT OF REMINISCENCE ON THE DEGREE OF HUMANIZING COMMUNICATION OF THE ELDERLY. (Under the direction of Dr. Bonnie Duldt)  
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The purpose of this study was to test a selected relationship statement of Duldt's Humanistic Nursing Communication Theory by examining the effect of reminiscing on the communication behavior of elderly individuals living in nursing homes in Eastern North Carolina. The problem was to determine the effects of reminiscing on the degree of humanizing communication occurring in a group of elderly participants in comparison to a similar group who did not reminisce.

Using a quasi-experimental design, a sample (N = 20) was randomly drawn from a population of elderly (> 65 years) individuals living in two separate nursing homes. Ten were assigned from one home to the experimental group and ten from another home were assigned to the control group. There was no attempt to match the groups, confounding the data of the study.

Data were collected on a pretest-posttest design utilizing Duldt's Nursing Communication Observation Tool. Pretest data revealed that there was a substantial difference between the groups prior to treatment. The experimental group scored significantly higher on the pretest in humanizing communication ( $\bar{x} = 11.7$ ) than did the control group ( $\bar{x} = 6.4$ ). However, analysis of the data from correlated t-tests supported the following conclusions: Group reminiscence with the elderly increased their interpersonal interactions; decreased their dehumanizing behavior; increased their ability to reminisce; and the participants reported feeling better about themselves.

THE EFFECT OF  
REMINISCENCE ON THE DEGREE OF  
HUMANIZING COMMUNICATION OF THE ELDERLY

A Thesis

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## CHAPTER 1

### Introduction

The age of sixty-five first emerged as the onset of old age in 1880 when Chancellor von Bismarck of Germany decided when he would retire his military personnel (Williams, 1908, p. 539). At that time life expectancy was around forty-five with nearly ninety percent of the world's population dying before they reached their sixty-fifth birthday. Whereas, today life expectancy has advanced to around seventy to seventy-eight years and continually increasing where more than eighty percent of America's population are assured of reaching their sixty-fifth birthday (Dychtwald, 1986; White House Conference on Aging, 1981). Furthermore, with continued advances in our understanding of the mind, body, and the human aging process, life expectancy will probably continue to rise in the coming decades. The White House Conference on Aging (1981) noted that research was needed on ways to retard the rate of biological decline, to prevent the onset of chronic disease, and evaluate biological and psychological factors contributing to maintenance of well-being for the elderly. Consequently, interventions developed to help increase interpersonal communications and positively influence the mental health status of the elderly are of major importance. This is especially true since depression, loneliness, and isolation are among the most common and potentially devastating problems facing our elderly population today (Burnside, 1984; Butler & Lewis, 1982). Duld (1984, p. 10) stated, ". . .relating interpersonally with others is a basic key, not only to coping with reality in order to survive but also to living life to its fullest and most satisfying potentialities." Therefore, reminiscence group therapy can provide material for the elderly to use in communicating while enhancing interactional communication in their environment.

In the following writings the above issue is examined more closely by looking at the purpose of the study, statement of the problem, hypothesis, significance to nursing, theory, and definitions of terms.

### Purpose of the Study

The study was designed to experimentally test a selected relationship statement of Duldt's Humanistic Nursing Communication Theory by examining the effect of reminiscing on the communication behavior of elderly individuals living in a nursing home in Eastern North Carolina.

### Problem Statement

The problem was:

To determine the effects of reminiscing on the degree of humanizing communication occurring in a group of elderly participants in comparison to a similar group who do not reminisce.

### Hypothesis

One hypothesis was formulated for the study:

Research hypothesis. elderly individuals who participate in group reminiscence have a tendency to demonstrate more humanizing communication than those who do not participate.

### Significance to Nursing

Aside from the benefits of reminiscence for the elderly, nurses have used this life review process as a natural intervention. The life review process has been utilized by nurses to observe individuals as whole beings, emphasize prevention, and strive to alleviate pain and suffering. The significance of reminiscence to nursing is to:

1. Provide nurses with a better understanding of the later years.
2. Help nurses in caring for the elderly to identify the potential benefits of reviewing the past.
3. Help create positive attitudes in meeting the health care needs of the elderly.
4. Assist clinicians in providing for the elderly's interpersonal needs and intervening therapeutically.

### Theory

The theoretical framework chosen for the study was Duldt's Humanistic Nursing Communication Theory (Duldt, B. & Giffin, K., 1985). The assumptions included: "Human beings exist in a 'here and now' existential context from which there is no escape; Survival is based on one's ability to communicate with others in order to share feelings and facts about the environment and ways of coping" (p. 248). The relationship statement to be tested:

To the degree that trust, self-disclosure, and feedback occur, to that degree humanizing communication or communing also occurs (p. 249).

### Definitions

The following are the definitions of terms used in the study:

Reminiscence is defined as a progressive return to consciousness of past experiences (Butler, 1963) and is synonymous with life review. The use of reminiscence as a psychotherapeutic intervention is designed to enhance the remembering of past experiences. As in the interaction pattern of "communing," it involved trust of others, self-disclosure about one's past, and feedback from others as described in Duldt's theory. Trust, self-disclosure, and

feedback or communing are described as the core of humanistic communication. Thus, reminiscing is one way to operationalize humanistic communication.

Communication is defined as "a dynamic interpersonal process involving continual adaptation and adjustments between two or more human beings engaged in face-to-face interactions during which each person is continually aware of the other" (Duldt, B. & Giffin, K., 1985, p. 250).

Humanistic Communication is defined as an interpersonal interaction between two or more human beings during which the participants express attitudes of warmth, genuineness, and caring toward each other. In order to communicate in a humanizing manner communicators are aware that human beings are living, communicating, negating, inventing, ordering, dreaming, choosing, and self-reflecting (Duldt, B., Giffin, K. & Patton, 1984, p. 262).

Dehumanizing Communication is defined as an interpersonal interaction between two or more human beings during which the participants express attitudes of anger, disrespect, and hostility toward each other. In order to communicate in a dehumanizing manner communicators are unaware that human beings are living, communicating, negating, inventing, ordering, dreaming, choosing, and self-reflecting (Duldt, B., Giffin, K. & Patton, 1984, p. 262).

Elderly is defined as persons sixty-five years and older and is synonymous with older adult and aged.

Human Being is defined as man as a living entity functioning biologically and physiologically, perceiving the negative, transcending his environment by his inventions, ordering his environment, striving for perfection, making choices, and self-reflecting (Duldt, B. & Giffin, K., 1985, p. 201).

Nursing Home is defined as a long-term care facility mainly for persons sixty-five years and older.

Group is defined as any two or more persons who are set off from others by a special type of association (Stuart & Sundeen, 1983).

### Summary

The researcher used Duldts communication theory as a framework for investigating the effect of reminiscing in groups on the degree of humanizing communication. Using this theory, communication was viewed as an existential process. This process of human beings relating interpersonally was described by Duldts as a basic key to living life to the fullest. For, as one receives humanizing communication from others, one feels recognized and accepted. Then, as one gives and receives humanizing communication, trust, self-disclosure, and feedback tends to occur among the individuals. The opposite is also true for as one gives or receives dehumanizing communication, deceit, hostility, and viciousness tends to occur. It was suggested, by the researcher, that reminiscence group therapy provides material for the elderly to use in communicating while enhancing their interpersonal patterns of behavior. Reminiscence and life review was used synonymously and defined by the researcher as a progressive return to consciousness of past experiences. Nurses using reminiscence therapy with the elderly can develop a clearer understanding of the later years, recognize potential benefits, develop positive attitudes in caring for the elderly, and help provide therapeutic interventions for their interpersonal needs.

Chapter 2 presents a review of the literature. The previous research was reviewed and similarities and differences identified between this investigation and previous studies.

## CHAPTER 2

### Review of Literature

This chapter includes a review of the research on theories, aging, elderly reminiscence, and elderly group work. Findings are summarized and applied to the investigation of group reminiscence on the degree of humanizing communication occurring among the elderly group participants.

### Theoretical Framework

The theoretical background of the study on group reminiscence with the elderly was built on Duldt's Humanistic Nursing Communication Theory (Duldt, B. & Giffin, K., 1985). Duldt described the concept of communication as ". . . adaptation and adjustments between two or more human beings engaged in face-to-face interactions. . ." (p. 250). The following statements were taken from the assumptions of Duldt's Humanistic Nursing Communication Theory:

Human beings exist in a "here and now". . . from which there is no escape. All elements of existential beings and the communication imperative are issues to be dealt with in critical life situations. Survival is based on one's ability to communicate with others. . . . The way in which a person communicates determines what that person becomes. The purpose of nursing is to intervene to support, maintain, and augment the client's state of health. (p. 195 and 196)

According to Duldt these assumptions were derived from a study of philosophy, communication theory, and nursing.

Human beings were described by Duldt as existential, humanistic communicators. These characteristics were also identified as innate in man (p. 199). This is believed specifically true of the elderly who have need of nursing care. Duldt predicted that:

The degree to which one receives humanizing communication from others, to that degree one will tend to feel recognized and accepted as a human being. So the degree that trust, self-disclosure, and feedback occur, to that degree humanizing communication or communing also occur. (p. 249)

These designated relationship statements from Duldt's theory on humanistic communication were tested by the researcher with a reminiscence group of elderly individuals.

While reminiscence was seen as an appropriate positive stimulus for facilitating communication behaviors and attitudes as defined in Duldt's humanistic communication, other communication theorists were considered. For example, Peplau's (1952) developmental theory focused more on the content of interpersonal relations, rather than attitudes and patterns of interactions, and the strategies promoting movement and growth of the ill person to maximum health. Watson (1979) emphasized the caring aspect of nursing, also focusing on the ill person. Whereas, Duldt's theory focused on the manner in which individuals communicate on a day-to-day basis. Therefore, Duldt's theory provided the theoretical basis for reminiscence as an intervention in prevention and health promotion--the scope of nursing practice under consideration in this study.

Consequently, the elderly are defined as living, communicating, negotiating, inventing, ordering, dreaming, choosing, and self-reflecting human

beings. By employing reminiscence therapeutically the nurse researcher intervened to support, maintain, and augment the elderly's ability to communicate effectively, maintaining and developing interpersonal relationships as they adjust to their final developmental task of life. In addition to nursing theories, selected theories of aging were considered and are presented next.

### Theories of Aging

In reviewing the literature on aging, gerontologists have not reached a consensus regarding the etiology and adaptation to aging (Stuart & Sundeen, 1983). "No one theory can take into account all the variables that influence aging and the individual's response to it. . ." (p. 892). Because of society's negative view of aging many of the aged have become lonely, isolated, and withdrawn (Burton, 1963), and this can lead to dehumanizing patterns of interpersonal interactions as described by Duldt. In order to provide a base for understanding the aging process and the influence of individual responses, an overview of selected theories are presented. The psychosocial theories are considered first, followed by cellular theories, physiological theories, and hereditary theories.

The psychosocial theorists selected by the investigator included Erikson (1963), Havighurst (1954), Sullivan (1953), Cummings and Henry (1961), and Lowenthal (1975). According to Erikson (1963) the last stage of life was a time to look back with integrity or despair on one's life. Whereas, Havighurst (1954) recognized successful aging as establishing, maintaining, and terminating interpersonal relationships. Both Havighurst and Erikson viewed the developmental stages of life and extent of maturational crisis as

being influenced by an individual's interpersonal resources. They also viewed older people as having the same needs and responses as those at other stages of life. Furthermore, Sullivan (1953, p. 371) stated, ". . .each and every stage, is equally important in its own right, in the unfolding of possibilities for interpersonal relations, in the progression from birth toward mature competence for life in a fully human world." However, the disengagement theory of Cummings and Henry (1961) postulated that elderly individuals in later life disengaged from interpersonal relationships and society responded accordingly as a normal process of aging. This withdrawal was assumed to be the final adjustment for the aged. Currently there has been a trend toward the activity theory of Lowenthal (1975) maintaining that the elderly should remain active throughout life. Activity was assumed to be effective in creating interpersonal patterns of communication along with decreased physical problems for the aged. This current and prevailing view is a positive psychological view for elderly individuals. Based on the psychosocial literature reviewed, the researcher suggests that reminiscence positively facilitated Erikson and Havighurst's movement thru the developmental stages, Sullivan's interpersonal relations, and Lowenthal's activity theory. A further investigation is directed into the cellular theories of aging.

The cellular theories of Kimmel (1980) and Hayflick (1961) looked at aging as a result of the structure of human cells. Cells change in size and number as a person ages (Kimmel, 1980). Kimmel believed as the body aged metabolic waste accumulated, impairing the function of the body cells. Hayflick (1961) indicated that memory and termination of life was stored within the cells of the individual. This was known as the biological clock theory. Hayflick's studies over a number of years have revealed that a cell's replicating

capacity was fixed by a biological clock and doubled until they reached a limit of 50 doublings and then died. The cellular theorists had a more negative view of aging and in essence assumed that postmitotic cells, those not capable of reproduction, would not be replaced when lost and their numbers decreased with age (Dye, 1985). Closely connected to the cellular theories are the physiological theories of aging.

In reviewing the physiological theories of aging, Ochsner's (1976) wear-and-tear theory, Selye's (1970) stress theory, and Eisdorfer's (1977) stress-adaptation theory were selected. Supporters of the wear-and-tear theory believed that over time the body simply wore out. Ochsner's (1976) premise was that structural and functional changes of the body occurred because of acceleration by abuse or deceleration by care. However, this concept has been popularized by socially accepted myths and stereotypes regarding aging (Stuart & Sundeen, 1983). For example: "It's his age."; "She cannot understand that at her age."; "What else do you expect at that age?" Selye (1970) has postulated that older people were at considerable risk following a period of stress. This was due to the self-regulatory mechanisms being less efficient than those of younger people and reduced the ability of the elderly to adapt. Eisdorfer (1977), on the other hand, believed not only that stress may deplete the reserve capacity of the elderly placing them in a more vulnerable position for illness or disability, but may also stimulate them into trying new and more effective ways of adapting. The earlier physiological theories of Ochsner and Selye, like the cellular theories, looked at aging from an earlier, more negative view. Heredity is the last theoretical category to be represented in these writings.

In discussing the hereditary theories of aging, Comfort's (1979) genetic program theory and the writings of Kimmel (1980) are presented. Comfort believed that human beings were born with a prearranged genetic plan. According to this theory the elderly's genetic program was completed and was still functioning due to its reserve capacities. In the writings of Kimmel (1980) the years of postreproductivity may have evolved for the protection of children, grandchildren, and transmission of knowledge to future generations. He also believed that external factors (diet, smoking, obesity, etc.) played a significant role in the aging processes. The hereditary theorists have viewed the aging process from the standpoint of genetics. According to Dye (1985) human aging was conspicuous "because humans are endowed with consciousness to perceive it, and intelligence sufficient to extend their life span" (p. 11).

The theories presented have offered numerous and varied approaches to understanding elderly individuals. However, as Stuart and Sundeen (1983) noted in their writings, a single theory has not yet been developed to address the complexity of aging. Today, with new knowledge and the recognition of various rates, degrees, and directions of the aging process, nurses need to be aware of the different views and be cautious in borrowing from any one theory (Burbank, 1986). Moreover, with recognized gaps in the knowledge of aging and the increasing number of older persons in society, research is needed in gaining additional insight into healthy, successful aging and thus eliminating these gaps. Nurses are in ideal positions to carry out such research. Research on reminiscence in the elderly can help contribute to a better understanding and explanation of the social and interpersonal communication processes of aging. Helping the elderly individual meet the basic social and

interpersonal adjustments more positively is part of the nurse's role in gerontology and is essential to nursing practice (Goldberg & Stanitis, 1977). Now, with the theories of aging as background knowledge, reminiscence in the elderly is reviewed.

### Elderly Reminiscence

Reminiscence, a progressive return to consciousness of past experiences, according to Havighurst and Glasser (1972, p. 245) was not simply a phenomenon of old age but was universal to all ages after the age of ten. Although the term was rarely used prior to the sixties, reminiscence did appear in the early writings of Freud (1949). He used the term in psychoanalysis to describe memories that individuals had repressed into their unconscious mind. Beginning in the 1960's the research and writings on elderly reminiscence have increased because of the emerging field of gerontology (Havighurst & Glasser, 1972, p. 245). In reviewing the literature on elderly reminiscence a progressive approach through the sixties, seventies, and eighties is presented by summarizing, analyzing, and applying the data to this study.

### Elderly Reminiscence in Literature of the Sixties

Research on reminiscence stemmed from the writings of Butler (1961, 1963, 1967). Butler introduced "life review" as a form of therapy for the elderly to develop their capacity to grow and progress in a healthy way. According to Butler, life review was a natural phenomenon of the elderly in response to an awareness of approaching death and an increase in vulnerability (1961, p. 18). He believed an individual reviewed life in order to understand the present. Butler also acknowledged that reminiscence may have negative outcomes such as guilt, regret, anxiety, and depression over the brevity of life, missed

opportunities, and mistakes of the past (1963, p. 69). Like Eric Erikson (1963, p. 268), Butler believed reminiscence was an adaptive process that promoted psychological reorganization to crisis, specifically the developmental crisis of aging.

McMahon and Rhudick (1964) supported Butler's hypothesis that reminiscence was an appropriate and an adaptive coping behavior for the elderly. These two psychiatrists conducted a study on reminiscence from 1960 through 1962 with a follow-up one year later. The subjects of this study were 25 veterans of the Spanish-American War between the ages of 78 and 90. Since popular opinion had associated reminiscence with intellectual deterioration, the subjects were rated according to the degree of intellectual deterioration using the Wechsler Bellevue Intelligence test (p. 293). Following a one-hour non-directive interview, the subjects were divided into three groups--clinically depressed, suspected depressed, and not depressed. Using rank-order correlation coefficient the statistical results indicated that the subjects who had engaged in reminiscence were less depressed (0.05 level), were better adjusted, and had a greater survival rate (0.01) than those who had not reminisced (p. 293). In addition, the study also disclosed that reminiscence was not a result of intelligence or intellectual deterioration (0.15). In their study McMahon and Rhudick identified three types of reminiscence among the participants: (1) defensive reminiscence which maintained self-esteem, reinforced a sense of identity, and allayed anxiety associated with decline and approaching death; (2) reminiscence that provided material for life-review; and (3) storytelling reminiscence which served to enhance self-esteem and the social function of oral history.

Tobin and Etigson (1968), social service administrators, conducted an experimental study on the effect of stress on memory. They composed the earliest memories gathered after the stress of institutionalization in the aged. The results indicated a higher incidence of themes pertaining to extreme loss after institutionalization (p. 443). Then sociologists Liton and Olstein (1969) described how stimulating remembrances helped elderly senile patients maintain an awareness of their past personalities while recapturing self-image. These writers identified forms of reminiscence as free-flowing, directional, evoker of feelings, expression of unconscious, and a sociocultural builder (p. 267).

In reviewing the earlier nursing literature Dowling (1964) described a therapeutic technique called remotivation therapy for aged individuals. Remotivation group therapy was utilized by nurses in more than 100 nursing homes in Oklahoma to help withdrawn patients return to reality and provided them with a "constructive chance for recall" (p. 72). Although remotivation therapy was used as a method for moving withdrawn patients back to reality, the strategy correlates with reminiscence therapy. For example, by introducing simple ideas and experiences for discussion with elderly individuals, the nurses were able to bridge the gaps to reality by way of the past.

Although the literature reviewed on elderly reminiscence was limited during the sixties, reminiscence was noted in the writings of psychiatrists, sociologists, social workers, and nursing. The writings of Butler (1963), McMahan and Rhudick (1964), and Liton and Olstein (1969) have explored the adaptational nature of reminiscence. These writers indicated that life review or reminiscence was an adaptive process for promoting psychological growth intrapersonally and interpersonally. Although Tobin and Etigson (1968) and

Dowling (1964) did not deal specifically with reminiscence, they did relate to a form of this process. Tobin and Etigson described earliest memory as a type of reminiscence whereas, Dowling described remotivation as a way to increase recall. Elderly reminiscence research was limited in the sixties, however, but the research in the seventies increased.

### Elderly Reminiscence in Literature of the Seventies

The literature reviewed from the seventies indicated that a number of studies and study projects had been conducted which documented positive correlates of elderly reminiscence. These research projects and studies are presented followed by a review of the nursing literature on reminiscence in the elderly.

Havighurst and Glasser (1972) conducted an exploratory research study on reminiscence which was reported introspectively by 357 elderly men and women. The questionnaire employed for this study was devised by the researchers from a previously used interview schedule. The basis of the questionnaire was to measure frequency or amount of reminiscence and the effective quality of the respondent's reminiscence. However, the reliability and validity of the instrument had not been established (p. 249). In studying the relationship between the variables, there was a large number of small correlation coefficients ranging from .10 to .20 (p. 252). Havighurst and Glasser concluded that there appeared to be ". . . a syndrome of good personal-social adjustment, positive affect of reminiscence, and high frequency of reminiscence (p. 252)." However, as the correlation coefficients were barely significant, the researchers questioned the cause-effect relations. In a study by Myerhoff and Tufte (1975) a description was given of a project designed to allow old people to tell their life stories. This life history technique provided

observable evidence that the elderly had had an opportunity to record and interpret their histories, make intergenerational connections, and experience continuity of their lives (p. 543). In yet another study, by Fallot (1979), the relationship between verbalized reminiscing and mood was examined by comparing the impact on mood of reminiscing conversation with that of talking about the present or future. The Mood Adjective Check List was presented to 36 female participants ranging in age from 46 to 85 ( $\bar{x} = 65.6$ ). The results of the study substantiated the hypothesis that reminiscence had a more positive effect on mood than non-reminiscing in the self-rating of mood. In contrast, talking about the present and future led to greater depression in comparison to reminiscing (p. 396). These findings were consistent with those of McMahon and Rhudick (1964). However, Liberman and Falk (1971) studied 180 aged individuals ( $\bar{x} = 78$ ) and 25 middle aged individuals ( $\bar{x} = 49$ ). The data were collected by means of an interview. These writers failed to find empirical support that the amount of reminiscence made a difference in adaptations or adjustments of the aged. But, they did conclude that reminiscence was an important source of data for developing a life-cycle for the aged (p. 134). Then, in a longitudinal study of 48 elderly men and women Coleman (1974) investigated simple reminiscence, life reviewing (Butler, 1963), and informative reminiscence (a parallel to McMahon and Rhudick's storytelling, 1964). The amount of reminiscing was assessed and the validity and reliability of the measures reported using content analyses of the conversations. The measures of reminiscence obtained from individual interviews with the subjects had correlations significant beyond the .001 level ( $r > .57$ ). There was also a correlation of .40 ( $p < .01$ ) between the questionnaire (Havighurst and Glasser's Reminiscence Questionnaire, 1972) and the transcript measure. The scores of the

questionnaire also correlated .57 ( $p < .001$ ) with the interviewer's ratings of reminiscing (p. 288). The results of the study supported the stated hypothesis that life review was related to the adjustments of subjects who had experienced dissatisfaction with their past lives. However, there was no relationship between life review or simple reminiscing and present adjustment. Informative reminiscing was related to adjustment only in the males. Coleman (1974) concluded that life review had a positive effect on older adults dealing with dissatisfaction from their past (p. 292). Evaluatively, Coleman's findings did not indicate whether independent judges rated the interview impressions and the content analysis of conversations (Boylin, Gordon & Nehrke, 1976, p. 119). In determining the external validity, the correlation between the conversation measures and the warden's ratings were not reported (Boylin, et al., 1976). Other contradictory findings came from the writings of Boylin, Gordon, and Nehrke (1976) who studied the relationship between ego adjustment and reminiscing in 41 elderly men in a domiciliary unit and hospital section of the Veterans Administration Hospital in Bath, New York. The researchers modified Havighurst and Glasser's (1972) Reminiscing Questionnaire. The statistical results revealed that ego integrity was highly correlated with negative affect of reminiscing ( $r = .45, p < .005$ ). The findings rejected the hypothesis that elderly persons who have achieved ego integrity have a favorable attitude toward past experiences (p. 123). However, these data did agree with Butler (1963) who believed that life review included both pleasant and unpleasant aspects of past experiences. The consensus from the above research projects that reminiscing tends to be linked to adjustments in the aged. Although the writers were inconsistent as to the type of benefit, they did agree that reminiscence was beneficial in some way.

The writers of the seventies differed in opinion as to whether reminiscence was a natural phenomenon of old age. Like the earlier writers (Butler, 1963; Liton & Olstein, 1969; McMahon & Rhudick, 1964); Pincus (1970) believed reminiscing was a naturally occurring activity among elderly people, although he did not limit it to age. Pincus described the positive intrapersonal functions of reminiscence as: strengthening self-identity, a grief resolution, informative, and a coping mechanism. Then he added an interpersonal dimension which asserted that the past with the present determined present social status (p. 47). Another writer who believed reminiscence was a natural phenomenon was Castelnovo-Tedesco (1978). In his writings he noted that attention was warranted for reminiscence because it had been neglected in the literature. Castelnovo-Tedesco believed reminiscence touched on issues of time, loss, mourning, and the development and maintenance of identity. He further believed reminiscence provided internal representations of the mind where figures of the past could be summoned to life and made to appear "as on a stage" (p. 24). Contrary to popular opinion and Butler's theory (1963), the studies of Cameron (1972) contradicted the idea that reminiscence was a naturally occurring phenomenon of the elderly. Three studies were initiated by Cameron from 1966 to 1970 which utilized "consciousness sampling (what were you just thinking about?)" (p. 117). With the use of college students as research assistants, 3,839 adults were interviewed. Both young and old were observed in different settings. The results of the study indicated that the adults (including the elderly participants) thought more about the present than they did about the future and least about the past. From the three studies, the order of frequency of time orientation was determined to be present, future, and past with a probability of

"(1/6)<sup>14</sup>" (Cameron, 1972, p. 118). However, a limitation of the study was the respondents self-reporting. According to Polit and Hungler (1983) self-reports threaten the validity and accuracy of data. Giambra (1977) using a retrospective questionnaire (The Imagined Processes Inventory, Copyright 1966, revised 1970, p. 36) on 100 males and females aged 17 to 92 found no relation between age and daydreaming about the past. The outcome data of this cross-sectional study revealed that a correlation of past orientation with age was not greater than .04 indicating that past orientation did not increase with age (p. 36). The studies described here were conducted by the interview method which is likely to elicit an evaluative component (Molinari & Reichlin, 1985, p. 87), i.e., researcher bias. Baseline data was unavailable to definitely state the importance of reminiscing for the elderly or that reminiscence was a natural phenomenon of old age.

A review of the nursing literature for the seventies showed a slight increase in the number of writings on reminiscence and the aged. Conti (1970), a graduate student at the University of California, described her clinical experience with lonely elderly individuals. Conti noted, from work experiences, the amount of loneliness and isolation the elderly experienced daily. With this in mind Conti referred these patients to a senior citizens group. After becoming members of the group, the elderly were observed renewing their self-confidence, feelings of being accepted, sharing of commonalities, and increasing interpersonal relationships. Although the group was not designated as a reminiscence group, Conti observed the enjoyment and decreased loneliness the elderly experienced from having someone around to listen while they reminisced (p. 28). Then, in an article written by Hala (1975) a

description was given for a pilot project which used reminiscence therapy as a nursing intervention. The project was carried out at a long-term care facility to promote self-esteem and socialization of 16 residents. Hala recorded each resident's interpersonal communication patterns prior to beginning the sessions and used process recordings to document interpersonal communication during the sessions. Hala followed these patients for over a year and described changes occurring over that period. The positive results observed were: increased socialization, increased expression of feelings, increased activities, development of new interests, and increased self-esteem (p. 39). Ebersole (1975) described the benefits of reminiscence to patients and to nurses in order to provide for better nursing care, particularly with institutionalized elderly. She also noted that not all people were able to initiate reminiscence and outlined specific examples where nurses would need to be the instigator. These included the depressed individual, the confused person, the helpless demanding person, and the frightened (p. 1305). Another writer of the seventies was Burnside (1975) who described reminiscence as a way to teach society about life, grief, surviving, and dying. The elderly were described by Burnside as "distinguished faculty" (p. 1801). In 1979, Dietsche facilitated a reminiscence group at a geriatric day care center. She described the planning, interventions, termination, and outcomes of these sessions. Dietsche's outcome observations indicated increased socialization, a restructuring of identity and intellectual stimulation for the elderly participants (p. 46). The writings reviewed were essentially anecdotal in nature. Hala (1975) and Dietsche (1979) employed reminiscence group therapy with elderly individuals. Whereas, Conti (1979) observed individuals reminiscing in a senior citizens group. Ebersole (1975) and Burnside (1975) described the benefits of reminiscence to nurses

and patients. All of these writers claimed various therapeutic benefits from using reminiscence as a nursing intervention. However, these writings were without empirical data.

### Elderly Reminiscence in Literature of the Eighties

Despite an increased prevalence in studies of reminiscence of the elderly, the literature on reminiscence was still meager in the 1980s. The review of the literature for the eighties is presented first by considering the research projects conducted during the period. Then, the writings are summarized and the nursing literature reviewed.

An exploratory study was conducted by Revere and Tobin (1980) to determine whether the past was mythicized to a greater degree for the older person and if they were more involved in the past. Using the Kahn Mental Status Questionnaire and the Face-Hand Test, the elderly group sample showed no sign of altered brain function. The comparison sample consisted of middle aged persons. Both groups were predominantly Jewish urban women. The data were collected by face-to-face interviews with the use of the Life Review Questionnaire, Evaluation of Life Questionnaire, and On Memories Questionnaire (p. 18). The Remembered Past Scale was used to generate data from four designated dimensions--involvement, dramatization, consistency, and reconciliation. Inter-judge reliability on the 23 scales ranged from .59 to .98 (p. 18). Scales in the dimensions of involvement and dramatization indicated the aged group had higher scores than the middle aged (.05). However, scales in the dimensions of reconciliation and consistency indicated no significant difference. These findings showed a consistency with Coleman's (1974) description of conversational reminiscences or dissatisfaction of the past. The results of Revere and Tobin's (1981) study have suggested that

elderly persons reminisced more as they age. On the other hand, Perrotta and Meacham's (1981) study disagreed. In their study the value of reminiscing as a therapeutic intervention was considered. Using a pretest-posttest control group design the researchers randomly assigned participants from a community senior center to three experimental groups--a treatment group (reminiscence), a control group (current life events), and a no-treatment group. A self-esteem scale and a modified version of a depression measure scale were employed. The self-esteem measure scale's reliability and validity had been established previously in other studies (p. 26). An analysis of variance was carried out for the depression and self-esteem scores (pretest and posttest). Although the number of reminiscing episodes in the reminiscence group was higher than the current events group, the pretest and posttest scores for all three groups after the intervention were unchanged. However, according to Molinari and Reichlin (1985) the individual setting of the study, the small sample size, extreme age of participants limited the documenting of depression, and brief contact created limitations to interpretation and generalizations (p. 87).

The descriptive writings of the 1980s had several factors in common--the writers viewed reminiscence as a natural phenomenon with therapeutic value. Lo Gerfo (1980) delineated three types of reminiscence, much like McMahon and Rhudick (1967). Lo Gerfo felt reminiscence was personal, intense, and helped the individual come to terms with the past. Lesser, Lazarus, Frankel, and Havasy (1981) described reminiscence group therapy as an intervention for psychotic elderly inpatients. Based on observations and impressions the researchers concluded that structured reminiscence promoted group cohesiveness and fostered patients' acceptance of therapeutic interventions (p. 295). Pollock (1981) noted that no matter whether the reminiscing of the elderly was

of real events or not they had meaning and that meaning was important to understanding the aged individual (p. 279). In a Jewish home for the aged Gardella (1985), a social worker, formed a time limited group for elderly disoriented clients which she called the "Neighborhood Group" (p. 44). By means of the group experiences the members affirmed their self-image, found intimacy with others, alleviated crises, and built integrity. Then Cook (1984) described a pilot project which used reminiscence with a group of mentally impaired elderly persons to decrease social isolation, promote socialization, and stimulate the mind. Cook's informal observations noted positive results in behaviors of the regular participants. The members reminisced about their heritage, increased cognitive and memory functions, self-esteem, and socialization (p. 93). In 1984 Carlson interviewed eight elderly community residents and supported the view that self-esteem and identity in the elderly depended in part upon the ability to reflect on one's participation in the past and one's contribution to future generations (p. 88). Carlson also stated that through reminiscence the clinician was provided with valuable information for establishing a therapeutic relationship (p. 89). Sable (1985), an occupational therapist, used life review as a therapeutic tool with a group of depressed nursing home residents. The group sessions were videotaped for measuring progress of individuals. The therapy sessions were found to be effective. However, Sable noted the difficulty in translating the information into objective data for health professionals due to the lack of empirical data (p. 53). These descriptive writings, apart from the nursing literature, were supportive of past researchers on the positive effects of reminiscence for the elderly.

Following the patterns of the previous decade, nursing literature on elderly reminiscence made another slight increase in the eighties. The nursing research is presented by reviewing selected writings beginning in 1980 through 1986. Chubon (1980) reported an encounter with an elderly dying patient with end stage renal disease and her experiences using reminiscence as a therapeutic intervention. Chubon described using life review to improve the quality of remaining life for the dying patients on the dialysis unit (p. 546). Then, Baker (1980) described a reminiscence therapy group established with mentally impaired elderly individuals in a day care center. The co-leaders consulted at the end of each session to evaluate participants' responses. The evaluation tool was developed by the researcher. With the use of reminiscence the group members found a commonality with other members and developed a sense of self (p. 24). Beaton (1980) wrote on the functions of reminiscing (p. 273). These functions (validating, integrating, guiding, and connecting) facilitated patient data collection and preserved the individual's own life history. Donahue (1982) focused on oral history reflections through the process of reminiscence. She interviewed six elderly nurses for the purpose of relating historical events to the development of nursing. The investigator developed an interview guide for collecting data, along with using a tape-recording of the interview. Donahue concluded that oral history reflections through reminiscing was a valid method to preserve individual stories and add to nursing's body of knowledge (p. 278). King (1982) described reminiscence therapy as a means of developing a unique opportunity for the therapist and elderly clients to interact positively (p. 25). de Ramon, in 1983, identified life review with dying patients. She noted the therapeutic value as an assessment of one's life, a coming to terms with conflicts, anticipating and grieving for the end

of one's life, and a final letting go. Scott (1983) described patients as teachers. She emphasized that in order for nurses to care for the dying person an ongoing clarification and resolution of personal attitudes and feelings toward death must ensue. This ongoing process described by Scott could be enhanced by listening to the reminiscing of those who had experienced the deaths of others (p. 496). In 1984 Ruland, as a newly graduated nurse, described one of her first patients. Ruland's patient was an "old man" who was dying and was in need of a friend (p. 28). This man was demanding and cantankerous. Ruland noted how she had spent time with him whenever possible and listened as he reminisced about the past. His behavior changed as his fear of death dissipated through the process of reminiscence and he died quietly and peacefully in his sleep a few days later. From the nurse researchers of the eighties reminiscence was initiated as an effective therapeutic intervention with elderly persons. Reminiscence was utilized by these nurses to help elderly individuals in preparation for impending death (Chubon, 1980; de Ramon, 1983; Ruland, 1984; Scott, 1983), increasing their sense of self (Baker, 1980), providing a means for telling life's story (Beaton, 1980; Donahue, 1982), and (of particular relevance to this present study) increasing interpersonal relationships (King, 1982).

The reviewed studies on elderly reminiscence from the 1960s to the present have suggested that reminiscence was neither peculiar to nor universal among the elderly (Molinari & Reichlin, 1985, p. 90). Furthermore, outside of nursing research there was little coordination between the research and clinical areas. Reminiscence was found in all age groups studied, however in the elderly the quality and intensity was strengthened. The research noted that reminiscence was an adaptive process for promoting psychological growth

in the elderly. To date there have been no studies noted, by this researcher, on an investigation of the communication patterns of elderly persons through the process of reminiscence. If reminiscence is an activity that has been typical of the elderly and has often been beneficial psychologically and socially, then it appears that using reminiscence could enhance communication behaviors and attitudes. In turn, the elderly would feel more recognized and accepted as human beings. By increasing interpersonal interactions through reminiscence, the elderly can reflect on their lives in order to resolve, recognize, and reintegrate past experiences which have troubled or preoccupied them. These findings would have practical implications for nurses who work with the elderly. Nurses can encourage their patients to talk about their past and thereby provide a greater theoretical understanding of the aged and their interpersonal communication patterns. In order to provide a means to help the elderly individual improve humanistic communication behavior through reminiscence, a review of elderly group work is needed.

#### Elderly Group Work

Sullivan (1953) wrote ". . .human life requires interchange with an environment which includes culture. . .since culture is an abstraction pertaining to people, that man requires interpersonal relationships, or interchange with others" (p. 32). Furthermore, Yalom (1985) in his writings stated, "The past is a frequent visitor to the group and an even more frequent visitor to the inner private world of each of the members during the course of therapy" (p. 184). Although Yalom never discussed elderly groups specifically, his work is easily applied to them. Group work is an effective form of treatment with the elderly and has been growing in value as a therapeutic nursing intervention in meeting the older adult's interpersonal relationship

patterns (Burnside, 1984). Therefore, a review of the literature on group work is presented by first summarizing the theoretical background for understanding group functions. Following a review of the theories, a summary is presented of studies on elderly groups. Theoretical components underlying group interactions include structure and process (van Servellen, 1984, p. 18). To allow for a clearer understanding of group functions, the concepts are explored along with the theories which help to clarify the concepts.

Structure was defined by van Sevelen as ". . .the boundaries and relationships between members. . ." (p. 18). Structure stemmed from general systems theory (von Bertalanffy, 1934) which consisted of parts and processes (or systems and subsystems) that were constantly evolving with an interrelatedness and interdependence on each other for survival and maintenance of the system. These actively evolving systems have boundaries which open and close from internal and external forces. When applying systems theory to group process the group becomes the whole system (van Servellan, 1984, p. 23). The group members are the parts of the system and referred to as subsystems. "A change in one part affects other parts and/or the system as a whole" (p. 24). Another concept important to the maintenance of the system is feedback which is necessary between the group members and outside the group. Feedback enables the individual to accomplish internal change and change outside the group thereby achieving increased levels of adaptation. According to systems theory in so far as it is applicable to group structure, using reminiscence as a nursing intervention with groups of elderly persons can help create harmony among the participants as it reduces the tension, stress, strain, and conflicts of the individuals.

Process refers to the group's stages and phases of development (van

Servellen, 1984). In approaching the process of the group interaction, Lewin (1951) and Yalom's (1985) theories are presented. Kurt Lewin's force field analysis has provided a framework for problem solving and change. According to Lewin, when equilibrium was present the driving forces and restraining forces in a situation were equal. In order for change to take place the strength of the driving forces or restraining forces must change. Lewin recommended assessing both forces to identify their strengths before planning change. When applying change to a group of older adults, the driving forces of the group members (humanizing communication; i.e., trust, self-disclosure, and feedback) can be strengthened through reminiscence and the restraining forces (dehumanizing communication; i.e., social isolation, intolerance, and distrust) are reduced. When an individual's deep seated problems cause conflict, the nurse is able to identify the need and provide for individual interventions. Another theorist on group process is Yalom (1985). He delineated the "therapeutic factors" which were interdependent and operated in all types of groups (p. 3, 4). Yalom viewed these factors as: "(1) instillation of hope; (2) universality; (3) imparting of information; (4) altruism; (5) the corrective recapitulation of the primary family group; (6) development of socializing techniques; (7) imitative behavior; (8) interpersonal learning; (9) group cohesiveness; (10) catharsis; and, (11) existential factors" (p. 3). According to Yalom we can study human society from any perspective and find that interpersonal relationships play a crucial role (p. 19). He felt that mental illness developed out of disturbed interpersonal relationships.

The same phenomenon can be observed in the literature reviewed on elderly group work as was noted in the research on the therapeutic value of reminiscence. That is, group work is a valuable therapeutic intervention for

meeting the needs of the elderly. The studies reflecting this growing recognition are presented. Butler (1974) concluded from his work with life review that group therapy was beneficial to older people both as a preventive and a therapeutic measure. He conducted psychotherapy groups towards persons experiencing reactions to marriage, single life, divorce, work, retirement, widowhood, illness, and impending death (p. 235). In an experimental group co-led by Lewis and Butler (1975) the elderly experienced decreased isolation and uselessness. They also found that in a well functioning group there was a felt sense of solidarity in facing anger, fear, grief, intimacy, aging, and death (p. 173). Kiernat (1979) formulated a pilot project with confused nursing home residents to determine whether participation in a reminiscence group would change their behavior patterns. The researcher developed a two 9-point rating scales which she tested prior to the study. These were used for pre and posttests (p. 308). In addition antidotal records were kept for each session. Results revealed that life review activity was a valuable intervention to use with confused nursing home residents. The members who attended the most sessions showed the greatest improvement in interpersonal behavior (p. 308). Ellison (1981), as a graduate student in Community Mental Health, facilitated an elderly nursing home group. Unlike McMahon and Rhudick (1961), Ellison found the group members preferred an unstructured session. The results of Ellison's experience reflected increased interaction and socialization by the participants of the group (p. 541). In another study, Sherman (1985) experimented with a phenomenological approach to elderly group reminiscence. He focused on the subjective feelings experienced and the meaning of reminiscence for older people. The Lung Depression Scale, the State Trait Anxiety Inventory, and Rosenberg's Self-Esteem Scale were used for pre

and posttesting to explore the potential therapeutic value of experimental focusing in a group (p. 11). With the use of unstructured memory sharing, Sherman described two cases where interpreting appropriate reminiscence in a group setting had helped gain insight into problematic family dynamics. The two individuals were given individual therapy for identified problems along with continued participation in the group. Sherman concluded that experimental focusing could be used by the practitioner for the purpose of assessing and identifying target problems with elderly people through group work (p. 15). Finally, Taft (1985) investigated the decline of self-esteem among the elderly. She felt nurses were in unique positions to help elderly individuals maintain and promote self-esteem. Taft's discussion focused on older clients in long-term care facilities and the positive effects on self-esteem through group work (p. 82, 83). The studies presented have all indicated the therapeutic value of group work. However, reminiscence was also used as the intervention (Butler, 1974; Kiernat, 1979; Lewis & Butler, 1974; Sherman, 1985).

To summarize elderly group work, various theories were presented. To focus on the structure of groups general systems theory was discussed. In understanding the process of group, Lewin's force field analysis and Yalom's work were reviewed. Finally, the studies on groups illustrated the therapeutic value of the group for elderly individuals. Pulling the data together provided the setting for examining the effects of reminiscence on the communication behavior of the elderly.

### Summary

Duldt's Humanistic Nursing Communication Theory has been described as the theoretical framework of the study. The theory focused on interpersonal communication attitudes and patterns of interactions of human beings,

specifically the elderly in this research. The theories of aging (psychosocial, cellular, physiological, and hereditary) provided the background knowledge for understanding the elderly participants in the study. The literature reviewed since 1960 has described reminiscence as a beneficial experience for the aged. Furthermore, the research of Butler (1963), McMahon and Rhudick (1964), Liton and Olstein (1969), Pincus (1970), and Castelnuova-Tedesco (1978) supported reminiscence as a natural phenomenon of the aged. Systems theory was applied to the structure of the group work to view the pattern in which the elderly participants related interpersonally. Change theory was applied to the process of the group to identify the restraining and driving forces operating within the group. Finally, Yalom's group theory was described to provide insight into the therapeutic factors that result from group work. Therefore, with the review of the literature summarized, analyzed, and applied to this study, the methodology is presented.

## CHAPTER 3

### Methodology

#### Design

The design of this study was developed to test selected relationship statements of Duldt's Humanistic Nursing Communication Theory by examining the effect of reminiscing on the communication patterns of elderly individuals. In conducting the cross-sectional quasi-experimental study, a pretest-posttest research design was used on both experimental and control groups. The pretest-posttest procedure utilized Duldt's Nursing Communication Observation Tool (NCOT, Appendix A) for systematically observing relevant phenomena in both experimental and control groups. The investigator's trained assistant used the tool to record observed frequency distribution of humanizing/dehumanizing communication attitudes and patterns of interaction. Matching of the groups was not attempted in the study. According to Polit and Hungler (1983, p. 147) groups basically tend to be counterbalanced in biological, psychological, or environmental traits. Attrition of a group member was explored by the researcher personally interviewing the non-attending member to determine the cause.

#### Sample

The convenience sample of elderly subjects (N = 20) was sixty-five years or older and resided in two separate nursing homes. The total number of subjects were restricted to a small number to provide individuals the opportunity to talk in the group and allow for the decreasing deficit of sensory perceptions. The criteria for the subjects included:

1. Aged sixty-five or older, male or female

2. Willingness to participate in the study
3. Able to comprehend English
4. Oriented to time, place, and person
5. Sufficient auditory acuity to participate
6. Sufficient energy level to participate

These criteria meant that the subjects represented the most healthy and independent group of nursing home residents. In order to meet the subject criteria, the investigator interviewed the activity director of the home regarding age, comprehension of English, orientation, acuity, and energy of the selected subjects. Following the interview with the activity director, the researcher interviewed each subject to validate eligibility.

A number was assigned to each resident of the two homes. A simple random sample was chosen from each home by using separate tables of random numbers. Beginning with the first arbitrarily picked number, a sequential selection was continued until 10 cases were selected from each table. The investigator interviewed each subject to determine if the individual met the subject criteria and understood the study. From the first randomly selected sampling, two subjects from the experimental group and three from the control group were excluded due to selection criteria. Of the five, three were confused and two bed-ridden. Additional sequential selections were taken from the table of random digits. The additions met the established criteria. All 20 subjects completed the informal consent form (Appendix B) to participate in the study. No one dropped out during the data collection period. However, one experimental group subject was absent for posttesting, due to an out-of-town guest. The sample for the experimental group (Group A) was obtained from Charles McDaniel Rest Home in New Bern, North Carolina. The control group

(Group B) was obtained from Carolina Care in Greenville, North Carolina. The experimental group attended eight one-hour sessions involving reminiscence interventions. The sessions were conducted twice a week by the researcher. The reminiscence aspects involved recorded music and sing-a-longs popular in the early 1900s. Objects from the period were presented to stimulate memory recall. These included: items from farm houses; farm equipment; period toys; and, personal items (hats, glasses, clothing). The control group attended eight one-hour sessions and played Bingo led by the researcher.

#### Data Collection

The prospective subjects were interviewed by the researcher in order to explain the study and to gain written consent (Appendix B). Informed consent is required when human beings are subjects of research to protect the rights of the individuals. All required research protocols for the University, Human Subjects Review Committee, and the nursing home were observed. All subjects were given the same information; i.e that a study will be conducted to examine the effects of group reminiscence on individuals. Subjects were asked to read the consent form carefully, and if they could not, the researcher read it to them. They were encouraged to ask questions about the form if it was not clear to them. The consent form consisted of: freedom to withdraw at anytime; completely voluntary; freedom from physical harm; and, confidentiality.

A data collector trained by the researcher used a non-participant observation and measurement method to collect data during the first and last scheduled session with both experimental and control groups. The control group (Group B) met on the same day and hour following the completion of the experimental group. To become proficient in using and understanding the tool, the researcher and designated data collector observed and collected data from

the television show "Dallas" interactions. Even though the data collection was a limited testing, both researcher and observer agreed on interactions 90 percent of the time. Duldt's Nursing Communication Observation Tool (NCOT) was employed to measure the observable verbal and non-verbal interpersonal communication of the elderly participants in this study. The NCOT is a new and untested tool with no reliability or validity. However, the tool was patterned after Bales' Group Interaction Process Analysis. Currently, the NCOT is being tested in other research efforts. The NCOT (Appendix A) is based on sets of the concept of communication as defined in Duldt's theory of humanistic nursing communication. There are twelve communication categories, six of which are designated as humanizing and six dehumanizing. Each half is further divided into "facts" and "feelings" which are the two elements of a "message" as defined by the theory. The data collector's perception of each message was recorded as an "attitude" and "pattern of interaction" it represented, using the theoretical definitions. The frequency of messages were recorded by marking a "1" for each message in the boxes provided according to the set of categories and the codes designating the patterns of interaction. The relative frequencies according to the categories provided information about the degree to which humanizing/dehumanizing attitudes were communicated along with the patterns of interaction occurring between the participants.

#### Limitations

The small sample was a limitation of the study. Because of the older age and sensory deprivation associated with the age group, the sample had to be limited to 20 subjects. This small sample size affected the validity of the statistical conclusions. Compounding the problem of sample size was the lack

of random sampling in selecting the nursing homes. Without this randomization, the bias of the researcher cannot be eliminated.

Another important limitation for the study was the influence of the data collector's preconceptions of the elderly and reminiscence which posed a threat to internal validity. In conducting research with elderly residents in nursing homes, maturation was also considered a threat due to fatigue, medications, illness, and therapy.

Other limitations included the limited time period for interventions. The novelty effect was a limitation because when an intervention is new and different, subjects react in a variety of ways. The responses may range between enthusiasm and skepticism. The NCOT had not been tested for validity or reliability. When the data collector was trained there was limited testing for using and understanding the tool.

### Data Analysis

The raw scores of the participants in the experimental and control groups were obtained, reviewed, and prepared for computer analysis. This was accomplished by keying the raw data onto computer, printing the data, and then checking for coding errors.

Correlated t-tests were performed for comparison of group means. A .05 level was chosen as the appropriate level of significance in accepting or rejecting the findings.

### Summary

A cross-sectional quasi-experimental design was chosen for this research study to examine the effect of reminiscence on the humanistic communication in the elderly. A non-probability sampling was used. The sampling was selected

from convenient nursing home settings. The subjects selected were taken from a table of random digits. The survey tool used to determine the effect of reminiscence on the humanistic communication in the elderly was patterned after another well established tool and is currently being tested in other studies.

The population selection, sample size, investigator's preconceptions, limited time period, maturation, lack of reliability and validity of the NCOT, limited testing of data collector, and novelty effect of reminiscence were limitations of the study which had been acknowledged by the researcher.

## CHAPTER 4

### Data Analysis and Findings

The data analysis and research findings presented in this chapter reflect the effect of reminiscence compared to no reminiscence on the elderly who participated in the study. The small sample size studied may have affected the statistical significance obtained when analyzing the data. The data analyses were based on a final sample size of 19 subjects who completed the pre and posttest. There were only nine of the ten experimental group participants who attended the last session. One subject had out-of-town guests. The control group was constant with ten subjects.

The sociodemographic background of the randomly selected subjects varied between the unmatched groups (Appendix C). The experimental group was 100% caucasian and the control group was 90% caucasian, with one black subject. The age range of the subjects was 65-93 years with a mean of 78 for the experimental group and a mean of 74 for the control group. The two groups were closely matched with the youngest subject (65 years) in the control group and the oldest subject (93 years) in the experimental group. The educational level of the experimental group ranged from 7-16 years with a mean of 10.6. The control group's educational level ranged from 8-13 years with a mean of 10.3. In the experimental group, three had been school teachers, a nurse, three rural homemakers, and two urban homemakers. The control group consisted of a carpenter, automobile salesman, two school teachers, two single sales clerks, and four rural homemakers. With the exception of two from the control group, the subjects were widowed (80%). In the experimental group 100% were women. Whereas, in the control group 80% were women and 20% men. A wide range in

length of residency existed between the two groups. The range for the experimental group was six months to eight years, with a mean of 3.2 years. The control group ranged from one week to two years, with a mean of 1.08 years.

The frequencies and mean scores from the NCOT's pre and posttest are presented in Tables 1 and 2. Scores represented the number of times each participant communicated with either humanizing or dehumanizing communication. The humanistic communication scores for the experimental group on the pretest ranged from 1-22, with a mean of 11.7, and posttest scores increased ranging from 9-42, with a mean of 23.1. Pretest scores for dehumanizing communication for the experimental group ranged from 0-9, with a mean of 2, and posttest scores decreased ranging from 0-2, with a mean of 0.5. The results indicated that the experimental group increased humanizing communication while decreasing dehumanizing communication. Scores for the control group on the pretest humanizing communication ranged from 0-13, with a mean of 6.4, and posttest scores increased slightly ranging from 0-28, with a mean of 9.1. The control group's dehumanizing communication pretest scores ranged from 0-7, with a mean of 1.6. Posttest scores remained relatively consistent ranging from 0-8, with a mean of 1.5. The results of the control group showed little change.

The pretest data indicated a considerable difference in the two group's humanizing communication prior to treatment. The pretest mean for the experimental group was 11.7 and the mean for the control group was 6.4. Consequently, the experimental group's humanizing communication was 82.8% greater than the control group's humanizing communication on pretest scores. Pretest dehumanizing communication means between the two groups were minimal with an experimental group mean of 2 and a control group mean of 1.6.

Table 1

Observed Frequencies and Means of Communication Pattern on the  
NCOT for Pretest and Posttest,  
by the Elderly in Experimental Group

---

<u>Subjects</u>	<u>Communication Pattern</u>			
	<u>Humanizing</u>		<u>Dehumanizing</u>	
	<u>Pretest</u>	<u>Posttest</u>	<u>Pretest</u>	<u>Posttest</u>
1	19	19	3	0
2	7	13	1	0
3	5	9	0	0
4	18	31	1	1
5	1	13	1	0
6	13	42	1	2
7	22	38	1	1
8	3	29	1	0
9	17	14	9	1
	—	—	—	—
Total	105	208	18	5
Mean	11.7	23.1	2	.5

---

Table 2

Observed Frequencies and means of Communication Pattern on the  
NCOT for Pretest and Posttest,  
by the Elderly in Control Group

---

<u>Subjects</u>	<u>Communication Pattern</u>			
	<u>Humanizing</u>		<u>Dehumanizing</u>	
	<u>Pretest</u>	<u>Posttest</u>	<u>Pretest</u>	<u>Posttest</u>
1	12	28	0	0
2	13	4	4	8
3	12	9	0	0
4	3	2	0	0
5	2	10	0	0
6	7	13	4	2
7	0	0	1	0
8	1	1	0	0
9	6	21	7	0
10	8	3	0	5
	—	—	—	—
Total	64	91	16	15
Mean	6.4	9.1	1.6	1.5

---

However, posttest mean scores indicated there had been a 97.4% increase in the experimental group's humanizing communication after treatment compared to 42.2% increase for the control group without reminiscence. The experimental group's humanizing communication posttest score had a 153.8% greater increase than the control group's posttest score. In dehumanizing communication the experimental group decreased from a pretest mean of 2 to 0.5, whereas, the control group remained basically unchanged from a pretest mean score of 1.6 to a posttest mean score of 1.5.

The hypothesis was that elderly individuals who participate in group reminiscence have a tendency to demonstrate more humanizing communication than those who do not participate. Correlated  $t$ -tests for comparison of means were performed to determine whether a significant difference existed between the mean scores of pretest and posttest humanizing and dehumanizing communication in the experimental and control group.

There was a significant increase in the amount of humanizing communication in the experimental group on pretest versus posttest scores,  $t(8) = 3.121$ ,  $p = .014$ . The data showed a tendency ( $p < .15$ ) to decrease dehumanizing communication in the experimental group on pretest versus posttest scores,  $t(8) = 1.606$ ,  $p = .146$ . Table 3 summarizes the results of this comparison. In the control group there was only a slight change between pretest and posttest scores. The control group pretest versus posttest scores on humanizing communication indicated  $t(9) = 1.025$ ,  $p = .332$ . The pretest versus posttest scores on dehumanizing communication indicated  $t(9) = .097$ ,  $p = .924$ . Table 4 summarizes the comparison.

The findings of the study were in accord with the expectations that reminiscing would increase humanizing communication in the elderly.

Table 3

Comparison of Means and Standard Deviations for the NCOT's  
Communication Pattern in the  
Experimental Group Posttest Minus Pretest Difference Scores

Communication Pattern	N	Mean	S.D.	t-value	p
Humanizing	9	11.44	11.0	3.121	.014
Dehumanizing	9	-1.44	2.7	1.606	.146

\*Significant at  $p < .05$

Table 4

Comparison of Means and Standard Deviations for the NCOT's  
Communication Pattern in the  
Control Group Posttest Minus Pretest Difference Scores

Communication Pattern	N	Mean	S.D.	t-value	p
Humanizing	10	2.70	8.33	1.025	.332
Dehumanizing	10	-.10	3.25	.097	.924

\*Significant at  $p < .05$

In the experimental group the communication was characterized by trust, openness, self-disclosure, and feedback e.g., communing, was not noted in the participants on the pretest, but all participants (100%) were communing as documented on the posttest (see Table 5). In contrast, only one subject (10%) in the control group communed in the first session compared to four (40%) for the posttest. Communing was the core of humanizing interpersonal relationships in which each person was valued as a human being (Duldt & Griffin, 1985). A similar pattern occurred for the experimental group in other "humanizing feelings and factual messages." Categories of "tension release" and "opinions" posttest scores were increased to 100% participation. In the category of "agrees" in which participants showed warmth, empathy, acceptance, and understanding, posttest scores increased from 66% to 88%. Information given and requested with a humanistic "attitude" and "pattern" was consistent in both groups for pretest and posttest. As shown in Table 5, dehumanizing behavior patterns decreased in the experimental group. Whereas, in the control group both humanizing and dehumanizing patterns of communication varied only slightly.

Table 5

Pretest and Posttest Frequency Comparisons for the  
NCOT's Communication Patterns of Interaction  
for the Elderly

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<u>Communication</u>	<u>Group A (9)</u>		<u>Group B (10)</u>	
	<u>Pretest</u>	<u>Posttest</u>	<u>Pretest</u>	<u>Posttest</u>
Humanizing:				
1. Communing	0	9	1	4
2. Tension Release	6	9	4	6
3. Agrees	6	8	5	5
4. Suggestions	3	0	3	2
5. Opinions	7	9	4	5
6. Information	9	9	9	9
Dehumanizing:				
7. Information	3	1	1	2
8. Opinions	5	2	3	3
9. Suggestions	0	0	1	1
10. Disagrees	0	1	1	0
11. Tension	2	0	0	1
12. Alienation	0	0	0	0

---

## CHAPTER 5

### Discussion

It was hypothesized that elderly individuals who participate in group reminiscence have a tendency to demonstrate more humanizing communication than those who do not participate. The findings and conclusions will be discussed in the following writings.

Considerable diversity existed between the experimental and control groups regarding sociodemographic characteristics. The subjects in both groups were closely matched on factors of race, age, and education. However, sex, widowhood, and occupations were slightly different between the groups' subjects. There were no men in the experimental group and two men in the control group. All participants in the experimental group were widowed, whereas, two in the control group were single. The greatest discrepancy in the two groups was the subjects' length of residency. The experimental group had a considerably wider range of residency than did the control group. These descriptive data suggest that the experimental group subjects may have been more communicative prior to the nursing intervention than subjects in the control group. In spite of efforts to assure equivalency of the groups, they were unequal before treatment which confounded the data of the study.

The purpose of the study was to experimentally test the relationship statement, "To the degree that trust, self-disclosure, and feedback occur, to that degree humanizing communication or communing also occurs (Duldt & Giffin, 1985, p. 249)," from Duldt's Humanistic Nursing Communication Theory by investigating the effect of reminiscing on the communication behavior of

elderly individuals. The theoretical relationship was supported. While there were trends in these data in four of the six humanizing communication patterns of interaction (communing, tension release, agrees, and opinions), the most significant change occurred in communing (trust, self-disclosure, openness, and feedback) category frequencies. In the experimental group there was no one communing on the pretest, whereas, on the posttest all the participants (100%) were communing. The control group pretest revealed that one subject (10%) communed compared to four (40%) on the posttest. These results are congruent with the writings of Conti (1970), Hala (1975), Dietsche (1979), Cook (1984), and Gardella (1985) who supported reminiscence as a means of increasing interpersonal interactions among elderly individuals. The study results suggest that through reminiscence the elderly can establish interpersonal relationships based on trust, warmth, openness, self-disclosure, and feedback. The study results also imply that reminiscence may be one way of improving communication attitudes and patterns of behavior, thereby, adding to Duldt's communication theory.

The problem was to determine the effects of reminiscence on the degree of humanizing communication occurring in a group of individuals compared to a similar group who did not reminisce. Although efforts were made to assure equivalent groups, the experimental group's pretest humanizing communication was significantly greater than the control group's pretest humanizing communication. However, even with the initial differences between the group subjects, the study findings indicated that reminiscence did significantly increase the humanistic communication of the elderly who participated in the experimental group in comparison to the control group. The results are similar to Kiernat (1979), Cook (1984), and Gardella (1985) who found that reminiscence

as an intervention had beneficial effects on the elderly's interpersonal behavior and socialization. Therefore, the study findings suggest that reminiscence may be a valuable intervention for nurses by facilitating the nurse/client relationship and for the elderly by increasing interpersonal interactions.

The Nursing Communication Observation Tool (NCOT) was used to collect and analyze the data on the interpersonal communication of the elderly participants in the study. Patterned after the well-known and widely used Bales Interactional Process Analysis (Bales, 1950), the NCOT assisted the observer in recording the perceived attitude and pattern of interaction of the subjects participating in the study. Although there was limited testing of the tool with the data collector/observer, observations and data collections were made once from observing the television show "Dallas." The training experience resulted in a minor reliability check of the administration of the instrument with the researcher and data collector agreeing on 90% of the observations. From the literature reviewed, there were no previous studies where reminiscence and interpersonal communication had been measured. Therefore, validity of the instrument cannot be established from the study. In using the NCOT to collect and analyze the communication of the elderly through reminiscence, the tool appeared to measure the identified behavior.

The White House Conference on Aging (1981) challenged America's health professionals to find ways to retard the rate of biological decline, prevent chronic disease, and evaluate biological and psychological factors contributing to maintenance of well-being for the elderly. The study indicated that nurses can contribute to the psychological well-being of the elderly through reminiscence.

The most common and potentially devastating problems facing the elderly have been loneliness, depression, isolation, and withdrawal with a decreased personal desire for survival (Burnside, 1984; Butler & Lewis, 1982; Dychtwald, 1986). The results of the study indicated that survival for the elderly in the nursing home can be enhanced by the ability to reminisce with others to share feelings, facts, and ways of coping within their environment.

When these elderly individuals communicated through reminiscence they spoke of feeling better about themselves. This was apparent in remarks made within the group, such as: "I had some hard times, but I made it."; "It was hard, and I'm proud of what we accomplished."; and, "We have a lot to be thankful for." These observations supported Duldt's communication theory and Butler's (1963) life review theory.

The elderly participants seemed to have fun reminiscing about the past. This was evident in their smiles, nods, and laughter. Although other feelings such as anger, guilt, and regret may arise from reminiscence (Burnside, 1984; Butler & Lewis, 1982), these feelings were not noted among the participants.

The hypothesis was supported by the findings of the study. Duldt's Humanistic Nursing Communication Theory was also supported from these data. However, the unmatched groups and lack of reliability and validity of the NCOT confounded the study results. Generalizing from the study can only be made with caution.

#### Limitations

The limitations of the study were identified and are discussed as follows. First, lack of randomization in selecting the nursing homes may have allowed researcher bias. Similar nursing homes were selected in New Bern and Greenville according to their willingness to participate and provide subjects.

Second, the use of two separate nursing homes may have confounded the data. When separate homes were used the residential environment may have added additional variables to the study while decreasing the researcher's control. Third, the small sample of subjects threatened the generalizability of the results. The small sample size increased the probability of getting less accurate estimates from the data (Polit & Hungler, 1983). Fourth, unmatched comparison groups confounded the data. Without matched pairs, the groups were nonequivalent and comparisons between the groups questionable. Fifth, the novelty effect of reminiscence or Hawthorne effect may have occurred because the respondents reacted so enthusiastically to the new experience. Sixth, investigator bias was a possible threat to validity as the subjects may have been affected by the characteristics of the researcher. Seventh, the limited testing of the instrument was a threat to the reliability of the administration of the instrument. Eighth, using the NCOT was a limitation to the study since the instrument had not been previously tested and lacked reliability and validity. Ninth, the short length of the study was a limitation. The time limitation was a handicap because changes in attitudes and patterns of behaviors may be questionable when studied in a short single time frame. These limitations confound the data results.

#### Implications for Nursing

The findings of the study have specific implications for nursing practice, nurses in nursing homes, nursing educators, nursing administrators, nursing theorists, nursing researchers, and the nursing profession.

In considering the implications of the study findings for nursing practice, reminiscing interventions can increase the nurse's knowledge and understanding of the aging process. As more knowledge and understanding

evolve concerning the later years of human life, nurses may be able to develop and provide prevention, health promotion, and quality nursing care for the elderly. According to Butler (1963) loneliness, depression, and withdrawal are common symptoms among the elderly. The results of the study indicate that nurses may help through facilitating increased interpersonal interactions in the elderly. As the aged communicate interpersonally they can establish trust, warmth, self-disclosure, and feedback with nurses and others. The findings of the study suggest that through reminiscing the elderly may feel more recognized and accepted as human beings. If these feelings can occur within the elderly individual who is in need of nursing care, the nurse will be able to identify the client's physical, social, and psychological needs and plan nursing care accordingly.

The findings of the study also have implications for nurses who work in nursing homes. Facilitating reminiscence groups may be a valuable nursing intervention for nurses in nursing homes to help the elderly increase their interpersonal interactions and work through their personal losses. If these elderly individuals successfully adapt to old age, they may be more motivated to care for their own appearance and needs. With an open interpersonal relationship between the nurse and client, the nurse can identify the interpersonal needs of the aged individual and provide holistic care.

The study results have implications for nursing educators. With the elderly's increasing communication occurring through reminiscence, nurse educators may observe and discover new knowledge on the aging process from the fastest growing segment of the American population. In reminiscing with the elderly, nurse educators can develop an increasing awareness of the uniqueness of the aged. Gerontology is a new field and the literature needs confirmation.

Nurse educators can teach nurses to confirm this literature through reminiscing.

Nurse administrators may use reminiscence as a means of obtaining data. Older adults have a lifetime of experience and knowledge about the world, country, people, and nursing. Through reminiscing the nurse manager may tap into this great source of data and learn from the past. As one listens to the aged reminiscing, one may identify one's own value system. For the nurse administrator, an increased awareness of self tends to improve the effectiveness of management (Stevens, 1985).

Nursing theorists may benefit from the findings of the study. Implications suggest that reminiscence may create a connection between the clinical and the theoretical. Suggestions include: The phenomenon of reminiscence conceptualized (Merriam, 1980); a comprehensive theory of aging; and, a developmental theory for the aged. According to the White House Conference on Aging (1981) life expectancy will increase in the coming years beyond 80 years of age. Nursing theorists can meet the challenge for the future by developing ways to describe, explain, and predict phenomenon of the aged.

For nursing researchers the implications of the study are fairly clear. Research is needed on the benefits of reminiscence for nursing and the elderly; research is needed in testing nursing theories; research is needed for helping establish reliability and validity of nursing instruments for measuring phenomena; and, research is needed in evaluating psychological factors contributing to maintenance of well-being for the elderly (White House Conference on Aging, 1981).

Finally, the results of the study on reminiscence have implications for

the nursing profession. The White House Conference on Aging (1981) challenged the health professionals in this country to find ways to retard the rate of biological decline, prevent the onset of chronic disease, and evaluate biological and psychological factors contributing to maintenance of well-being for the elderly. The findings of the study suggest that reminiscence is one way of helping increase the psychological well-being of the elderly. Therefore, reminiscence needs to become a part of nursing practice as an intervention in gerontology nursing.

### Recommendations

The following recommendations were derived from the study.

1. That the study be replicated with a larger sample size, random selection, and random assignment to groups.
2. That a longitudinal study be done to determine the long-term effect of reminiscence on the elderly in nursing homes. Over a longer period of time the novelty effect and/or Hawthorne effect would disappear allowing actual changes in attitudes and patterns of behavior to be observed.
3. That a minimum of three separate observations be tested for establishing reliability of administration of the instrument. By comparing the scoring of researcher and designated data collector's preceptions of sample behavior for 90% accuracy on two of the three tests, reliability can be established.
4. That further study is needed on Duldt's Nursing Communication Observation Tool to establish reliability and validity.

The recommendations highlighted here are methods suggested for improving future nursing research on the effect of reminiscence in the

interpersonal communication of the elderly. From these recommendations progression can be made for advancing Duldt's nursing theory and measurement tool. As nursing emerges as a discipline, scientific investigations of nursing interventions, tools for measuring these interventions, and theories are increasingly important for resolving problems in nursing practice.

DULDT'S HUMANISTIC NURSING COMMUNICATION OBSERVATION TOOL

Project: \_\_\_\_\_ Date: \_\_\_\_\_ Nurse#: \_\_\_\_\_ Client #: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_  
 CODING FOR PATTERNS OF INTERACTION: Communing=C; Asserting=A; Confronting=N; Conflicting=X; Separating=S

		COMMUNICATION	CLIENT	NURSE	OTHER
HUMANIZING	Feelings	1. <b>COMMUNING:</b> trustful dialogue *praises, encourages, supportive, intimate, gentle touch, eye contact			
		2. <b>SHOWS TENSION RELEASE:</b> equality *warm voice tone, coping responsive faces speaker, open posture, use of humor, frequent eye contact			
	Facts	3. <b>AGREES:</b> empathetic, warm, compliant, authentic, understanding, positive regard, smiles, nods, ignores inappropriate behavior, accepting.			
		4. <b>SUGGESTIONS - made or requested:</b> *caring, initiates communication, coaches, makes requests calmly, allows choice.			
DEHUMANIZING	Facts	5. <b>OPINIONS - given or requested:</b> *authentic, self-disclosures, uses appropriate names, comforting, positive, sincere feedback.			
		6. <b>INFORMATION-given or requested:</b> *choice, clear directions, progress, individualizes, performs procedures with explanations, provides facts.			
	Facts	7. <b>INFORMATION - given or requested:</b> *directives, questions, demands, commands, categorizes, role-playing, performs procedures without explanations.			
		8. <b>OPINIONS:</b> given, demanded, or withheld, unauthentic self-disclosures, verbal outbursts, name-calling, commands, "tells off," manipulates, negative feedback.			
Feelings	Facts	9. <b>SUGGESTIONS-made or requested:</b> careless, abusive language, belittles, ridicules, questions, tolerates, hits, kicks, carries out requests without speaking, gives directives.			
		10. <b>DISAGREES:</b> tolerance, disregard, cold rejecting, noncompliant, critical, withholds support, judgemental.			
	Feelings	11. <b>SHOWS TENSION:</b> degradation, cold voice, helplessness, anger, turns away from speaker, closed posture, pain, struggle, limited eye contact.			
		12. <b>ALIENATION, SEPARATION:</b> distrustful, monologue, makes excuses, demanding, defensive, withdraws, isolating, avoids touching.			

Notes:

## APPENDIX B

## Consent Form

The research described to me is designed to find out ways people talk to one another during different group activities. The study will be conducted twice a week for a total of eight one-hour sessions. Discomforts will be minimal, and benefits include enjoying socializing with contemporaries in a pleasant situation. For any questions that I may have, I have been encouraged to contact Ann Dunn at 637-9444 (P.O. Box 1389, New Bern, North Carolina 28560). If I request it, I will be informed of the results of this study upon its completion. I understand my remarks during the session will remain confidential and anonymous.

I voluntarily consent to attend and participate in this research study. I understand that I may withdraw at any time with no penalties or loss of benefits or services. I have been fully informed before signing.

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)

## APPENDIX C

## Information About Sample

	<u>Experimental Group</u>	<u>Control Group</u>
Race	Caucasion	9 Caucasion
Age Range	68-93	65-89
Educational Level	7-16	8-13
Occupations	Homemakers Teachers Nurse	Homemakers Teachers Carpenter Salesman Sales Clerk
Widowed	9 (all)	8
Sex	9 females	8 females 2 males
Range of Residency	6 months-8 years	1 week-2 years

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POLICY AND REVIEW COMMITTEE ON HUMAN RESEARCH

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SCHOOL OF MEDICINE

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(919) 757-2773 (Chairman)

**MEMORANDUM**

TO: Ms. Ann R. Dunn  
P. O. Box 1389  
New Bern, N.C. 28560

FROM: Dr. Robert G. Crouse, Acting Chairman, UPRCHR *RGC*

SUBJECT: Research Project No. 86-245

DATE: May 12, 1987

Your research proposal entitled "The Effect of Reminiscence on the Degree of Humanizing Communication of the Elderly" has been reviewed by this Office and given the UPRCHR identification number 86-245. It is noted that this is a Category III proposal.

This notice confirms for the institution that the project qualifies for exemption from the Federal regulations concerning human research subjects under paragraphs 3 and 4 of 45 CFR 46.101(b). It is also confirmed that this project is judged to be a no more than minimal risk research proposal.

RGC/rmr

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