

# International Reminiscence and Life Review Conference

2013

## Selected Conference Papers and Proceedings

November 18-19, 2013

New Orleans, LA, USA

2013年 国際回想法・ライフレビュー学会大会

抄録・論文集

2013年11月18～19日

アメリカ、ルイジアナ州ニューオーリンズ

### Conference Sponsors:

Association for Gerontology in Higher Education  
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## International Reminiscence and Life Review Conference 2013

### Final Program

#### Monday, November 18, 2013

- 5:00-6:00 PM Conference Registration
- 6:00-7:15 PM Conference Opening Keynote Presentation  
Perri Chinalai, MA, Senior Coordinator, StoryCorps Legacy
- 7:15-7:30 PM Break
- 7:30-8:00 PM Awards Presentations
- 8:00-8:30 PM Reception
- 8:30-9:30 PM Performance by Adella Adella the Storyteller

#### Tuesday, November 19, 2013

- 8:30-9:15 AM **“UMSL Life Review Project: Stories from the Trenches”**  
Thomas Meuser, PhD, Associate Professor, Director, Gerontology  
Graduate Program, Coordinator, UMSL Life Review Project, School of Social  
Work, University of Missouri, St. Louis, MO, USA
- 9:15-10:15 AM Awards Symposia
- Susan Bluck - Robert Butler and Myrna Lewis Research Award  
**“Recognizing the Bonanza: Life Review in 2013”**
- Thomas Pierce - James and Betty Birren Practice Award  
**“Multimedia and the Practice of Reminiscence and Life Review”**
- Jojanneke Korte - Florence Gray-Soltys Student Award  
**“The Stories We Life By: The Adaptive Role of Reminiscence In Later  
Life”**
- 10:15-10:30 AM Break



10:30-11:45 AM Paper Presentations—Research & Education Approach

- Sanne Lamers: The Interactional Construction of Client and Counselor Identity in an Online Guided Life-Review Intervention
- Simon Forstmeier: Life Review Therapy for Older People with Childhood Traumas
- Cheryl Brohard: The Efficacy of an Autobiographical Memory Intervention on Advance Care Planning with People with Terminal Cancer
- Gerben Westerhof: Autobiographical Reflection and Identity Processes
- Juliette Shellman: Psychometric Evaluation of the Modified Reminiscence Scale in a Sample of Black Adults

11:45-12:30 PM Poster Viewing—Practice, Volunteer, Research & Education

Practice and Volunteer Approach:

- Hitomi Matsuda: The Making of Booklet by Volunteer Listeners/Writers Incorporated into Reminiscence Group
- Katie Ehlman: Hidden Treasures: The Creation of Video Documentaries through Life-Story Interview Techniques to Promote Person-Centered Care in Nursing Home
- Thomas W. Pierce: Evaluation of a Reminiscence Activity for Community-Dwelling Older Adults
- Juan Pedro Serrano Selva: Life Review Therapy Specific Positive Events (REVISEP) for Older Adults with Clinical Depression in a Randomized Clinical Trial. State of the Art.
- Sharon E. McKenzie: Not a son or daughter: Case study of a caregiver's perspective on caring for person with Alzheimer's disease
- Esther O. W. Chow: Responding to lives after Stroke: Narrative Therapy with stroke survivors and caregivers.

## Research & Educational Approach:

- Han-Jung Ko: Generativity development in the transition to older adulthood: Integrating goals and narratives
- Hsin-Shih (Liz) Tsang & Kate de Medeiros: Summary of Reminiscence Research in Taiwan
- Hsin-Shih (Liz) Tsang & Kate de Medeiros: Reminiscence and Oral History Comparison with Gerontology Perspective
- Narisa Ramirez: The Importance of Telling Your Story: Awareness of Meaning in Life through Guided Autobiography
- Gerben Westerhof: When Time Closes Down: Psychometric Properties of the Narrative Foreclosure Scale
- Yoko Yamamoto: Life Review and Creating Memory Books: Self Expression and Behavioral Changes in Cognitively Impaired Elderly

12:30-1:45 PM Lunch with Focused Discussion Groups

1:45-2:30 PM Poster Discussant Comments, Q & A

2:30-2:45 PM Break

2:45-4:00 PM Paper Presentations Continued ...

- Linda Hunt: From Where I Came
- Philippe Cappeliez: Characteristic Reminiscence Patterns of Depressed, Anxious, and Bereaved Older Adults
- Nicole Alea: Memories speak about relationship satisfaction: The use of "I" and "We" in relationship-defining memories
- Sunil Bhar: A brief reminiscence based intervention for hopelessness: Outcomes and mechanisms
- Steven Fuchs: Students and Veterans: Who Benefits from Oral History?

- 4:00-4:15 PM      **IIRLR Global Survey and Repository**  
Barbara Haight, RNC, DrPH, FAAN, Professor Emerita,  
College of Nursing, Medical, University of South Carolina,  
Charleston, SC, USA
- 4:15-4:30 PM      **IJRLR Peer-Reviewed On-Line Journal**  
Thomas W. Pierce, PhD, Professor of Psychology, Radford  
University, Radford, VA, USA
- 4:30-4:45 PM      Conclusion and Wrap Up
- 5:00-6:00 PM      Advisory Committee Meeting
- 7:00-9:00 PM      Post Conference Dinner (Optional)



Dear Conference Participant,

It is with great pleasure that I welcome you to the 10<sup>th</sup> biennial Reminiscence and Life Review Conference. I want to share a few updates and acknowledgements with you.

First, for those of you I have not yet had a chance to meet, my name is Ryan Matara and I am the Director of Continuing Education and Summer College at the University of Wisconsin - Superior. I joined the UW-Superior team in June of 2012 and one of the great joys that I have had as I transitioned into my new role has been learning about the International Institute for Reminiscence and Life Review, the good work that has been done by its members and the exciting plans for the future that are in development as we speak. I have to admit that coming into the Continuing Education Department, I had not heard of the Field of Reminiscence, and I was not prepared for the personal resonance that I experienced as I learned of the work done by John Kunz, and other members of the IIRLR. The deeper that I went, the more vital importance I saw to the work done by practitioners and researchers in the various fields that intersect in the eclectic art and science that comprise Reminiscence and Life Review. I am proud to be associated and to play a small part in the ongoing efforts.

Second, in April, we welcomed Esther Gieschen to the Continuing Education team as the Program Manager for the Health and Human Interests program area. This is the position that was most recently held on a permanent basis by John Kunz. As part of her responsibilities, Esther works with Donna Sislo to perform management functions for IIRLR as a program of UW-Superior. Esther, too, has been on the learning curve regarding the IIRLR although she started at a point much farther along than I. As a certified Alzheimer's Educator and a person dedicated to the study of the journey that we all take through life as we age, Esther brings much complementary experience and knowledge to her position. We are excited that she will be working with us.

Third, another cause for excitement is the progress in developing a certificate program in Reminiscence and Life Review that will be run through the Center for Continuing Education at UW-Superior. This was a vision first conceived and put forward by John Kunz. Through the use of his notes and excellent advice from the Association of Personal Historians, thanks to Mary O'Brien Tyrrell, along with the members of the IIRLR, we have taken the initial steps in developing the first course in this series. The plan is to create a noncredit, online certificate that provides practitioners with solid, foundational knowledge of Reminiscence and Life Review and practice in some

fundamental skills. Long-term, we would like to see additional courses added associated with the initial courses in the series that will address some of the various modalities that practitioners may choose to utilize in their practices.

As we move into this year's conference, I would like to thank Mary O'Brien Tyrrell, IIRLR President, for her thoughtful leadership these last two years and helping us move forward with the IIRLR and with our development of the online certificate course.

I would also like to thank Donna Sislo and Esther Gieschen for the work they have put into planning and executing this conference. They have worked tirelessly to put together a seamless experience for us all while keeping behind the scenes the many twists, turns, and bumps in the road that come with creating and managing an event like this.

I look forward to meeting as many people as I can over the two days of the conference and hearing the presentation of leaders in this multifaceted field for which I have the utmost respect and appreciation.

Sincerely,

Ryan M. Matara, M.A.  
Director of Continuing Education and Summer College  
University of Wisconsin - Superior

本学会大会に参加される皆様へ

第10回隔年回想法・ライフレビュー学会大会で皆様をお迎えできますことは大きな喜びであります。この場をお借りして、謝辞と学会についての最新情報を皆様にご報告したいと思います。

はじめに、これまでお会いする機会のなかった方々、私の名前はRyan Mataraと申します。私はthe University of Wisconsin – Superiorにて継続教育および夏期大学の指揮をしております。2012年6月に現在の役職に就いて以来、最も大きな喜びのひとつとして、国際回想法・ライフレビュー学会 (IIRLR)とそのメンバーによってなされてきた素晴らしい功績、そして現在立案中の素晴らしい将来へ向けた計画について知ることができたという点が挙げられます。正直に申し上げれば、継続教育部へ配属となった時まで、回想法の分野については何ひとつ知りませんでした。ですから、John KunzをはじめIIRLRの多くのメンバーによる功績を知った時に、こころが震えるような体験をすることになるとは思ってもいませんでした。技巧と科学の良いところが交差する回想法やライフレビューについてさらに学んでいくことで、さまざま分野の実践者や研究者による働きのきわめて大きな重要性を認識するに至りました。このような力強く前進している皆様のご尽力に、端役ではありますが仲間入りできますことを大変な光栄であると受けとめています。

ふたつめに、今年の4月、継続教育部にthe Health and Human Interests programのプログラムマネージャーとしてEsther Gieschenが加わりました。この常置的役職は、最近ではJohn Kunzが担っていたものです。Estherの役割のひとつとして、UW-SuperiorのプログラムであるIIRLRのためのマネジメント機能を執り行うためにDonna Sisloと密に連携を取ることが挙げられます。私よりさらに後になってから現職に就いたということで、彼女もまたIIRLRに関しては学習中にあります。公認アルツハイマー病教育者として、また、私たち誰もが年を重ねるにつれ経験していくことになる人生の旅を研究することに一身を捧げているひとりの人間としても、Estherは彼女の役割に対してこれまでの多くの経験と知識を補完的に活かしてくれることでしょう。彼女の力に大いに期待しています。

みつめに、UW-Superiorの継続教育センターが運営することになる回想法・ライフレビューに関する履修証明プログラムの創設に向けた進展にも期待しています。これは、もともとJohn Kunzによって発案され提唱されてきました。彼の残したメモやthe Association of Personal Historiansからの素晴らしいアドバイスをもとに、Mary O'Brien TyrrellをはじめIIRLRのメンバーのおかげで、私たちはこの履修証明プログラムのシリーズのうちの最初のコースを創設する初段階に至ることができました。この計画は、回想法の実践者に非履修単位のオンラインによるしっかりとした回想法とライフレビューの基礎知識と実践のための基礎的スキルを提供する履修証明コースを作るというものです。長期的には、シリーズとしてこの初期コースに関連したコースを加えていき、実践の場で利用していくことができる多彩な様式の方法手段が学べるようにしていきたいと願っています。

今年度の学会大会に移る前に、IIRLRのMary O'Brien Tyrrell学会長に、過去2年間における思慮深いリーダーダ

シップとIIRLRの前進およびオンライン履修証明コースの創設に向けた働きへのご協力に謝意を表したいと思いをします。

また、本学会大会の立案と執行のために尽力してくれたDonna SisloとEsther Gieschenに感謝したいと思いをします。ふたりは、今回のような学会を準備、管理するという大変な仕事につきものの紆余曲折につきましても、裏方として不断に対処し、私たちが安心して本学会大会を楽しめるよう根気強く働いてくれました。この二日間の学会大会では、こころから敬愛し真に価値あると感じるこの多角的分野における第一人者でいらっしゃる皆様のプレゼンテーションを拝聴し、ひとりでも多くの方にお目にかかれることを楽しみにしています。

敬具

Ryan M. Matara, M.A.

Director of Continuing Education and Summer College, University of Wisconsin - Superior

## Letter from the President

Welcome to the 10<sup>th</sup> biennial Reminiscence and Life Review Conference. How wonderful to be together again to renew our friendships and share professional skills. I'm grateful to the program committee, Brian de Vries and Donna Sislo, for their continued dedication putting all the pieces together here in New Orleans. I would also like to give kudos to the Awards Committee, Cheryl Svensson (chair), Juliette Shellman, Nobutake Nomura, and Sharon McKenzie. We offer special thanks for preconference sessions provided by William Randall, Marvin Westwood and Marla Buchanan. Both offerings provide new information and cutting edge skills. In the keynote provided by Perri Chinalai, from StoryCorps Legacy, she will describe their new program that will be of interest to a variety of professionals as the popularity of sharing life stories grows among the general population. We have been amazed and pleased with the number of posters and papers submitted and accepted for review that include new findings coming from China, Spain, Japan, USA, The Netherlands, Canada, Switzerland, West Indies, and Australia.

### Education and Training

While John Kunz was our Executive Director, he fostered many relationships, one of his favorites being the Association of Personal Historians (APH), who participated in the filming of his masterpiece video, "The Joys and Surprises of Telling Your Life Story". We have continued that relationship and formed a task force, which includes members of APH and the University of Wisconsin-Superior to initiate the first online certificate course in Life Story Work. Under the leadership of Ryan Matara, Director of Continuing Education and Summer College and Esther Gieschen, Manager of Health and Human Interests, we continue that vision.

On our website at \$25 each, we offer "Joys and Surprises of Telling Your Life Story", a 40-minute classic that includes not only John's comments, but also those of James Birren, Robert Butler, along with many other members and "The Reminiscence Engagement Process", a 20-minute video designed to demonstrate an entry point to reminiscence and life review approaches.

### Registry and Global Survey and On-Line Journal

Our wonderful Dr. Barbara Haight has designed and supervised the initiation of our Registry, which will hopefully be a huge attraction for all in the field of Reminiscence and Life Review. During the conference, we are also grateful that Dr. Haight will provide an overview of the Global Survey results. We are greatly indebted to Dr. Thomas Pierce, initiator and editor for our *International Journal of Reminiscence and Life Review* and he too will provide an overview. What an important and critical step in advancing our field.

Enjoy the conference. We value your continue support of the Institute.

Mary O'Brien Tyrrell



## 学会長のごあいさつ

第10回隔年回想法・ライフレビュー学会大会へようこそ。私たちの友情を新たにし、プロフェッショナル・スキルをともに共有できる機会を非常に嬉しく思っています。ここニューオーリンズでの学会開催のために連綿と献身的に準備をしてくださったプログラム委員会の皆さんならびにBrian de VriesとDonna Sisloに感謝したいと思います。また、表彰委員会の皆さんならびにCheryl Svenson（委員長）、Juliette Shellman、野村信威力先生、そしてSharon McKenzieに拍手を送りたいと思います。また、プリカンファレンス・セッションでいずれも最新の情報とスキルを提供して下さるWilliam Randall、Marvin Westwood、そしてMarla Buchananに特に謝意を表します。

StoryCorps LegacyのPerri Chinalaiによる基調演説では、彼女が率いる新しいプログラムを解説していただきます。ライフストーリーを共有することが一般の方々の間でも普及する中で、多才な専門家にとっても興味深いものとなることでしょう。中国、スペイン、日本、アメリカ、オランダ、カナダ、スイス、西インド諸島、オーストラリアから登録していただき、受理しましたさまざまな新発見についてのポスターや論文の数の多さに驚き、感謝いたします。

## 教育・養成

常任理事のJohn Kunzが健在だった頃、彼は多くのネットワークを培いました。彼がとても大切にしていたネットワークのひとつに、彼の傑作ビデオ“The Joys and Surprises of Telling Your Life Story”（「あなたのライフストーリーを語る喜びと驚き」）の撮影に協力していただいたthe Association of Personal Historians (APH)があります。私たちはこのネットワークを継承し、APHのメンバーとthe University of Wisconsin-Superiorに参加していただいて特別委員会を立ち上げ、ライフストーリー・ワークのオンライン履修コースを創設することになりました。Director of Continuing Education and Summer CollegeであるRyan MataraならびにManager of Health and Human InterestsであるEsther Gieschenのリーダーシップのもと、このようなビジョンの実現に向け努力を継続しています。

私たちのホームページでは、1人につき\$25の年会費で、John (Kunz)のコメントのみならず、James BirrenやRobert Butler、その他多数のメンバーによるコメント、さらには回想法とライフレビューの手法の入門レベルのポイントを押さえた20分のビデオ“The Reminiscence Engagement Process”（「回想に引き込むプロセス」）を含めた本編40分の古典的ビデオ“Joys and Surprises of Telling Your Life Story”を皆さんに提供しています。

## メンバー登記・包括的調査・オンライン学術誌

私たちの誇るDr. Barbara Haightが立案し創設を監修したメンバー登記は、回想法・ライフレビューの分野で活躍する皆さんにとって非常に魅力あるものとなることを願っています。本学科会大会中、Dr. Haightが包括調査の結果の概要説明をしてくださることに感謝したいと思います。また、我々のオンライン学術誌*International Journal of Reminiscence and Life Review*の実現は、その創設者でありエディターであるDr. Thomas Pierceのおかげです。彼もまた、このオンライン学術誌の実

現が、私たちの分野を前進させるためにいかに重要なステップであるかということの概要を本学会大会でプレゼンして下さることに感謝いたします。

ぜひ本学科会大会を楽しんでいただけたらと願っています。本学会に対する皆様のサポートに感謝いたします。

Mary O'Brien Tyrrell

## 2013 Award Winners

This year's International Institute for Reminiscence and Life Review awards committee, Cheryl Svensson, Juliette Shellman, Nobutake Nomura, and Sharon McKenzie, reviewed the submissions from an outstanding field of applicants and have unanimously chosen the following award winners.

**Susan Bluck, University of Florida**, has been chosen to receive the *Robert Butler and Myrna Lewis Exemplar Research Award*. Recipients for this award are primarily focused on conceptual/theoretical issues of personal memory and research projects. Susan has been interested in autobiographical memory in one form or another throughout her academic career. She works to integrate both theory and practice in her research and presentations. The number of her publications is impressive and she has received numerous honors that have led to a post-doc fellowship in Germany at the Max Planck institute. She brings a very 'international' sense to her work. Tokyo Nomura will present the award to Dr. Bluck whose presentation, "Recognizing the Bonanza: Life Review in 2013".

**Thomas W. Pierce, Radford University**, has been selected to receive the *James and Betty Birren Award for Excellence in Practice*. The recipients for this award are generally practitioners and researchers examining the therapeutic uses and outcomes of life review groups, reminiscence therapies, and other autobiographical approaches. Tom has contributed to gerontology and to reminiscence through his volunteer activities as well as his scholarship, teaching, and research in his academic career. He is past president of the IIRLR as well as editor of the IIRLR newsletter. He has nearly singlehandedly created the first online journal for reminiscence and life review, the International Journal of Reminiscence and Life Review, which will represent the IIRLR and its members internationally and will be a great credit to this organization. Barbara Haight will present the award to Dr. Pierce whose presentation is titled, "Multimedia and the Practice of Reminiscence and Life Review".

**Jojanneke Korte, University of Twente, Netherlands**, has been selected to receive the *Florence Gray Soltys Graduate Student Award for Exemplary Research or Practice in the Field of Reminiscence and Life Review*. Recipients of this award are required to have completed research, a program or a project during graduate or post-graduate studies and whose original work expands our understanding of life review and reminiscence. Jojanneke has completed research using both narrative therapy and life review; she has several publications and numerous presentations at conferences in the Netherlands and the US, and continues with new research as a post-doc. Gerben Westerhof will introduce Dr. Korte who will present, "The Stories We Live By: The Adaptive Role of Reminiscence In Later Life".

We offer our sincere congratulations to all the award winners.

The awards symposia will take place on Tuesday, November 19<sup>th</sup> at 9:15 AM.

## Recognizing the Bonanza: Life Review in 2013

**Dr. Susan Bluck, University of Florida**

In 1980, Butler wrote an article entitled, *The Life Review: An Unrecognized Bonanza*. Even from the title, we immediately get a sense of his dynamic, optimistic perspective: life review as a bonanza, a jackpot, goldmine, windfall, a pot of gold! His passion shines through in the title of his paper, and then more so as one delves into his text. In it he lays out the benefits of a narrative-oral history approach to truly understanding the human experience, extending that to research but also to those practicing medicine. Butler coined the term *life review* even earlier, in a 1963 paper that probably everyone at this conference has read – but maybe not read for some time. In today's talk therefore, I return to, and present some of the seminal insights of that classic work. Doing so represents a life review for me personally: my own research career was sparked by Butler's work which formed the core of my Master's thesis. Going beyond my own work, this talk focuses on evaluating the ways in which we, as a community of researchers and practitioners, have been inspired by Butler. To what extent have we recognized reminiscence and life review as a bonanza? Then delving into some of the lesser explored insights from Butler's early paper, I suggest that that there are some aspects of life review that remain an "unrecognized bonanza."

## 豊富な鉱脈を認識すること～2013年におけるライフレビューとは

Dr. Susan Bluck, University of Florida

1980年にButlerは、「ライフレビュー：埋もれた豊富な鉱脈（原題：The Life Review: An Unrecognized Bonanza）」と題した論文を発表しました。ライフレビューは豊富な鉱脈、すなわち大当たり、ドル箱、たなぼた、思いがけない巨富だ！なんて、その表題からでさえ、すぐに彼の躍動的で、前向きな考え方を察することができます。論文の表題からも彼の情熱は輝いて見えますが、本文を掘り下げて読んでいくと、その輝きはさらに増していきます。本文の中で、彼は人生の経験を真に理解するためのナラティブ・口述史的手法のメリットを列挙し、その意味を研究のために、さらには医療活動をする人たちのためへと拡大していきました。それ以前にもButlerは、1963年の論文の中でライフレビューという新語を造り出しました。このカンファレンスにいらっしゃった方は皆、その論文を読まれたことがあると思います。しかし読まれたとしても、それはずいぶんと前のことになるのではないのでしょうか。ですから、今日のプレゼンでは、その独創的でその後の回想法の分野の発展に影響を与えた古典的論文の洞察に立ち返ってお話したいと思います。個人的には、そうすることが私にとってライフレビューを象徴することでもあります。というのも、私の研究者としてのキャリアは、修士論文の中核となったButlerの研究が導火線となって始まったからです。このプレゼンでは、私の研究範囲を越えて、私たち研究者と実践者のコミュニティー全体がButlerによってどのような形で影響されたかを評価することに焦点を当ていきます。私たちはどの程度、回想法とライフレビューを豊富な鉱脈、すなわち宝の山として認識しているのでしょうか。

Butlerの初期の論文からのあまり探究されていないいくつかの洞察について掘り下げていくなから、ライフレビューには今でもいくつかの「埋もれた豊富な鉱脈」としての側面があるということ  
を提言します。

## *Multimedia and the Practice of Reminiscence and Life Review*

*Thomas W. Pierce*  
*Department of Psychology*  
*Radford University*

### *Abstract*

This paper describes a number of applications of multimedia technology to the field of reminiscence and life review. A technique is presented in which Microsoft PowerPoint is used to display family photographs and digital audio recordings of a person's reminiscences of the people, place, and event shown in each picture. Applications discussed in this paper include (a) the ability to record and distribute a large collection of memories for personal history, (b) the opportunity for members of different generations to interact with each other, and (c) the use of family photographs and recorded reminiscences as memory cues for persons with memory impairment, including those with dementia.

### *Introduction*

My parents have great stories – a lot of stories. And some of them are about me, which is occasionally a source of some discomfort. But it always gives me a great deal of pleasure to listen to their stories, to watch my wife and daughter as they hear them for the first time, and to see how much my parents enjoy telling them. It's fun, but it's more than fun. It's a chance to know them at a level closer to the "core" of who they are. They become more to me than my memories of them. They become people who have already struggled with many of the challenges I have faced with and am likely to face in the future.

About twelve years ago I decided it might be a good idea to record as many of my parents' stories as I could, while they were still here to tell them. I used a tape recorder for several sessions, and this worked fine. However, I became frustrated by how difficult it was to locate specific stories on a tape with an hour of material on it. The stories were there, but didn't seem terribly accessible.

At the time, PowerPoint was still a relatively new tool on campus. It could project text and images on a screen, it could embed audio or even movie clips, and the content on slides could be edited as easily as a word processing document. Faculty members using it in their courses were rock stars. People like me, still using chalk, were clearly *not*. However, it occurred to me that if someone could insert a photograph of some geological formation into a PowerPoint slide to show to their class, was there any reason I couldn't insert a photograph of my parents' wedding reception? And, while I was at it, any reason why couldn't I insert an audio file of my mother talking about the people in the picture – and about the memories this picture triggered for her? The answer to both questions was... no reason at all! So, I learned to convert photographs to a digital format by scan-

ning them; to record audio using my laptop computer; to create PowerPoint presentations that included both visual and audio media – multimedia; and, within a PowerPoint presentation, to create links that allowed the user to jump from any slide to any other slide. I got what I'd wanted: a presentation where each slide contained links to specific audio recordings, and one where it was easy to find any story I wanted to hear. My students and I refer to this product as a "Life History" or "Life History Presentation."

I started by making a small pilot presentation for my father-in-law. It had 30 photographs (30 slides) and at least one linked audio file that went with each photograph. He liked the result so much that he adopted it as one of his hobbies. He bought himself a scanner and learned every skill needed to expand the presentation (it now has over a thousand photographs and many hours of recorded audio).

With that PowerPoint presentation as a starting point, I have worked primarily with healthy older adults; although my students and I have also created presentations for persons with a variety of health-related conditions, including mild cognitive impairment and stroke. In the sections to follow, I describe briefly the process of creating a Life History Presentation, discuss settings where these presentations have been applied, and offer ideas for expanding on their use in the future. This treatment is not meant to imply that other exciting multimedia techniques are not being developed and applied to the field of reminiscence and life review (e.g., Chonody & Wang, 2013; Yancura, 2013); however, I will limit my coverage to the areas in which I have direct experience.

### *Creating a Life History Presentation*

There are several distinct steps in creating a Life History Presentation. These steps are reasonably familiar to practitioners in our field, so I will sketch them only briefly.

#### *Selecting photographs*

We usually ask participants to provide a set of 300 to 500 photographs. If the participant does not have this many photographs available, we make it clear that a person can participate with any number of photographs – or even with none at all. We recommend that participants include photographs from as many periods in their lives as possible. We also encourage the inclusion of photographs of relatives taken before the participant was born, particularly when they can be accompanied by stories about those relatives. In general, we encourage participants to select photographs that trigger memory for as many stories as possible. Occasionally, we seek out visual materials to supplement those provided by the participant, especially for participants possessing a relatively small number of family photographs. For example, in the case of one participant we took photographs of a number of her artistic and crafts projects, of which she was very proud, because they elicited a variety of stories about friends and family members for whom she had made gifts.

### *Scanning photographs to create digital picture files*

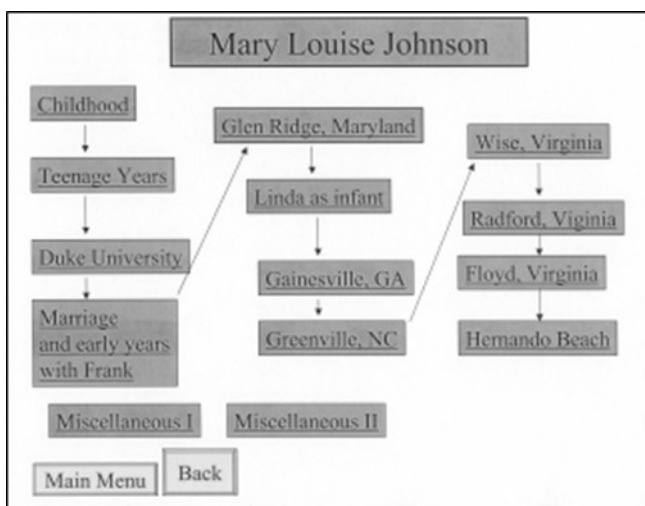
“Scanning” refers to the process of taking an image and converting it to a digital format that can be transferred easily from one software application to another. Each scanned image is stored in a computer file; the size of which varies as a function of the size of the image, the amount of detail contained in the image, and the file format (e.g., .tiff, .jpeg).

### *Recording digital audio files of verbal recollections*

Recording audio on laptop computers or tablet devices is easy and inexpensive (or, even better, free). The user will need to use audio editing software with a laptop computer or an “app” for this same purpose on a tablet device. In general, the minimum requirements for the software are that it (a) records audio over a requested period of time, (b) has the capability to edit the content (e.g., delete undesired portions of the recording, such as silence or a cough), and (c) save the desired content to a compressed file format, like .mp3. Audio files in .mp3 format are relatively small in size, but their sound quality is excellent. Currently, I use the freeware program *Audacity* (<http://audacity.sourceforge.net/>), but there are many other options available.

Our default instructions to a participant are to “Tell us who the people in the picture are, where they were, and what they were doing. In addition, please tell us any stories the picture reminds you of, even if the story isn’t related to what you see in the picture.” However, even though we use the photographs to elicit reminiscences, we do not assume that these photographs will prompt a participant to relate more than a relatively small sample of the stories that are important to them. We regularly encourage participants to tell us any story they would like to relate, whether it has anything to do with the photographs we are viewing or not. After we have worked our way through all the photographs available we also ask participants about specific periods and events in their lives in a deliberate and structured attempt to collect stories not prompted by a photograph.

### *Creating a PowerPoint presentation of reminiscence materials*

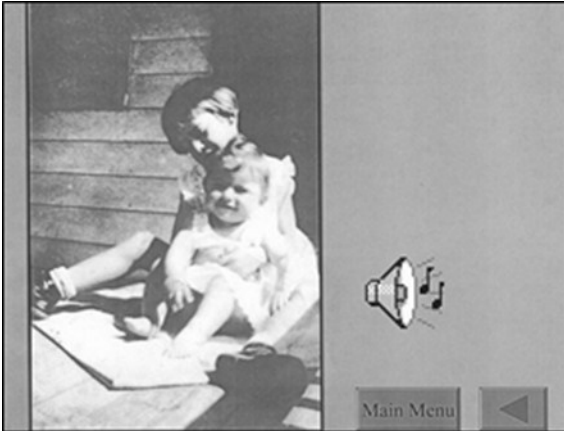


PowerPoint is a powerful, flexible, and user-friendly program that makes it easy for users to create multimedia presentations that can display text, photographs, recorded audio, and video. Users create a series of slides that can contain text boxes, photographs, and links to audio files. The location of these materials on the screen can be of whatever size and in whatever location on the screen the user would like. Hyperlinks can also be included on each slide, allowing the user to move quickly from one slide to another. For example,



the participant may choose to create an initial slide that contains hyperlinks to the start of various sets of slides that correspond to different time periods in the participant's life (e.g., Childhood in Smithville, College Years). A greyscale version of a sample initial slide or "Main Menu" is provided to the left.

Participants have a wide variety of options to choose from in creating their presentations. For example, they can select the background color, the color and font of any text included on the slide,



the location and size of photographs in the slide, and the location and size of text boxes. Hyperlinks to the Main Menu, the previous slide, or to any other slide contained in the presentation can easily be inserted. A sample slide containing a photograph and a link to the digital audio file for the reminiscence cued by this photograph is provided to the left.

One appealing feature of PowerPoint is that it allows participants to add to their presentation at any time. Participants never need to consider a presentation as "finished," but can treat it as a work in progress.

### *Storage of Life History Presentations*

The files needed to view a Life History Presentation can be copied to a CD, DVD, some other portable storage device, or to a web-based file storage site. A PowerPoint Viewer file can be included with the PowerPoint files themselves to allow anyone to view the presentation, even if they do not own PowerPoint. Assuming the audio files included are in .mp3 format, presentations can contain a very large number of photographs and many hours of audio. The largest presentation we have produced to date contains 810 photographs and includes approximately eight hours of audio. The file size of the presentation, including the sizes associated with linked audio files, is approximately 400 MB. This size is easily accommodated on traditional CDs or other portable storage devices, such as "memory sticks" or "flash drives." Given the striking increase in the capacity of portable storage devices, one would be hard pressed to create presentations limited in size by the nature of physical storage. Furthermore, "cloud" storage on remote servers offers the potential to create mega-presentations incorporating material from multiple family members. If an inexpensive option for physical storage is being used, such as CDs, our policy is to give participants as many copies of the presentation as they would like for distribution to family members and friends.

### *Settings for Life History Presentations*

#### *Use with healthy older adults*

Healthy older adults in our community have demonstrated significant interest in taking part in this activity. Interviews with healthy older adults completing life history presentations indicate that the primary motivation for participation is the opportunity to leave behind for their families a record of stories about events in their personal histories.

Healthy older participants who take part in the activity fall into several categories in terms of the approach they elect to use for creating a presentation. These categories differ mainly in terms of the degree to which they wish to engage in the mechanics of scanning photographs, making digital audio recordings, using PowerPoint, and transferring presentations to CDs or other storage media.

*Interview-only style.* Older adults who are not interested in acquiring the computer skills required to produce their own PowerPoint presentation may choose a format in which another individual handles all of the computer work, and the participant's only responsibility is to provide photographs and their verbal recollections. The facilitator scans all of the photographs, operates the software for recording and editing digital audio files, compiles these materials into a PowerPoint presentation, and transfers the presentation to storage media. This style of participation lends itself well to service-learning and independent study projects in which students serve as the facilitators.

*Mentored-participation style.* Older adults in a computer club in one of our local retirement communities adopted the project as a computer activity. I went to their club meeting approximately once a week for six weeks to teach residents the various skills needed to produce their own presentations. The residents often then taught each other to use these skills. Participants made appointments to see me when they needed help in some particular aspect of the project; but, after learning how to use a particular piece of equipment (e.g., the scanner) or a particular piece of software (e.g., PowerPoint), they put their own presentations together. Not only did these participants acquire the kind of presentation they wanted, they also benefited from the sense of accomplishment that comes with mastering new computer skills.

*Autonomous style.* Participants have the option of purchasing the equipment and software required to produce their own PowerPoint presentations and to teach themselves to use them. A number of older adults in our study have elected to do this. These participants obtained help over the phone when they had questions but, in large measure, they taught themselves to perform the computer operations required to produce their presentations. This style of participation is a viable option for older adults who prefer to work independently or who do not reside in a community with shared computer resources.

### *Intergenerational applications*

One particularly appealing application of multimedia-based reminiscence is in promoting intergenerational contact. Young adults, adolescents, and even children demonstrate an ever-increasing facility with technologies that are mystifying to – and hence unused by – many older adults. When the-

se younger people take responsibility for recording the stories of older adults and make them available to others using media that are easily and inexpensively accessed, they demonstrate to older adults their competence, capacity for sustained work, and sincere interest in their long and eventful lives. Older adults, in turn, rarely fail to fascinate their younger project partners with stories of a seemingly remote past that are at the same time eerily familiar and intriguingly foreign.

I have had the opportunity to supervise a number of undergraduate and graduate students in their work with older adults to produce multimedia presentations of memories for personal history. After receiving training in the various steps of creating a Life History Presentation, students execute every part of the process, sometimes adding their own creative contributions. At their own initiative, students often spend more time with their older project partner than they initially contracted to (of course, so do the older adults!) and develop relationships where younger and older adults clearly learn a great deal from each other.

### *Therapeutic uses of Life History Presentations*

One potential application for these extensive and detailed collections of reminiscences is to use them to “prime” autobiographical memories in persons whose ability to retrieve detailed accounts of their personal history has been compromised by disease or injury. The premise of this application is that accessing and elaborating on episodes held in autobiographical memory will serve to strengthen the connections that hold this information in place and create new associations among the contents of autobiographical memory (e.g., Backman & Small, 1998; Camp & Stevens, 1990). In other words, the more strongly activated and dense the network of neural connections that serve as the medium for autobiographical memory, the more connections one could presumably lose before experiencing a critical loss of function. The new and/or strengthened connections attributable to the use of Life History Presentation could thus provide an additional buffer against the loss of neural connections experienced in Alzheimer’s disease.

Apart from any potential benefits to autobiographical memory function, I believe the act of creating this type of presentation would give a person newly diagnosed with Alzheimer’s disease the meaningful experience of recording the stories that make up their life history and, in turn, knowing that they will be passed on to children and grandchildren. In addition, the activity provides a structured setting for communication between the person with dementia and family members. This context plays to the memory strengths of a person with dementia – memory for long-ago events they find relatively easy to recall. While my lab has not been in a position to utilize the memory priming component of the proposed memory training strategy, we have created Life History Presentations for several persons with mild cognitive impairment. These persons, presumably with a high likelihood of eventually receiving a diagnosis of Alzheimer’s or some other form of dementia, were more than capable of providing detailed reminiscences of events occurring decades before. In addition, these persons clearly enjoyed the opportunity to engage in a memory-intensive task where “memory success” on their part was frequent and of interest to others.

### *Closing remarks*

Multimedia presentations offer practitioners and researchers a powerful and flexible set of tools for compiling and distributing large collections of memories for personal history and their accompanying photographic reference points. In the future, these techniques will hopefully be viewed as valuable supplements and complements to other organized reminiscence activities, such as writing or discussion groups. They also have the potential to be viewed as a viable option for promoting the successful recall of memories for personal history in persons with Alzheimer's and related diseases. In conclusion, the only things in this area I know for sure are that (1) the software and hardware tools available will soon be dramatically different and better than they are now, and (2) I will still be able to hear my father tell the story of when my brother and I... .

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## **The Interactional Construction of Client and Counselor Identity in an Online Guided Life-Review Intervention**

**Lamers, S.M.A., Sools, A.M., Westerhof, G.J., & Bohlmeijer, E.T.**

Despite evidence for the effectiveness of life-review interventions, few studies investigated the processes by which change occurs. One goal of life-review is to enhance mental health by stimulating identity construction. We combined narrative and discursive analysis to investigate the interactional development of client and counselor identities in an online guided life-review intervention. We analyzed the client and counselor e-mails during the 8-week intervention, focusing on the identification and description of multiple interacting change process indicators. In this presentation, we illustrate the theoretical and practical relevance of investigating therapy change processes qualitatively and how they might affect therapy outcomes.

Sanne Lamers is assistant professor at the University of Twente (The Netherlands). Her research concerns the promotion of positive mental health by life review and positive psychology interventions.

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## オンラインでの誘導的ライフレビュー介入法におけるクライアントとカウンセラーのアイデンティティの相互構築について

Lamers, S.M.A., Sools, A.M., Westerhof, G.J., & Bohlmeijer, E.T.

ライフレビュー介入法の効果に関する証拠（エビデンス）が示されているにもかかわらず、効果をもたらす変化の過程を調査した研究はほとんど行なわれていなかった。ライフレビューの目的のひとつとして、アイデンティティの構築を刺激することでメンタルヘルスを促進することが挙げられる。我々は、ナラティブと推論的分析を組み合わせ、オンラインでの誘導的ライフレビュー介入法において、クライアントとカウンセラーのアイデンティティの相互発展を調査した。我々は、介入を行なった8週間にクライアントとカウンセラーの間で交わされた電子メールを、複合的相互作用変化過程指標（マルチプル・チェンジ・プロセス・インディケーター）の識別と記述に注目し分析した。本発表の中で、我々は、セラピーの変化の過程を質的方法で調査することの理論的および実践的な意義と、セラピーのアウトカムにどのような影響があるかを例証する。

Sanne Lamersは、the University of Twente（オランダ）の准教授である。主な研究は、ライフレビューとポジティブサイコロジー介入法によるポジティブメンタルヘルスの促進。

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## **Live Review Therapy for older people with childhood traumas**

**Dr. Simon Forstmeier**

### **Abstract:**

We concluded in our recent meta-analysis on the effects of reminiscence interventions (Pinquart & Forstmeier, 2012, *Aging & Mental Health*, 16, 541-558) that structured life review with persons with serious mental health problems received the largest effect sizes. However, studies with samples of traumatized individuals are very rare. Therefore, we developed a manual combining live review therapy (LRT) with narrative exposure and planned a study that applies this LRT with Holocaust survivors in Israel. We are currently in the pilot phase and present background, design, and methods at the conference. In this randomized, controlled trial, LRT will be compared to psychodynamic therapy, the most often applied approach with Holocaust survivors.

### **Biography:**

Dr. Simon Forstmeier is psychologist and senior research and teaching fellow at the University of Zurich, Switzerland. His research interests are clinical geropsychology, reminiscence, and motivational processes in diagnostic and treatment.

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## 幼少時代のトラウマを持つ高齢者のためのライフレビュー・セラピー

Dr. Simon Forstmeier

### 抄録:

我々は、昨年、回想法による介入の効果についてのメタ分析 (Pinquart & Forstmeier, 2012, Aging & Mental Health, 16, 541-558) を行い、構造的ライフレビューから、重篤なメンタルヘルスの問題のある人々が最も大きな恩恵を受けたと結論づけた。しかし、トラウマのある人びとをサンプルとした研究はまれである。それゆえ、我々はライフレビュー・セラピー (LRT) とナラティブ・エクスポージャーを組み合わせたマニュアルの開発とLRTをイスラエルのホロコースト経験者 (サバイバー) に応用する研究の立案を行なった。我々は、現在、試験的段階 (パイロット・フェーズ) にあり、背景、計画の全体像、手続きについて本学会会議で発表する。この無作為対象比較実験において、LRTをホロコースト経験者にもっとも適用されている精神力動療法 (サイコダイナミックセラピー) と比較する。

### 略歴:

Dr. Simon Forstmeierは、心理学者であり、スイスのthe University of Zurichの研究および教職兼務の大学院生 (ティーチング・フェロー) を指揮する。研究の中心は、臨床的老年心理学、回想法、診断と治療におけるモチベーション・プロセス。

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**THE EFFICACY OF AN AUTOBIOGRAPHICAL  
MEMORY INTERVENTION ON ADVANCE CARE PLANNING  
WITH PEOPLE WITH TERMINAL CANCER**

**Cheryl Brohard**

Despite education, people with cancer will die without advance care plans (ACP). The purpose of this exploratory, two-independent grouped, quasi-experimental study was to test the efficacy of a novel autobiographical memory (ABM) intervention to promote decision making and communication of advance care plans with older persons with terminally ill cancer. Using Mann-Whitney *U* test, the ABM group showed a meaningful trend toward significance with six advance care planning variables. In conclusion, utilizing an ABM intervention may be effective in influencing the decision making and communication of advance care planning for terminally ill participants with cancer.

Cheryl Brohard is a recent doctoral graduate in the College of Nursing at the University of Utah. Her research work focuses on improving the quality of life for cancer patients.

終末期がん患者の  
アドバンスケアプラン立案における  
自伝的記憶の介入効果について

Cheryl Brohard

教育の普及にかかわらず、がん患者はアドバンスケアプラン(ACP)なしに亡くなっていつている。この探究的な、独立したグループ2つによる准実験的研究の目的は、これまでにない独自の自伝的記憶(ABM)介入法の、意思決定力の促進と終末期がんの高齢者とのアドバンスケアプランについてのコミュニケーションにおける効果を調査することであった。Mann-Whitney *U* testを用い、ABMのグループは、6つのアドバンスケアプランニングの変数値について有意傾向を示した。結論として、ABM介入法の利用は、終末期がんの高齢者の意思決定と、アドバンスケアプランについてのコミュニケーションに効果的な影響があるのではないかと考えられる。

Cheryl Brohardは、the University of Utahのthe College of Nursingで博士課程を修了した。主な業績は、がん患者の生活の質の向上を中心としている。

## **Autobiographical reflection and identity processes**

**Gerben J. Westerhof & Ernst T. Bohlmeijer**

Identity construction stands out as one of the important functions of reminiscence and life review. We analyzed theories, empirical studies, and interventions concerning narratives, autobiographical memories, and reminiscence in terms of identity processes. We propose four different identity processes: identification, overidentification, underidentification, and shifting identification. We provide some empirical examples of these processes. A good balance between identifying and distancing oneself from personal memories is important to maintain or promote mental health. We conclude by discussing how they may be targeted in interventions.

Gerben Westerhof (PhD, 1994) is adjunct professor in psychology at the University of Twente, the Netherlands, where he is director of the Dutch Life Story Lab.

## 自伝的内省と自我同一性の過程

**Gerben J. Westerhof & Ernst T. Bohlmeijer**

アイデンティティの構成は、回想法とライフレビューの機能のひとつとして際立っている。我々は、理論や実証研究を分析し、ナラティブ、自伝的記憶、またアイデンティティ・プロセスに関する回想に関する介入法についても分析した。実証例を挙げながら、識別、過剰識別、過小識別、移行識別の4つのアイデンティティ・プロセスを提言する。自己を識別することと、個人的な記憶と距離を置くことをバランス良く保つことが、メンタルヘルスの維持と促進に重要である。発表の最後に、介入する中で識別することと距離を置くことのバランスを良くするためにはどう目標を定めていけば良いかを考察する。

Gerben Westerhof (PhD, 1994) は、オランダのthe University of Twente心理学部准教授および同大のthe Dutch Life Story Labの研究室長を務める。

## **Psychometric Evaluation of the Modified Reminiscence Scale in a Sample of Black Adults**

**Juliette Shellman, Ph.D., APHN-BC & Danji Zhang**

The purpose of this study was to examine the factor structure of the Modified Reminiscence Functions Scale in a sample of Black adults (N=335). The MRFS is a modified version of Webster's Reminiscence Functions Scale for use with diverse populations. Seven and eight factor models were evaluated using confirmatory factor analysis techniques. The eight factor model yielded a poor fit to the data. Results supported the seven factor model with a reasonable fit to the data,  $\chi^2/df = 1.99$ , CFI = .90, RMSEA = .05. Chronbach's alphas for the subscales ranged from .64 to .91. Recommendations for further research will be presented.

## 黒人成人のサンプルを対象とした修正版回想機能尺度の心理尺度評価について

**Juliette Shellman, Ph.D., APHN-BC & Danji Zhang**

本研究は、黒人成人のサンプル(N=335)を対象とした修正版回想機能尺度(MRFS)の因子構造の調査を目的とするものである。MRFSは、Websterによる回想機能尺度を多様な人口に使用するための修正版である。確証的因子分析法を用いて、7項目モデルと8項目モデルを評価した。8項目モデルは、データとの整合性の低さを示した。評価の結果、7項目モデルがデータとの妥当な整合性を示すことが支持された( $\chi^2/df = 1.99$ , CFI = .90, RMSEA = .05)。下位尺度についてのCronbachのアルファ係数は、0.64から0.91の範囲であった。本大会では将来の研究のための提案を発表する。

## **From Where I Came**

**Linda Hunt, PhD**

The ultimate reminiscing experience may be to travel to one's ancestral home. Reminiscing comes alive in heritage, traditions, culture, and place. A website was developed to capture experience of visiting the place where ancestors lived for others to post their experiences to share visits. Website could be a forum for others to talk about their experiences and reminisce. Graduate students in an occupational therapy program are partnering with diverse cultural groups to document such travels. The students will write each interviewee's story and post available pictures. This educational assignment captures the essence of reminiscing and expands cultural awareness.

### Professional Biography:

Linda Hunt, PhD directs Gerontology program and is professor Occupational Therapy, Pacific University. Research includes vision and cognition, culture reminiscing, and older driver skills. Contact information: [lhunt@pacificu.edu](mailto:lhunt@pacificu.edu) 503 803 3963.

## 私の原点

Linda Hunt, PhD

抄録:

究極の回想体験というものは、先祖の家へと旅することなのかもしれない。回想は、遺産、伝統、文化、そして場所という背景の中で生き生きとしてくる。先祖が生活した場所を訪れた体験をとらえるために投稿共有ウェブサイトが作られた。ウェブサイトは、自分の体験や回想について他者と話をするフォーラムの場にもなりえる。作業療法学科の大学院生は、多様な文化グループとパートナーを組んでそのような旅の記録をした。大学院生は、インタビューされる人の話を書き取り、提供された写真を投稿する。この課題は回想のエッセンスをとらえ、文化的意識を広げる課題である。

経歴:

Linda Hunt, PhDは、Pacific Universityの作業療法学科教授であり、老年学コースを指揮する。視覚と認知、文化回想、高齢者運転技術などの分野を研究する。

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## Characteristic Reminiscence Patterns of Depressed, Anxious, and Bereaved Older Adults

Philippe Cappeliez & Nora Ismail

### **Abstract:**

This study identifies the patterns of reminiscences of depressed, anxious, and bereaved older adults. Reminiscence serves these functions: Self-negative (boredom reduction BoR, bitterness revival BitR, intimacy maintenance IM); Self-positive (identity I, death preparation DP, problem solving PS); Prosocial (teach-inform TI, conversation C). 1,106 older adults aged 70 years on average completed online: Reminiscence Functions Scale, Center for Epidemiological Studies-Depression Scale, State-Trait Anxiety Inventory, and Louisville Older Person Events Scale. Depressed individuals reminisce more for all self-functions, anxious individuals for BoR and BitR, and bereaved individuals for I and DP, and IM and TI. Clinical implications are drawn.

### **Biography:**

Philippe Cappeliez (Ph.D. clinical psychology, McGill University) is Full Professor at the School of Psychology, University of Ottawa. He teaches psychology of aging and studies the functions of reminiscence in older adulthood.

## 抑うつ感、不安感、喪失感のある高齢者の特徴的回想パターンについて

**Philippe Cappeliez & Nora Ismail**

### 抄録:

本研究は、抑うつ感、不安感、喪失感のある高齢者の回想パターンを識別することを目的とする。回想は、次のような機能を務める：自己否定（退屈軽減回想 BorR、外傷体験再現回想 BitR、親密な情愛保持回想 IM）、自己肯定（アイデンティティ確認回想 I、死の準備回想 DP、問題解決的回想 PS）、向社会性（教育・情報付与的回想 TI、会話回想 C）。平均年齢70歳、1,106名の高齢者がオンラインで、回想機能尺度 (Reminiscence Functions Scale)、Center for Epidemiological Studies-Depression Scale、State-Trait Anxiety Inventory、Louisville Older Person Events Scaleに回答した。抑うつ感のある高齢者は、すべての自己機能(all self-functions)のために回想することが多く、不安感のある高齢者は、BorRやBitRのために回想することが多く、そして喪失感のある高齢者はIおよびDP、またIMとTIのために回想することが多いということが分かった。臨床的な意味について考察する。

### 経歴:

Philippe Cappeliez (McGill Universityにおいて臨床心理学のPh.D.を修める)は、University of Ottawa心理学部教授。老年心理学を教えており、おもに高齢者の回想機能について研究している。

## Memories speak about relationship satisfaction: The use of "I" and "We" in relationship-defining memories

Sideeka Ali, Nicole Alea & Sameer Alladin

### Abstract:

Two studies examined if focusing on "I" or "we" when reminiscing about positive and negative relationship events predicted relationship satisfaction. In Study 1 (Americans;  $N = 267$ ), the more that individuals used "we" when reminiscing about a *negative* relationship event, the higher their satisfaction. Study 2 extended these results to Trinidadian couples ( $N = 38$ ). The more that "we" and the less that "I" was used when reminiscing about a *negative* relationship event, the higher one's own satisfaction, and also one's partner's satisfaction. The importance of a sense of "we-ness" when reminiscing about difficult times in a relationship is discussed.

### Professional biography of authors:

Sideeka Ali is a PhD candidate in the Developmental Psychology programme at the University of the West Indies. Her research focuses on emotions, memory, and relationships across adulthood. Contact: [sideekaali@yahoo.com](mailto:sideekaali@yahoo.com).

Nicole Alea is a Lecturer in Psychology at the University of the West Indies. Her work explores the self, social, and directive functions of memory across adulthood. Contact: [Ni-  
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Sameer Alladin has completed the BSc Psychology programme at the University of the West Indies. He will pursue postgraduate studies at the University of Bristol this fall. Contact: [sameer.alladin@gmail.com](mailto:sameer.alladin@gmail.com).

## 思い出は人間関係の満足度を物語る：人間関係を定義する記憶の中での「私」と「私たち」の使用について

Sideeka Ali, Nicole Alea & Sameer Alladin

### 抄録:

肯定的な人間関係や否定的な人間関係に関連する出来事について回想する際、「私」あるいは「私たち」に焦点を当てることは、人間関係の満足度を予想するかどうかを検証する2つの調査を行った。第1の調査では(Americans;  $N = 267$ )、*否定的な人間関係に関する出来事に付いて回想する場合、「私たち」を使うことが多い人ほど、満足度が高かった。*第2の調査では、この結果を対象の範囲を広げ、トリニダード島のカップル( $N = 38$ )にもあてはめてみた。*否定的な人間関係に関する出来事について回想する場合、「私たち」をより多く使い、「私」を使うことが少ないほど、自分自身の満足度は高く、またパートナーの満足も高かった。人間関係が困難だった時期について回想するとき、「私たち感」が重要であるということについて考察する。*

### 経歴:

Sideeka Ali は、the University of the West Indies 発達心理学博士過程に在籍。主に、成人期を通じての感情、記憶、および人間関係について研究している。連絡先：[sideekaali@yahoo.com](mailto:sideekaali@yahoo.com).

Nicole Alea は、the University of the West Indies 心理学講師。成人期を通じての自己心理学、社会心理学、および記憶の指令的機能について研究している。連絡先：[Nicole.Albada@sta.uwi.edu](mailto:Nicole.Albada@sta.uwi.edu).

Sameer Alladin は、the University of the West Indies 心理学学士を修了。今秋から the University of Bristol 大学院に進学する予定。連絡先：[sameer.alladin@gmail.com](mailto:sameer.alladin@gmail.com).

**A brief reminiscence based intervention for hopelessness:  
Outcomes and mechanisms**

**Sunil Bhar and Gregory Brown**

Hopelessness is a risk factor for suicide in older adults. This study examined the efficacy of a brief reminiscence intervention for late life hopelessness. Older adults with high to moderate levels of hopelessness were randomized to the reminiscence or control condition. Both conditions involved a discussion about the participants' background; however, the reminiscence condition also involved a review of past problem solving successes. Analysis of the pre-post results showed that hopelessness reduced significantly in the reminiscence condition, but not in the control condition. Mechanisms for outcomes were explored. This study is significant, because it shows that reminiscence based conversations around past mastery experiences, even when employed briefly can reduce hopelessness in older adults and thus may prevent suicide in older adults.

Professional biography (30 words - Sunil Bhar, speaker): Sunil Bhar is a Senior Lecturer at Swinburne University of Technology, Australia, and convener of clinical psychology programs at the university. Contact: [sbhar@swin.edu.au](mailto:sbhar@swin.edu.au)

Professional biography (30 words – Gregory Brown): Dr. Brown is a Research Associate Professor of Clinical Psychology in the Department of Psychiatry at the University of Pennsylvania and he is the Director of the Center for the Prevention of Suicide at the University of Pennsylvania. Contact: [gregbrow@mail.med.upenn.edu](mailto:gregbrow@mail.med.upenn.edu)

## 短期回想法に基づいた絶望感への介入法：アウトカムとメカニズムについて

**Sunil Bhar and Gregory Brown**

絶望感は、高齢者の自殺のリスク要因のひとつである。本研究は、晩年における絶望感への短期回想法の介入法としての有効性を調査した。高度から中度の絶望感がある高齢者が、回想法グループあるいはコントロール・グループへと無作為抽出された。両者ともに参加者の生い立ちについて話し合ってもらった。ただし、回想法グループには、問題解決をしたときの過去の成功体験も振り返ってもらった。事前と事後の分析から、回想法グループでは絶望感が著しい減少を示したが、コントロール・グループでは示さなかった。アウトカムのメカニズムについて考察を行なった。過去の困難を克服した思い出についての回想に基づく会話が、たとえ短期間の実施であろうと高齢者の絶望感の減少をもたらし、さらには自殺予防にも有効性を示唆したという点から、本研究は重要であるといえることができる。

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経歴： Dr. Gregory Brown は、the University of Pennsylvania 精神医学部研究准教授を務め、また同大自殺予防センターのセンター長でもある。連絡先：[gregbrow@mail.med.upenn.edu](mailto:gregbrow@mail.med.upenn.edu)

## Students and Veterans: Who Benefits from Oral History?

Steven Fuchs

### **Abstract:**

Educators who design oral history projects often cite skill development and intellectual immersion as the primary benefits for students. While important, oral history projects developed in conjunction with community partners to meet service and experiential learning criteria offer significantly more benefits than studies suggest. This paper examines the evolution of a college oral history course that originated from a campus-based initiative designed to integrate a liberal arts college with a federal VA facility and a state veterans home. Making the veterans and intergenerational interaction central to the course enriches the educational and potentially therapeutic experience for veterans and students alike.

### **Professional Biography:**

Steven Fuchs is an associate professor of history at St. Joseph's College, New York, and a member of *The St. Joseph's College-Veterans Community Initiative*. He can be reached at [sfuchs@sjcny.edu](mailto:sfuchs@sjcny.edu).

## 学生と退役軍人：口述史の恩恵を受けるのは誰か？

**Steven Fuchs**

### 抄録:

口述史のプロジェクトを考える多くの教育者は、学生が受ける一番の恩恵としてスキルの発達と知的で刺激的な環境に身を置くことを挙げる。それらはもちろん重要であるが、コミュニティーパートナーと共同して開発された、サービス面と体験的学習面の条件を満たす口述史のプロジェクトは、調査が示唆するよりはるかに多くの恩恵をもたらすものである。本論文は、教養大学と連邦政府の退役軍人施設および州立退役軍人養護ホームとを統合するために計画されたキャンパス主導の大学口述史コースの進化を調査する。退役軍人と世代間交流をコースの中心に据えることは、退役軍人にとっても学生にとっても教育的かつ潜在的な癒し体験を豊かにする。

### 経歴:

Steven Fuchsは、ニューヨークのSt. Joseph's College歴史学部准教授と同大学・退役軍人コミュニティー・イニシアチブのメンバーを務める。連絡先は：[sfuchs@sjcny.edu](mailto:sfuchs@sjcny.edu).



## Students and Veterans: Who Benefits from Oral History?

Steven Fuchs

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### Author Note

The author would like to thank the members of the St. Joseph's College-Veterans Community Initiative as well as the many students, staff, and faculty who helped organize and/or participated in the programs for their hard work in establishing and nurturing this Initiative. One of the great pleasures of my professional career has been my ongoing work with Lee Cannella, Director of Therapeutic Recreation at the Long Island State Veterans Home. This paper would not have been possible without her commitment to the men and women who reside at the Long Island State Veterans Home. The author would like to thank Mark Hessler, Dominique Treboux, and Jonathan Siper for their input and the Long Island State Veterans Home, the Northport VA Medical Center, and St. Joseph's College for their support.

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### Abstract

Educators often cite student skill development and intellectual immersion as the primary benefits of oral history. While important, oral history projects and courses developed in conjunction with community partners to meet service and experiential learning criteria offer more benefits to students, and the people who participate, than most studies suggest. This paper examines the evolution of a college oral history course that originated from a campus-based initiative designed to integrate a liberal arts college with a federal VA facility and a state veterans home. Making the veterans, and the potential benefits for them, central to the course offers opportunities to broaden the educational benefits for students.

## Students and Veterans: Who Benefits from Oral History?

*Blue Stars and Yellow Ribbons: The St. Joseph's College-Veterans Initiative* is designed to integrate the St. Joseph's College (SJC) community with the Northport VA Medical Center (Northport VAMC) and the Long Island State Veterans Home (LISVH) through curricular and co-curricular service and experiential learning experiences. Students, faculty, and staff working in conjunction with representatives from the two facilities have designed the Initiative's programs with the purpose of improving the quality of life of the veterans who reside there, promoting awareness of

the sacrifices made by veterans, offering students meaningful educational experiences, and promoting community and intergenerational interaction. Having emerged from such an approach, the course *Oral History and the Veteran Experience* thus has its roots as much in historical methodology as it does in therapeutic recreation and service and experiential learning. Most oral history courses or projects, regardless of the target educational audience, focus on the student experience. While not surprising, the non-historical value for students and the potential therapeutic value for veterans should not be ignored. Oral history has more to offer students, and the people they interview, than most designs suggest.

Social studies and history educators from grammar school through college cite content immersion and engagement, competency in methodology, and research and communication skill development as the primary benefits of oral history. While my experiences confirm this, the design of most oral history courses or projects ignores the interdisciplinary benefits of having students interact with other communities, the interviewees' circumstances, and the potential benefits for the interviewees. For example, Rice (2000) offers an exemplary design from a purely historical standpoint. Student instruction emphasizes everything from the best practices of oral history to rigorous preparation for conducting and transcribing the interviews. Absent is any discussion beyond the historical value of the content. Haas' excellent oral history design for elementary school teachers suggests that students benefit beyond traditional academic markers by asking students to "share what benefits *they received* (italics mine) from learning about and doing the interviews" (Lesson Development Procedures). Lynch (2008) recommends that secondary education teachers and college professors seeking to establish an oral history project involving veterans contact "the activity directors of local retirement communities" who may see it as "an excellent activity for the residents" (p. 37). Although he does not discuss the potential benefits for veterans beyond the fact that they may "enjoy participating in such a project" (p. 37), his observations suggest that the process may benefit the interviewee.

Davis, Ellis, and Van Ingen's (2009) incorporation of the Veterans History Project into their courses contains several intriguing aspects beyond just its civic engagement inspired design. The inclusion of an AARP representative to train students who will interview veterans residing in the Grand Island Veterans Home and a social worker to regulate patient care provides significant resources for placing the veteran at the center of the learning experience and for expanding the answer to the authors' question, "How would the project relate to the overall material of the class" (p. 345)? The authors' concern about revising the short reaction paper into a "formal historical analysis" that examines the veteran's individual experience while discussing "how the individual experience compared or contrasted with the larger analysis of the event" (p. 346) leaves me wondering about the extent to which this opportunity was highlighted in the instruction or seized upon as part of the "project's value" (347).

Nystrom (2002) recognizes the value of introducing oral history into her course in the context of service learning. She explains that service learning "involves serving the community in a way that

achieves academic goals and objectives, while providing students with a unique experience to learn, serve, and teach as they examine society at the primary level” (para. 2). She concludes that service learning “fosters the development of intangibles such as empathy, personal values, awareness of others, self-confidence and social responsibility, and helps create a sense of caring for others” (para. 2). Critical to this process are opportunities for reflection, in her case provided by “pre-reflection and post-reflection papers” (para. 6). Nystrom’s approach takes the important step of shifting the emphasis from a student’s individual academic benefits to having students explore how their involvement impacts the participants and the community.

Taft et al.’s (2004) examination of whether oral history can be utilized as a therapeutic intervention to enhance residents’ quality of life in a nursing home setting raises interesting questions for health care providers and oral history practitioners. Oral history can create “a culture to enhance a therapeutic environment” (p. 38) by encouraging nursing staff to interact with residents, develop relationships, and validate reminiscences by “valuing elders and their legacy of memories” (p. 39). Social interaction reduces their sense of isolation while “validation affirms the individuality and maintains the personhood in older adults who are too often defined by their disabilities” (p. 42). According to Taft et al. (2004), “It may be that in oral history, the more we value the history for the history’s sake, the more therapeutic the intervention will be” (p. 43). This research suggests that the debate about whether oral history provides therapeutic value may be far too narrow. Perhaps the benefits extend beyond just engagement with memory to the creation of a social setting that fosters trust, respect, dialogue, and learning.

In detailing the development of my course *Oral History and the Veteran Experience*, I argue that incorporating veterans into the learning experience is beneficial for students and veterans in ways that are not generally recognized or included by educators who use oral history. I believe that the design of oral history courses and projects should embrace academia’s interest in service and experiential learning, interdisciplinary study, community partnerships, and high impact learning experiences. While professional expertise and content requirements for a particular course can feel constraining, the benefits for students are undeniable: engagement, content mastery, skill development, integration of disciplines and communities, and reflection. The same is true for veterans. According to Haber (2006), “Life review conducted for educational purposes can teach or inform others, pass on knowledge and experience to a new generation, or enhance understanding of one’s own life or oneself” (p. 155). My experience is that oral history reduces social isolation, fosters inter-generational understanding and respect, stimulates reminiscence and reflection, promotes a sense of satisfaction and validation, and cultivates an atmosphere that embraces human dignity. Measuring the therapeutic value of oral history remains a challenge for those who believe it is indeed therapeutic. The challenge lies in developing “a reliable means, beyond anecdote, to demonstrate the therapeutic efficacy of the oral history interview” or of an environment that improves the quality of life (McCarthy, 2010, p. 160). Complicating this task, I suspect, is that age, memory, social setting, and whether life review is an ongoing process may all affect the potential therapeutic value.

In many ways *American History II*, my history survey course covering Reconstruction to the present, has served as an incubator for the development of *Oral History and the Veteran Experience*. For several years I have required students to complete a one-hour oral history interview in order to connect the past students are studying with the people they live with in the present. Not surprisingly, most have chosen family or friends. According to end of the semester evaluations, students enjoy talking about history, developing and/or deepening their personal connection with the interviewee, creating historically relevant material, and learning about history from people who actually experienced it rather than from boring textbooks or professors who only study this stuff.

The Veterans Initiative's ongoing work with the LISVH offered the possibility of further integrating historical actors and community organizations into *American History II* while introducing reminiscence as a form of historical methodology. Operated by the Health Sciences center of Stony Brook University, the LISVH (2013) is a 350 bed skilled nursing facility dedicated to providing "high quality and compassionate health care services for veterans and their families" while creating an environment "that any veteran can call home" (Mission statement). During my conversations with Lee Cannella, the Director of Therapeutic Recreation, she stressed the importance of providing veterans with programs that are educational, integrate them into the community, foster intergenerational interaction, and promote life review. Our conversations led to several students conducting their oral history interview at the LISVH and the addition of a veterans panel in *American Heritage II*.

Together we developed a process whereby she selects eight veterans from World War II through the Vietnam War - based on their health, the potential benefit for them, and their willingness to participate in intergenerational educational events - to make a presentation at the college about their military experiences and to answer questions (Fuchs, Lamberta, Cannella, & Pisano, 2013; U.S. Department of Veterans Affairs, 2011). In preparation for the panel, students read historically relevant material based on the veterans' biographies. Students and I discuss effective communication strategies, such as speaking louder, avoiding slang and generation-specific terms, and asking clear and concise questions. I also explain that the veterans' age and use of a wheelchair requires moving the panel to a location on campus that is more accessible, avoids elevators, and has accessible bathrooms nearby. Such revelations lead to a conversation about the campus' layout and the challenges students with a disability face when trying to navigate it.

Student responses to the panels have been unanimously positive with the most frequent comment being that "history came alive for me" in a way that "banal textbooks" could never achieve. One student realized "history is more personally connected to our lives than most people believe" while another claimed the panel "opened my eyes to the fact that each individual holds their perspective and that it is important to study a variety of perspectives to receive a fuller picture of history." My semester-long attempt to have students grasp these insights through primary source analysis and historiography was finally achieved through historical dialogue. Students were surprised by the veterans' "genuine interest" in their lives and that they "seemed to enjoy their moments in the spotlight and welcomed questions." Such interest, another student hoped, "showed that their service

does not go unnoticed and that they are still appreciated for what they have done for this country” (Fuchs et al., 2013, p. 17). In what was perhaps the best expression of the panel’s purpose, one student concluded: “Just to have someone to listen to the veterans and talk to them was beneficial to them, as well as the students” (p. 17).

In post-panel interviews conducted by LISVH staff, “the veterans confirmed the students’ impressions by reporting that they enjoyed sharing their stories and passing on their legacy; one veteran felt validated by the students’ interest in his life” (Fuchs et al., 2013, p. 17).

By reviewing their lives, especially their dedication to country and community, veterans can experience catharsis and gain a deeper appreciation of their contribution to society. Veteran-student interaction offers the possibility of deriving a sense of satisfaction and validation that can diminish the despair that often emerges later in life. (p. 17-18)

Keddy (1988), based on her experience with oral history, explained that “older people gain a sense of pride and accomplishment when they tell their ‘stories’ and know that they can live on by passing their experiences and knowledge to future generations” (171). The excitement and educational value offered to students and veterans by the panel and the handful of *American Heritage II* oral history interviews conducted at the LISVH motivated Lee Cannella and I to explore other mutually beneficial intergenerational experiences. From these conversations came *Oral History and the Veteran Experience*.

One of the first considerations was to have the college’s Institutional Review Board (IRB) review the proposal for *Oral History and the Veteran Experience* (SJC, 2013b). Although debate rages about whether oral history should fall under IRB authority and whether the IRB should use different criteria for oral history (Shopes, 2012), as someone new to oral history I have found that the review process led to better protection of veterans’ privacy, student understanding of working with at-risk populations, and a description of record maintenance. The IRB agreed to my request for a storage system that would allow me to distribute additional copies to the veterans upon request. Making the interviews part of the public record would have been ideal, but given my limited experience and working with an at-risk population I preferred that the veterans retain all rights and that faculty, students, and LISVH staff agree not to distribute, post, or publish any recording or transcript of the interviews.

I first taught *Oral History and the Veteran Experience* in fall 2012 and again in spring 2013 (Fuchs et al., 2013). A total of six students have enrolled in the course and six veterans have participated. Students spend a total of fifteen hours at the LISVH interacting with the veterans who have agreed to participate. This interaction occurs in two ways. Students spend five hours engaged in oral history interviews with their assigned veteran. Students use a variety of approaches to conduct their interviews: some find an event in the veteran’s biography they feel comfortable discussing, some proceed chronologically, and some start with an overview before returning to specific aspects of the veteran’s life. The goal is the articulation of a life story – the construction of the self “as the culmina-

tion of a life” (Abrams, 2010, p. 33) - rather than a detailed narrative focusing exclusively on the veteran’s military experience. Lee Cannella and I chose the life story format to encourage students and veterans to dig deeper than just the handful of favorite stories veterans are likely to tell. We wanted students to be active participants in the structure of the first interview and to strategize about subsequent interviews in order to promote skill development, understanding of the interviewer’s role in oral history, and a sense of accomplishment in the relationship they developed and the material they unearthed. The veterans would benefit by reclaiming long forgotten or neglected parts of their lives, becoming more aware of their contributions to society, and, hopefully, experiencing satisfaction and validation. As Ruiz (1998) stated in her article, “speaking history connects generations” (para. 3). The other ten hours are spent in a classroom setting discussing events from the veterans’ lives. These thematic discussions have included the Great Depression, the invasion of Normandy, mobilization, demobilization, and military culture. When given free rein, students and veterans usually compare generational experiences (Fuchs et al., 2013; Lark, 2007).

Rather than consider them subjects whose only purpose is to provide benefit to the students, *Oral History and the Veteran Experience* is designed to integrate the veterans into the learning experience. As a service and experiential learning course approved by the college’s curriculum committee, *Oral History and the Veteran Experience* challenges students to “learn the value of service and/or experiential learning through interactive experiences and reflections within real-world contexts” that “encourage students to forge a link between theory and practice while clarifying students’ connections to their local and global communities” (SJC, 2013a). Prior to the first class, which is held at the LISVH, students read the volunteer orientation materials. Lee Cannella and the HIPAA compliance officer start by reviewing institutional policy. Even though the students are not volunteering, an introduction to HIPAA, facility regulations, safety and privacy issues, and communicating with veterans in a nursing home setting all enrich the course through an interdisciplinary approach to content and skill acquisition. After a short break, the veterans join the students. I then review the syllabus, explain the veterans’ rights, and answer any questions students and veterans have. I remind students that the veterans have volunteered to participate. They have the right to shorten or cancel an interview session, to not answer questions, and to terminate their participation at any time. Moreover, weather, health issues, family visits, scheduled activities, and facility-wide restrictions might necessitate rescheduling interviews. Students then meet their assigned veteran and receive a short biography of their life.

The course is divided into two blocks of classes. During the first five weeks students attend class for two hours (rather than the required three contact hours) once a week at the college to develop a practical and theoretical understanding of oral history. To accomplish this, I assign and discuss readings on the best practices in oral history, oral history as a primary source and a research methodology, recording technology and transcription, the nuances of memory, awareness of the interviewer’s role, and utilizing oral history in secondary education. Students also spend time interviewing faculty and staff in order to reduce their anxiety about the interview process, to hone their interview skills, and to practice using their recording devices. Students use apps on their

smartphones and tablets to record the interviews, though a recently received grant will allow the college to purchase archival quality recording equipment for the students to use.

Lee Cannella and I then schedule a two-hour class once a week for seven weeks at the LISVH for thematic discussions and interviews. Though our intention is to have students and veterans meet five times, cancellations are inevitable. Rather than see them as disruptions, we embrace them as learning opportunities that expose students to residential living and the veterans' lifestyle. For the same reasons we chose a life story format over focusing solely on their military experience, we place the interviews in the broader context of the veterans' lives. In case a problem arises, a LISVH staff member and I wait outside the room during the interviews.

Students submit their audio files, transcript, life story, and reflection paper at the end of the semester. Having students submit rough drafts of the transcript throughout the semester helps standardize format, grammar, and spelling. Ongoing meetings allow students to discuss their plans for future interviews and any problematic content. While transcribing can be "brutal," as one student described it, writing the five to seven page life story examining what students believe to be the primary theme in their veterans' life is far more enjoyable. Themes have included family, food, living life "my way," and pushing beyond boundaries and are taken from the interviews and the students' research in preparation for them. While the potential for historical inaccuracy exists, students understand from their reading assignments that they are dealing with the limits of memory and perception (see Allison, 2004; Hagopian, 2000; Portelli, 1991; Walton, 2010). Finally, in the reflection paper students evaluate their preparation for the interviews, their strategy and technique, their role in the outcome, their interaction with the veteran, and adjustments for future interviews. Once I have received and archived the students' files, I instruct students to delete all their files relating to the course from all their devices. Students do not receive a grade for the course until they have submitted an email confirming that they have completed the process. The IRB required this process to protect the veterans' privacy.

Students, veterans, and staff then meet for a party at the LISVH. Past participants are invited to what has become a reunion and an opportunity to reflect on their experiences over coffee and dessert. The mutual admiration and respect is obvious. The veterans' glowing praise reaffirms the transformation of apprehensive students into confident interviewers. While I guide and encourage the change that students sense is occurring, the veterans validate it in their evaluation of students as professional, knowledgeable, easy to talk to, and trustworthy. The students take great pride in having earned the veterans' trust, but wished they could have shared more of themselves during the interviews. Veterans, on the other hand, wished they could have asked more questions. At the end of the party, I give every veteran a flash drive containing their audio files, transcript, life story, and bound copies of the life story and transcript.

Both in their reflection papers and in their course evaluations, students commented on their own personal growth. A "shy" student reported feeling "confident" during the interviews while another

er, after explaining that his veteran dominated the conversation due to his “timid” style and “lack of assertiveness,” discussed needing to change his “natural speaking style.” A soft-spoken student felt challenged to overcome his shyness and the veteran’s hearing loss by speaking louder. He concluded, “I think my use of body language and good eye contact helped as well.” The result is that students pay more attention to their speaking style, the clarity of their questions, listening comprehension, and body language. One student summed up the group’s experience, “I could not have been more proud of the conversations I held with (name omitted), and how I was able to adapt my interview style.”

Students cited historical content and engagement as important benefits of conducting oral history. Students explained that they were able to partially “manage what they wanted to learn” and “to think from different angles.” One student concluded, “I feel this class not only is incredibly informative about history, but I also feel it shows the importance of how much we can learn from our elders and veterans.” Such content, however, is not without risks; risks that I consider teaching moments. Oral history practitioners often question how inaccuracies learned during the interview impact student understanding. My sense is that the historical interest generated by student-veteran interaction, the associated skill development, the interdisciplinary approach, and the broadening of students’ perspective on what constitutes material worthy of study significantly outweigh the risks. Moreover, inaccuracies can occur during the completion of other classroom assignments. Just like historians evaluate and reevaluate primary and secondary sources, having students conduct research to prepare for interviews and meetings serve as an important corrective. But perhaps as historians we overemphasize the value of the written word in our courses. One student described how he had spent his entire college career examining history through documents and books. Oral history provided him with the opportunity to study history “through the lens of a human being.” He concluded, “Taking classes that are outside of your usual comfort zone make you a more well rounded academic student who is better prepared to face the unique challenges of the real working world.”

*Oral History and the Veteran Experience* also seems to have stimulated student reflection about life and society; reflection is not reserved for older adults. One student claimed, “This experience has not only impacted my academics, but quite possibly my outlook on life as well.” The interviews showed her “it’s ok to put home behind you, because the world is ahead.” Regardless of how satisfying life may be, “there is so much you have yet to do, see or feel.” This student is currently teaching overseas. Another student, whose experiences in the course confirmed his desire to join the military, touched on a similar point, “I wish by the time that I am 90 I will have traveled as much as he has.” *Oral History* reminded another student who was preparing to graduate that “starting a career is not just about how big your paycheck is, it’s how rewarding it is and how much you are able to help others/learn from others.” One of the things she learned was just “how much we have in common with the elderly.” The only student-veteran in the class wrote that it was “one of the most valuable classes of my college career” and that a course on military history should be



required for all students. He concluded,

The kinds of sacrifices they made as individuals is not something they teach you in school, but is something that every American should know. If young people today could be enlightened as to what the *real* cost of freedom is they would probably have a much deeper appreciation for the comforts they take for granted.

Every student reported having a better appreciation of the sacrifices made by those who serve.

After the conclusion of the course I conducted a series of one-on-one interviews with the veterans that yielded remarkably similar answers regarding their motivation for participating in the course and their evaluation of it. The class discussions and the interviews broke up their normal routine and provided them “with something to do.” They welcomed the social interaction and the chance to share their life stories. A more reserved veteran discovered an acceptable forum to discuss his life while a more outgoing veteran found student questions challenging him to remember long forgotten events. A self-proclaimed history buff found value in his ability to personalize history through his own military experiences. Another veteran claimed, “It stimulated my thinking. At my age I’m getting a little bored with life and it’s nice to talk to people with a different way of thinking and doing things.” Having already participated in an oral history experience, he enjoyed talking to students “about World War II and where we were during that period of time because that was beyond their concept. They didn’t know what the hell we were talking about.” This veteran concluded, “Somewhere somehow we have not taught history as well as we should have.”

Haber (2006) warned that life review could be an empowering experience for older adults by weaving “memories into a meaningful whole, and to provide a harmonious view of past, present, and future,” but care must be taken not to harm their mental health (p. 157). While the veterans relished reminiscing about their lives, student transcripts and my one-on-one interviews revealed a conscious effort on their part to steer questions away from the more private aspects of their lives, something the students were happy to accommodate. The students clearly sensed and respected these unspoken parameters thus mitigating the risk of negative consequences. Most veterans would have preferred the class to meet more often; they enjoyed interacting with and sharing their stories with the students and other veterans. When I mentioned that Lee Cannella and I were planning to organize and moderate a *We Are History* club so they could discuss their lives with their peers, they all readily volunteered to participate. Unless they forgot, the veterans shared the transcripts and audio files with their families. While many family members already knew their stories, some veterans found the ensuing conversations “rewarding” as previously undisclosed bits of their life were revealed.

In conclusion, *Oral History and the Veteran Experience*, like so many of the other programs developed as part of *Blue Stars and Yellow Ribbons: The St. Joseph’s College-Veterans Initiative*, has received overwhelmingly positive reviews from students, veterans and LISVH staff. The integration of historical methodology, service and experiential learning, and therapeutic recreation into the

design of this oral history course resulted in significant skill development, engagement, content mastery, reflection, and camaraderie on the part of students while offering a host of additional interdisciplinary benefits. At the same time, the veterans appreciated the students' efforts and genuinely enjoyed the intergenerational interaction. Many veterans, I suspect, have experienced an improvement in their quality of life and enjoyed therapeutic benefits from the creation of an engaging social environment that celebrates the contribution of every individual. While I clearly need more formal and structured short and long-term assessment tools, for now I am certain that I have created a high impact learning experience for students, have helped the LISVH achieve critical aspects of its mission statement, and have become friends with a lot of veterans. For reasons I cannot fully quantify through statistics and assessment, the veterans want the students back and the students want to return. Lee Cannella and I will happily oblige.

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## **The Making of Booklet by Volunteer Listeners/Writers Incorporated into Reminiscence Group**

**Hitomi Matsuda, MSW, CSW, PSW**

A weekly reminiscence group is offered at the dementia day care service of clinic A, where discourse of one's narratives is compiled into a booklet as personal history. The group is facilitated by a staff member and the work of compilation is performed by trained "volunteer listeners/writers". As a result, its benefits are seen in emotion of the narrator who is handed his/her booklet, maintenance and restoration of the narrator's relationship with family members, as well as improved morale of care staff. This reminiscence group is unique in that it covers ground of reminiscence, narrative, oral history, and life review.

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## 回想法に聞き書きボランティアを導入した冊子づくり

**Hitomi Matsuda, MSW, CSW, PSW**

A医院の認知症デイケアでグループ回想法を実施し、そこで語られた内容を個人史としてまとめ、冊子にする取り組みを行っている。回想法の進行はスタッフが行うが、個人史としてまとめる作業はトレーニングされた「聞き書きボランティア」によって行われる。その結果、個人誌を手にした本人の感動、家族との関係性の維持や修復、スタッフのケアに対する意識の向上等が見られ、当院でのグループ回想法は回想法におけるライフレビュー、ナラティブ、オーラルヒストリーを簡潔に網羅した方法であると考えている。

九州保健福祉大学において社会福祉学修士（MSW）を取得。現在、パーソンセンタード・ケアを旨とした、家族支援を含めた認知症ケアのトータルマネージメントを行なっている。

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## Hidden Treasures: The Creation of Video Documentaries through Life-Story Interview Techniques to Promote Person-Centered Care in Nursing Homes

**Katie Ehlman, PhD and Mary Ligon, PhD**

**Abstract:** Hidden Treasures, an academic service learning project embedded in a 15-week upper-level gerontology undergraduate class, combines a community service, class instruction, and life story interviewing techniques to enhance student learning experiences and to teach civic responsibility. Using a life history interview style approach, undergraduate gerontology students interview elders in care settings and then create a five to eight minute video documentary highlighting the life of an elder. The video documentaries are designed to be viewed by interprofessional nursing home staff members in order to promote person-centered care within the nursing home.

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隠れた財宝：養護老人ホームにおけるパーソン・センタード・ケア促進のためのライフストーリー・インタビュー法を用いたビデオ・ドキュメンタリーの創作について  
Katie Ehlman, PhD and Mary Ligon, PhD

抄録： 15週間にわたる老年学上級レベルの学部クラスに組み込まれている「隠れた財宝 (Hidden Treasures)」プロジェクトとは、地域支援事業、クラス内での教育、そしてライフストーリー・インタビュー法を組み合わせたもので、学生に市民としての責任を教え、経験から学習することを促進する学習プロジェクトである。ライフストーリー・インタビュー法のアプローチを用いて、老年学の学部生が介護施設で高齢者にインタビューを行ない、ひとりの方の人生のハイライトを5分から7分間のビデオ・ドキュメンタリーに仕立て上げるという取り組みである。ビデオ・ドキュメンタリーは、養護老人ホームでのパーソン・センタード・ケアを促進するために、各部署のスタッフメンバーに鑑賞してもらうよう制作される。

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## **Evaluation of a Reminiscence Activity for Community-Dwelling Older Adults**

**Elaina Wolfe-Carper and Thomas W. Pierce, PhD**

This study examined the effects of a brief reminiscence activity on recall of life events and self-reported generativity. Sixteen participants provided life stories from each period of their lives. These stories were recorded digitally and made available to participants and family members. Participants completed the Loyola Generativity Scale and a lifeline containing the age of significant life events both before and three days after the interview. Participants valued the opportunity to record their stories for family members. The activity was associated with an increase in the number of life events recorded on lifelines, but no change in generativity scores.

**Elaina Wolfe-Carper:** Elaina Wolfe-Carper holds a bachelor's degree from Roanoke College and a master's degree in Psychology from Radford University. The study described in the abstract is based on her master's thesis.

**Thomas W. Pierce:** Thomas W. Pierce is a Professor of Psychology at Radford University. He holds a Ph.D. from the University of Maine and was a Post-Doctoral Fellow at Duke University Medical Center.

## 地域在住高齢者のためのレミニッセンス・アクティビティーの評価

**Elaina Wolfe-Carper and Thomas W. Pierce, PhD**

本研究は、ライフイベントの回想と自己申告による世代継承性についての短期レミニッセンス・アクティビティーの効果を調査した。参加者は16名で、人生の各段階についてのライフストーリーを提供してもらった。これらの話はデジタル媒体に記録され、参加者ご本人やご家族にいつでもご利用いただけるようにした。参加者には、面接前と面接から3日後の両方に**Loyola Generativity Scale**と重要なライフイベントの年齢を含んだライフラインを実施していただいた。参加者は、家族のために自分のライフストーリーを記録に残すという機会を価値あるものとして見出した。レミニッセンス・アクティビティーは、ライフラインに現されたライフイベントの数の増加と関連が見られた。ただし、世代継承性の点数においては変化が見られなかった。

**Elaina Wolfe-Carper:** Roanoke Collegeにて学士を取得、Radford Universityにて心理学修士を取得。本抄録にまとめられた研究は、彼女の修士論文を基にしている。

**Thomas W. Pierce:** Radford University教授。The University of MaineでPh.D.取得後、Duke University医療センターにてポストドク・フェローを修了。

## **Life Review Therapy Specific Positive Events (REVISEP) for Older Adults With Clinical Depression in a Randomized Clinical Trial. State of the art.**

**Juan Pedro Serrano Selva, PhD**

### **Abstract**

The aim of this experiment was to examine the efficacy of life review based on autobiographical retrieval practice for treating depression in older adults. Thirty-seven clinically depressed older adults aged 64-83, who were also receiving pharmacological treatment, were randomly assigned to life review therapy or to a placebo condition with supportive therapy. Results indicated decreased depression for both conditions, with no significant differences between the two therapies. There was some indication of greater gain in production of specific memories among those in life review therapy. Patients who produced higher numbers of specific memories decreased in depression at a faster rate. We review several studies carried out using REVISEP.

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先進的無作為臨床試験における抑うつ病高齢者のための  
 具体的肯定的出来事ライフレビュー・セラピー (REVISEP)

**Juan Pedro Serrano Selva, PhD**

**抄録**

本実験の目的は、高齢者の抑うつ病の治療のための自伝的想起訓練に基づいたライフレビューの有効性の検証であった。薬物治療も受けている64歳から83歳までの37名のうつ病高齢者を無作為にライフレビュー・セラピーを受けるグループと支持療法によるプラシーボ条件下におかれるグループとに分けた。結果は、両方のグループにおいてうつ症状の減少を示し、両者の間に有意差は見られなかった。ライフレビュー・セラピーの参加者においては、具体的記憶の想起がより大きな増加を示しめした。想起した具体的記憶の数が多い患者の方が、うつ病の減少する割合が速かった。REVISEPを利用して行なったいくつかの研究を報告する。

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Life review has most often been used with older adults who are diagnosed as suffering clinical depression or are potentially at high risk of depression, such as those who are homebound or residents of nursing homes (e.g., Haight, Michel, & Hendrix, 1998) or individuals facing stressful events or transitions (Haight et al., 1998; Kennedy & Tanenbaum, 2000; Rosenblum & Corn, 2002). Additionally, life review has been used in several different target populations, including demented older adults and non-demented older adults who are searching for meaningful engagement (Butler, 2001).

A meta-analysis by Bohlmeijer, Smit and Cuijpers (2003) included studies of the effectiveness of life review and reminiscence on depressive symptoms across different older adult target groups. For 19 controlled outcome studies, an overall effect size of 0.67 (95% Confidence Intervals [CI] = 0.41- 0.92) was found, indicating a statistically and clinically significant effect of reminiscence and life review on depression symptomatology in older adults. The effect was greater in studies where participants had high depressive symptomatology ( $d = 1.23$ ) as compared to studies where participants did not have elevated depressive symptoms ( $d = 0.37$ ). Also, effect size was greater for community-dwelling older adults than adults living in nursing homes or residential care. Moreover, a subsequent meta-analysis of 13 controlled outcome studies was conducted comparing the effects of life review or reminiscence on psychological well-being. The average effect size was moderate ( $d = 0.68$ ; 95% CI 0.46 – 0.87). The effects of structured life review were found to be significantly higher ( $d = 1.04$ ) than the effects of unstructured reminiscence ( $d = 0.40$ ) (Bohlmeijer, Roemer, Cuijpers, & Smit, 2007).

Based on theory and research about the effects of depression on autobiographical memory, we conducted a randomized trial to test the effects of life review therapy in older adults with major depression. We have previously found that life review therapy led to improvement on depressive symptoms among those randomly assigned to treatment compared to those randomized to no treatment (Serrano, Latorre, Gatz, & Montañés, 2004). In the present study, we compare life review therapy to a supportive intervention, extending the prior work in three ways: all participants met criteria for major depression; a placebo control group equated for contact; and two follow-up assessments were added. Also in comparison with the prior study, all participants were receiving pharmacological treatment for depression at the health care centre where the study took place.

Amongst evidence based treatments for depression in older adults (see review by Scogin, Welsh, Hanson, Stump, & Coates, 2005), the use of life review is gaining popularity, because this type of intervention may pertain to older adults in particular.

Our life review intervention is based on research about autobiographical memory. Autobiographical memories are memories of personally experienced events. Depressed adults have been shown to have difficulty retrieving specific autobiographical memories in comparison with non-depressed controls (for reviews, see Healy & Williams, 1999; Williams, 1996, 2004). Specific memories include sufficient detail to identify one particular incident (e.g., 'the day I got married'). Depressed adults tend to retrieve more overgeneral memories than controls (Goddard, Dritschel, & Bur-

ton, 1996). Overgeneral memories may be either categorical (summaries of repeated events, e.g. 'arguing with friends') or extended (events that take place over extended periods, e.g. 'when I lived in Madrid'). Depressed patients retrieve more categorical but not more extended memories than controls (Williams, 1996).

This phenomenon has important clinical implications. The greater the extent to which people show reduced specificity, the slower their recovery (e.g., Brittlebank, Scott, Williams, & Ferrier, 1993; Hermans et al., in press; Peeters, Wessel, Merckelbach, & Boon-Vermeeren, 2002; Raes, Hermans, Williams, Beyers, et al., 2006). Moreover, when patients do recover, unless memory specificity was targeted by the therapy, it does not improve (Brittlebank et al., 1993; Raes, Hermans, Williams, Beyers, et al., 2006). Williams notes that specific autobiographical memory retrieval is frequently required in psychological therapies (e.g. when challenging unhelpful cognitions).

Only two studies have explored to what extent overgeneral memory retrieval can be modified using a directly targeted intervention. Serrano et al. (2004) offered life review therapy to 20 older adults (aged 65-93) with clinically significant depressive symptoms and no dementia; participants were randomly assigned to treatment or to no treatment. The life review treatment consisted of autobiographical retrieval practice. Relative to a control group ( $n = 23$ ), at post-test two weeks after the last intervention session, participants who received the treatment increased in generating specific memories and showed decreased depression and hopelessness and increased life satisfaction.

Raes, Williams and Hermans (2009) carried out a group-based intervention program to increase specificity of memory retrieval. Participants were inpatients, most of whom fulfilled DSM-IV criteria for major depression. Following four one-hour weekly sessions including exercises using negative and positive cues, participants' retrieval style became significantly more specific.

On the basis of this literature, the approach that we took to life review was to provide practice for participants in producing specific autobiographical memories. We predicted that older adults who received autobiographical retrieval practice would improve their mood state, as reflected in decreased symptoms, decreased hopelessness, and increased life satisfaction.

## **Method**

### **Participants and Design**

Seventy-nine older adults were recruited to participate in a study to receive therapy; participants were derived from a database of outpatients who received treatment for depression at six health care centres (Albacete). Criteria for inclusion in the study were as follows: major depression as determined by Mini International Neuropsychiatric Interview (MINI; Bobes, 1998); more than 65 years old; no evidence of dementia (as determined by a score of 24 or higher on the Mini-Mental State Examination [Mini Exámen Cognoscitivo, MEC; Lobo, Ezquerra, Gómez Burgada, Sala, & Se-

va-Díaz, 1979]); receiving pharmacological treatment for depression; not currently receiving psychotherapy. After verbal consent was given, two psychologist assistants screened all volunteers. Within this group, 34 did not fulfil one of the inclusion criteria and 8 refused to participate in the study. The remaining 37 participants were randomly assigned to life review therapy ( $n=18$ ) or to the placebo control group ( $n = 19$ ). Figure 1 shows the number who provided data at each time of measurement and reasons for drop out. When those who completed all times of measurement were compared to those who dropped out, the dropouts were significantly older (by an average of 3.7 years) compared to completers,  $t(35) = -2.04$ ,  $p = .049$ . There were no other significant differences between dropouts and completers.

The final sample included 37 older adults ranging in age from 64 to 83 years ( $M = 73.9$  years); 31 were women and 6 were men. The educational levels were unable to read and write (13.5%), able to read and write (56.8%), completed elementary school (24.3%), completed secondary school (5.4%). The treatment and placebo groups did not differ significantly on any demographic variable or on their mental status scores. The placebo group was more depressed at pretest than the treatment group, on both number of symptoms reported on the MINI and Geriatric Depression Scale scores,  $t(35)=2.46$ ,  $p<.05$ ,  $t(35)=2.63$ ,  $p<.05$ , respectively. The two groups did not differ at pretest on any other outcome measure.

## Measures

*MINI (Mini International Neuropsychiatric Interview)*. The Mini-International Neuropsychiatric Interview (MINI) is a brief structured diagnostic interview for DSM-IV and ICD-10 psychiatric disorders. We used Spanish version MINI for depression (Ferrando et al., 1998).

*Geriatric Depression Scale*. The GDS (Yesavage et al., 1983) comprises 30 questions with a dichotomous yes/no response scored to indicate the presence of depressive symptoms. We used the Spanish version (Fernández et al., 2002).

*Beck Hopelessness Scale*. The BHS (Beck, Weissman, Lester, & Trexler, 1974) reflects an individual's negative expectancies of the probability of attaining important goals. The authors of this article translated the BHS into Spanish.

*Life Satisfaction Index*. Life satisfaction was measured with the 18-item Life Satisfaction Index A (LSIA; Adams, 1969). Items are assigned 2 points for positive answers, 0 for negative answers, and 1 for "don't know" answers, with the highest scores indicating the greatest satisfaction. The scale was translated into Spanish by Stock, Okun, and Gómez (1994).

*Quality of Life in Depression Scale*. The QLSD is a 34-item depression-specific quality of life scale, designed to be responsive to change following psychopharmacological treatment (Gregoire, Leval, Mesters et al., 1994). We used the Spanish version (Cervera-Enguix, Ramírez, Giralda,

McKenna, 1999).

*Autobiographical Memory Test.* The AMT (Williams & Broadbent, 1986) measures respondents' ability to retrieve a specific memory under timed conditions in response to a cue word. For each of 10 cue-words (five positive and five negative), words were presented in a fixed, alternating order. To ensure that participants understood the instructions, we provided examples of general memory (e.g., summers in the city) and specific memory (e.g., the day I got married). Participants were then told "Try to remember a day or situation in the past when you felt [*cue word*]" and given 30 seconds to produce a memory. If no memory was recalled in 30 seconds, the interviewer repeated the question. If the participant did not produce a memory within 60 seconds, a score of missing was assigned. Each memory was rated as *categorical, extended or specific*. To be coded as specific, the recalled event could not last longer than a day. Because the total number of stimulus words was 10, the maximum score for any category was 10 and the sum of categorical, extended plus specific memories could not exceed 10. Additionally, each memory was rated for whether it was positive, negative, or neutral. Two psychologists served as raters and independently scored the responses of all participants; raters were blind to the hypotheses of the study, to experimental or control group, and to pretest, posttest, or follow-up. Interrater reliability for general versus specific was .87 at pretest and .85 at posttest. Disagreements between ratings were resolved with the principal author.

## Procedure

Six healthcare centers were visited, informed of the study objectives, and invited to collaborate in the study. Across the six centers, a total of 20 primary care physicians agreed to participate. The physicians called inpatients who were receiving pharmacological treatment for depression and were more than 65 years old, and invited them to receive a screening about their mood state in their health center with a psychologist. If the patient agreed, one of two researchers carried out the first appointment to evaluate eligibility for the study. Following written informed consent, they received an explanation of the study and a pre-test questionnaire and were randomized to condition. Measures were administered two psychologists blind to the purpose of the study. There were 4 waves data collection: at baseline prior to randomization, just after the end of 4 weeks intervention, 6 weeks later intervention (first follow-up) and 6 months after the end of intervention (second follow-up).

In the second week, participants completed the autobiographical memory pretest. During the third to sixth weeks, the life review therapy was carried out with the experimental group, and the placebo control group were seen by a psychologist for one hour each week for supportive therapy during which they talked about their present concerns.

Autobiographical memory posttesting for both groups took place the seventh week, and the eighth and final week concluded with the posttest mood measures administered by the same two psychologist blind to the design of the study.



## Intervention Protocol

The life review therapy consisted of autobiographical retrieval practice that entailed focusing on a particular life period each week—childhood, adolescence, adulthood, and summary. This intervention was carried out by two psychologists trained specifically in life review therapy. For each period, 14 questions were prepared (based on Haight & Webster, 1995) that were designed to prompt specific positive memories. Examples of questions include, “What is the most pleasant situation that you remember from your childhood?”; “What did your mother or father do one day when you were a child that astonished you?”; “During adolescence, what moment do you remember as special because it was the first kiss you received or because you shared something special with someone with whom you were in love?”; “Tell me about a day when you were an adolescent and you did something out of the ordinary”; “Tell me a time that you remember experiencing the most pride at work”; “Did someone close to you or someone you knew recuperate from a grave illness?”; “If everything in your life were to happen exactly the same, what moment would you like to re-live?” and “What do you consider to be the most important thing that you have done in your life?”

Intervention sessions were tape-recorded and later were scored by three psychologists blind to the purpose of the study to ensure that each prompting question was administered to each participant and that the participants performed the intervention.

## Statistical Analyses

Randomization was evaluated by comparing treatment and placebo groups at baseline on demographic variables and pre-test scores on the outcome measures, using t-tests and chi-square. Selective dropout was tested by comparing those who provided complete data to those who did not, using t-tests and chi-square.

The primary test of the hypothesis employed intent-to-treat design principles by using PROC MIXED in SAS 9.1 (SAS Institute, 2006) to estimate individual growth trajectories for each patient using all available scores from all times of measurement, as recommended by Singer (1998). This procedure essentially replaces raw scores with estimated trajectories for each individual, and no one is dropped from the analysis due to missing data. We used full maximum likelihood estimation to fit an unconditional growth model including three latent variables: average score level centered at the last time of measurement; linear change; and quadratic change (measured as *time-squared/2*). The inclusion of quadratic change was due to the expectation that greater change would occur from directly before to directly after the treatment, with less change occurring during the follow-up period. In these models, level 1 represents individual change as a function of time and tests whether there is individual variability in level and slope. Level 2 models test whether there is variation in level and slope as a function of condition (treatment versus placebo). We report difference chi-square statistics indicate whether model fit is improved by adding each additional parameter. The significance of each parameter is indicated by t-tests.

To evaluate the hypothesized mechanism, we used PROC MIXED to test whether those who produced more specific memories were lower on depression and decreased on depression to a greater extent compared to those who produced fewer specific memories.

A secondary test of the hypothesis entailed a completers analysis conducted with repeated measures analysis of variance using PROC GLM in SAS 9.1 (SAS Institute, 2006). PROC GLM drops from the analysis all individuals with missing values at any time of measurement.

## Results

*Individual growth models.* On the MINI measure of depression, there was significant linear change,  $X^2(1) = 10.5$ ,  $p = .0011$ , and significant quadratic change,  $X^2(1) = 17.9$ ,  $p < .0001$ . Across conditions, participants decreased in depression, most markedly during the period between the pre-test and post-test. Condition significantly predicted individual differences in change on depression on the MINI,  $X^2(3) = 9.6$ ,  $p = .0222$ . Inspection of the estimated individual score trajectories shows that the two conditions had parallel decreases in depression scores from pre-test to post-test, but that change in the treatment group then levelled off to a greater extent than change in the placebo group. By six-month follow-up, the depression scores for the two conditions were similar.

Results were similar for the GDS measure of depression, where there again was significant linear change,  $X^2(1) = 5.9$ ,  $p = .0151$ , and significant quadratic change,  $X^2(1) = 7.8$ ,  $p = .0052$ . Condition did not significantly predict individual differences in change in depression on the GDS,  $X^2(3) = 7.5$ ,  $p = .0575$ .

For LSI and for BHS, there was no significant linear or quadratic change, and there were no significant effects of condition. ECVD showed quadratic change, with an overall trend toward improvement. Condition predicted individual variation in level,  $X^2(1) = 4.1$ ,  $p < .0428$ , with higher scores for the placebo group than the treatment group, but condition did not predict individual differences in change.

On the AMT variables, specific memories showed a significant quadratic effect,  $X^2(1) = 5.0$ ,  $p < .0253$ , with production of specific memories initially increasing and then showing less change. Condition did not significantly predict change. Categorical memories also showed a significant quadratic effect,  $X^2(1) = 6.2$ ,  $p < .0127$ , with production of categorical memories initially decreasing and then showing less change. There was no systematic change on extended memories or number of non-responses. It is important to recall that the four different AMT variables are linearly dependent, always summing to 5. Therefore, change on these variables is non-independent.

The key hypothesized mechanism for change in depression is increase in specific memories, with lower depression related to greater specific memories. In a linear growth model, number of specific memories predicted level, but at only trend significance,  $t(26) = -2.03$ ,  $p = .0532$ , and

significantly predicted slope,  $t(63) = -2.36$ ,  $p = .0216$ . Those who produced higher numbers of specific memories were lower on depression scores on the MINI and decreased in depression at a faster rate.

*Completers analysis.* Mean scores for completers are shown in Table 1. The completers analysis showed a significant effect of time on MINI, GDS, and LSI:  $F(3,42)=8.41$ ,  $p=.0002$ ,  $F(3,45)=6.52$ ,  $p=.0009$ ,  $F(3,45)=3.68$ ,  $p=.019$ , respectively. These results suggest that, among participants who continued to provide data, depression was reduced and life satisfaction increased over time. Examination of the mean scores makes it clear that the largest change occurred from pretest to posttest for both treatment and placebo groups. There were no significant interactions, indicating that there were no differences between conditions in change over time.

On the AMT variables, in the completers analysis no significant effects were observed for time or for the Condition X Time interaction. However, within the treatment group, there was an increase over time in the number of specific memories generated. This observation is supported by significant matched pair t-tests for members of the treatment group, comparing baseline scores to scores at post-test,  $t(8)=2.60$ ,  $p=.035$ ; six-week follow-up,  $t(8)=1.93$ ,  $p=.096$ ; and six-month follow-up,  $t(8)=2.60$ ,  $p=.035$ . The corresponding comparisons were not significant for the placebo group.

Finally, we calculated change on MINI by subtracting baseline from last time of measurement for the individual and computed a zero order correlation between that difference score and the last score on specific memories. Consistent with the findings from the longitudinal growth models, the correlation was  $.42$ ,  $df = 27$ ,  $p = .0289$ . Thus, greater production of specific memories was related to greater improvement on depression.

## Discussion

In the present study, we found that life review therapy produced a significant improvement in depressive symptoms on both the MINI and the GDS, but that there was not significantly greater improvement for those randomized to life review therapy versus to a placebo control condition comprised of supportive therapy. Our previous study (Serrano et al., 2004) had reported that life review therapy produced significantly greater improvement compared to no treatment. Taken together, these findings indicate that specific autobiographical retrieval practice can reduce symptoms of depression in older adult outpatients.

The hypothesized mechanism for improvement in depression is increase in specific memories. There was modest evidence of greater improvement in specific memories among those who participated in the life review therapy and completed all times of measurement compared to the placebo control group. This effect was not significant in the intent-to-treat analyses. However, the longitudinal growth model showed that those who produced higher numbers of specific memories tended to be lower on depression scores on the MINI, and that they decreased in depression at a signifi-

cantly faster rate. This analysis was complemented by the finding that improvement in depression scores on the MINI was positively correlated with the individual's final score on specific memories from the Autobiographical Memory Test. Similar analyses with the GDS were not statistically significant.

The chief limitation of the study is the small sample size. Despite randomization, there were baseline differences in depression scores across conditions. Nonetheless, the pattern of results encourages further study of the potential of life review therapy for depressed older adults. Finally, depressed older adults have been shown to seek care most often from a primary care provider rather than from a mental health specialist (Uebelacker et al., 2006). For this reason, integrated models of care have been developed in which the physician and mental health specialist together deliver pharmacological and psychological treatments within primary care settings (Bartels et al., 2004; Bruce et al., 2004; Unützer et al., 2002). This study demonstrates the feasibility of delivering life review therapy in the same primary health care centers where the patients are also receiving pharmacotherapy.

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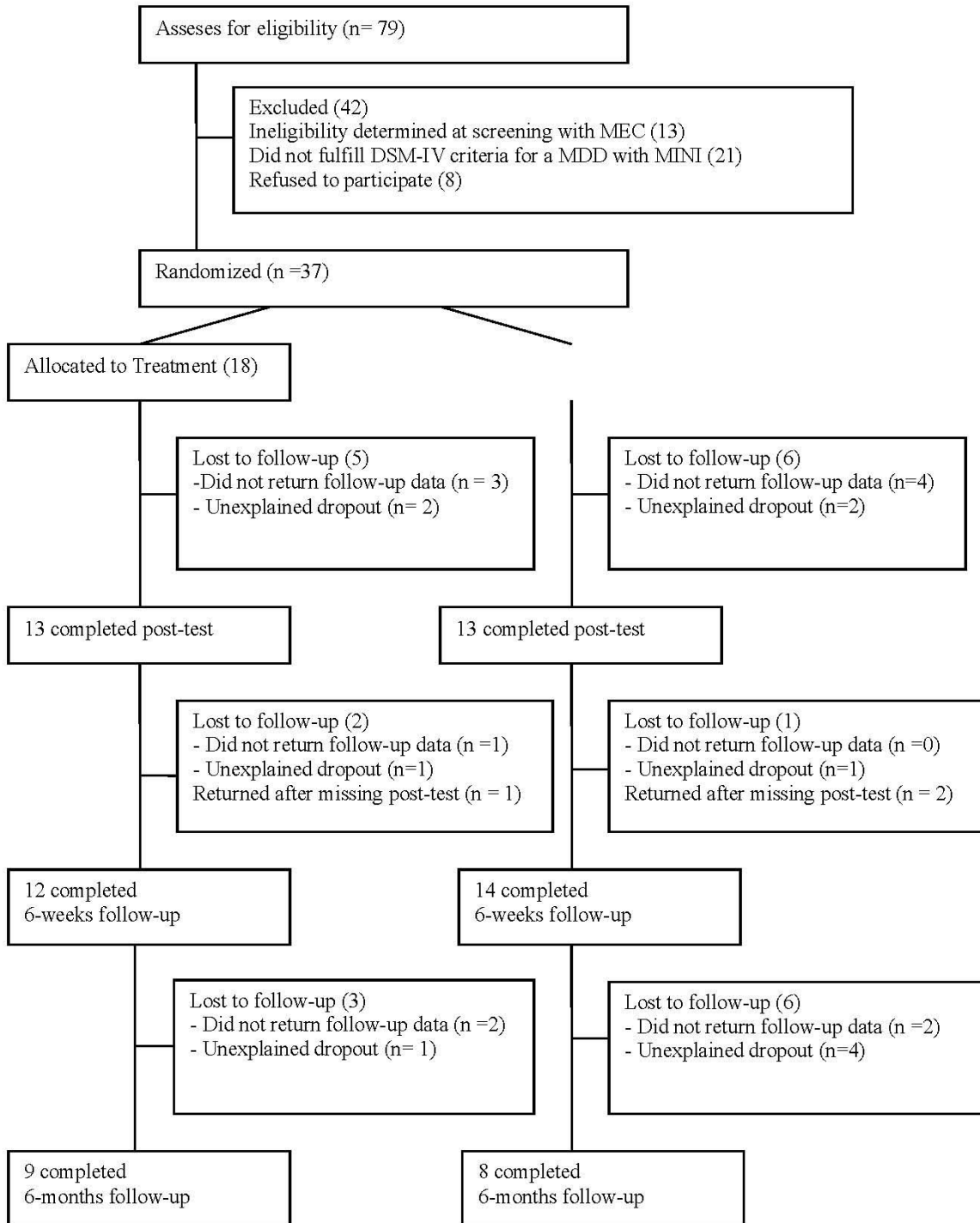


**Table 1**  
*Mean Scores (and Standard Deviations) on Outcome Measures and Autobiographical Memory Test for Treatment and Placebo Groups, Completers Only*

Outcome measure	Treatment (N=9)				Placebo (N=8)			
	Pre-test	Post-test	Six-week Follow-up	Six-month Follow-up	Pre-test	Post-test	Six-week Follow-up	Six-month Follow-up
MINI	6.0(1.3)	3.1(3.4)	4.1(3.4)	3.3(3.2)	6.7(1.5)	4.1(3.0)	2.4(2.4)	3.0(3.1)
GDS	17.3(5.2)	14.1(9.8)	13.1(8.8)	12.0(8.7)	22.5(3.2)	18.5(7.4)	14.8(6.0)	15.5(8.8)
LSI	16.3(6.6)	17.2(9.7)	18.2(9.4)	19.6(8.7)	10.0(4.0)	14.1(8.8)	17.0(7.2)	17.4(6.1)
BHS	9.6(4.6)	9.1(6.1)	8.4(6.7)	8.7(5.7)	9.5(2.3)	10.3(3.7)	6.3(5.3)	8.5(5.5)
QLSD	12.3(6.3)	10.6(6.6)	12.8(9.8)	10.1(8.7)	16.5(7.9)	16.3(8.4)	12.5(8.6)	12.3(9.2)
AMT variable	Treatment (N=8)				Placebo (N=6)			
	Pre-test	Post-test	Six-week Follow-up	Six-month Follow-up	Pre-test	Post-test	Six-week Follow-up	Six-month Follow-up
Categorical memories	2.8(1.0)	2.0(1.8)	1.4(1.5)	2.1(1.7)	2.5(0.8)	2.2(1.2)	1.5(1.6)	1.3(0.5)
Extended memories	2.4(1.9)	2.0(1.3)	1.8(1.4)	1.6(0.9)	2.2(1.3)	1.7(1.4)	2.5(2.3)	2.3(2.1)
Specific memories	2.4(2.2)	4.0(1.9)	3.9(1.7)	4.0(1.9)	2.5(1.0)	3.3(2.1)	1.7(1.6)	2.7(2.2)
No response	2.5(1.4)	2.0(1.7)	3.0(2.3)	2.3(1.6)	2.8(2.0)	2.8(3.1)	4.3(2.3)	3.7(2.3)

*Abbreviations.* MINI = total number of symptoms on Mini International Neuropsychiatric Interview; GDS = Geriatric Depression Scale; LSI = Life Satisfaction Index; BHS = Beck Hopelessness Scale; QLSD = Quality of Life in Depression Scale

Figure 1. Flow diagram of participant progress through the phases of this randomized trial (Moher et al., 2001).



## **Not a son or daughter: Case study of a caregiver's perspective on caring for person with Alzheimer's disease**

**Sharon E. McKenzie, PhD, CTRS, CDP and Taroya Sargent, MS, MHA, Ed.D**

**Background:** With an estimated 5.4 million (1 in 8) individuals living with Alzheimer's disease (AD), African Americans are among the fastest growing segment of the population, and are disproportionately affected by AD compared to their white counterparts. African Americans are reluctant to seeking diagnosis early in the disease progression. Once in the middle to later stages, family members spend 17.5 billion hours on unpaid caregiving. Often times this falls on extended families and friends. This poster will present qualitative findings that explore the perspective of an African American caregiver and the challenges encounter not being a immediate family member. Health professions will get suggestions on how to address some of the issues presented when working with African American families.

**Methods:** Semi-structured and open-ended interview was conducted with an African American caregiver. Transcript was coded verbatim and organized with Atlas.ti. A framework analysis approach using grounded theory to identify themes describing the caregiver's experiences.

**Results:** Negative perceptions about the manifestation of dementia and memory loss are still prevalent among some African American communities. Conflicts between generations and position in family make caregiving difficult and result in additional strain. Local community outreach and support is a continued need. Healthcare professionals should consider engaging their communities by hosting regular information sessions.

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## 息子でも娘でもなく：アルツハイマー病の方の介護についての介護者からの見方に関する事例研究

**Sharon E. McKenzie, PhD, CTRS, CDP**

**背景：**アルツハイマー病 (AD)を抱えて生活している推計540万人(8人に1人の割合)のうち、アフリカ系アメリカ人の割合が最も急速に増加しており、対照となる白人人口と比べ不釣り合いにADの影響を受けている。この病気の進行過程において、アフリカ系アメリカ人は早期診断を好まない。中期から後期の段階に入ると、家族は無給介護に1,750億時間を費やす。しばしばこのような役目は親戚や友人の上に降り掛かる。本ポスターでは、アフリカ系アメリカ人の介護者の見方と、肉親でないゆえの困難を探究した質的研究結果について発表する。アフリカ系アメリカ人家族が対象の場合に考えられるいくつかの問題について、健康専門職に向けて提案する。

**手続き：**半構造化された自由回答の面談をアフリカ系アメリカ人の介護者に対して行なった。対話内容は、介護者の体験を描写する主題を見極めるため逐語的に符号化され、グラウンデッドセオリー法を用いたフレームワーク分析アプローチであるAtlas.tiを用いて整理した。

**結果：**アフリカ系アメリカ人のコミュニティの間では、認知症と記憶の喪失症状の出現に関して未だ広く否定的認識がなされている。世代間の衝突や家族における立場は介護を難しいものにし、さらなる重い負担をもたらす。地域コミュニティへの救済活動と支援は、引き続き必要とされている。ヘルスケアプロフェッショナルは、定期的な情報提供の講習会を主催することで地域コミュニティを引きつけていくことを考えていくべきである。

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## **Responding to lives after Stroke: Narrative Therapy with stroke survivors and caregivers**

Esther O. W. Chow, PhD, MSW, RSW

Both persons with stroke and their caregivers are 'trapped' in 'problem-saturated' conditions and identities constructed by the biomedical discourse as personal failures. This paper describes how stroke survivors and caregivers de-construct the problems through engaging in externalizing conversations, unearth the unique outcomes, and reconstruct purposes in life and preferred identities through re-authoring conversations, using a train metaphor as a group and collective practice example. Using narrative therapy, the survivors and their carers reconnect with their strengths, values, beliefs and life wisdom that have developed from their earlier years to rebuild their lives again within the limits of their debilitating challenges.

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Esther O. W. Chow is an associate professor at City University of Hong Kong. She is a registered social worker, and had applied narrative therapy and delivered 15 narrative therapy groups in five different districts in Hong Kong. Her contact is: [esther.chow.ss@cityu.edu.hk](mailto:esther.chow.ss@cityu.edu.hk).

## **Generativity development in the transition to older adulthood: Integrating goals and narratives**

**Han-Jung Ko, Doctoral Student**

This presentation is a theoretical review on life-story narratives and personal goals, aiming to better understand the role that generativity (Erikson, 1963) may play in the transition to older adulthood. Theoretical propositions may be tested with a longitudinal data set that contains information on narratives and goals. Our hypotheses are: 1) midlife adults high in generativity display more consistency between five-wave personal goals and life stories than those low in generativity; 2) generativity develops from micro and macro support, including health, family and institution, and drives development of goals. Preliminary results may be available by the time of the conference.

My research interest focuses on lifespan development of personality, identity, and meaning through life stories, especially among older adults. I have studied possible selves and personality, as well as autobiographies.

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## 老年期への過渡期における世代継承性の発達：目標とナラティブの統合について

Han-Jung Ko, Doctoral Student

本研究は、ライフレビュー・ナラティブおよび個人目標に関する理論の再調査であり、老年期への過渡期における世代継承性 (Erikson, 1963) が担う役割のより良い理解を目的とするものである。仮説の検証は、ナラティブと目標についての情報を含む長期的データセットを用いて行なうものとする。我々の仮説は次のとおりである：1) 世代継承性の高い中年期の成人は、世代継承性の低い中年期の成人に比べ、五波の個人目標 (five-wave personal goals) とライフストーリーとの間に、より高い一貫性が見られる2) 世代継承性は、健康、家族、そして慣例などのミクロとマクロのサポート両面から発達し、目標の形成を促す。本学会大会までには、暫定的な結果が発表できると見込まれる。

主な研究対象はライフスパンを通じた、とりわけ老年期における性格、同一性、またライフストーリーを通しての人生の意義の発達である。専門分野はポッシブル・セルフ (possible selves)、性格、自伝である。

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## Summary of Reminiscence Research in Taiwan

**Hsin-Shih (Liz) Tsang, Graduate Student and Kate de Medeiros, PhD**

This research summarizes reminiscence and aging research in the academic literature and in practice in Taiwan. We conducted a literature review for both English and Mandarin Chinese articles featuring reminiscence and aging with Taiwanese older adults. The result shows that most articles are about reminiscence therapy conducted in nursing homes with depressed or dementia older residents; other research fields include analyzing the process of reminiscing and older people's life narrative analysis through blogs, drama and autobiographies. This study will provide a brief introduction into the importance of reminiscence therapy in Taiwan with older adults.

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## 台湾における回想法研究の概要

**Hsin-Shih (Liz) Tsang, Doctoral Student and Kate de Medeiros, PhD**

本研究は、台湾における学術文献や実践に見られる回想法および加齢に関する研究を要約するものである。我々は、台湾人高齢者における回想法とエイジングに関する論文のうち、英語と北京語で書かれたものについて文献調査を行った。結果から、ほとんどの論文は、養護老人ホームに入所するうつ症状あるいは認知症がある高齢者を対象としたレミニッセンス・セラピーに関するものであることが判明した。また、他の分野では、回想の過程を分析したものやブログ、ドラマ、自伝を通じた高齢者のライフ・ナラティブ分析を含めた研究が行なわれていることが判明した。本研究は、台湾における高齢者対象のレミニッセンス・セラピーの重要性についての簡潔な導入を提供するものである。

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## Reminiscence and Oral History Comparison with Gerontology Perspective

**Hsin-Shih (Liz) Tsang, Doctoral Student & Kate de Medeiros, PhD**

There are many well-established articles distinguishing the differences between reminiscence, life review and oral history from psychological and sociological perspectives. Seldom are there articles, however, using a gerontological perspective. The research reported here is based on a comprehensive literature review of reminiscence, life review, and oral history related articles in published gerontological literature. Results provide a summary of similarities and diversity in reminiscence and oral history research from previous twenty years and view them through the perspective of gerontology.

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## 老年学的見地からの回想法と口述史の比較

**Hsin-Shih (Liz) Tsang, Doctoral Student & Kate de Medeiros, PhD**

定評のある論文で、心理学的見地や社会学的見地から、回想法、ライフレビュー、口述史の差異を区別しているものは多数ある。しかし、老年学的見地から書かれた論文はほとんどないのが現状である。ここで報告する調査は、老年学分野で出版された回想法、ライフレビュー、口述史に関連する論文の包括的な文献調査に基づいている。文献調査の結果から、過去20年間の回想法と口述史の研究における類似点と多様性の要約、およびその老年学的視点を提供する。

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**The Importance of Telling Your Story: Awareness of Meaning in Life through Guided Autobiography.**  
**Narissa Ramirez**

**Phase I**

The purpose of this study is threefold: 1) to determine if guided autobiography (specifically the GAB method) influences the life attitude of older adults who participate in the guided autobiography experience; 2) to determine if guided autobiography (specifically the GAB method) influences feelings of self-fulfillment within older adults who participate in the guided autobiography experience; and 3) to determine common themes of importance within the autobiographies. In order to address my research questions I am using a mixed-methods approach utilizing quantitative and qualitative measures. The procedure is as follows: I enrolled in an eight-week on-line Guided Autobiography Instructor Training course through the Birren Center for Guided Autobiography. Then from September to November, 2013, I will be teaching the 10-week Guided Autobiography Course to elderly residents at three supportive living sites in central Illinois as part of my study. Prior to the start of the first GAB class, participants will take pre-tests consisting of Dr. Gary Reker's Life Attitude Profile-Revised (LAP-R) and Self-fulfillment Scale (SFS) (Reker, 2010). Both of these instruments have been extensively tested for reliability and validity (Reker, n.d.). On the last day of the ten week course the participants at each of the three living sites will complete the same instruments again as post-tests. I will examine the data for changes in life satisfaction and attitudes among the elderly participants. During the spring 2014, the participants completing the GAB course will be asked to participate in a recorded life review with college students at one of three universities in Illinois. The researcher will administer the Reker scales a third time after the recorded life review to examine any additional impact that participating in the actual oral history process has on their life attitudes and sense of fulfillment.

Narissa Ramirez is currently a candidate in the M.A. in Gerontology and graduated in 2011 with a B.A in Psychology both from Eastern Illinois University. Contact Ramirez at [nmramirez@eiu.edu](mailto:nmramirez@eiu.edu).

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## あなたの物語を語る重要性：誘導自伝的記憶（Guided Autobiography）をとおした人生の意味の意識

Narissa Ramirez

### 第1段階

本研究の目的は、以下の3点である：1）誘導自伝的記憶（特にGAB法）が、参加者である高齢者の人生に対する姿勢に影響を及ぼすかどうかを確定すること 2）誘導自伝的記憶（特にGAB法）が、参加者である高齢者の自己充足感に影響を及ぼすかどうかを確定すること 3）自伝内の重要な共通テーマを確定すること。この疑問に答えるために、量的測定法と質的測定法の両方を用いた混合法的アプローチを採用している。手続きは以下のとおりである：まず私自身がBirren Center for Guided Autobiographyの8週間の誘導自伝的記憶インストラクター養成オンラインコースに申し込んだ。次に2013年9月から11月までの間、研究の一端として私はイリノイ州中部にある3カ所の生活支援施設の高齢者に10週間の誘導自伝的記憶コースを指導する。GABの第1回目のクラスの前に、参加者にはDr. Gary RekerのLife Attitude Profile-Revised (LAP-R)とSelf-fulfillment Scale (SFS) (Reker, 2010)の事前テストを行なってもらう。各測定法の信頼性と有効性については、広範囲にわたってテストされている(Reker, n.d.)。そして10週間のコースの最終日に、それぞれ3カ所の参加者には、同じ測定法の事後テストを行なってもらう。参加者である高齢者の人生の満足度と姿勢に変化が合ったかどうかをデータを照合して検証する。2014年春には、GABコースを終了した参加者は、イリノイ州の大学3校のうち1校の学部生によって記録されるライフレビューへの参加を依頼される予定である。ライフレビュー終了後、3度目のRekerの測定法を実施し、実際に口述史に参加することが参加者の人生に対する姿勢と充足感にさらなる影響を及ぼしたかどうかを検証する。

経歴：Narissa Ramirezは2011年にEastern Illinois Universityで心理学学位を取得し、現在、同大学の老年学修士課程の候補生である。

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## **When Time Closes Down: Psychometric Properties of the Narrative Foreclosure Scale**

**Ernst T. Bohlmeijer & Gerben J. Westerhof**

Narratives about personal lives provide important means to subjectively construct autobiographical time. Narrative foreclosure refers to the conviction that no new interpretations of one's past, nor new commitments and experiences in one's future are possible. The Narrative Foreclosure Scale (NFS) was developed to study this concept empirically. It comprises two subscales: Past and Future. The psychometric properties were studied in two samples of older adults ( $n=247$  and  $n = 220$ ) with confirmatory factor analyses, reliability analysis, correlational and regression analyses. It is discussed that diminishing narrative foreclosure may be an important process and target in therapy with older adults.

Ernst Bohlmeijer (PhD, 2003) is professor of mental health promotion at the University of Twente, the Netherlands. He has a special interest in narrative interventions in mental health care.

終わりが近づくとき：ナラティブ・フォアクロージャー尺度の心理測定法としての特性について

### Ernst T. Bohlmeijer & Gerben J. Westerhof

個人の人生についてのナラティブは、自伝的歳月を主観的に構成するための重要な手段を提供する。ナラティブ・フォアクロージャーとは、個人の過去について新しい解釈も、新しく引き受ける将来への責務や新しい経験もありえないという確信を指す。このような概念を経験的に研究するために開発されたのが、ナラティブ・フォアクロージャー尺度 (NFS) である。NFSは、「過去」と「将来」という2つの下位尺度からなる。高齢者のグループ2つのサンプル(n=247とn=220)を対象として、確認的因子分析、信頼性解析、相関分析、そして回帰分析を用いて、この尺度の心理測定法としての特性を調査した。高齢者へのセラピーにおいては、ナラティブ・フォアクロージャーの減少が重要な過程であり、目標であることが考察される。

Ernst Bohlmeijer (PhD, 2003) は、オランダのthe University of Twenteの精神保健増進学部教授。専門分野はメンタルヘルスケアにおけるナラティブ介入法。

## **Life Review and Creating Memory Books: Self Expression and Behavioral Changes in Cognitively Impaired Elderly**

**Yuko Yamamoto**

The purpose of this study was to work with cognitively impaired elderly persons to create a memory book, based on a life review, and investigate the self expression and behavioral change that result from using such books. In terms of method, four life-review sessions were held with participants cognitively impaired elderly persons. Each session focused on a specific theme. The pictures were compiled with narration language inserted into the memory books. Before and after the life-review sessions, a questionnaire was administered which includes measurements. The elderly decreased depression, and improved interpersonal relationships, and greater tranquility and verbal expressiveness.

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## ライフレビューとメモリーブック作成：認知症高齢者の自己表出とふるまいの変化

山本 由子

本研究の目的は、認知症高齢者へのライフレビューを基に本人のメモリーブックを作成すること、そしてメモリーブックを使用することによる自己表出とふるまいの変化を検討することである。ライフレビューセッションは計4回行い、各セッションは、特定のテーマに絞って実施した。認知症高齢者が語った言葉とともに写真をメモリーブックに挿入して編集した。ライフレビューセッションの前後に、質問紙による調査を行った。その結果、高齢者はうつが軽減し、他者との交流の改善、および態度が落ち着き、発言が増えたことが示された。

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## **A Global Survey of Reminiscing and Life Review**

**Barbara Haight, RNC, Drph, Faan**

The International Institute of Reminiscence and Life Review (IIRLR) conducted a global survey to explore the current opinions of those working in the field. Approximately 400 people received an email inviting them to participate in this survey on line through Survey Monkey. Representatives of eleven countries shared their opinions regarding nine areas of interest. Text, verbatim comments, bar charts and pie charts display the results. The findings have been posted on the IIRLR website so that they may be available to the membership for personal use and further exploration. We will present selected sections of this survey in this session.

Submitted by Barbara Haight, RNC, Drph, Faan, Professor Emerita, College of Nursing, Medical University of South Carolina. 1710 Ion Ave, Sullivan's Island, SC.

Dr. Haight is best known for her work with the therapeutic intervention of a structured life review

## 回想法とライフレビューに関する包括的調査

**Barbara Haight, RNC, Drph, Faan**

国際回想法・ライフレビュー学会 (IIRLR) は、本分野に従事する人びとの現時点での意見を探究する包括的調査を行った。およそ 400 名が Survey Monkey (インターネットベースのアンケートサービスプロバイダー) を通じて電子メールを受け取り、この調査への参加へ招致された。11 カ国を代表する人びとが、9 つの領域に関して意見を共有した。結果は、文章、コメント、棒グラフ、パイグラフによって示されている。今回の結果は、IIRLR のホームページで、個人的な使用および将来の研究を目的としてメンバーに公開されている。本セッションでは、この調査から抜粋したいくつかのセクションを発表する。

Submitted by Barbara Haight, RNC, Drph, Faan, Professor Emerita, College of Nursing, Medical University of South Carolina. 1710 Ion Ave, Sullivan's Island, SC.

Dr. Haight は、構造的ライフレビューのセラピー的介入に関する業績で最も良く知られている。