THE EFFECT OF REMINISCING THERAPY ON APATHETIC ELDERLY

by

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STATEMENT BY AUTHOR

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ABSTRACT

This empirical study was designed to explore the effectiveness of reminiscent group work during mealtime with elderly apathetic nursing home residents. It was hypothesized that reminiscing would increase positive behavioral responses.

The study consisted of observing the specific objective behaviors of twenty-six residents who were in criterion, control, or experimental groups over a five-week period of time for baseline, experimental, and posttest data. Photographs before and after the experiment were also used. Reminiscing was introduced to six residents of the experimental group with marked improvement noted in their behavior. No changes were observed in the other groups.

An analysis of the findings indicated that reminiscing during mealtime increased interaction among group members of the experimental group, and increased awareness of the members within the group. With reminiscing the group members developed trust and began to integrate and reorganize life conflicts and resolve their frustrations.
CHAPTER I

INTRODUCTION

The fastest growing industry in America is the nursing home industry. In 1976 there were more nursing home beds in the United States than there were hospital beds. The number of persons requiring nursing home care has been increasing steadily over the past several years. The longer one lives, the greater is the likelihood that he will spend some time in a health care institution.

In 1973 there were 12,891 nursing homes in this country housing 824,038 residents (Delury 1973). Kalish (1975) states that while only five per cent of the elderly are institutionalized at any given time, he estimates that 20-25 per cent will spend some time in an institution such as a nursing home or a mental hospital. There were 20,049,592 elderly persons in the United States of America in 1970 and Humes and Levey (1974) estimate that by the year 2000, the number of these elderly persons will have doubled. It is obvious that an increasing number of this nation's elderly will need care in a health care facility and the provision of quality care is within our ability to provide. Provision of quality care by using various
therapeutic modalities does not have to increase the cost of providing such care.

One of the most difficult problems faced by both the staff in the nursing home facilities and the residents themselves, is the traditional picture of apathy, dejection, rejection, and social isolation. This haunts families who place relatives and loved ones in nursing homes. Apathy is so expected by those being admitted that not only is the decision for institutionalization a traumatic experience, but it sets a pattern for the resident's future behaviors.

Apathy has always been a problem in nursing homes. This condition will continue as long as residents are allowed to remain apparently uninterested in, and even unaware of their surroundings. So great is the preconceived idea of apathy, that one resident who was bright and cheerful when admitted to our facility was unrecognizable the next morning as she sat, head bent, staring vacantly at the wall. Such occurrences are not rare, they happen frequently. For these elderly people the minutes slip into hours, the hours into days, then into years as they passively wait to die. They lose contact with family, the community, and the world and block out the loneliness by refusing to think, thus easily falling into the pattern of the apathetic aged (Levin 1964).
While employed in a non-profit nursing home caring for 200 residents, the investigator noted that mealtime was one activity which stimulated the interest of all the residents, both the apathetic and non-apathetic. Those who had remained motionless and passive during the day would suddenly become mobile shortly before mealtime. They would migrate toward the dining area and form small groups and socialize, while waiting to be served. By observing this behavior, the author became convinced that socialization was as important to their well-being as the food. The investigator noted that the majority of apathetic residents who ate in the dining room were seated at long tables. They rarely looked at anyone and spoke only if spoken to by an employee. Their activity seemed limited to feeding themselves.

Following this observation the author decided to investigate possible ways of changing apathetic behavior. It is the investigator's opinion that nursing home residents need not be allowed to sit idly awaiting the end, but they should be included in some type of activity. They are the master survivors, compared to their younger counterparts and their life history is their link to a more meaningful past.

The traditional view of apathy in the nursing home resident is to see it as an inevitable, irreversible condition. Such a negative attitude holds true only when there
is no respect for the aged and for their surprising capacity for positive behavioral change. Recent literature indicates that reminiscing with and among the elderly can bring about an increase of self esteem, and also a feeling of being important, useful, and appreciated by those around them. The need for the apathetic elderly to reminisce and their willingness to do so in response to specific stimuli provides the basis for anticipated changes as expressed in the following model:

Apathy + Reminiscing $\rightarrow$ Positive Behavioral Changes

(deoting loss of self esteem in nursing home residents) (at meal time) (associated with an increase in self-esteem as measured by:

- eye contact
- spoken response
- body response
- hands, shoulders, and head)

**Statement of the Problem**

The problem of this study can best be expressed by the following question: Will elderly, apathetic nursing home residents, who are encouraged to reminisce at meal time, demonstrate positive behavioral changes toward more social interaction among the residents? This question can be translated into a positive statement in the form of this hypothesis: Encouragement to reminisce by elderly
apathetic nursing home residents is associated with positive behavioral changes of increased social interaction, which can be measured by observing (1) increased eye contact, (2) spoken responses, (3) body reaction including use of the hands and movement of the head and shoulders.

**Significance of the Problem.**

The problem presented in this study, that of changing behavior of the apathetic nursing home resident through ego supportive means such as reminiscing, is vitally important because of the sheer magnitude of the number of such residents. However, the institutionalization experience should not be expressed in quantities, for it is one of quality. The institutionalization experience is a highly personal experience resulting from multiple losses according to Burnside (1973):

1. Depersonalization as the individual loses the material items and social contacts which made him a person. Losses include his home, his personal furnishings, and the people included in his life history. Depersonalization continues in the institution where the individual loses his choices concerning his daily routines and habits and even choices of what to wear, when and what to eat, and when to bathe and rest.
2. Loss of socialization with friends, neighbors, and family especially on holidays and festive occasions.

3. Loss of dignity resulting in the need to retreat into oneself, or to a state of apathy as he attempts to shelter himself against possible rejection both inside and outside the nursing home.

4. The loss of social contacts and loss of energy due to apathy and withdrawal.

The true significance of the number of apathetic elderly is that it is estimated by Levin (1964) that they comprise 33 to 50 per cent of the total population living in health care institutions. For these individuals the remaining days of their lives are spent merely existing, not living.

**Conceptual Framework**

The conceptual framework for this study was built around the losses to an individual which result in decreased self-esteem. The multiple losses reported by Burnside (1973) are similar to the external factors causing depression as reported by Levin (1964). Levin stated that in the elderly apathy and depression are interchangeable terms. For this study apathy will be equated with loss. The losses include loss of socialization since the elderly are not as mobile as they once were, and loss of work and
status due to mandatory retirement age limits. The loss of former socioeconomic status causes many elderly to give up their homes because they can no longer pay for maintenance and can not do the repairs themselves. A move to another geographic location brings further losses: loss of former neighbors and friends, loss of familiar places to shop, and loss of supportive services. With these macro-losses, each elderly person experiences certain micro-losses which may include: loss of health, loss of physical mobility, loss of mental acuity, loss of or decreased senses such as vision, hearing, taste, smell, and touch. The end result of these varied losses is often the loss of self-reliance which brings on apathy. These multiple losses of external factors increase when a person is admitted to a nursing home where choices of when to eat, bathe, or rest are eliminated. Personal contacts with family and friends are limited due to distance and specified visiting hours. When the environmental or external factors threaten a person, that person seeks realignment for homeostatic functioning. When the person is unsuccessful in coping, physical or psychiatric symptoms, or both, may result (Levin 1964).

With multiple losses the condition of apathy becomes apparent. A person who is apathetic is not interested in his surroundings, has an apathetic expression on his face, does not initiate conversation with other
residents or personnel, has somatic complaints, sleep disturbances, and infrequently or almost never expresses his own feelings of joy, happiness, pleasure, or displeasure.

Hala (1975) suggested that an appropriate intervention to counteract apathy is reminiscing therapy. The importance of reminiscing as being ego-supportive was noted Aristotle over 2000 years ago when he wrote of the special importance of remembering toward the end of life. Aristotle wrote, "they live by memory rather than by hope, for what is left to them of life is little compared to the long past, because they enjoy remembering" (Butler 1963:65).

Reminiscing, according to Havighurst and Glasser (1972) involves first of all the process of memory. Reminiscing was defined as "looking back over one's life, recalling people, and events, thoughts and feelings" (Havighurst and Glasser 1972:245).

In a social setting a group of individuals who do not know one another often initiate conversation by reminiscing. Such comments as "Where are you from?", "What school did you attend?", or "Where do you work?" are common, non-threatening ways of becoming acquainted. Reminiscing is standard practice among youngsters during kindergarten recess, or in a group of people taking a bus
tour. With age, the amount of information remembered and ready for recall increases.

Reminiscent therapy was encouraged by Lewis and Butler (1974) when they sought more efficient methods to enhance the process of reminiscing. By reminiscing the elderly resolved, reorganized, and reintegrated what was upsetting them (Lewis and Butler 1974). McMahon and Rhudick (1964) studied 25 noninstitutionalized Spanish-American War veterans in an attempt to clarify some of the ways in which reminiscing was adaptive. They interviewed these elderly men and determined if depression was present. One year after the study, 3 of the 4 depressed elderly had died. Depression was based on the loss of self-esteem, expressed feelings of hopelessness, and helplessness.

Lewis (1971) studied reminiscing to determine if it resulted in an increase in self-esteem in the presence of stress. People who reminisced following stress were compared with others who did not reminisce following a form of stress. He found that as compared to nonreminisers, those who did reminisce when faced with an experimental social threat, were able to avoid the full impact of present stresses to the ego which accompanied old age. He further stated (Lewis 1971:243) "reminiscing behavior should be respected as ego supportive and may perhaps be prompted for its therapeutic value, rather than treated as garrulous behavior of no consequence."
Ebersole (1974a) began group reminiscing with the elderly in order to raise the self-esteem of nursing home residents. She found after many weeks of treatment, that the elderly gained ego strength by restructuring their ego identity which integrated their past, making order and giving meaning to what their life had been.

Mealtime was chosen as the time to encourage reminiscing because food has been used for generations to promote friendliness, social warmth, interpersonal acceptance, and as a means to influence behavior (Lowenburg et al. 1968). Eating is a social activity that requires enactment of certain patterns of behavior dictated by the social group. Of great significance to Christians is the last public ceremony that Jesus performed when he gathered his closest friends around Him to celebrate the "last supper." This sharing of food, especially the breaking of bread, has been a focal point of the Christian faith down through the ages. The act of breaking bread and sharing it with others during the worship services has many symbolic meanings in addition to the manifestation of peace and friendship. Relationships in our world today center around the sharing of food, invitation to lunch, the banquet to honor special people and commemorate special events, the business breakfast, and the treat of a stop in the ice cream parlor after a dinner date. All these demonstrate the social importance of eating. Realizing the
significance of eating, the author included a meal as part of the research design to further enhance behavior change.

The desired influence on the behavior of the elderly resident would be to increase his self-esteem. This increase in self-esteem can be measured by socially acceptable behaviors, or positive behaviors, such as an increase in eye contact, spoken response, and body orientation between the residents. The following model expresses the conceptual framework:

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<th>Intervention</th>
<th>Increase of self-esteem</th>
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<td>Due to unsuccessful coping between the self and the environment. Caused by multiple losses.</td>
<td>Reminiscing therapy at mealtime</td>
<td>As measured by the more socially acceptable behaviors: eye contact, spoken response, movement of head, shoulders, and hands.</td>
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**Definitions**

1. Apathetic: The condition of a resident who rarely expresses interest in surroundings; seldom initiates conversation with other residents or nursing home personnel; infrequently expresses his inner feelings such as joy, happiness, pleasure, or displeasure; and who demonstrates little eye contact with other people.
2. **Elderly resident:** A person in a nursing home who is 60 years of age or older.

3. **Nursing home:** An institution licensed by the state to give skilled nursing care to individuals residing therein.

4. **Positive behavior change:** A change toward more social interaction between residents, which for the purpose of this study includes increased eye contact between residents; increased spoken response; movement of head, shoulders, and hands.

5. **Reminisce:** The act of verbalizing the experiences and memories of one's past life.

6. **Reminiscent therapy:** Reminiscent therapy as it was used in this study was done by a nurse assistant who encouraged the residents to talk about their place of birth, places of employment, their family, friends, pets, holidays, and foods.

7. **Self-esteem:** A quality that gives an individual the ability to cope with his environment; he accurately assesses the sensory perceptions informing him of the surroundings; he is able to remember, compare, and think using the input from the sensory perceptions and he utilizes the motor controls and skills to alter the environment to suit his needs.
CHAPTER II

SELECTED REVIEW OF THE LITERATURE

A selected review of the literature supports the theoretical framework of losses which the individual undergoes as a major factor in decreased self-esteem. This review relates to the hypothesis that encouragement of reminiscing by elderly nursing home residents is associated with positive behavior changes. It includes the following areas: reminiscing as ego-supportive and/or ego integrative; reminiscing and depression; reminiscing, adaptation to stress and death; and reminiscing and meal-time.

Reminiscence as Ego-Supportive and/or Ego-Integrative

Havighurst and Glasser (1972) noted the increase of research attention on reminiscing associated with the field of gerontology. They stated that such reminiscing is not merely a phenomenon of old age but is rather a phenomenon of interest and importance to those who study the life cycle from age 10 until death in old age. They further state that reminiscing can occur as soon as a child begins to remember. An exploratory study of the subject was done by Havighurst and Glasser (1972) when they asked a group of
204 male and 321 female subjects, 62-89 years of age, to relate their reminiscing experiences. Sixty-seven per cent reported that they reminisced "often" or "occasionally" when they were with a spouse. The authors concluded from their study that with reminiscing there appears to be a syndrome of good personal-social adjustment. They also identified a high frequency of reminiscing to be positively associated with the pleasant effect of reminiscing. Reminiscence is a phenomenon caused by many factors in the individual personality and the different life experience of each individual.

Dr. Robert Butler (1963) wrote about reminiscence in the aged using examples from his case studies. He reported that the usual view of reminiscence was negative and that other investigators saw reminiscence as obscuring the older person's awareness of the realities of the present or as a psychological dysfunction. Butler's thesis is that the elderly reminisce, thereby integrating and reorganizing their life conflicts. He theorized that this life review, (reminiscence) was prompted by approaching dissolution and death and to increased vulnerability to stresses in the environment. He supported his premises with various case studies and concluded that the content and significance of reminiscence should not be lost, as there are many rewards for anyone taking the time to listen to the elderly as they relate their lives.
Lewis and Butler (1974) wrote about life review therapy reminiscence by further developing conscious, deliberate, and efficient methods of psycho-therapeutic intervention to enhance the process of reminiscing. Through reminiscing the elderly resolve, reorganize, and reintegrate much of what is troubling or preoccupying them. These authors stated that therapists often hesitate to offer reminiscent therapy or any psychotherapy because the older person often appears fragile. What these therapists fail to realize is the older persons, by the very reason of their longevity, are master survivors.

Lewis (1971) investigated the question of whether those who reminisced showed an increased consistency in self-esteem compared with those who did not. His findings suggest that reminiscing and identifying with one's past may be a defense mechanism for certain elderly persons. The author concluded that reminiscing allows the elderly to avoid the full impact of present stresses that inevitably accompany old age. Therefore in studying the aged, and caring for them, the pattern of reminiscing about and identifying with one's past should be respected rather than treated as garrulous behavior of no consequence.

Ebersole (1974b) pioneered in group reminiscing with the elderly. She began with the idea of raising the esteem of the elderly for themselves. In her research, fourteen institutionalized elderly subjects met for one
hour weekly over a period of eight months. Initially the group was extremely slow in developing any sense of commitment to the group or to members of the group. The individuals remained isolated in the group as revealed by their disconnected monologues. Through the efforts of the group leader and one assistant who moved among the subjects, touching them and serving snacks, an atmosphere of trust began to develop and the subjects began to express their feelings, frustrations, and disappointments as they reminisced.

Hala (1975) reported on a pilot project of group reminiscence therapy in a long-term geriatric facility. There were two groups of eight residents who reminisced for one hour a week for a year. Each resident's behavior was recorded prior to the reminiscing and case reports were included on eight of the sixteen residents. They expressed both positive and negative feelings. After a year of participating in the group, expressions of sorrow were met with acceptance and understanding and frequently peer advice was given on solving a problem. Other areas of socialization also increased, including interactions among residents who were not members of the group. Also noted was an increase in negative expressions to the staff and less automatic compliance with staff requests. Participants did review their lives and some participants developed new interests. At no time did the interest in
reminiscing by group members dissipate. The newcomers to the program appeared to have their self-esteem boosted by the peer recognition at a time when they had suffered losses due to moving into the institution and their self-esteem was at a low point.

**Reminiscing and Depression**

McMahon and Rhudick (1964) studied reminiscence in an attempt to clarify some of the ways in which reminiscing was adaptive. The postulated adaptation to old age was the result of having coped successfully with problems specific to aging, such as maintenance of self-esteem. As the individual declined both physically and mentally, his ability to cope with grief and depression resulting from personal losses became a very difficult task. The study sample consisted of 25 non-institutionalized Spanish-American War veterans between the ages of 78 and 90, who on examination were found to be of above average intelligence and in good physical condition. Each subject, during a taped interview which lasted for one hour, was encouraged to talk about whatever he wished. Spoken sentences were the unit of measurement and were classified as either past, present, or future tense. Each subject was also rated as to the presence of depression during the interview. This was based on clinical evidence of depression, including loss of self-esteem and expressed feelings of hopelessness.
and helplessness. The subjects were divided into three groups: depressed, suspected depressed, and not depressed. When the responses were classified it was found that 66 per cent of all responses referred to the past, 32 per cent to the present, and 2 per cent to the future. Reminiscing among the subjects was not found to be related to the level of intellectual abilities that are known to decline with age.

One year after completion of the interviews, it was found that three of the four subjects rated as depressed had died; four of the five subjects rated as suspected depressed had died; and only one of the sixteen subjects rated as not depressed had died. The results show a strong relationship between depression and impending death. This study supports the idea that therapeutic reminiscing can increase the ability of the aged to adapt to his surroundings.

**Reminiscing: Adaptation to Stress and Death**

A study by Lieberman and Falk (1971) has attempted to conceptualize and qualify reminiscence. The study sample of 180 individuals included residents of institutions, individuals waiting for placement into nursing homes, and some individuals who did not anticipate institutionalization. The data collected from these groups of elderly persons were concerned with their adaptation to
stress. Information on reminiscence was compiled by an interview and included the story of the individual's life, a series of questions to evaluate the subject's life, and a set of questions concerning the role of reminiscing in his life. The study found that persons who were in unstable life situations were considerably more involved with reminiscing. It was further found that persons close to death showed less involvement in reminiscing and more evidence of cognitive restructuring. These findings are ambiguous in regard to the distance from death and the authors suggest that the definition of reminiscence is the cause of the ambiguity. In one situation, reminiscing is moving away from complexity, while in another situation reminiscing is a reworking of memories.

Lieberman and Falk (1971) found increased reminiscing in persons who were in unstable life situations or in a state of stress. Butler (1963) theorized that reminiscing was prompted by the approaching death and increased vulnerability which can cause stress. These findings can be contrasted to the findings of McMahon and Rhudick (1964) which showed depressed people did less reminiscing. If one considers both types of motor activity in depression, that is the increased activity of an agitated depression or the decreased activity of a person in apathetic depression, these findings could be in opposition. Or these findings might possibly be demonstrating
the differences in defense mechanisms; that in anxiety the defense is reminiscing, while in apathy the defense is withdrawal.

**Reminiscing and Mealtime**

The following selected review will address the importance of eating, the importance of socialization during mealtime, and the outcomes of the various studies.

Lowenburg et al. (1968) noted the many uses of food other than satisfying hunger and nutrition. Food is used to promote friendliness and social warmth and has been called the ritual of hospitality. Food is used in many ways to promote interpersonal acceptance as shown by the offering of food and drink when friends call. Relationships between the giver and the recipient are enhanced with food. Lowenburg et al. (1968:107) stated, "another use of food is to influence the behavior of others."

Rankin (1975) investigated the therapeutic value of a dining room program in a geriatric setting. Prior to her research, the majority of residents in that facility seldom left their own rooms. Previously residents had taken all meals in their rooms. A new dining room with bright and cheerful colors, a home-like atmosphere, and occasional music encouraged residents to dine with others. Rankin found by increasing socialization at mealtime, the residents stated that the food tasted better, more food was
eaten and less was wasted, residents took pride in their appearance, their orientation to time improved, and the residents increased their independence.

A case study by Goldman (1974) reported on the "many meanings food has for the elderly." One hundred and fourteen nursing home residents were moved into larger, more modern quarters. A period of adjustment was expected, but how the residents expressed the transition was a surprise. After the move 75 per cent of the residents were upset over their food in comparison with only 10 per cent who had any criticism of the food prior to the move. The type of food preparation and food had not changed; what had changed were the residents' attitudes and feelings concerning the food. Before the move both the alert and confused residents were seated in the same dining room. The alert residents realized a different social strata. Following the move the alert residents ate only with alert residents which caused a lack of social strata resulting in an expressed displeasure of the food. In order to reduce the criticism about food after the move, residents were given a choice of menu for at least one meal a day. Menu choice increased the feelings of independence in the elderly residents. To increase and restore dignity to the elderly, pureed food was transferred from baby food jars into serving dishes. Special utensils were provided in order that disabled persons could begin to feed themselves.
The most important aspect was to understand and respect the aged. This was accomplished by a wholesome, affectionate, and caring environment.

**Summary**

Reminiscing is not a phenomenon of old age. Rather it is a phenomenon of interest and importance to all people who study the human life cycle from the time a child can remember until death. The therapeutic value of reminiscing has been shown to include good personal-social adjustment, integration, and reorganization of life conflicts. Some of the elderly may use reminiscence as a defense mechanism. The significance of food in many societies has been used to promote friendliness and interpersonal acceptance. Food and mealtimes have such emotional ramifications that they can override physical need. Complaints about food can also be a symptom for other frustrations.
CHAPTER III

METHODOLOGY

This experimental study was based on observations of residents in a skilled nursing home. Its purpose was to test the hypothesis that encouragement of reminiscing during mealtime by apathetic elderly residents of the nursing home is associated with positive behavioral changes. The positive behavioral changes measured were: (1) eye contact, (2) spoken response, (3) body reaction such as movement of the head, (4) movement of the shoulders, and (5) use of the hands.

Reminiscing at mealtime was the independent variable. It followed the technique first described by Priscilla Ebersole. The dependent variable was a change in the response of the apathetic resident by interaction with his environment (the observable behaviors) as measured by the Behavioral Response Tool. This tool contained four levels of behavior, in each of the following indices: (1) eye contact, (2) spoken response, (3) movement of head, (4) movement of shoulders, and (5) use of the hands.

The overall design of the study is expressed in the following model:
The content of this chapter is divided into three areas: (1) selection of the population and sample size which included criterion, control, and experimental groups; (2) discussion of the treatment tool which is reminiscing at breakfast, the setting; and (3) discussion of the measurement tool or the Behavioral Response Tool. Photographs were taken of members of the experimental groups before and after the study as another means of gathering subjective data. The chapter concludes with a discussion of the procedures for the study. Figure 1 is a model showing the methodology.

Permission to do this study in the 200-bed nursing home was obtained from the administrator after assuring that all resident rights would be protected and that residents would remain completely anonymous (see Appendix A). The investigator who knew the residents previously explained the group reminiscing project to the residents and invited them to participate in the study. When verbal consent was given for participation in the study, the resident was asked to read and sign a consent form approved
Two Charge Nurses each selected 30 apathetic residents. See Appendix A

Twenty residents selected from names appearing on both lists.

<table>
<thead>
<tr>
<th>EXPERIMENTAL GROUP</th>
<th>CONTROL GROUP</th>
<th>ATTRITION</th>
<th>CRITERION GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 names pulled from hat to be part of experimental group I &amp; II (3 residents each group)</td>
<td>10 names pulled from hat to be control group I &amp; II (5 residents each group)</td>
<td>4 names remaining to be used for attrition should resident from apathetic group refuse to participate in Experimental Group I or II</td>
<td>10 names pulled from hat for criterion group I &amp; II (5 residents each group)</td>
</tr>
<tr>
<td>Permission obtained from residents to participate in Research, See Human Rights Consent</td>
<td>No permission obtained</td>
<td>Permission obtained if resident went into experimental group</td>
<td>Residents remained in large dining room with no intervention during meal</td>
</tr>
<tr>
<td>Baseline data were obtained for three days prior to experiment in large dining room</td>
<td></td>
<td>Data gathered if resident entered experimental group</td>
<td>Baseline data were obtained for three days prior to experiment in large dining room</td>
</tr>
<tr>
<td>Experimental Phase data gathered daily M-F for three weeks</td>
<td>Experimental Phase data gathered once a week for three weeks in large dining room</td>
<td>Data gathered if resident entered experimental group</td>
<td>Experimental Phase data gathered once a week for three weeks in large dining room</td>
</tr>
<tr>
<td>Post-experimental phase. Data gathered on Friday, one week after completion of experiment in large dining room</td>
<td></td>
<td>Data gathered if resident entered experimental group</td>
<td>Post-experimental phase. Data gathered on Friday one week after completion of experiment in large dining room</td>
</tr>
</tbody>
</table>

Figure 1. Design Model
by the Human Subjects Committee of The University of Arizona (see Appendix B). The form reiterated the brief explanation of the study and the subject's right as a participant.

Selection of Population

Apathetic Residents

Two Charge Nurses each selected 30 apathetic residents from a 100-bed unit in a nursing home. The criteria for selection follow. The resident was:

1. able to hear spoken communication or able to read lips fluently;
2. able to express himself/herself, even if in a whisper;
3. not interested in surroundings, had apathetic expression on face, or did not initiate conversation with other residents or personnel;
4. expressing somatic complaints;
5. expressing sleep disturbances;
6. infrequently, or almost never expressing his/her own feelings, for example: joy, happiness, pleasure, or displeasure (see sample #3, Appendix A).

Twenty residents whose names appeared on both lists were selected. The names of the 20 residents were placed in a hat and six were drawn out to be the experimental
Ten more names were drawn out to be the control group. The remaining 4 names were to be used should a resident in the experimental group need to be replaced.

Non-Apathetic Residents or Criterion Group

Two Charge Nurses each selected 30 non-apathetic residents from a 100-bed unit in a nursing home. The criteria for selection follow. The resident was:

1. able to hear spoken communication or able to read lips fluently;
2. able to express himself/herself, even if in a whisper;
3. able to express interest in surroundings;
4. able to initiate conversation with other residents or with personnel;
5. able to express his/her own feelings such as joy, happiness, or pleasure or displeasure (see sample #1, Appendix A).

Twenty residents whose names appeared on both lists were selected. Names of the 20 residents were placed in a hat and 10 were drawn out to be the criterion group. The purpose of the criterion group was to establish discriminative validity of the behavior response tool. If the non-apathetic residents demonstrated behaviors in the high range on the Behavior Response Tool, then the expectation
that apathetic residents with behaviors in the low range during baseline measurement would show a positive change during the experiment was realistic. The residents in the criterion group ranged in age from 60 to 86 years with a mean age of 73.0 years. There were five males and five females in the group. Two were ambulatory, two were ambulatory with walkers, and six were wheelchair mobile.

The study was done in two phases over a 10-week time period, therefore 5 residents (Group I) were observed during November-December, and the remaining 5 (Group II) were observed in January-February.

Control Group

The purpose of the control group was to note any behavioral change of the apathetic residents in the usual large dining room without treatment intervention. The ten residents of the Control Group ranged in age from 47 to 85 years with a mean age of 65.4 years. Included in the control group were 9 females and 1 male. Three were ambulatory, and seven were wheelchair mobile. The residents of the control group were also observed in two phases: the 5 residents in Group I were observed in November-December and the 5 in Group II were observed in January-February.
Experimental Group

The experimental group of residents was divided into two groups of 3 residents each. Group I was observed for 5 weeks in November-December and Group II was observed for 5 weeks in January-February.

The residents in the experimental groups were sent an invitation to eat breakfast in the small dining room for a period of three weeks. The invitation was written on 8-1/2 by 11 inch paper, in large print, to permit those who were visually impaired to read the invitation themselves (see Appendix A). Participation in the study was voluntary. Residents' rights were protected by being given a choice as to whether or not they desired to participate. Those who refused the invitation were dropped from the sample and a replacement was obtained from names in the hat.

Of the six residents in the experimental group, one woman attended once and refused to return stating, "One day a week is enough, I'm just too tired." She was subsequently hospitalized with a heart problem. Another resident from the apathetic group was chosen to be in the experimental group.

The six residents who participated in the experimental group ranged in age from 44 to 79 years with a mean age of 61.5 years. Three of the four residents who had been married were widowed and two males had never been
married. The group consisted of three men, all of whom were wheelchair mobile and three women, one who was wheelchair mobile and two who were ambulatory. Their length of residency in the nursing home ranged from one month to 24 months. An exception was made on age criteria for one person who participated in the study. The nursing staff requested that Resident A (age 44) be included in the study because they felt he was the most depressed resident in the facility. He was included after he agreed to participate.

The data in Table 1 show the mean age and the sex of the residents by group. As can be seen, only one of the groups (Group I) did not include any male residents.

Table 1. Mean Age and Sex of Residents by Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Male</th>
<th>Female</th>
<th>Male and Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criterion I</td>
<td>5</td>
<td>64.0</td>
<td>69.6</td>
<td>66.8</td>
</tr>
<tr>
<td>Control I</td>
<td>5</td>
<td>0.0</td>
<td>65.4</td>
<td>65.4</td>
</tr>
<tr>
<td>Experimental I</td>
<td>3</td>
<td>75.0</td>
<td>72.0</td>
<td>73.5</td>
</tr>
<tr>
<td>Experimental II</td>
<td>3</td>
<td>52.5a</td>
<td>77.0</td>
<td>64.7</td>
</tr>
</tbody>
</table>

*a44-year-old resident in this group.
The design of the study included observing the behaviors of the members of the criterion, control, and experimental groups for specific days over a 5-week period of time during breakfast. All three groups were observed Monday, Tuesday, and Wednesday of the first week as a baseline measurement. The criterion and control groups were observed during breakfast in the large dining room once a week for the three experimental weeks. The experimental group was observed daily for three weeks during breakfast in the small dining room with a nurse assistant stimulating reminiscing among the group members. All three groups were observed one week post experiment in the large dining room during breakfast on a Friday.

Treatment Tool: Reminiscing at Breakfast

Reminiscing therapy techniques described by Priscilla Ebersole (1974a) in "Proposal for Reminiscent Group Psychotherapy" were used as the basis for the treatment. These include a consistent meeting time and place, group process, and goals for patients. Reminiscing has no ground rules but the leader introduces himself according to the accepted custom of American culture, and asks each group member to introduce himself. To stimulate reminiscing, the leader worked from a suggested list of topics which included the following: food, special foods and ways of cooking the food, travel, home town and other places of
emotional importance, family members, pets and toys of childhood, jobs, prices, "depression days," holiday celebrations and birthday celebrations, songs, and poems. Reminiscing differs from conversation in that conversation is an informal discussion on any issue while reminiscing is that process of thinking about and telling about past experiences.

The residents were encouraged to talk about anything which they, as people, chose to discuss with complete acceptance from the leader and a discouragement of censure from each other.

Selection and Training of Reminiscent Therapist

A notice was posted on the staff bulletin board briefly explaining the study and requesting volunteers (see Appendix A). Three nurse assistants volunteered to conduct the Reminiscent Therapy sessions. The reminiscent theory and techniques were taught to the volunteers by the researcher.

The Setting

Breakfast was chosen as the time for reminiscing as it was observed by the researcher that the residents were more anxious for breakfast than other meals. Those who had not slept well were eager to get into the dining room for that first cup of coffee. Other residents
commented that being rested from the long night, they were ready to get up and begin the day. Examples of comments include, "I go to bed early and I'm ready to get up before daylight," and "I'm used to getting up early and going to work and I enjoy a good breakfast."

A small office with a dining room table was chosen for the experimental groups. This smaller room had fewer distractions than the larger dining room. Three residents and one nursing assistant were seated at the table. They were positioned so that each could see the others in order that any unilateral hearing problems would be rectified. There was adequate space in the room to allow each resident to independently position his own chair at the table.

The room was made as cheerful as possible. It contained a file cabinet and a double pedestal desk along the north wall. On the opposite side were two red up-holstered lounge chairs with a chain light above them. A large philodendron plant was growing in a pot placed on a small table between the chairs. The dining table with six straight chairs faced a large double window which looked out onto the parking lot. There was a view of the street and a junior high school was located on the other side of the road. A macrame planter hung from a drapery rod. The room was well lighted with fluorescent fixtures in the ceiling (see diagram of the room, Appendix A).
On the breakfast table were decorations which included: a live plant or a cactus bird nest complete with eggs. The breakfast trays were placed on the table in front of each individual. A pot of hot coffee was available should anyone desire a second or third cup. Additional condiments were also available.

Behavior Response Tool

The behavioral response tool to gather objective data was developed by the investigator to facilitate the collection of data in identifying changes in behavioral responses. The behaviors were chosen from personal observations previously noted by the investigator among residents in the dining room of the study facility and from statements by Levin (1964) and Katz (1971). The behaviors were also chosen from articles on depression, apathy, and multiple loss (Levin 1964, Burnside 1973).

Five areas of behavior were chosen which could easily be observed. Each included four categories ranging from 1 to 4 with the most apathetic response being number one and the more normal or least apathetic response number four (see Appendix A).

Specific areas were selected for the behavioral observations. These areas included: eye contact, spoken response, and body response which included movement of the head, shoulders, and use of the hands.
The behavior response tool was utilized in the data analysis by summing each level of behavior, five representing the point of the least socialization and 20 as the point representing the most socialization as shown in Figure 2.

<table>
<thead>
<tr>
<th>Socialization points on the behavior response tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Apathy</td>
</tr>
<tr>
<td>Medium Apathy</td>
</tr>
<tr>
<td>High Apathy</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>15-20</td>
</tr>
<tr>
<td>10-14</td>
</tr>
<tr>
<td>5-9</td>
</tr>
</tbody>
</table>

Figure 2. Score Range of High, Medium, and Low Apathy

Rater Reliability

In order to develop inter-rater reliability the behavior response tool was used by three registered nurses who volunteered to assist in the data collection. The three nurses and the writer practiced observing residents in the dining room for a period of five days prior to the study in order to establish inter-rater reliability. The nurse raters and the writer had 80 per cent agreement by the fifth day. The behavior response tool was used in the
pretest and posttest during the experiment with the criterion, control, and experimental groups.

Validity of the Behavior Response Tool

According to Treece and Treece (1973:183) "a research instrument must have validity if a study is to be meaningful and worthwhile." The Behavior Response Tool comprises several observable behaviors which indicate apathy or non-apathy in relation to behaviors which were observed during social interaction. The investigator utilized several professionals in selecting observable behaviors for the Behavior Response Tool. The purpose of having other professionals involved in selecting the behaviors was to judge if the content of the instrument was appropriate. Was the content of the instrument related to what was being measured? The jury opinion provided content validity for the Behavior Response Tool, in that each item on the tool related to the focus of the study.

The Behavior Response Tool used established discriminative validity between the apathetic and the non-apathetic residents. The apathetic residents scored low on the Behavior Response Tool (five to nine points represent the least socialization) and the non-apathetic residents scored high on the Behavior Response Tool (fifteen to twenty points representing the most socialization). The Behavior Response Tool was validated on the non-apathetic
and apathetic residents in a pilot project conducted one year prior to this study (Wichita 1975).

The Behavior Response Tool possesses predictive validity as the predicted behaviors of the criterion, control, and experimental groups were later found to be accurate. The prediction for the criterion group was that the behaviors over the five-week period would remain non-apathetic between 15 and 20 points. The prediction for the control group was that the behaviors over a five-week period would remain apathetic, within the 5-15 point range. The prediction for the experimental group was that the scores for weeks number 1 and number 5, the baseline and posttest weeks, would be low (apathetic behavior) within the 5 to 15 point range and the experimental weeks with reminiscing therapy (weeks number 2, 3, and 4) the behaviors would be in the non-apathetic range 15-20 points.

Photographs of the Experimental Groups

Photographs were taken of each member of the experimental groups before the treatment period while they ate in the large dining room. Photographs were also taken of the resident during the final week of the reminiscing therapy at mealtime in the small dining room where the breakfast sessions were held. Photographs were taken to provide objective and permanent records of the behavioral changes due to reminiscence therapy and as another
means of gathering objective data. Behaviors to be analyzed from the photographs included eye contact and position of the head, shoulders, and hands.

Prior to the study, permission was obtained from each resident in the experimental group by a signed statement on the standard resident consent form used by the facility for such permission. On the form in addition to the regular content was added: "this photograph may be used for research purposes" (see Appendix A). In accordance with the facility's policies, no resident was encouraged or coerced to sign. If a resident refused to sign, he was dropped from the experimental group. No resident refused to be photographed.

The photographs were made with a Kodak pocket Instamatic 20 camera using Kodacolor II film and flash bulbs. All photographs were taken by the investigator. The investigator approached the resident in the dining room and took a candid picture without informing the resident that it was to be taken. No resident was posed for any picture.

Procedure for Data Collection

The criterion, control, and experimental subjects were measured with the Behavior Response Tool:

1. Pretest: for three days prior to the experiment.
2. Experiment: during the experimental phase.
3. Posttest: one week after the experiment.

A behavioral baseline or pretest on the experimental subjects was obtained for three days prior to the experiment. According to Ulrich, Stachnik, and Mabry (1966) in the single organism research, establishing a stable pattern of performance, called behavioral baseline, measures the dependent variables. The dependent variables of this study were the observable behaviors measured by the Behavior Response Tool. Changes in the independent variable, reminiscing during breakfast, can then be studied as they affect the stable baseline of behavior. Changes in the dependent variable can then be attributed to the relevant independent variables. Therefore, each subject acted as his own control.

Table 2 depicts the time frame of data collection during a five-week period. During the experimental phase, note that the criterion and control groups have data collected once a week on different days each week, while the experimental group has data collected daily.

The subjects in the criterion group who ate in the large dining room were measured at the breakfast table with the Behavior Response Tool each day for a period of three days prior to the beginning of this study in order to obtain baseline data. On Tuesday of the first week, Wednesday of the second week, and Thursday of the third
Table 2. Time Frame of Data Collection for Criterion, Control, and Experimental Groups Using the Behavior Response Tool

<table>
<thead>
<tr>
<th>Data Collection by Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Groups</strong></td>
</tr>
<tr>
<td>Criterion</td>
</tr>
<tr>
<td>Control</td>
</tr>
<tr>
<td>Experimental</td>
</tr>
<tr>
<td>Days</td>
</tr>
<tr>
<td>Baseline</td>
</tr>
<tr>
<td>Experimental Phase</td>
</tr>
<tr>
<td>Posttest</td>
</tr>
</tbody>
</table>

x = measurements
week, measurements were taken during the study and one week after the study was completed on Friday, totaling seven measurements in all. The purpose of the criterion group was to establish the optimum performance of non-apathetic persons as measured by the Behavior Response Tool.

Data were gathered from the control group (persons who ate in the large dining room) during breakfast for three days prior to the study in the pretest period, also on Wednesday of the first week, Thursday of the second week, and Friday of the third week during the study phase and one week after the study on Friday as the posttest measurement. The total measurements of the control group were seven. The purpose of measuring the control group was to establish if any environmental factors influenced the behavior of the apathetic residents during the experimental period.

The experimental group of subjects was measured for three days prior to the experiment as the pretest baseline behavior measurement in the large dining room, daily during the experiment (Monday-Friday) at breakfast in the small dining room, and on Friday one week after the experiment was completed as the posttest measurement in the large dining room, also at breakfast. By measuring the experimental subjects in the pretest period, baseline data were obtained for analysis later in order that each subject could act as his own control. Data were also available for
comparison between criterion, control, and experimental groups.

Method of Observation of Residents

The nurses who volunteered to observe residents in the large dining room positioned themselves either at the rear of the dining room or just outside the lattice work partition between the dining room and rotunda. There was a possibility that the residents knew they were being observed, but in the large group of 100 residents, it was doubtful that the residents knew the purpose for the observation nor changed their behavior during the observation.

Participant Observer

During the study, the investigator positioned herself at a desk in the small room in which the reminiscing therapy was being conducted. She acted as observer in order to record the data on the Behavior Response Tool and to record any other pertinent data.

Data Analysis

The mean scores of the criterion, control, and experimental groups during baseline, experimental, and posttest weeks was averaged by week to determine the discriminative and predictive validity of the Behavior Response Tool. A t-test was done to determine if there was a significant difference in the mean scores of the
groups by week. A multiple regression analysis was done to
determine if there were any changes in behavior response
scores by treatment, group, and test week. Subjectively,
comparisons were made of photographs of the experimental
groups, pretest and posttest.
CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

The analysis of the data collected on the behavioral changes of elderly, apathetic nursing home residents is discussed in this chapter. Topics presented are the characteristics of the sample and the analysis of the data as it relates to the study hypothesis: Elderly, apathetic nursing home residents who are encouraged to reminisce demonstrate positive behavioral changes toward more social interaction as evidenced by observable behaviors of eye contact, spoken responses, head turning, shoulder movement, and the use of hands. The residents were categorized into three groups: criterion, control, and experimental. For statistical purposes, Groups I and II of the criterion, control, and experimental groups were added together.

Characteristics of the Sample

Criterion Group

The criterion group included ten residents, five men and five women, who were not judged apathetic. They ranged in age from 60 to 86 years with a mean age of 73 years. All ten residents were wheelchair mobile. They
ate together at one table in the large dining room. Their length of residence at the nursing home ranged from one month to four years. Their educational level ranged from entering the 9th grade to completion of an engineering degree.

Control Group

The control group consisted of ten apathetic residents who ranged in age from 61 to 85 years with a mean age of 73 years. The group included two males who were both wheelchair mobile and eight females of whom six were wheelchair mobile and two were ambulatory. The length of residence in the nursing home ranged from three months to two years. Their educational level ranged from completion of 9th grade to two years of college with certification as a teacher.

Experimental Group

The experimental group consisted of six residents who were apathetic. They ranged in age from 44 years to 79 years with a mean age of 61.5 years. The group included three males and three females. Four members of the group were wheelchair mobile and two were ambulatory. Their length of residence in the nursing home ranged from one month to 18 months. Their educational level ranged from completion of 11th grade to completion of business college.
Analysis of Data

This section will present the analysis of the data. The analysis is focused on the discriminative and predictive validity of the Behavior Response Tool, the pattern within each group across time, and the difference in patterns.

The study done during a five-week period consisted of three phases: baseline, experimental, and post-experiment. During the baseline phase, each resident was observed for three consecutive days before the experiment began in the usual setting, the large dining room of the facility. For the experimental phase, the criterion and control groups were observed once a week in the large dining room and the experimental groups were observed daily in the experimental setting, the small dining room. The post-experiment phase consisted of all three groups being measured on Friday one week after completion of the study in the large dining room of the facility. (see Figure 2). The residents were observed and their behaviors recorded on the Behavior Response Tool, which included 20 observable behaviors with a score range of from 5 to 20 points. Low apathy was defined as 15-20 points, medium apathy 10-14 points, and high apathy as 5-9 points.

Table 3 presents the mean scores of the three groups for each week. The criterion group (non-apathetic) had mean scores of 16.3 in week one to 17.5 in week 5,
Table 3. Mean Scores of the Three Groups by Week

<table>
<thead>
<tr>
<th>Group</th>
<th>Baseline</th>
<th>Experiment</th>
<th>Post Experiment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Week 1</td>
<td>Week 2</td>
<td>Week 3</td>
</tr>
<tr>
<td><strong>Group I</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criterion (non-apathetic)</td>
<td>16.300</td>
<td>17.400</td>
<td>16.500</td>
</tr>
<tr>
<td></td>
<td>N=10</td>
<td>N=10</td>
<td>N=10</td>
</tr>
<tr>
<td></td>
<td>1.623</td>
<td>1.373</td>
<td>1.097</td>
</tr>
<tr>
<td><strong>Group II</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control (apathetic)</td>
<td>10.400</td>
<td>11.200</td>
<td>10.100</td>
</tr>
<tr>
<td></td>
<td>N=10</td>
<td>N=10</td>
<td>N=10</td>
</tr>
<tr>
<td></td>
<td>1.780</td>
<td>1.291</td>
<td>.915</td>
</tr>
<tr>
<td><strong>Group III</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experimental (apathetic)</td>
<td>8.834</td>
<td>19.000</td>
<td>19.500</td>
</tr>
<tr>
<td></td>
<td>N=6</td>
<td>N=6</td>
<td>N=6</td>
</tr>
<tr>
<td></td>
<td>.575</td>
<td>.557</td>
<td>.413</td>
</tr>
</tbody>
</table>
indicating low apathy as compared with the control group's apathetic scores varying from 9.2 to 11.2. The experimental group mean scores were in the medium to low apathy range (8.8) during the baseline phase; they rose to the low apathy range (19.0 and 19.5) during the experimental phase and then fell to medium apathy (12.0) during the posttest week.

Discriminative Validity

The Behavior Response Tool used in this study showed discriminative validity between the criterion group (non-apathetic) and the control group (apathetic). The criterion group (non-apathetic) which should score high on the Behavior Response Tool, did so with 15 to 20 points which represented low apathy or the most socialization. The control group (apathetic) which should score low on the Behavior Response Tool, did so with 5 to 9 points which represented high apathy or the least socialization. The ten residents in the criterion group (non-apathetic) had a baseline mean of 16.30 within the low apathy range. During the first, second, and third experimental weeks, the criterion group had a mean of 17.40, 16.50, and 16.70, respectively, all within the low apathy range of 15 to 20 points as shown in Table 3. The ten residents of the control group (apathetic) had a baseline mean of 10.40, within the medium apathy range. During the first, second,
and third experimental weeks, the control group had a mean of 11.20, 10.10, and 10.00, respectively; all within the medium apathy range of 10 to 14 points (Table 3).

Predictive Validity

The Behavior Response Tool possesses predictive validity as the expected behaviors of the criterion, control, and experimental groups were later found to be accurately predicted. The prediction for the criterion group was that the behaviors over the five-week period would remain low in apathy, between the 15 to 20 point range. The scores for the criterion group, weeks 1 through 5 respectively, were as follows: 16.3, 17.4, 16.5, 16.7, and 17.5, therefore establishing predictive validity. The prediction for the control group was that the behaviors over a five-week period would remain high in apathy, within the 5 to 15 point range. The scores for the control group, weeks 1 through 5 respectively, were as follows: 10.4, 11.2, 10.1, 10.0, and 9.2, therefore establishing predictive validity. The prediction for the experimental group was that the scores for weeks 1 and 5, the baseline and the posttest weeks, would be within the 5 to 15 point range indicating apathy. During the experimental weeks with reminiscing, the prediction was that behaviors would be in the non-apathetic range, of 15 to 20 points. The scores for the experimental group, weeks 1 and 5, were
8.38 and 12.0; these were in the low apathy range, as predicted. During the experimental weeks, 2, 3, and 4, it was predicted that the scores would be in the non-apathy range, which did occur. The amount of non-apathy and the rapidity at which the score elevated was not predicted. The scores for weeks 2, 3, and 4 respectively of the experimental group were as follows: 19.0, 19.5, and 19.5. Predictive validity was therefore estimated for the experimental group.

A t-test was run to determine if a significant difference existed between the mean scores of the criterion and control groups to further test predicability of the Behavior Response Tool. The difference in means was significant \( t = 16.605; p < .0005 \).

Pattern of the Groups
Across Time

The three groups tested over a five-week period of time established well defined patterns; one pattern was that of the experimental group as compared to the criterion and control groups. The other pattern was that of the week of the test on the scores of the three groups. The experimental group data showed that the treatment was significant at the .001 level. The criterion and control groups without treatment demonstrated no significant difference in test scores (.999), in contrast to the significant change in test scores with the experimental group. With
treatment, a significant change was noted in the level of interaction as measured on the Behavior Response Tool. The consistency of test scores between Group I and Group II, the criterion and control groups, suggested that the change in Group III, the experimental group, was directly caused by the treatment and was not a result of changes in non-controlled variables, to which all residents were exposed.

The independent variable treatment and the test week significantly affected apathy. The experimental group had an $R^2$ value of .984 which indicated a strong effect from the independent variable (reminiscent therapy) and the test week. As the treatment occurred, the score increased and varied significantly by week. For the criterion group, the week of the test was unimportant as the scores did not vary significantly and the $R^2 = .09$. The control group $R^2 = .232$, is a weak explained variance resulting from the significant effect ($p < .04$) of the test week on behavior responses. Summarized in Table 4 are the values found through the multiple classification analysis using the variable scores and test week. The level of significance for the explained variance was .05 for the experimental group.
Table 4. Summary of Significant Levels and Explained Variances for the 5 Week Period; Criterion, Control, and Experimental Groups for Independent Variable, Treatment; Individual Differences; Test Week; and Explained Variance ($R^2$)

<table>
<thead>
<tr>
<th>Groups</th>
<th>Independent Variable Treatment</th>
<th>Individual Differences Controlled</th>
<th>Test Week</th>
<th>Explained Variance $R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group I</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criterion</td>
<td>.999</td>
<td>.999</td>
<td>.999</td>
<td>.092</td>
</tr>
<tr>
<td>Group II</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control</td>
<td>.999</td>
<td>.999</td>
<td>.044</td>
<td>.232</td>
</tr>
<tr>
<td>Group III</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experimental</td>
<td>.001</td>
<td>.999</td>
<td>.001</td>
<td>.984*</td>
</tr>
</tbody>
</table>

*Significant at the .05 level.
Difference in Patterns

Regression coefficients showing changes in behavioral response scores by treatment, group, and test week are summarized in Table 5. A regression analysis was done to determine the strength of the relationships between treatment and test week scores for the criterion, control, and experimental groups. The areas which were not significant in the regression equation are now shown. A baseline score of +16.48 was recorded for the criterion group in week one. The number +16.48 represents a constant from the data on regression coefficients. All other numbers in Table 5 are relative to that table. The other numbers in Table 5 are relative to that value. The criterion group made only two significant changes in the regression analysis, in that during week 2 and week 5 there were slight structural positive changes of .97 and 1.02, respectively. As no treatment was done with this group, the slight positive changes could reflect test week differences. When the control and experimental groups were compared in week 1, the values were very similar, -6.30 and -7.65, respectively. The control group showed no significant difference in weeks 2, 3, and 4. However, during week 5, there was a positive increase of +4.30 units reflected in the change from -6.30 to -2.00 units. The unit values of the experimental group immediately varied when treatment began. There was an extremely rapid change
Table 5. Regression Coefficients* Showing Change in Behavioral Response Scores by Treatment, Group, and Test Week

<table>
<thead>
<tr>
<th>Group</th>
<th>Test Week Predictors</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Group I</td>
<td>Base</td>
<td>+16.48</td>
<td>+.97</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Criterion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group II</td>
<td>Control</td>
<td>-6.30</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Group III</td>
<td>Experimental</td>
<td>-7.65</td>
<td>+9.20</td>
<td>+10.67</td>
<td>+10.67</td>
</tr>
<tr>
<td>Units of Change</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
*All significant at p < .05 level.
of the units in the experimental group during weeks 2 and 3 which held during week 4. During week 5, there was an increase of +9.70 units. Note the posttest change in units of the experimental group +2.15 as compared to the control group posttest change of units -2.00. The score of +2.15 suggests a change of +9.70 units of behavioral response from before the experimental treatment.

Photographs

Photographs were taken of each member of the experimental group both before the treatment began and during the final week. Before treatment, residents were photographed in the large dining room as they ate breakfast in the usual manner. Another photograph was taken as the residents reminisced in the small dining room. The photographs were taken to provide objective and permanent records of the behavioral changes due to the reminiscent therapy and as another means of gathering subjective data. The before and after treatment photographs were analyzed for eye contact, position of the head, shoulders, and hands.

When the investigator took the before photographs, no announcement was made of the project in order to obtain a candid picture. But when the residents saw the camera (which in each case was before the investigator could take a picture) they immediately began to reposition themselves in their chairs. They sat up straight, lifted their heads,
and looked directly into the camera. Some of the residents even made attempts to adjust their clothing. Therefore, when they were photographed in the small dining room during reminiscent therapy, there was no observable change in their appearance. Both photographs recorded eye contact, elevated head, shoulder orientation in the direction of the camera, and hands placed on the table.

The photographs were displayed on the Reality Board of the facility and then given to the residents for display as they chose. Each resident expressed pleasure to have a recent photograph of themselves.

The presence of the camera was the stimulus that seemed to effect a change in the observed behaviors of the residents. To the writer, this was yet another instance that proved there were people who could respond and yet those same people chose to hide behind an appearance of apathy.

**Summary**

The criterion, control, and experimental groups were measured using the Behavior Response Tool. In order to validate the Behavior Response Tool, a t-test was done to determine if there was a significant difference between the mean score of the criterion and control groups. The difference was found to be significant at the .0005 level.
An analysis of variance was done comparing the mean scores of the groups across time. There was no difference in the criterion or control groups, but in the experimental group, there was a significant difference. With treatment, a significant change was noted in the level of interaction as measured on the Behavior Response Tool. The consistency of test scores between the criterion and control groups suggested that the change in the experimental group was directly caused by the treatment and was not a result of changes in non-controlled variables, to which all residents were exposed.

In comparing the before and after photographs of the residents, it became apparent that the camera was a stimulus that effected a response toward a less apathetic appearance.

**Discussion**

In accordance with Havighurst and Glasser (1972), who stated that with reminiscing there appears to be a syndrome of good personal-social adjustment, the residents in the experimental group, with proper therapeutic intervention did show the ability to interact with the environment.

All of the residents in the experimental group showed an increase in self-esteem as expressed by sharing their feelings and frustrations as well as their
disappointments. When the observable behaviors were measured in the criterion, control, and experimental groups on the Behavior Response Tool, a significant difference was found between the mean scores of the criterion and control groups. When the scores of the groups were compared across time, there was a significant difference in the experimental group scores noting the increased social interaction as measured by the Behavior Response Tool.

Resident C was heard on more than one occasion to state, "I'm able to put things together better." Resident E expressed delight when the staff told him that he was lost in the wrong hallway and he was able to say, "No, I'm going to breakfast!" Resident F was able to ask, "Will you help me?" and "May I have more coffee?" when previously she had remained silent.

According to Hala (1975) residents expressed positive and negative feelings. The increase in negative expression in addition to requests to resolve institutional situations for the convenience of residents became very evident even at the beginning of the sessions. Resident A expressed his frustrations regarding the policies within the facility which interfered with his personal goals of independence. The frustrations were discussed with the nursing staff and solutions to the identified problems were found. With some of his conflicts and frustrations resolved, this resident began to establish a caring
relationship with a female resident in the facility. After several weeks, this resident, who initially was classified by the nursing staff as the most depressed resident, did not exhibit any of the original signs of depression. Four months after the study, Resident A married another resident in the facility.

Reminiscent therapy according to the literature is ego supportive and ego integrating. The six residents in the experimental group each demonstrated this effect to some degree. Residents C and D in particular began to socialize a great deal more during the day. They commented that the breakfast group assisted them in meeting new friends.

Residents who were in the experimental group began to interact after just a few minutes in the small dining room. The members of the group began to interact with each other on the first day of the experiment. In the beginning, the nurse assistant had to call each person by name to obtain a response, but by the second day, members were initiating conversation on their own. Each person began to initiate conversation when a subject he especially enjoyed was being discussed. Each resident looked carefully about the room, and commented on various items. The resident who was blind showed interest by asking questions.

All six members of the experimental group expressed some of their conflicts and reorganized and integrated
their thoughts through the use of reminiscing. Butler (1963) stated that the elderly resolve, reorganize, and reintegrate what is troubling them and this was noted in the experimental group. Resident A was very concerned about returning home to his sister and her two sons. He verbalized the advantages and the disadvantages. The group questioned him and this seemed to serve as a sounding board for some of his own conflicts. Resident A was also able to ask "Is emphysema catching?"

Residents A and B both identified very strongly with their pasts. At one point they agreed that "everyone should carry a gun to protect himself." According to Lewis (1971) the tendency for elderly to identify with their past and avoid the full impact of the present stress is something reminiscers tend to do. Resident A was a blind diabetic with bilateral leg amputations and a recent additional condition of a cerebrovascular accident resulting in right sided weakness. Resident B had chronic obstructive pulmonary disease and was pre-terminal. In view of the many stresses on both Residents A and B, the possibility of identifying with the past was a useful defense mechanism for them. In addition both Residents A and B were very vulnerable and dependent on machines and staff to keep them alive. This need for protection was expressed in many ways during the sessions.
Resident B who chose to stay in bed and appeared to have "given up" decided for a while at least to enjoy things about him again. Accepting the invitation to breakfast was the first time he had been out of his room since admission one month earlier. During the sessions he spoke of the great burden he was to his wife. He also expressed guilt because his wife had to work due to the many medical expenses. Prior to the reminiscing sessions he had expressed resentment toward his wife for working and not visiting him. To the investigator it seemed that Resident B was adapting to his stressful situation and was integrating the real and the ideal. Resident B expired five months after the study was completed.

When comparing the research of Ebersole (1974a) (group reminiscing without the aid of a meal) and Rankin (1975) (the therapeutic value of a dining room program) with the present study, it became obvious that food promoted interpersonal relationships as was stated by Lowenburg et al. (1968). Feelings of security and prestige seem to be associated with food (Lowenburg et al. 1968). The behaviors of residents in the experimental groups would lead one to conclude that the presence of food assisted the group in establishing cohesiveness almost immediately, as was noted on the Behavior Response Tool.
In comparing the control and the experimental group scores in the areas of body response, the control group response was minimal. The residents in the experimental group began to show increased animation on the first day. By the end of the week, the residents were using their hands for expression when talking. There was limited opportunity to pass an item during a meal, but the residents would ask for another cup of coffee, and then offer their cups for refill.

The findings of the experimental group in this study were consistent to those of Rankin (1975) in that increased socialization at mealtime also led to pride in appearance, to improved orientation to time and to increased independence. The project became a special interest for the night shift staff, as residents would get up earlier than usual to dress, and make themselves presentable. If they required assistance, they began to demand the assistance in order to be on time. By the third day of the experiment, all three residents of the experimental group were waiting outside the small dining room door, fearful they had been forgotten. The group became very cohesive. The two men in the experimental group I began to socialize in other parts of the facility during the day and would also spend a great deal of time reorienting the woman of the group. By the second week, the woman had begun to assist the two men by pushing their
wheelchairs down the corridors at times of the day other than the breakfast hour. They were observed speaking to each other in the large dining room and looking at each other after meals.

Members of experimental group II did not develop cohesiveness as did members of the experimental group I. The personalities of the residents, along with the greater mental impairment of two members of the group was believed to account for the difference. Previous to the experimental group, both women had severe mental change for a long period of time. Neither woman initiated conversation with anyone. The male in the group was very outgoing and concerned about both women but his attempts to draw them out at other times during the day were not successful. All nurse assistants who volunteered for the project used a great deal of touch without being prompted. They were often observed hugging a resident, dancing with residents, or openly showing affection by kissing and touching.

Termination was a very difficult event for the nurse assistant, the members of the group, and the investigator. Reminders as to the day and the week were given by the nurse assistant as the weeks progressed. Members of the group reacted by stating, "I have really enjoyed the group" or with silence. One woman was questioned one afternoon if she realized the group was nearly over and replied, "Yes, don't talk about it." The most
overt sign of regret during the last day of each group was an increase in periods of silence. Each member was given a hug by the nurse assistant and the investigator on the final day.

Eight months after the experiment, residents from the experimental group continued to demonstrate increased socialization as compared to their baseline measurements. Even though reminiscent therapy was used for only a brief period the positive benefits from the experiment appeared to continue in the minds of those involved.

The Behavior Response Tool proved efficient in measuring eye contact, spoken response, turning of the head, and use of hands. Shoulder movement remained unchanged throughout the experiment. Measuring shoulder response with this group of residents was unsuccessful, as physical conditions such as cervical spondylosis resulted in a fixed shoulder position for some. None of the residents involved had full range of motion of the head or upper torso.

There were certain qualitative changes which could not be measured by the tool, such as immediate feelings of trust that were established by the experimental groups. Also not measured was the number of conflicts and frustrations that were resolved and the increase in negative responses from the residents in the experimental groups.

Such a rapid improvement in the residents' observable behaviors could possibly have been due to the
special setting and the psychological effects of specialized attention also known as the Hawthorn Effect (Abdellah and Levine 1965).

A well-known gerontological nurse has another reason for such a rapid improvement in a person's behavior: "The person was there all the time, the therapist, using any one of the special techniques, was able to set the person free to be himself in the presence of another, or to raise his self-esteem" (Wolanin 1977:10).
CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The purpose of this study was to investigate whether the apathetic behavior of the elderly nursing home residents would be changed through the use of reminiscent therapy at mealtime. This was an experimental study in which subjects in the criterion, control, and experimental groups were measured on the Behavior Response Tool for three days prior to the experiment to obtain baseline data; during the experiment (3 weeks) and posttest, one week after the experiment, to obtain measures of change of behavior. The independent variable was reminiscent therapy. The dependent variable was a change in the response of a resident (observable behaviors) through interaction with his environment. The design of the study is expressed in the following model:

Apathetic resident \( + \) Reminiscing \( \rightarrow \) Positive behavioral changes at mealtime (stimulated by staff member) as measured by Behavior Response Tool: eye contact, spoken response, movement of head, shoulders, and use of hands. Photographs before and concluding the study.
The study was designed to measure changes in the apathetic nursing home residents. The hypothesis was: Encouragement of reminiscing during mealtime by elderly apathetic nursing home residents is associated with positive behavioral changes which can be measured by observing increasing eye contact, spoken response, body responses including head turning, shoulder movement, and the use of the hands.

Reminiscing is not a phenomenon of old age, rather it is a phenomenon of interest and importance to all people who study the human life cycle from the time a child can remember until death. The therapeutic value of reminiscing has been shown to include good personal-social adjustment, integration and reorganization of life conflicts, and increased reminiscence in stressful situations.

Eating is a social activity that requires enactment of certain patterns of behavior dictated by the social group. Based on the apathy, dejection, rejection, and social isolation of residents in nursing homes, it was the purpose of this study to explore the effectiveness of group reminiscing during breakfast; to elicit positive behavioral responses which would indicate a decrease in apathy.

A total of 26 residents were observed with the Behavior Response Tool: 10 non-apathetic residents were observed to validate the tool in a pilot study; 16 apathetic residents were divided into control and
experimental groups and were observed with the Behavior Response Tool. The reminiscent therapy took place in a small dining room, 5 days a week (Monday through Friday) for a period of 3 weeks, during breakfast. The techniques for reminiscent therapy were used as described by Ebersole (1974a).

Data were recorded on the Behavior Response Tool on which each behavior was assigned a value within the range of five to twenty points. Five points represented the least socialization (high apathy) and twenty points the most socialization (low apathy). The low apathy range was from 15 to 20 points, medium apathy from 10 to 14 points, and high apathy from 5 to 9 points.

Residents in the experimental group rated high in apathy with a mean score of 8.83 during the baseline measurement. The response of the experimental group was in low apathy range all during the experiment with an average mean score of 19.333. For the posttest measurement, the experimental group was in the medium apathy range with a mean of 12.00.

Residents in the criterion group (non-apathetic) remained in the low apathy range while residents in the control group (apathetic) stayed within the medium to high apathy range.

There was a different significant at the .0005 level between the performance of the criterion and control
groups as shown by the Behavior Response Tool. This indicated that the tool was efficient in measuring the apathetic and non-apathetic responses. An analysis of variance was done comparing the mean scores of the groups across time. There was no difference in the criterion or control groups, but in the experimental group there was a significant difference. With treatment, a significant change was noted in the level of interaction as measured on the Behavior Response Tool. The consistency of test scores between the criterion and control groups suggested that the change in the experimental group was directly caused by the treatment and was not a result of changes in non-controlled variables to which all residents were exposed.

Residents in the experimental groups tended to demonstrate positive behavior on the first day of the experiment, continued positive behavior all during the experiment, and demonstrated some carry-over of their positive behavior one week after the experiment. The instrument was effective in measuring the behavior of the criterion, control, and experimental groups, as well as measuring the changes in the experimental group. As with any tool, there were certain qualitative changes that could not be measured, such as immediate feelings of trust established with the experimental group, resolution of conflicts and frustrations, and an increase in negative responses as individuals began expressing themselves.
Another method of data collection was photographs. In comparing the before and after pictures there was little difference in observable behavior of the residents. Upon noticing the camera, residents had repositioned themselves in their chairs, sat up straight, and lifted their heads. It is assumed the presence of the camera was the stimulus that affected changes in their observable behavior.

During the sessions, the investigator recorded data including members present, seating arrangements, interaction among members, moods of the group, and verbatim comments.

An analysis of these notes indicated the following findings during the group reminiscing sessions. Members of the group recognized that they had seen one another in the facility but none of them had socialized prior to the experiment. Reminiscence was initiated by the nurse assistant but on the first day of the experiment, members began to interact with each other. On the second day members began to initiate conversation with the leader and among themselves; this continued throughout the experiment. The presence of food promoted feelings of security and enhanced interpersonal relationships.

After completing the experiment, 5 of the 6 residents began to socialize outside of the reminiscing sessions. Five of the 6 members called others by name not only during the experiment, but throughout the day.
During the first day of the meeting, the group was egocentric, with each person wanting attention from the leader and, at times, with more than one person initiating conversation. By the second day, interruptions were greatly reduced and by the third day, were nonexistent. On the third day there was an expressed awareness of the other members within the group. When a member was absent from breakfast, inquiries were made about that missing person.

There was an indication of increased awareness with regard to grooming, as members of the group asked assistance from the staff working the night shift. It was noted the residents began requesting that they "get up on schedule," they wanted plenty of time for morning care and dressing properly. Some of the staff considered this as "demanding behavior" while others took pride in their residents and made certain they not only looked nice, but were ready.

By the second week, members began to recognize each other's needs. One person in the group could understand short phrases and the group began to adapt to her needs by speaking to her in short phrases. Trading of food items and condiments was also begun in the second week.

During the first five days it was noted that the group discussed "safe topics" such as siblings, family history, holidays, and schooling. By the second week, they
were exploring life conflicts, present frustrations with the system, and fears. And this continued throughout the experiment.

**Conclusions**

This study has shown that reminiscent therapy can affect positive behavioral changes in elderly apathetic nursing home residents. Members of the therapy group became more significantly aware of, interested in, and actively involved in their environment as measured by the Behavior Response Tool; while members of the control group showed no change in their behavior. It may be concluded that apathetic residents, not encouraged to reminisce, will continue to remain apathetic, isolated, and depressed.

On the basis of the findings in this research, reminiscent therapy has proven to be an excellent tool to reestablish socialization, to integrate unresolved conflicts, to reorganize the present, reorganize stressful situations, and as a method to reestablish ego supports. With the unstructured therapy sessions, the group members can be allowed to progress as rapidly as they desire. The group was free to reassure one another or to question if they did not understand. The use of nursing assistants who gave direct care to guide the reminiscent therapy was an asset in the nursing home setting. By participating in the reminiscent breakfast groups the residents gained a
certain status or prestige that was the stimulus to affect their behavior changes.

Reminiscence therapy aids the institutionalized resident by increasing his ego strengths and thereby encourages social interaction. On the basis of the findings of this study, it is concluded that reminiscent therapy is adaptable for the nursing home. The direct care giver, the nursing assistant, can be encouraged to stimulate reminiscing and thus will learn by listening. The in-service coordinator in the institution can demonstrate the techniques for reminiscent therapy as part of in-service education. As Butler (1963) noted, the significance of reminiscing should not be lost and there are rewards for those who will listen.

This study has shown that reminiscent therapy can be used by a nonprofessional employee with a group of residents who have varying degrees of physical and/or mental impairment. It appears that the inclusion of alert residents in the group serves to aid the progress of the group during therapy and outside to periods other than therapy sessions. On the basis of this study, it can be concluded that reminiscing therapy is an effective means of rehabilitating apathetic nursing home residents to become more socially active in their environment and to relate more effectively to other residents.
It was observed that when the residents in the experimental group returned to the large dining room for their noon and evening meals, they exhibited signs of apathy and appeared to be social isolates as was further demonstrated in the posttest measurement. Thus the premise that the physical environment can and does prevent or enhance socialization can be accepted.

Considering the findings of the investigator in regard to the photographs, it can be concluded that residents still have an ego strength, but that unless there is a specific stimulus to effect a change, apathy becomes a habit.

Reminiscing during breakfast led the investigator to conclude that the presence of food assisted in establishing cohesiveness among the group as members immediately began to express concerns and frustrations. It is the investigator's conclusion that the apathetic elderly nursing home resident is incapable of initiating friendships or even casual interests without the aid of reminiscent therapy or a similar modality.

Recommendations

In accordance with the conclusions, the author recommends that:

1. Additional studies in the use of reminiscing therapy with elderly and non-elderly nursing home
residents be conducted using a larger sample and similar methodologies.

2. The Behavior Response Tool to be used in various settings by researchers to validate it as a testing tool for other than elderly nursing home residents.

3. Variation be tested for the frequency and duration of experimental groups.

4. Posttest measurements be conducted at one week and one month intervals.

5. The design of nursing home dining rooms should make provision for wheelchair space and for persons with visual and hearing losses.

6. Consideration be given to the need for socialization with meals.

7. Plans be made for nursing home staff to volunteer to eat with residents and lead discussion groups.

8. Direct care givers in nursing homes receive in-service education to encourage and stimulate reminiscing among the residents.
Sample 1

Charge Nurses:

Your expertise is desired!

Would you please list ten (10) residents on the first floor that you feel fit the following criteria:

1. Ability to hear spoken communication, or ability to read lips fluently.

2. Ability to express himself/herself, even if in a whisper.

3. Ability to express interest in surroundings.

4. Ability to initiate a conversation with other residents, or with personnel.

5. Ability to express his/her own feelings such as: joy, happiness, pleasure, or displeasure.

1.

2.

3.

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5.

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7.

8.

9.

10.
<table>
<thead>
<tr>
<th>Behavior Response Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.1 Eye Contact:</strong></td>
</tr>
<tr>
<td>Resident made no eye contact __.</td>
</tr>
<tr>
<td>Resident made eye contact with an object __.</td>
</tr>
<tr>
<td>Resident made eye contact with person near him __.</td>
</tr>
<tr>
<td>Resident made eye contact many times with persons __.</td>
</tr>
<tr>
<td><strong>2.1 Spoken Response:</strong></td>
</tr>
<tr>
<td>Did not answer when spoken to __.</td>
</tr>
<tr>
<td>Answered only once or twice when spoken to __.</td>
</tr>
<tr>
<td>Answered occasionally (three times or more) __.</td>
</tr>
<tr>
<td>Answered every time spoken to __.</td>
</tr>
<tr>
<td><strong>Body Response:</strong></td>
</tr>
<tr>
<td><strong>3.1 Head:</strong> Down during most of the meal __.</td>
</tr>
<tr>
<td>Looked up occasionally during the meal __.</td>
</tr>
<tr>
<td>Turned head occasionally during the meal __.</td>
</tr>
<tr>
<td>Turned head frequently during meal __.</td>
</tr>
<tr>
<td><strong>4.1 Shoulders:</strong> Drooping forward all during meal __.</td>
</tr>
<tr>
<td>Shoulders back occasionally during meal __.</td>
</tr>
<tr>
<td>Turned once toward another resident __.</td>
</tr>
<tr>
<td>Turned more than once toward another resident __.</td>
</tr>
<tr>
<td><strong>5.1 Hands:</strong> Used hands to eat (instead of utensils) __.</td>
</tr>
<tr>
<td>Used utensils to eat __.</td>
</tr>
</tbody>
</table>
5.3 Used hands to pass item during meal ___.

5.4 Used hands for expression when talking ___. 
Sample 3

Charge Nurses:

Your expertise is desired!!

Would you please list 30 residents on the first floor that you feel fit the following criteria:

1. Ability to hear spoken communication, or ability to read lips fluently.

2. Ability to express himself/herself, even if in a whisper.

3. Not interested in surroundings, apathetic expression on face, does not initiate conversation with other residents or personnel.

4. Resident has somatic complaints.

5. Resident has sleep disturbances.

6. Resident infrequently or almost never expresses his/her own feelings for example: joy, happiness, pleasure, or displeasure.

1. 16.
2. 17.
3. 18.
4. 19.
5. 20.
6. 21.
7. 22.
8. 23.
10. 25.
12. 27.
13. 28.
14. 29.
15. 30.
To: Mary Smith
You are invited to have breakfast for the next three weeks in Carol's office. (Monday—Friday)
We will be talking about "the good old days."

Arleua Esmont
Carol Wichita
Posada Del Sol

Consent to Photograph

The undersigned does hereby authorize the above named nursing home, and the attending physician and/or nurses, to photograph or permit other persons to photograph

while under the care of the above institution, and agree that they may use or permit other persons to use the negatives or prints prepared therefrom of such purposes and in such manner as may be deemed necessary. The photographs will be used for RESEARCH PURPOSES.

Signed________________________
Resident

Signed________________________

Witness________________________

Date________________________

Hours________________________
Sample 6: Invitation to Nursing Assistants

FIRST FLOOR 7:00-3:30 NURSING ASSISTANTS

A three week STUDY (Monday-Friday) YOUR HELP NEEDED

What it involves: Eating with three residents during the breakfast meal, talking about the "good old days."

Subjects for discussion can be food, special foods, and ways of cooking food; travel, home town and other places of emotional importance; family members, pets and toys of childhood; jobs, prices, "depression days," holiday celebrations, and birthday celebrations; songs and poems.

Purpose: To observe the residents and see if their behavior is changed during the three weeks.

Three nurse assistants will be chosen.

A nurse will observe and record during the meal.

Your breakfast will be provided.

If interested please see: Carol Wichita.
APPENDIX B

APPROVAL OF STUDY

To Whom it May Concern:

This is to certify that Carol Wichita, R.N. Director of Nurses, has been authorized to do a research project and collect data for her master's thesis. She has assured me that the Resident's rights will be protected and that the residents in the nursing home will remain completely anonymous.

Sincerely,

/s/ John Gault
John Gault
Administrator
Posada Del Sol
Pima County Nursing Home
December 11, 1975

MEMORANDUM TO:  A. Richard Kassander, Jr., Ph.D.
Vice President for Research

FROM: Milan Novak, M.D., Ph.D., Chairman
Human Subjects Committee

RE: Carol Wichita, "Will Elderly Nursing Home Residents Who Are Encouraged to Reminisce During Mealtime Demonstrate Positive Behavioral Change?"

Enclosed is a thesis proposal from a student in the School of Nursing who wants to see if reminiscing in elderly people might help some of them who appear to be unhappy make a better adjustment to life in the nursing home setting. She plans to provide a special time (breakfast) for a period of three weeks during which selected persons will eat together and be encouraged to talk about their past. Although she will be taking photographs at the beginning of the study and at the end, she has assured each participant of his/her confidentiality. No names will be used in the study, and the photographs will only be available to the investigator. I see no potential risk in this project and recommend its approval without submission to the Human Subjects Committee.

tk

Enclosure

Administratively Approved:

/s/ A. Richard Kassander, Jr.
Vice President for Research
Subject's Consent

Title and Purpose of the Project: "Will Elderly Nursing Home Residents Who Are Encouraged to Reminisce During Mealtime Demonstrate Positive Behavioral Change?"

The purpose of the project is to provide a social setting (a quiet room) in which I will be encouraged to reminisce "talk about the good old days," by a familiar staff member (nurse assistant). Residents are chosen for the project on the basis of not usually observed socializing with other residents or staff members and appear not to be enjoying the day to day activities. In the small dining room it is hoped that the residents will socialize with one another and begin to interact with one another.

Explanation of Procedures

Prior to the project, I will be asked to sign a consent to photograph. I will be photographed in the usual dining room setting and again in the small dining room at the completion of the project. My photograph will be used as a comparison to note if there are any observable changes between the usual and the small dining room. The photograph will be displayed on the "Reality Board" in the large dining room, if I so choose, if not, my photograph will be given to me.

The project consists of eating breakfast in the small dining room for three weeks, Monday through Friday. I will be sent a written invitation to attend the breakfast group. I will have the right to accept or refuse to attend the breakfast. I will be observed by a nurse during each breakfast for the number of times eye contact is made, the number of spoken responses, the number of times I move my head, shoulders, or hands. I will be assigned a number for purposes of identification and my name will not be used in the project.

Potential Discomforts or Risks

The immediate risk would be that I might lose my place in the dining room. At the completion of the three weeks, it is possible that I might feel let down by no longer eating in the small dining room for breakfast. This risk is minimized by the fact that I will eat the remaining two meals each day in the dining room setting and thereby assure my place at the table.
I will be free to discuss any event from my past life. I will be free to leave the small dining room at any time, or refuse to attend the breakfast, if I am not feeling well some morning. There will be no cost to me, in terms of money. The potential benefit would be to meet other residents, increase socialization, and perhaps increase socialization during other parts of the day.

I have read the above "Subject's Consent." The nature, demands, risks, and benefits of the project have been explained to me. I understand that I may ask questions and that I am free to withdraw from the project at any time without prejudice.

___________________________________ Date __________________
Subject's Signature

___________________________________ Date __________________
Investigator's Signature
LIST OF REFERENCES


