Transmissive Reminiscence Therapy with College Students and Institutionalized Senior Adults

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ABSTRACT. The aims of this study were to determine the effectiveness of five sessions of one-on-one, transmissive reminiscence therapy (TRT)
and to assess the effects of serving as a facilitator for TRT. Fifty-one undergraduate college students from the University of Toledo were trained to conduct five 45-minute sessions of TRT with institutionalized senior adults. A pretest/posttest control group design was employed in order to detect differential effects of the therapy. The impact of the therapy was measured using a survey instrument, the Short Form General Health Survey (SF-36). The impact of serving as a TRT facilitator was measured qualitatively via weekly journals and a final reflection paper. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com> © 2003 by The Haworth Press, Inc. All rights reserved.]

**KEYWORDS.** Reminiscence therapy, transmissive reminiscence, gerontology, aging, oral history

A total of 101 nursing home residents from the Toledo, Ohio, area were divided into experimental and control groups. Prior to the TRT intervention, baseline data were collected from both groups of senior adults via the SF-36 survey. Student facilitators then conducted five, 45-minute sessions of TRT with senior adult participants in the experimental group. Following the TRT sessions, follow-up SF-36 surveys were administered to all senior adult participants. During the intervention period, 10% of the senior adult participants withdrew from the study due to health reasons. A total of 91 senior adults (49 experimental/42 controls) completed usable matched pretest and posttest surveys. Students’ perceptions of serving as a TRT facilitator were assessed via weekly journals and a final reflection paper that was turned in for academic credit.

Univariate analyses using General Linear Models on each of the eight subscale scores from the SF-36 survey revealed no interaction effects between time and group assignment (p < .05). Paired samples t-tests revealed statistically significant positive change scores in 4 areas for the experimental group: (1) general health, (2) social functioning, (3) energy/fatigue, and (4) emotional well-being. No statistically significant positive change scores were detected for control group participants.

Statistically significant negative changes in scores for the control group participants were detected in two areas: general health and bodily pain. One statistically significant negative change in score was also noted for experimental group participants on the subscale dealing with limitations in daily activities due to emotional problems.
Three major themes emerged from the analysis of qualitative data collected from students’ journals and reflection papers. Serving as a student facilitator for a short term of TRT with institutionalized senior adults helped students to gain respect and appreciation for the institutionalized elderly, form meaningful intergenerational relationships, and experience personal growth and new perspectives on aging.

The results from this study suggest that a short term of TRT conducted by novice practitioners (i.e., undergraduate college students) has beneficial effects for both the facilitators and the recipients of the therapy. A longer term of TRT conducted by trained practitioners may have even more of a positive impact on various health outcomes in institutionalized elders. The results of this exploratory study should encourage researchers in this field to continue to explore the efficacy of transmissive reminiscence therapy (TRT.)

At any given time, approximately 5% of this nation’s older adults are institutionalized in nursing homes or extended care facilities (United States Census Bureau, 2000). Being admitted to an extended care facility usually means leaving behind many aspects of one’s previous “life” as an independent adult. The institutionalized senior adult must deal with multiple losses such as health, function, social roles, personal possessions, privacy, independence, and autonomy. Living in an extended care facility also means that one becomes detached from the larger community . . . at least in frequency and depth of social contact. Interaction with young people is particularly limited. Today, institutionalized seniors have few opportunities to develop meaningful, long-term relationships with young people. Having limited opportunities to interact with the young was not the case for senior adults 100 years ago. In the past, the lives of many elderly adults were intertwined with the lives of younger members of their extended families. These intergenerational relationships of the past often found the senior adult occupying a social role of power and prestige as the “transmitter” of knowledge, wisdom, and advice. Through this ego supportive social role, many senior adults of years gone by were able to pass on their cultural heritage and personal legacy to the younger generation. Loss of this ego supportive social role in modern society may cause institutionalized elders to feel like they are unable to contribute to society in a meaningful way. Not having a significant or meaningful social role may contribute to feelings of uselessness, loneliness, depression, and low self-worth (Stevens, 1993; Taylor & Turner, 2001).

Connecting institutionalized senior adults and college students via TRT may be one way to place senior adults in an ego supportive social role of prestige and power which in turn may increase elderly adults’ sense of use-
fulness and subjective well-being. If that is indeed the case, TRT may help to improve the self-reported mental and physical health of institutionalized senior adults. Testing this “usefulness hypothesis” was the broad goal of this investigation. The specific aims of this exploratory study were to: (1) use one-on-one TRT sessions to build intergenerational relationships between college students and the institutionalized elderly, (2) test the health promoting effects of one-on-one TRT in a population of institutionalized senior adults, and (3) assess the effects of serving as a TRT facilitator. The investigators hypothesized that the institutionalized elderly would benefit from the ego supporting aspects of transmissive reminiscence therapy and that these benefits would translate into improvements in health as measured by the SF-36 General Health Survey.

**REMINISCENCE THERAPY**

The concept of using reminiscence as a therapeutic technique is not new. In 1963, Robert Butler wrote the seminal article on reminiscence, or life review as it was called then (Butler, 1963). Butler’s work stimulated interest and awareness in life review/reminiscence among those who were caring for senior adults. Reminiscence can be defined as a reflective, narrative process that encourages senior adults to mentally access and tell their personal stories (Kaminsky, 1984). In the fields of gerontology and recreation therapy, reminiscence is used by practitioners to “facilitate social interaction, reconstruction of memories, and coping mechanisms as well as to assist participants to come to terms with their pasts, resolve issues, and relate their memories to the present” (Sheldon & Dattilo, 2000, p. 322). During reminiscence sessions, senior adults are encouraged to reconnect with and tell those stories which have given or will give their lives meaning, value, and a sense of completeness (Lubarsky, 1997). Reminiscence therapy can be conducted one-on-one or in small groups (Haight & Webster, 1995).

**TYPES AND FUNCTIONS OF REMINISCENCE**

Various taxonomies of reminiscence have been suggested in the past (Coleman, 1974, 1986; LoGerfo, 1981; Watt & Wong, 1990; Watt & Wong, 1991). Webster’s work (1993, 1995, 1997) in developing and validating the Reminiscence Functions Scale (RFS) has been particularly useful in identifying the various functions of reminiscence.
For this study, the investigators decided to test a form of reminiscence that Watt and Wong described as, “transmissive reminiscence” (Watt & Wong, 1991). Transmissive reminiscence is essentially telling one’s oral history but with the focus on instruction rather than simply describing historical events. During transmissive reminiscence sessions, the reminiscer “passes on to a younger generation some enduring values and wisdoms which s/he has acquired, growing up in a different era” (Watt & Wong, 1991, p. 46). Although the literature is inconclusive regarding the health effects of transmissive reminiscence, a number of different researchers have described the potential of transmissive reminiscence to enhance the mental well-being of senior adults (McMahon & Rhudick, 1964; Coleman, 1974; Watt, 1986.) The current study is the first study to test the effects of one-on-one transmissive reminiscence therapy with institutionalized senior adults using the SF-36 survey instrument within a pretest/posttest control group design.

METHODS

Participants

Based on inclusion and exclusion criteria provided by the investigators, a purposeful sample of 101 institutionalized senior adults was selected by the nursing director and the activity coordinator at two long-term care facilities in Toledo, Ohio. Fifty-one of the senior adults who were eligible to participate in the study were assigned to the experimental group and were matched with an undergraduate student from the University of Toledo, Toledo, Ohio. The remaining 50 institutionalized senior adults who were eligible to participate in the study were assigned to the control group. The college students were enrolled in a class entitled, “Health Problems of Aging” within the Department of Public Health and Rehabilitative Services. To participate in the study, institutionalized senior adults had to meet certain criteria: (1) be at least 65 years of age, (2) live full-time in the extended care facility/nursing home, (3) be physically and mentally healthy enough to engage in extended periods of coherent conversation, and (4) have no mental impairments that would hinder access to long-term memory. Senior adults were excluded from the study if they had any of the following characteristics: (1) a diagnosis of Alzheimer’s disease, (2) any cognitive or psychological impairment that would prohibit meaningful, coherent conversation, (3) any psychiatric diagnosis that would hinder meaningful, coherent conversation or access to long-term memory, (4) diagnosis
of any terminal disease, and (5) currently taking any medication that would interfere with or impair thinking, memory, and mental abilities.

Training of Students

The investigators conducted training sessions with the 51 college students prior to meeting their senior adult partners. The students were trained in interviewing techniques and were taught how to conduct transmissive reminiscence sessions. Transmissive reminiscence includes storytelling, oral history, and moral instruction (Watt & Wong, 1991). During class sessions, students were taught how to prompt senior adults to recount past events for the purpose of sharing personal wisdom and lessons learned from the past. As part of this classroom training, students engaged in role-play and learned to customize their communication style to the needs of the senior adult and to the unique physical environment of the nursing home. As described previously, the goal of the TRT was to put the senior adult in a teach/inform social role of power. Students were taught how to keep the conversation in a transmissive reminiscence mode. To help students initiate and maintain transmissive reminiscence communication, the investigators provided students with written interview prompts and sample questions.

The Intervention

Serving as a facilitator for the 5 sessions of transmissive reminiscence therapy was part of a class project for students. Each senior adult in the experimental group was paired with a student in a one-on-one relationship. Students were required to conduct at least five, 45-minute transmissive reminiscence sessions with their senior adult partners. To validate the completion of the transmissive reminiscence sessions, students were required to sign in upon arrival at the nursing home. To assess students’ perceptions of the experience of serving as a facilitator of the TRT and as another method of establishing internal validity, the investigators required students to keep a weekly journal describing the date, time, and content of each reminiscence session. At the conclusion of the semester, students submitted their journals and completed a final reflection paper.

Data Collection

Prior to the start of the reminiscence intervention, pretest data were collected from experimental and control group participants using the SF-36 General Health Survey. The survey required an average of 15 minutes to
complete. After pretest data were collected, the college students conducted five reminiscence sessions with experimental group participants, lasting an average of 45 minutes each. Reminiscence sessions for the experimental group were conducted one time per week for five weeks. The control group senior adult participants received no visits by college students. One week after the five reminiscence sessions were completed, all senior adult participants involved in the study completed posttest SF-36 surveys.

As described previously, data were collected from students throughout the semester via their journal entries. At the end of the semester, students turned in their completed journals and were required to compose a final reflective paper in response to a series of open-ended questions and writing prompts provided by the investigators.

The SF-36 General Health Survey

The Short Form 36 General Health Survey (SF-36) was developed in order to assess patient outcomes in health care delivery systems. This 36-item questionnaire comprehensively measures an individual’s health from his/her perspective. The survey can be self-administered or administered by an interviewer, in person or by phone. The SF-36 is designed to measure eight health variables: general health (5 items), physical functioning (10 items), limitations in daily activities due to physical health (4 items), limitations in daily activities due to emotional problems (3 items), social functioning (2 items), bodily pain (2 items), energy/fatigue (4 items), and emotional well-being (6 items.) Each health variable is assessed using a multi-item subscale. Item scores are summed for each subscale and are transformed on a scale of 0-100. Higher scores represent better health (Ware, Snow, Kosinksi, and Gandek, 1993). Since its development, the SF-36 has been used in more than 20 countries with many different populations. A variety of studies in the literature attest to the validity and reliability of the SF-36 (Weinberger et al., 1991; Brazier et al., 1992; Singleton and Turner, 1993; Jenkinson, Wright, and Colter, 1994).

Data Analysis

For the quantitative component of the current study, the investigators used the SPSS statistical software package, version 10.0 to complete the data analysis. Descriptive statistics were used to describe the participants’ demographic characteristics and their scores on each of the subscales of the SF-36 survey. Univariate analyses using General Linear Models were carried out to test the interaction between time and group assignment on each of the eight dependent variables measured by the SF-36 survey. Paired
samples t-tests were employed to detect any statistically significant differences between the pretest and posttest SF-36 measures across the eight subscales. The level of significance for all tests was established at the .05 level.

Qualitative data from students’ journals and reflection papers were analyzed using a phenomenological approach (i.e., describing the essence of a phenomenon from the perspectives of those who have experienced it) (Creswell, 1998). After reading through each student’s journal multiple times, one of the lead investigators then conducted line-by-line analysis of the journal content for latent open coding and emerging themes. The investigators were most interested in learning if serving as a TRT facilitator encouraged the formation of meaningful intergenerational relationships that may have changed students’ perceptions of institutionalized elderly adults.

RESULTS

Quantitative Results: SF-36 Survey

Students conducted an average of five, 45-minute reminiscence therapy sessions with experimental group senior adult partners at two extended care facilities. A total of 101 institutionalized senior adults were involved at the beginning of the study. During the intervention period, 10 senior adult participants (10%) withdrew from the study due to health reasons. A total of 91 participants completed both the pretest and posttest, 42 from the control group and 49 from the experimental group. The sample participants were predominantly female (81%) and were an average of 78 years old. The college students involved in the study were mostly female (71%), mostly in their 3rd year or 4th year of study (64%), and were an average of 24 years old.

The subscale mean scores and standard deviations for the experimental and control groups are presented in Table 1. On the pretest and posttest surveys, the control and experimental study participants scored highest on the social functioning subscale of the SF-36 instrument. The control group participants scored lowest on the emotional well-being subscale on both the pretest and posttest. However, the experimental group scored lowest on the physical functioning subscale at the pretest and lowest on the limitations due to emotional problems subscale at the posttest.
### TABLE 1. Mean Scores and Standard Deviations for SF-36 Outcome Variables

<table>
<thead>
<tr>
<th>Outcome Variable/Group</th>
<th>N (Valid Cases)</th>
<th>Pretest</th>
<th>Posttest</th>
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**Notes:**
* Indicates a statistically significant positive change from the pretest to the posttest, p < .05.
** Indicates a statistically significant negative change from the pretest to the posttest, p < .05.
Univariate analyses using General Linear Models on each of the eight subscale scores revealed no interaction effects between time and group assignment (p < .05). However, paired samples t-tests revealed a number of statistically significant changes in subscale scores from the pretest to the posttest (Table 1). Experimental group participants experienced statistically significant positive changes in scores on the general health (t = −2.04, p = .047), social functioning (t = −2.16, p = .036), energy/fatigue (t = −2.99, p = .004) and emotional well-being (t = −3.26, p = .002) subscales, whereas the control group participants experienced no statistically significant positive changes in any scores over time. The experimental group participants experienced a statistically significant negative change in scores on the subscale dealing with limitations in daily activities due to emotional problems (t = 5.01, p = .000) while the control group participants experienced statistically significant negative change in scores on the general health (t = 3.99, p = .000) and bodily pain subscales (t = 2.14, p = .038).

Qualitative Results: Student Journals

Qualitative analysis of data from students’ journals revealed several dominant themes regarding students’ perceptions of institutionalized senior adults and the nature of the intergenerational relationships that were formed via the TRT. Listed beneath each theme below are several excerpts from students’ journals. The exact words of students have been retained, including grammatical and/or spelling errors.

Increased Respect and Appreciation for Institutionalized Senior Adults

Before participating in the transmissive reminiscence therapy (TRT) intervention, many students perceived institutionalized senior adults to be incompetent, grouchy, frail, socially isolated, and helpless. After the TRT intervention, these perceptions changed.

My perceptions of nursing home residents before this experience was that they were old, wrinkled, mean, waiting-to-die, frail, don’t want to be bother by anyone type of people. Also I believed that they were with some mental or physical condition and couldn’t care for themselves, and their family didn’t want anything to do with them so they left them in a nursing home to be tended to by others. Everything I’ve seen on television or was told by friends and family wasn’t true at all to some extent. I mean some of the people aren’t well to do for themselves, or mean but not all of them are. In fact since I started visiting
out there, the people I ran into was nice, interesting, funny, and sweet people, especially the woman I was working with named Imogene. The environment wasn’t scary or sad or uncomfortable like I thought it was going to be.

Thinking back to my perceptions and beliefs about elderly people who lived in nursing homes before I started visiting Lake Park were big misconceptions. I had little knowledge and no experience with people whom lived in nursing homes. I thought that only sick, grouchy, old, stubborn people, whom were getting ready to die, and could no longer take care of themselves lived in nursing homes. I also perceived elderly people that lived in nursing homes as being rich and bad tempered because they could afford to pay someone to be their caretaker full time, instead of just living with a relative or close family members like many other people do who can’t afford to live in nursing homes. My perceptions and beliefs about the elderly have changed dramatically ever since I visited Lake Park I look at the elderly as beautiful people. I have respect for them and they make me feel good about myself, I love being around them, seeing their smiles filled with love and life, and watching them light up a room when a visitor walks through the door. They make me want to hug them, they’re so fragile and gentle, they’re like a little child wanting attention, someone to talk with, share their life stories with and also very smart. The elderly person I worked with was very surprising and astounding to me, she never forgot a detail when describing her life before moving into Lake Park. I also learned that they all aren’t sick and some of them can still get around by themselves, they just need supervision and a little bit of help. They truly are beautiful people and they make me smile.

I still think that some individuals are lonely. However, these individuals are for the most part able to manage themselves. Some do need help but others seem just fine in getting around. I now enjoy being around elderly. I think that they have so much to say and nobody to say it to. They really are unique individuals and very fun to be with once you get to know them.

*Meaningful New Relationships for Senior Adults*

After spending 5 sessions together in transmissive reminiscence therapy, it was evident that the therapy sessions had served as a vehicle for the
development of meaningful intergenerational relationships. When asked if they planned to continue visiting their senior adult partner after the semester was over, 55% of the students said “yes.”

When I am driving over there I feel excited. I visit a lady by the name of Dorothy and she is wonderful. She always has interesting things to talk about. I have become close with her in just these few visits. I know that no matter what type of day I am having it will be great by the time I leave there. She somehow says just the things I need to hear to brighten my day.

When I am there visiting with my senior adult, I have the greatest feeling in the world. She was always happy to see and talk to me. She was a great listener but at the same time she shared interesting things to me about her and her family. The fear of not knowing what to say leaves and I could almost feel like I was visiting my grandmother except for knowing the fact that she was not my grandmother.

My perceptions of the elderly changed a lot since visiting Lake Park, because I now realize that these people really have a lot of insight on life. The woman that I visited with was very excited to see me every time that I visited with her. She shared her life story with me and told me why she was at Lake Park. She also gave me a lot of advice on why I should marry my girlfriend and once we’re married how to maintain the marriage. It was very interesting to hear her points of views on family and how important family is. You can really tell how important family was to her because she had pictures of them posted up all over the room.

New Perspectives on Life and Aging

I think that these visits to Lake Park have influenced me by opening me to new experiences. The only elderly people that I have talked to before are my grandparents, and I always feel that I can’t really be myself around them because they were older and they would not understand me. But in going to these visits I found that I can be myself and I can talk about things I like and that the elderly are interested in what I have to say and things that are going on in younger people’s
lives. It was like talking to just another person that was interested in what I have to say, it was easy to talk to her and I did not feel uncomfortable. I used to beforee, but I think that it has helped me to find more out about myself and how I act.

I feel like this experienced has impacted my life more than her life. It’s not too often that one can get some genuine advice from someone who has already experienced everything that you are about to experience. So, her insight is very valuable for me and it is something that I will remember for the rest of my life. It also made me come to the conclusion that I would never have my mother or father in a nursing home. Not because it is bad place, but I feel that it is important for the few years that they may have, for it to spent with family.

These visits influenced me because they made me feel good to visit someone in a nursing home. I enjoyed talking to them and seeing that elderly people are just like the rest of us, just wiser. Just because they can’t get around as easily as they used to, they still have wonderful minds and personalities. My view on elderly people sure has changed for the better with these visits to Lake Park. I’m not so judgemental anymore and give elderly people the benefit of the doubt.

I would have to say that by visiting Lake Park I have formed a better and more understanding perspective on elderly adults. I have learned to appreciate them and love them for who they are, they are truly beautiful people and they can teach one a lot about life in general. I know that visiting the nursing home has had and impact on my life because I find myself talking about my experience with other people as well as constantly calling my mother to tell her about Sylvia and what kind of person she is.

**DISCUSSION**

The results from this exploratory study suggest that involving institutionalized senior adults in TRT sessions with novice college student practitioners may differentially improve the perceived general health status, social functioning, energy and motional well-being of institutionalized senior adults. TRT sessions may also serve as a buffer against negative changes in perceived general health status and bodily pain. The results from this study also suggest that
having college students serve as a facilitator for a short term of
one-on-one TRT is an effective method to build intergenerational re-
lationships and improve students’ perceptions of elderly adults.

Although no other studies could be found that specifically tested
one-on-one transmissive reminiscence therapy as was done in the current
study, the results of the current study are supported by some related re-
search. Chyle, Kinney, Riley, and Shank (1991) reported that Life Satisfac-
tion interventions, including reminiscence, employed by trained therapeutic
recreation specialists in long-term care facilities had significant positive
outcomes. Ferguson (1980) and Fry (1983) reported that reminiscence
therapy interventions promoted significant improvements in psychological
well-being and depression. Cook (1991) reported a trend toward ego integ-
rity in a reminiscence group within a nursing home but that trend was not
statistically significant. Haight, Michel, and Hendrix (2000) measured the
impact of a life review intervention in nursing home patients over a 3-year
period and reported a trend toward significant improvement for depression,
life satisfaction, and self-esteem.

One unexpected result of the current study was the significant negative
change scores for the experimental group on the subscale dealing with lim-
itations in daily activities due to emotional problems (e.g., “accomplished
less than you would like due to emotional problems such as feeling de-
pressed or anxious”). This result cannot be easily explained. Since the
SF-36 questions on this subscale deal with interference with regular daily
activities, it is possible that the senior adult participants believed that the 5
sessions of reminiscence therapy interrupted their structured daily routines
and impeded some of their regular daily activities. Having a college student
visit 5 or 6 different times for 45-50 minutes each time may have been per-
ceived as a major intrusion by some of the institutionalized senior adults. It
should also be noted that the control group participants experienced a nega-
tive change in scores on this variable. This change in control group scores
was not as large nor was it statistically significant.

Another unexpected result was that the senior adults in both the experi-
mental and control groups scored highest on the social functioning
subscale of the SF-36 at baseline. As a general rule, the nursing home set-
ing is perceived by many, particularly young adults, as an undesirable lo-
cation to live out the last years of one’s life. This negative perception of
nursing home living may also be prevalent in many mentally healthy senior
adults who must share the same living environment with growing numbers
of cognitively impaired elderly adults. As Goffman (1961) pointed out,
highly structured institutionalized environments designed to meet the
needs of whole blocks of people are not conducive to the development and maintenance of a healthy concept of self. Put simply, when the needs of many must be met, the needs of individuals are often overlooked. However, the nursing home residents we surveyed in the present study viewed themselves as being socially healthy. Perhaps the social environments of the two nursing homes in the present study were conducive to the social health of the residents. Perhaps the nursing home residents themselves have redefined the meaning of home, friendship, and social life to adapt to a new living environment within an institution. Further research is needed to elucidate the factors that influence social health and senior adults’ perceptions of social health within institutionalized settings.

Strengths

There are several strengths to this study. First, the researchers clearly specified and defined a priori the type of reminiscence therapy that was going to be tested. Lack of specification and standardized operational definitions have been weaknesses in past reminiscence research (Haight, 1991). Second, the investigators tested the results of the reminiscence therapy by using a respected, valid, and reliable survey instrument. This was a significant improvement over many past reminiscence studies that relied on informal evaluation techniques and quasi-experimental methods. Third, prior to conducting the therapy, the students were provided with an orientation to the nursing home setting and were given thorough age-specific training in how to interview and form relationships with elderly persons. Students were also trained to conduct transmissive reminiscence sessions and were given prompts and sample interview questions to facilitate transmissive reminiscence communication. The effectiveness of this training was tested via role-play and rehearsal in the classroom. Fourth, the reminiscence therapy intervention was noninvasive, easy to do, and inexpensive. Similar interventions would be easy to replicate in other settings. Last, and perhaps most important, this project helped bring college students and senior adults together and gave them the opportunity to form intergenerational relationships that seemed to benefit both groups.

Limitations

There are a number of limitations to this project. First, the participants were not randomly selected nor randomly assigned. Second, the reminiscence therapy sessions were not monitored by the investigators to ensure that transmissive reminiscence actually occurred. However, students did
document the content of each of the TRT sessions in their journals. Third, the intervention was brief (i.e., five 45-minute sessions) and was shorter than what has been recommended by other researchers (Haight & Dias, 1992). Fourth, the sample was relatively small and primarily consisted of white females. However, due to higher mortality rates among older males, most nursing home populations are predominantly female. Fifth, the potential for the Hawthorne effect existed in this study. Experimental participants may have demonstrated positive change simply because they received attention during the visits from college students.

CONCLUSION

The results from this exploratory study suggest that a short term of TRT conducted by novice practitioners (i.e., undergraduate college students) improved several self-reported health outcomes in institutionalized senior adults. The results also suggest that having college students serve as facilitators for TRT is an effective way to build intergenerational relationships and improve students’ perceptions of elderly adults. A longer term of transmissive reminiscence therapy (TRT) conducted by trained practitioners may even have a more positive impact on the lives of institutionalized elders.

Although the results of this exploratory study are promising, additional research with better trained practitioners needs to be conducted over a longer period of time, with a larger and more diverse population of senior adults living independently in the community and in extended care facilities. To truly determine the effectiveness of transmissive reminiscence therapy, another control group involving simple social visits should be utilized to rule out a “companionship effect.” It would be interesting to assess whether regular “sessions” of simple social contact such as watching TV, playing table games, reading the newspaper would have the same or similar effects as TRT. It would also be interesting to investigate whether participating in TRT stimulates changes in the attitudes and perceptions that the young and the old have toward each other.

As a larger percentage of U.S. population continues to age, health care providers are searching for practical and inexpensive ways to promote health and prevent disease in the elderly. If transmissive reminiscence therapy does indeed improve the mental and physical well-being of the elderly, it could prove to be a valuable, simple, safe, inexpensive, and easily replicable therapeutic modality. The results of this exploratory study should encourage researchers in this field to continue to explore the efficacy of transmissive reminiscence therapy.
REFERENCES


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