Group therapy has been widely used in work with the elderly both in and out of institutionalized settings. Usually, sociability and management of behavior are major objectives for establishing groups. Since personal interaction may stimulate growth and satisfaction for participating individuals, group process can be a positive social experience. Reminiscence group therapy may provide an opportunity for individuals to review past experiences and stimulate a positive self-attitude for both the sender and receiver. Personal interaction within groups may provide a means of precluding social isolation and improve psychological well-being of mentally impaired elderly individuals.

Recently while working in a day-care center, we identified a problem when mentally impaired individuals were placed in large group discussions. These impaired participants were unable to communicate freely due to their inability to recall more recent past events. They became restless and withdrew from the group. A decision was made to establish a group that would provide for better interpersonal relations and would allow these group members with lower-level conceptual structures, to interact on their own developmental level. The co-leaders' authenticated goal was to provide a means of communication that would help each individual gain feelings of self-worth, personal role identity, opportunity for physical contact, and validation of past experiences. Evaluation of behavior would be done in a six-week period.

In order to reach a goal within the group process, each person needs to interact. In this way the group fulfills the goals of each individual and the group as a whole. Communication is the process whereby information is given from one person to another either directly or indirectly. Communication is one powerful concept for examining the issues of development throughout the life cycle and a means for the elderly to transmit their social identity and self-concept to those around them.¹ ²

Communication is central to development and informs the individual of his place in the social structure. It is essential that social interactions remain active, so that an individual's positive interactions may lead to situations which provide an opportunity to defend one's self-esteem.²

Knowledge about norms and roles, and about one's related self-concept, are transmitted by communication. Having a positive self-concept is the key to successful interpersonal interactions. Individuals learn about themselves from others through verbal and nonverbal communication.¹

REMINISCING IN GROUP THERAPY FOR SELF-WORTH

Nursing interventions for mentally impaired elders can include this therapy mode to help them regain self-esteem and communicate.

BY NORA JANE BAKER, MS, RN, GNP
Hall lists language as the first of 10 identified forms of human activity, the rest he states are nonlinguistic. He believes interaction is at the hub of the universe and to fail to communicate is to be dead. Since verbal interaction is only one way to communicate, nonverbal cues form a large part of social interaction. The human capacity to express an infinite number of emotional states and to judge the emotional feelings of others would be greatly minimized were it not for the skin's sensitivity to touch.

Communication is the vehicle by which human relations are developed and maintained. The process of communication expands the word from awareness of self to interactions with others. King believes that touch is a form of nonverbal communication that is essential for development of self-awareness and a concept of self interacting with human beings. She identifies the concepts that help one understand interactions of human beings as:

1. Role;
2. Interaction;
3. Communication;
4. Transaction; and
5. Stress.

Groups are interpersonal systems that provide this communication process.

Reminiscing in groups is a way of achieving verbal communication. Increased reminiscence may involve an effort to enhance one’s self-esteem and to gain support for the validity of one’s beliefs about the world—two factors seriously threatened with the onset of old age.

As people age there often is less opportunity to communicate with peers. This is a result of retirement, physical limitations, loss of friends, and occasionally mental deterioration.

When a person feels accepted by significant others, such as in a group, it contributes to increased self-esteem. These authors believe communicators generally have at least three purposes: those of self, subject, and others. By using groups as means of communication for mentally impaired elderly, conditions are established that may improve self-esteem and self-worth among this group of individuals.

There is a need to establish a background, on which to develop a framework, for evaluation of the need for groups in providing a means of communication with the elderly. By providing groups for reminiscing, the mentally impaired may find a way to improve self-concept and in turn provide a similar experience for others in the group.

Self-concept—When opportunity for social contacts is limited for the elderly and interactions are decreased, a decrease in socialization may pose a threat to the person’s self-concept. The presence of an intimate relationship serves as a buffer against such decrements of loss of role or reduction of social interaction. Self-concept and body image are the person’s total sense of self and affect the awareness of others’ reaction toward oneself. By knowing yourself, you can reach out and touch others.

Human beings can reflect on the past, speculate about the future, and express themselves verbally in order to give others a sense of self. Self-preservation is innate in each person and interactions with relevant others give one a sense of self.

Reminiscence—The literature yielded little regarding reminiscence and its effect on self-concept. Ebersole states that telling about life as it was can be therapeutic for the elderly patient and useful to the nurse in planning care. She believes that when elderly people perceive their memories are valued, an empathic communication process begins.

Butler postulates that the presence of life review is a prominent developmental occurrence of later life. Reminiscing and life review are adaptive processes that promote a psychological reorganization and a general response to any crisis, including the developmental crisis of aging. Lewis and Butler found that reminiscence is greatly enhanced by listeners and helps older individuals to reflect on life in order to resolve, reorganize, and reintegrate what is troubling or preoccupying them.

According to Butler, the life review is a naturally occurring process characterized by the progressive return to consciousness of past experiences, and particularly the resurgence of unresolved conflicts.

Whalen believes that reminiscing may be a defense mechanism for old people since it is, according to her, ego-strengthening and dissonance-reducing. With the use of reminiscence as a form of interaction within groups, elderly individuals may be able to improve their self-concept and that of others.

Opportunities for social contacts are limited (by loss) for older adults. This decrease may pose a threat to the elder’s self-concept.

Group Therapy—Participation in groups is potentially positive, therapeutic, and growth-producing and can be an effective approach to the negative aspects of aging. These authors believe that leaders of groups should learn how to enhance autonomy and self-esteem in the elderly and encourage them to participate in the group process.

Leadership theory builds upon role theory and, as mentioned in Ross and Mico, is an important aspect in social interaction within a group. According to Shaw, positions in the group structure, including the leader position, are not necessarily formally established but often emerge through group process. Although this may not be possible with mentally impaired elderly, allowing them to fulfill a role in the group establishes a feeling of belonging. Accordingly to Schutz’s Fundamental Interpersonal Relations Orientation model,
group members want to be included in a group and want to become close to people.15

Groups consist of two interrelated parts, those of the dimensions of the group and the dynamics of syntality. According to a theory by Cattells, the group works well when positions and roles are established and the participants are working at the same level of energy.16 Groups composed of members with lower-level conceptual structures are expected to generate less diversity, fewer alternative perspectives, rigidity constricted norms and fixed role relationships.17 They believe the group task is better accomplished if roles in the group are predetermined and fixed. In the group where mentally impaired individuals are participating, this method of role assignment may be advisable.

Butler and Lewis believe group therapy is a valuable procedure with sociability and emotional catharsis being the main objectives.18 They believe that people in groups can gain from the continuing human interchange and the range of emotions that a well-functioning group can provide. The Feil method of validation/fantasy therapy is being used extensively with severely impaired elderly in groups all over the country and was the guide used in establishing the following group.19

**Reminiscence Group Process**

Each member of the group, selected from the population of clients at the Daycare Center was assessed by the Mental Status Evaluation.18 Most members, of the eight selected, were unable to remember more than their names. After selecting a time that would be convenient for the staff, every person at the daycare center was assigned to a group, to be convened each Thursday afternoon for one hour.

The other groups were divided into a men’s group and a women’s group. The reminiscence group included eight mentally impaired females.

Following an introduction by one of the co-leaders the members were asked to help name the group. Suggestions were made by the leaders and, following discussion, the group was named the “After Lunch Bunch.”

Each group member was then asked to decide what role she would like to play in the group. With encouragement and suggestions from the leaders, members helped each other to identify their roles. Group roles were:

1. Welcoming chairperson;
2. Song leader;
3. Poetry reader;
4. Hostess;
5. Hostess assistant;
6. Chair arranger;
7. Secretary; and
8. Clean up person.

Roles were selected with the stipulation they could change roles whenever the members wished. At the end of each meeting suggestions were taken from the group on a subject for the next agenda.

The agenda consisted of songs related to the discussion for the day, exercises which were loosening up type routines, and then relaxation techniques to prepare the mood for discussion. Discussion topics were suggested at the end of the previous group meeting and agreed on by the group members. Many topics were related to holidays or important events.

At the end of each group session the co-leaders decided who would lead the group the following week and who would plan for refreshments, which were served following the discussion each week. The leader responsible for group facilitation encouraged participation and validated responses. The co-leader was free to help members with roles and to assist members who had to leave the room or wandered from the group task.

Following the group process, the leaders consulted to complete an evaluation of participants’ responses. The

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**FIGURE**

**EVALUATION TOOL FOR REMINISCENCE GROUP THERAPY**

<table>
<thead>
<tr>
<th>Participant</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</tr>
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<tr>
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<td>2</td>
<td>3</td>
<td>4</td>
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<td>2</td>
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<td>4</td>
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</tr>
<tr>
<td>Touch</td>
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</tr>
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<td>Smiles</td>
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<td>3</td>
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<tr>
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<td>2</td>
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<td>Activity Participation</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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<td>0</td>
</tr>
<tr>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tr>
</tbody>
</table>

**Scale for scoring**

- 0 = 0 responses
- 1 = 1-3 responses
- 2 = 3-5 responses
- 3 = 5-7 responses
- 4 = 7-10 responses
- 5 = more than 10 responses
evaluation tool was developed to assess behavior and participation, and to determine if group reminiscing changed the individual's level of interaction (see Figure).

Scoring was done by recall, and for accuracy must be done immediately following the group. Scoring on each participant requires the agreement of both leaders.

Results

Following a six-week period of reminiscence group therapy with mentally impaired at the daycare center, we reviewed the results of the weekly evaluation tools for each participant. Evidence of improvement in verbal interaction, eye contact, touching other members, smiling, accepting leadership, and participating in activities was apparent in each group member. Exciting results were seen in cohesiveness of the group and the empathy demonstrated by members to others who were experiencing crises situations.

Mentally impaired group members showed improvement in verbal interaction, eye contact, touching other members, smiling, accepting leadership, and participation.

As the group developed, communication became open and supportive. Often one member would help another remember or would defend a member who was unable to find words to express herself.

Through reminiscence, group members were able to find common interests, and give a sense of self to themselves and others. Communicating through reminiscence group therapy provides a means of effective interaction with mentally impaired elderly clients.

References


About the author
Nora Jane Baker is on faculty at Truckee Meadows Community College. Department of Nursing.