

THE EFFECT OF A REMINISCENCE GROUP COUNSELING
PROGRAM ON THE LIFE SATISFACTION OF OLDER ADULTS

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ABSTRACT

THE EFFECT OF A REMINISCENCE GROUP COUNSELING PROGRAM ON THE LIFE SATISFACTION OF OLDER ADULTS

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The purpose of the present study is to investigate the efficacy of a reminiscence group counseling program on the life satisfaction of older adults aged 60 years and over. In the first phase of the study, 70 older adults (39 women and 31 men, $M = 77$ years old) residing at a retirement home in Ankara were administered the Life Satisfaction Index A (LSIA), and a demographic information sheet. In the second phase of the study, volunteering older adults were screened for a researcher-designed “Reminiscence Group Counseling Program”. An experimental matched-pairs design was used in the study.

The group program was composed of six sessions aimed at reminiscing about pleasant memories, past accomplishments, and joyful past experiences. Session themes included place of birth, recall of childhood pastimes, holidays, life accomplishments, and favorite places. Participants in the treatment group were five older adults (three women and two men) aged 62-78 ($M = 68$).

Following treatment, subjects in the treatment and no-treatment control groups were compared at pre- and post-test measures of life satisfaction. A focus

group interview was also conducted in order to evaluate the participants' group experience.

Results of Mann-Whitney U Test and Wilcoxon Test revealed non-significant increases in the life satisfaction scores of older adults in the treatment group. The focus group interview elicited positive feedback regarding members' group experience, such as group's role in facilitating interaction and friendship among participants, enhancing a more positive self-image and leading to enjoyment and pleasant feelings for them.

Keywords: reminiscence, life satisfaction, older adults, elderly, gerontology

ÖZ

ANIMSAMA YÖNTEMİNİN KULLANILDIĞI BİR GRUPLA PSİKOLOJİK DANIŞMA PROGRAMININ İLERİ YAŞTAKİ BİREYLERİN YAŞAM DOYUMLARINA ETKİSİ

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Bu araştırmanın amacı, anımsama yönteminin kullanıldığı bir grupta psikolojik danışma programının 60 yaş ve üzerindeki bireylerin yaşam doyumlarına etkisini araştırmaktır. Araştırmanın ilk aşamasında, Ankara’da bir emekli ve dinlenme evinde kalmakta olan 70 (39 kadın ve 31 erkek; Yaş Ortalaması = 77) katılımcıya Yaşam Doyum Endeksi ve bir demografik bilgi anketi uygulanmıştır. Araştırmanın ikinci aşamasında ise, katılımcılardan gönüllü olanlar, araştırmacı tarafından geliştirilmiş olan, anımsama yönteminin kullanıldığı bir grupta psikolojik danışma programına alınmışlardır. Araştırmada, deneysel grup ve kontrol grubundaki deneklerin aldıkları yaşam doyumu ön-test puanlarına göre birebir eşlendikleri, eşleştirilmiş grup deneysel deseni kullanılmıştır.

Grup, toplam altı oturumluk olup, üç haftalık bir süre boyunca haftada iki kez toplanmıştır. Grup programı, geçmişe dönük hoş anıların, geçmişteki başarıların ve mutlu yaşantıların anımsanmasını amaçlamıştır. Oturum temaları doğum yerinin hatırlanması, çocukluk dönemindeki uğraşlar, bayramlar ve özel günler, yaşamdaki başarılar, ve en sevilen yerler şeklinde olmuştur. Grup programına, yaş ortalaması 68

olan, 62 ve 78 yař arasında beř (üç kadın, iki erkek) ileri yařta birey gönüllü olarak katılmıştır.

Grup programının tamamlanmasından sonra, deney grubu ve kontrol grubu, ön-test ve son-test yařam doyumu puanlarına göre karşılaştırılmışlardır. Ayrıca, katılımcıların grup yařantısına ilişkin deęerlendirmeleri, deneysel grup üyelerinin katıldığı bir görüşme-odaklı grupla araştırılmıştır.

Yapılan analizlerde, Mann-Whitney U Test ve Wilcoxon Test sonuçları, deney grubundaki katılımcıların yařam doyumu puanlarında istatistiksel açıdan anlamlı olmayan yükselmeler göstermiştir. Görüşme odaklı grup sonucunda elde edilen nitel veriler, grup yařantısının kişiler arası ilişkilere ve arkadaşlığa ortam sağlayıcı rolüne, daha olumlu bir benlik algısına ve mutluluk verici duygulara yol açmasına ilişkin olumlu geri bildirimlere işaret etmiştir.

Anahtar sözcükler: anımsama, yařam doyumu, yařlı, jerontoloji.

In memory of my beloved father

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TABLE OF CONTENTS

PLAGIARISM	iii
ABSTRACT	iv
ÖZ	vi
ACKNOWLEDGMENTS	ix
TABLE OF CONTENTS	xi
LIST OF TABLES	xiv
CHAPTER	
1 INTRODUCTION	1
1.1 Background to the Study	1
1.2 Purpose of the Study	4
1.3 Definitions of Terms	4
1.4 Significance of the Study	5
1.5 Limitations of the Study	7
2 REVIEW OF LITERATURE	9
2.1 Global Aging and Graying of the World Population	9
2.2 Biopsychosocial Risks of Aging	11
2.3 Older Adults and Life Satisfaction in Later Life	12
2.4 Reminiscence Group Counseling	14
2.5 Research Findings Regarding Reminiscence and Life Satisfaction in Later Life	17
2.5.1 Research Findings Regarding the Effect of Reminiscence to Life Satisfaction in Later Life	17
2.5.2 Research Findings Regarding the Effects of Reminiscence to Some Psychological Variables in Later Life	22
2.5.3 Research Findings Regarding Life Satisfaction in Later Life	28
2.5.4 Research Findings Regarding Life Satisfaction, and Reminiscence in Turkey	43

3	METHOD	47
3.1	Design of the Study	47
3.2	Sampling	47
3.3	Data Collection Instruments.....	48
3.3.1	Demographic Information Sheet.....	48
3.3.2	Life Satisfaction Index A (LSIA).....	48
3.3.3	Focus Group Interview.....	49
3.4	Data Collection Procedures.....	50
3.5	Group Procedures.....	51
3.6	Group Program Material	52
3.7	Data Analysis	54
4	RESULTS.....	55
4.1	Preliminary Analysis.....	55
4.2	Results Concerning the Effect of the Reminiscence Group Counseling Program on the Life Satisfaction of Older Adults	56
4.3	Interpretation of the Results Concerning the Effect of the Reminiscence Group Counseling Program on the Life Satisfaction of Older Adults	57
4.4	Results from the Content Analysis of the Focus Group Interview	59
4.5	Interpretation of the Results of the Focus Group Interview.....	65
5	CONCLUSIONS AND IMPLICATIONS	67
5.1	Conclusions	67
5.2	Implications for Counseling.....	68
5.3	Recommendations for future research	71
	REFERENCES.....	73
	APPENDICES	
	A. DEMOGRAPHIC DATA SHEET.....	89
	B. LIFE SATISFACTION INDEX A	90
	C. LIFE SATISFACTION INDEX A (SCORING KEY).....	91
	D. YAŞAM DOYUM ÖLÇEĞİ	92
	E. YAŞAM DOYUM ÖLÇEĞİ (PUAN CETVELİ)	93
	F. FOCUS GROUP INTERVIEW GUIDE.....	94

G. MEMORY-MAKERS.....	95
H. TRKE ZET.....	106
VITA.....	115

LIST OF TABLES

Table

- | | | |
|-----|--|----|
| 4.1 | The mean ranks of the experimental and control group subjects on the Life Satisfaction Index A (LSIA)..... | 56 |
| 4.2 | The mean ranks of the pre- and post-test scores of the treatment group subjects on the Life Satisfaction Index A (LSIA)..... | 57 |

CHAPTER I

INTRODUCTION

1.1 Background to the Study

Aging and getting older are natural consequences of living: Human beings are born, they grow older, and die. However, people are celebrating longevity all around the world as human life expectancy has apparently expanded in the new millennium. The population of older adults is growing rapidly worldwide, which results in the graying of the world population. Due to lowered fertility rates and declining mortality rates, the world population trends have dramatically changed in the recent years (Kinsella & Velkoff, 2001). Turkey has a relatively younger population with people 65 and over constituting 8 percent of the total population. However, this proportion is projected to increase almost to 12.9 % over the next 25 years (Turkish Republic Ministry of Internal Affairs, Office of Population and Citizenship Affairs, 2004).

The world's changing aging statistics brought about the concept of 'global aging', as well as the need to recognize the specific needs of an elderly population. As a matter of fact, younger client populations have so far received a considerable amount of the attention of researchers in the fields of psychology and counseling; however, older adults have remained a rather neglected and under-served population amongst these. Nursing, social work focusing on family concerns and some interdisciplinary gerontological studies have put considerable research interest on this specific population lately in the United States.

Life satisfaction has become a concept of increased importance for aging researchers, as people are spending longer time in their later lives than ever before. A corresponding increase in the quality, as well as the quantity, of life has become a goal in order to achieve successful aging. Even the World Health Organization (WHO, 2004) suggests 'years have been added to life, and now life must be added to years'. In a similar vein, years ago Erikson specifically emphasized the cruciality of life satisfaction in later life in his theory of psychosocial development. According to Erikson (1968), throughout the life-span, human beings pass through stages of development and need to accomplish developmental tasks, and make the necessary transitions and transformations. Making these developmental transitions and transformations, one needs to resolve series of developmental crisis. As for the later life crisis, an older individual at this stage needs to subjectively evaluate how satisfying his/her life is in general. Those who accept their past lives as meaningful have positive feelings for both the present and their futures, as well. These people are satisfied with their lives in general; whereas, an older individual who fails to accept his/her past life despairs over the years spent, becoming self-indulgent and stagnant.

Life satisfaction in later life is especially important, as it impacts older individuals' successful transition to later years of life, and how one deals with the multiple losses and life stresses associated with the aging process (Sterns & Sterns, 1981). To date, numerous multidimensional biopsychosocial (i.e. physical, psychological and social) risks (Weiss, 1995) of aging can make individuals more fragile and vulnerable during this time. The physical challenges of aging often receive the most attention, such as declines in mobility and physical health; medical conditions, including Alzheimer's disease and dementia; sleep disturbances (Boey, 1997; McCrae, et al., 2003; Vitiello & Borson, 2001). However, the biopsychosocial model of aging recognizes that biological challenges are not the only ones that older adults face. Psychological factors, such as emotional isolation (Grady, 1990), depression (Ergene, 1989, Hegel, Stanley & Arean, 2002), death anxiety (Şenol, 1989; Wu, Tang & Kwok, 2002); and social factors, such as retirement (Jamjan &

Jerayingmongkol, 2002), loss of independence, loss of spouse and/or friends (Golsworthy & Coyle, 1999), can also be problematic.

To help older adults cope with these challenges, adapt to the multiple changes and make successful transitions to later life, various mental health interventions have been developed. Several researchers emphasized the use of group approaches with older adults (Bonhote, Romano-Egan & Cornwell, 1999; Capuzzi & Gross, 1990; Thomas & Martin, 1992) rather than individual interventions, as groups facilitate interpersonal communication, sharing, support and interaction among members. Leaders in the field of aging research (Burnside & Schmidt, 1994; Cook, 1998; Sheridan, 1991) suggest the use of reminiscence groups in order to enhance various aspects of psychological wellbeing in older adults, including life satisfaction. They propose that reminiscence group work, which involves the recall of significant life events, positive experiences and past accomplishments, may lead to an increased life satisfaction among members. Reminiscence group counseling is growth-oriented in nature, thus helping members gain perspective on their lives (Burnside & Schmidt, 1994). The recall of their strengths, past accomplishments and positive assets gives them a more supportive grasp of *then* and *now*.

A bulk of literature focuses on the therapeutic value of reminiscence groups on life satisfaction of older adults. Research regarding the effect of reminiscence on life satisfaction of older adults is controversial, some citing positive outcomes (Blohm, 1997; Hosenfeld, 1989), yet some others reporting no effects or positive correlations (Cook, 1988; Parsons, 1983). Therefore, the present study aims at investigating the effect of reminiscence group counseling on life satisfaction of older adults.

1.2 Purpose of the Study

This study is conducted in order to examine the effect of a researcher-designed reminiscence group counseling program on the life satisfaction of older adults.

Research questions can be stated briefly as follows:

1. Is there a significant difference between the treatment and no-treatment control groups with respect to their life satisfaction scores?
2. Is there a significant difference between the pre- and post-test life satisfaction scores of the treatment group subjects?

1.3 Definitions of Terms

Older adults: The World Health Organization (WHO, 2004) defines older adults as individuals aged 60 years and over. Also referred as elderly, senior citizens, aging or aged individuals.

Life satisfaction: Life satisfaction is psychological wellbeing in general or satisfaction with life as a whole (Santrock, 1997).

Reminiscence: The process or practice of thinking or telling about past experiences that are personally significant (Burnside & Schmidt, 1994).

Gerontological counseling: Psychological counseling for older adults (Voltan-Acar & Tanrıdağ, 1995).

1.4 Significance of the Study

Life-span development and psychological wellbeing have always been the heart of counseling practices. However, research that specifically target issues relevant to older adults have been rather limited, as bulk of research in the field of guidance and counseling has focused primarily on younger client populations so far. Recently, in Western nations, specifically the United States, psychological needs of older individuals have begun to receive relatively greater researcher attention. In contrast, Turkey is still lacking important research regarding aging individuals and their concerns. There are only a handful of studies addressing the concerns of elderly clients in Turkey. To date, there has never been an experimental study exploring the effect of reminiscence group counseling with Turkish older adults. Therefore, the present study is expected to fill this gap in the counseling literature in our country, and contribute the international scientific literature, as well.

Research findings regarding the use of reminiscence group counseling with older adults can help mental health professionals (counselors, psychologists, psychiatrists) utilize this specific intervention in their work with older clients. As there is no formal gerontological training for mental health professionals in our country, studies like this one can serve as a resource in meeting the continuing education needs of professionals who currently work with the elderly. Today, counselors need to deal with increasingly diverse client populations, including the ever-growing number of older individuals worldwide. With the rapidly growing aging population, counseling professionals in Turkey, as well, will face both the challenge and the opportunity to deal with the counseling needs of an aging population. Thus, the present study can invoke counselor educators to emphasize aging issues in their course-work with prospective counselors. For those counseling professionals who currently work with elderly clients, continuing education and training programs that include up-to-date interventional strategies, such as reminiscence group counseling, can be beneficial a great deal.

The present study can also help the inclusion of reminiscence group counseling into mental health programs of facilities providing service to older adults in Turkey. Several research indicates high levels of vulnerability and low levels of life satisfaction in nursing home elderly (Cummings, 2002; Özer, 2004). Reminiscence group counseling can help older adults residing at institutional settings reframe life experiences, and gain a sense of satisfaction over the years spent by recalling past accomplishments, significant life events and pleasant memories. This way, in line with Erikson's psychosocial theory of lifespan development (1968), individuals can achieve ego integrity and may feel satisfaction over their lives.

Moreover, counseling practices geared towards community-living older adults in our country is extremely limited. Most community-living older adults are left alone due to women's increased entry into the labor force and the absence of extended family members living near-by. In today's increasingly complex, hectic and achievement-oriented world, it is possible that older adults may experience a lowered level of self-esteem, feel useless, withdrawn and lonely (Van Baarsen, 2002). The number of senior centers geared towards our community-living elders is very limited; however, these facilities can still offer low-cost, time-efficient practices, such as group reminiscence. The sharing and support experienced in a group atmosphere can contribute significantly to a positive mood tone in an elderly individual. Moreover, recall of one's past accomplishments and strengths can help older individuals construct a more positive self-image. That way, concepts such as life-satisfaction, life-quality and wellbeing can be maintained into the later years of life, and older individuals can achieve successful aging.

Overall, transferring up-to-date approaches, interventions, methods and techniques regarding counseling with older adults is expected to be a major contribution to the field of guidance and counseling in Turkey. This study can also be inspiring for other researchers in counseling area and throw light to future aging research. Finally, the present study can be a brick in helping the infusion of

gerontological counseling courses into counselor education curricula, and be a step in the establishment of gerontological counseling gradually in our country, as well.

1.5 Limitations of the Study

Several limitations apply to this study. First, the present study was carried out at a retirement home in Ankara, therefore the findings of this study are only specific to this sample. Further research can specifically test the efficacy of reminiscence group counseling on the life satisfaction of community-living older adults. Future researchers can also consider comparing older adults living in different settings (e.g. institutional-living, community-living) with respect to their life satisfaction levels.

Additionally, due to institutional constraints, a placebo-attention control group (i.e. a current events discussion group) which was intended initially, was excluded from the design of this study. Besides a no-treatment control group, future researchers may consider including a placebo-attention control group into their research designs.

Due to time constraints, a follow-up after treatment was not conducted in the present study. Future research which includes follow-up study can throw light to the long-term effects of reminiscence group counseling.

Finally, there are specific limitations and barriers that apply to conducting research with the elderly population. Inconveniences in finding elderly participants, getting them involved in research and maintaining regular participation, limited access to institutions that older adults reside, and difficulties in finding community-living older adults for research purposes are to name a few of these specific limitations and barriers. Therefore, the life-span of the group program in this study was rather brief. For a more enriched program, future researchers (especially those who work actively with older adults) intending to conduct reminiscence counseling groups can consider the inclusion of more themes in their programs (e.g. first day at

school, first date, wedding, graduation, first job and payment), and increase the life-span of their groups.

In the next chapter, the review of the literature regarding global aging, biopsychosocial risks of aging, the concept of life satisfaction in later life, theoretical background of reminiscence group counseling, and research findings regarding the use of reminiscence in enhancing life satisfaction of older adults will be presented. In the third chapter, methods used for sampling, information on data collection instruments, data collection, group program materials and procedure, and data analysis are provided. The results are given in the fourth chapter, followed by the fifth chapter on the discussion of the results and implications for practice and research.

CHAPTER II

REVIEW OF LITERATURE

In this chapter, the review of the literature related to the phenomenon of global aging; biopsychosocial risks related to the aging process, the concept of life satisfaction in later life, and research regarding the efficacy of reminiscence group counseling in enhancing life satisfaction of older adults will be presented. First section provides information on global aging and graying of the world population. Second section provides a brief summary of literature on the biopsychosocial risks of aging as they relate to life satisfaction of older adults. Third section describes the concept of life satisfaction in terms of Erikson's Theory of Psychosocial Development. Theoretical background of reminiscence group counseling is presented in the fourth section. In the last section, research findings regarding life satisfaction in later life, and reminiscence are provided.

2.1 Global Aging and Graying of the World Population

One of the most striking characteristics of the world population in the new millennium is the considerable increase in the number of older adults worldwide. Currently, 606 million of the world's total population of 6 billion is older than 60 years of age, and this figure is expected to rise considerably over the next 25-30 years (Kinsella & Velkoff, 2001). The world population trends have dramatically changed in the recent years due to lowered fertility rates and declining mortality rates. Medical advancements, improved health services, better nutrition, promoted educational status and economic developments are other factors contributing to the expanded human life expectancy (Fisk & Rogers, 2002).

The connection between longevity and industrialization is well-established as developed countries in North America and Northern Europe are comparably older than less developed countries. Despite this, approximately 60% of the world's elderly population lives in developing countries, and 77% of the increase in the world's elderly population between 1999 and 2000 occurred in developing countries. The rapid rate of increase is expected to continue, and this proportion is projected to hit 71% by 2030 (Kinsella & Velkoff, 2001). Turkey has a relatively younger population with people 65 and over constituting 8 percent of the total population (Turkish Republic Ministry of Internal Affairs, Office of Population and Citizenship Affairs, 2004). However, this proportion is expected to increase almost to 12.9% over the next 25 years (United Nations Department of Economic & Social Affairs, 2001) in Turkey.

The World Health Organization (World Health Organization, 2004) defines *older adults* as individuals aged 60 years and over. On the other hand, the definition of old age and deciding when one is old varies with respect to different frames of references used. Chronological age, psychological age, social age, physical age, and developmental age (Rogers, 1979) are those frames of references that are widely well-known in the field of aging research. *Chronological age* (Neugarten, 1974; cited in Rogers, 1979) categorizes older population into three categories, as the young-old being 55 to 64, the middle-old 65 to 75, and old-old for those over 75. Some researchers add one more category as the oldest-old that is 85 and over. *Psychological age* refers to old age in psychological terms, as it considers how older adults experience life and takes their feelings, perceptions and attitudes into account. On the other hand, *social age* is estimated by social roles and habits, in which older individuals' social roles are defined by the way people perceive them. *Physical age* defines aging in physical terms with regard to body posture, hair color, voice and ability to see and hear. *Developmental age* stems from a developmental point of view in defining aging. According to this frame of reference, aging is viewed holistically – meaning, in terms of all processes and areas of behavior involved.

So far, younger client populations have received a greater amount of research interest in the fields of counseling and psychology. However, older individuals require the specific attention of mental health professionals and researchers, as old age brings about numerous, multidimensional changes and challenges. Older adults have unique mental health needs due to *biopsychosocial* risks [physical, psychological and social changes and challenges brought about by aging (Weiss, 1995)] that impact older adults with combined force. The following section describes those physical, psychological and social changes and challenges of aging briefly.

2.2 Biopsychosocial Risks of Aging

Various physical, psychological and social risks are involved with the aging process. With numerous changes and losses, later years of an individual's life seem to be more challenging than other developmental stages faced in the younger years of a person's life. For some older adults, such changes and challenges strike just when their coping resources are at their lowest. Older adults experience biopsychosocial (i.e. physical, psychological and social) challenges that make them psychologically fragile and vulnerable at this time (Weiss, 1995). In other words, their concerns can be quite extensive regarding physical, psychological and social aspects of their lives.

Physical risks of aging include declines in mobility and physical health; medical conditions, such as Alzheimer's disease and dementia; sleep disturbances (Boey, 1997; McCrae, Wilson, Lichstein, Durrence, Taylor, Bush, Riedel, 2003; Vitiello & Borson, 2001). Some of the psychological risks are emotional isolation (Grady, 1990); lowered level of self-esteem, feeling useless, withdrawn and lonely (Van Baarsen, 2002); depression (Draper, 2000, Hegel, Stanley & Arean, 2002; Hill & Spengler, 1997; Landreville & Gervais, 1997); death anxiety (Şenol, 1989; Wu, Tang & Kwok, 2002); and suicide ideation and/or attempting suicide (He & Lester, 2001; Szanto, Gildengers, Mulsant, Brown, Alexopoulos & Reynolds, 2002).

Social risks that older years of life bring about include multiple losses, such as loss of power, prestige and independence (Duggleby, Bateman & Singer, 2002; Hardy, Concato & Gill, 2002), loss of spouse and/or friends and consequently the loss of meaning in one's life (Bernstein, 1990; Golsworthy & Coyle, 1999; Hanley & Gilhooly, 1986). Retirement and lowered income, loss of chances for gainful employment and professional recognition, and breakdown of social support (Jamjan & Jerayingmongkol, 2002) are some other social risks of aging. Also, as the last crisis of life, facing one's own mortality (Myers & Schweibert, 1996) adds to current life stresses of older adults.

According to researchers (Celso, Ebener & Burkehead, 2003; Sterns & Sterns, 1981) satisfaction with life in old age is specifically important as it determines one's successful transition to later life, and how one deals with the multiple losses and life stresses associated with the aging process. Therefore, life satisfaction, which refers to psychological wellbeing in general; or satisfaction with life as a whole (Santrock, 1997), has key cruciality in the later years of one's life. The following section provides theoretical information regarding the concept of life satisfaction in later life.

2.3 Older Adults and Life Satisfaction in Later Life

Long ago, Erikson specifically addressed the importance of life satisfaction for older individuals. As a matter of fact, he was the first personality theorist of his time to study aging as a specific stage of life-span development. Unlike most developmental theories which focused mostly on the early years of life, Erikson's theory of psychosocial development approaches human development as a life-long process. According to Erikson (1968), human beings pass through developmental stages throughout their life-span, and face developmental tasks in each stage. In order to achieve the essential life transitions, one needs to resolve series of developmental crisis specific to each developmental stage. Resolution of a developmental crisis at one stage in an adaptive manner carries the individual higher

into the next level in the developmental ladder. On the other hand, failing to resolve a given developmental task at one stage in an adaptive manner will result in negative consequences and linger more struggles with that issue later in life.

According to Erikson, only individuals who succeed in resolving a specific developmental crisis at one stage will be ready to face future challenges in life. As for the later life crisis (ego integrity vs. despair, i.e. the eighth stage of psychosocial development), the most important event at this stage is coming to accept one's whole life and reflecting on that life in an adaptive, positive manner. According to Erikson, fully accepting one's life and coming to terms with death leads to the achievement of a sense of integrity. If one successfully resolves the psychosocial crisis at this stage, then that individual can look back on life and develop a sense of ego integrity and satisfaction. On the other hand, failing to do this will result in a feeling of despair. Therefore, older individuals need to give meaning to their past lives in order to attain satisfaction over their lives as a whole. As a result of their retrospective glances and reminiscences, older individuals may either feel satisfied with their lives and experience a sense of productivity and generosity; or they may despair over the years they've spent and become self-indulgent and stagnant.

Life satisfaction is, by definition, psychological wellbeing in general; or satisfaction with life as a whole (Santrock, 1997). Research on life satisfaction in later life is controversial, some suggesting an elevated satisfaction of life for older individuals (Melin, Fugl-Meyer, Fugl-Meyer & Simons, 2002), yet others indicating a lowered level of life satisfaction in later life (Snowdon, 1986). Various mental health interventions have been developed in order to help older adults make the necessary transitions in later life successfully. Group reminiscence is a widely used intervention among these, which is also suggested for use by the leading authors in the field of aging research (Burnside & Schmidt, 1994; Cook, 1998; Sheridan, 1991). They propose that reminiscence groups enhance various aspects of psychological wellbeing in older adults, including life satisfaction. The following section provides a

detailed overview of the definition and functions of reminiscence, and summarizes the therapeutic value of reminiscence in elevating life satisfaction in later life.

2.4 Reminiscence Group Counseling

Reminiscence counseling, -which is often interchanged with *reminiscence* or *reminiscence therapy*- involves the recall of significant life events, positive experiences and past accomplishments. Group reminiscence is a nurse-initiated intervention; however, it has been used in diverse fields such as psychology, counseling, psychiatry, gerontological social work, and nursing. *Reminiscence* is defined as the process or practice of thinking or telling about past experiences that are personally significant (Burnside & Schmidt, 1994; Reis-Bergan, Gibbons, Gerard & Ybema, 2000). It is a process of recalling long-forgotten memorable experiences and events through verbal interaction between the person eliciting memories and one or more persons.

As people age, they develop a rich repertoire of memories about previous life experiences, and most older persons like to reminisce about their memories and share them with others (Lieberman & Tobin, 1983). For a long time, reminiscence by older adults has been devalued and most of the time regarded as an escape from the present, a turning away from reality, or living in the past, and even as a mental dysfunction (Sheridan, 1991), however it is considered an effective interventional strategy today in working with older adults (Jonsdottir, Jonsdottir, Steingrimsdottir & Tryggvadottir, 2001). The recall of one's memories, positive past events and experiences often leads to pleasant feelings and even an ego-boost in an aging individual.

Reminiscence group counseling, or reminiscence therapy, is often confused with life review, as both have similar orientations focusing on individuals' past experiences. However, life review is intrapersonal; usually carried out in one-on-one individual sessions; and as it is rooted in psychoanalytic theory; it necessitates

systematically reviewing stages of life one by one and tapping into the negative events of the past. On the other hand, reminiscence group counseling is interpersonal and conversational; carried out in groups; is grounded on a psychosocial approach; and focuses mainly on enjoyment, pleasurable memories, significant positive life events and fulfillments (Burnside & Schmidt, 1994; Lin, Dai, & Hwang, 2003; Norris, 2001).

Reminiscence groups with older adults emerged in 1970 by a nursing researcher, Ebersole, and they have become increasingly popular both in institutional and non-institutional settings (Capuzzi & Gross, 1990). Reminiscence therapy with older adults was grounded on the theories of Erikson (1968) and Butler (1981). Butler extended Erikson's theory, proposing that ego-integrity can be attained through recalling one's past from an analytical and evaluative perspective. Butler theorized that reminiscing is a way to achieve ego integrity, the eight and final stage of Erikson's stages of development (Cook, 1998). In other words, an aging person's retrospective looks into pleasant memories, positive experiences and life accomplishments of the past can help one reframe perceptions of the life spent. This way, acceptance of the past as it is and feeling satisfied over the life spent can give the older person an overall feeling of satisfaction regarding past and present life.

Group reminiscence is a growth-oriented approach which enables members to gain perspective on their life experiences and find commonalities with their peers. Reminiscence group work facilitates opportunity for interpersonal contact and feedback, as well as the formation of new friendships (Burnside & Schmidt, 1994). The sharing of their past lives indicates that they had trials and triumphs. They also gain a more supportive grasp of *then* and *now*. Reminiscence groups also provide members with the opportunity to come to terms with the values and outcome of their lives. Lowy (1982) applies Erikson's developmental framework in which the major life task of the elderly is seen as integration. According to Head, Portnoy and Woods (1990), having an opportunity to review and reorganize their life events and reflect

on the totality of their lives, members in a reminiscence counseling group can derive a sense of integrity, or accept the values and outcomes of their lives.

Practically, reminiscence groups are designed to explore memories with a group of older persons as few as three to four, or as many as six to eight. However, the group size should not exceed ten in order to spare enough time for each member. The life-span of the group is also flexible, as some reminiscing groups meet for months or even years, and some can be organized on a much briefer period, such as six sessions (Sheridan, 1991). The group can meet once or twice weekly. The leader encourages the sharing of memories that are personally significant, including different stages of life. However, the focus should not be limited solely to the past; the group leader should connect past and present. Drawing the individual back to present will strengthen the bond between then and now. Many subjects can be discussed in a reminiscence group, such as holidays, birthdays, major events (e.g. graduation, wedding, child birth, first job), families, geographical places, travels, decades and trends (Burnside & Schmidt, 1994).

Older adults get a sense of empowerment as they re-think about their past achievements (O'Leary & Nieuwstraten, 2001). Bulk of literature suggests that reminiscing about strengths and past accomplishments can function as a resource for expanding coping capabilities and maintaining a positive self-concept (Watt & Wong, 1991). Authors in the field of gerontology (Burnside, 1990; Butler, 1981; Havighurst & Glasser, 1972) have long recommended the use of reminiscence to enhance various aspects of mental health of older adults, including life satisfaction. A detailed review of research literature regarding the efficacy of reminiscence group counseling on life satisfaction of older adults is provided in the following section.

2.5 Research Findings Regarding Reminiscence and Life Satisfaction in Later Life

In this section, first, a review of the literature regarding reminiscence and life satisfaction in older adults is provided. Second, research regarding reminiscence in relation to other aspects of mental health is presented. Then, research findings regarding life satisfaction in later life are documented. Finally, research from Turkey regarding life satisfaction, and the effect of reminiscence on life satisfaction is provided.

2.5.1 Research Findings Regarding the Effect of Reminiscence to Life Satisfaction in Later Life

Reminiscence group counseling has been used in enhancing many aspects of wellbeing in older adults, such as reducing late life depression, (Ashida, 2000; Bohlmeijer, Smit & Cuijpers, 2003; Hsieh & Wang, 2003; Jones & Beck-Little, 2002; Watt & Cappeliez, 2000); enhancing late life adjustment (Harper, 1993) and adaptation (Sherman, 1993); in dealing with widowhood, coping in grief and bereavement (Rosenblatt & Elde, 1990); enhancing life purpose and life control; increasing self-esteem (Lovelady, 1987); altering the mood of demented elderly (MacKinlay & Trevitt, 2003); facilitating self-efficacy (Rybarczyk & Auerbach, 1990); and building cross-generational contact (Larson, 2001).

There are few empirical studies in the scientific literature that report results from treatment programs geared towards the psychological needs of older adults. A limited number of research investigates specifically the therapeutic value of reminiscence group counseling in enhancing life satisfaction of older adults. Research findings regarding the therapeutic use of reminiscence is controversial: some report positive outcomes of reminiscence, or positive correlations; while some others report no significant effect of reminiscence on life satisfaction, or no correlations between the two concepts. A compilation of research findings regarding

reminiscence and life satisfaction in older adults is presented below. First, findings that are supportive of the positive outcomes of using reminiscence are provided.

In an experimental study, Serrano, Latorre, Gatz and Montanes (2004) examined the effect of life review therapy with depressed older adults. A sample of older adults (N= 43) aged 65-93 with depressive symptoms were randomly assigned to treatment or no-treatment control groups. After four weeks of an autobiographical retrieval practice as treatment program, both the experimental and control groups were tested on the pre- and post-measures of their life satisfaction levels and depression symptoms. Findings of the study revealed that those in the treatment condition (autobiographical retrieval practice group) showed fewer depressive symptoms, less hopelessness, and increased life satisfaction.

Likewise, Norris (2002) investigated the effectiveness and perceived effectiveness of simple reminiscence therapy using photographic memory makers on the life satisfaction of community-living older adults. Sample included seventy-eight community-living men and women aged 65 and over. Participants were assigned to one-on-one reminiscence counseling, current events discussion, or no treatment control groups over a period of four weeks. The experimental and control groups were tested on the pre- and post-measures of their life satisfaction levels. Results revealed a significant difference in the life satisfaction scores of subjects after participating in the reminiscence group.

Reis-Bergan, Gibbons, Gerrard and Ybema (2000) study conducted an experimental study in order to examine the effect of reminiscence on elderly women's reactions to social comparisons. A sample of older women (N = 105) aged 59-85 participated in the study. Results revealed that reminiscence prior to comparison with a successful, younger target improved perceptions of future wellbeing of women who were low in life satisfaction. Researchers suggested that reminiscence had an adaptive influence on how older women, especially those who are relatively dissatisfied with their lives, respond to social comparisons.

In a similar experimental study, Cook (1998) investigated the efficacy of a reminiscence group in increasing life satisfaction of older women residing at a nursing home facility. Thirty-six female nursing home residents over 65 years of age were randomly assigned to a reminiscing group, or a control group. The subjects in the treatment group met weekly over a period of sixteen weeks. After completion of the program, all subjects were administered post-test measures of life satisfaction. Results from data analyses revealed that there was a significant difference between the reminiscing group and the control group in terms of life satisfaction, with subjects in the treatment group having increased levels of life satisfaction at post-test measurements.

In an experimental study, Capps (1998) examined the effects of life review group counseling and reminiscence group counseling in order to determine which had greater effect on depression, self-esteem and life satisfaction of older adults aged 65 and older. Participants were cognitively intact older adults (N = 32) residing in retirement villages. Subjects were assigned to bi-weekly groups of life review group counseling and reminiscence group counseling. All subjects were given pre- and post-test measures of depression, self-esteem, and life-satisfaction. Comparison of pre-test and post-test scores showed that both life review and reminiscence group therapy interventions significantly decreased depression and increased life satisfaction in older subjects.

Another research study that is supportive of the positive outcomes of using reminiscence with elderly clients is the Hosenfeld (1989) study. The researcher evaluated the effects of a reminiscence intervention on life satisfaction, morale and affect. A sample of 22 community living, home-bound elderly women aged 65 to 97 participated in the study. Subjects were randomly assigned to a bi-weekly reminiscence group program, a social interaction group or a no-treatment control group over a period of six weeks. Significant differences were found between the reminiscence group and the control groups with respect to life satisfaction levels of

the subjects, with subjects in the treatment group having increased levels of life satisfaction at post-test measurements.

Some other research findings report no significant effect of reminiscence on life satisfaction, or no correlations between the two concepts. For instance, in a quasi-experimental study, Richeson and Thorson (2002) examined the effects of reminiscence through autobiographical writing on the subjective wellbeing of older adults. A number of four-hundred older adults aged 50 to 85 constituted the sample of the study. Those who enrolled in classes in autobiographical writing were the experimental group, and those who enrolled in liberal arts were the control group. After the semester, all subjects were administered the Satisfaction with Life Scale, and they responded to pre- and post-test measures of life satisfaction. A comparison of the experimental and control groups on the life satisfaction scores revealed non-significant increases in life satisfaction.

In a similar vein, Blohm (1997) used an experimental approach to determine whether participation in a reminiscence group enhances adaptation and psychological wellbeing in nursing home elderly. Forty participants were randomly assigned to one of three conditions: a reminiscence group (experimental group), a current events group (placebo-attention control group), or a no-treatment control group. The experimental and placebo-attention control groups met bi-weekly over a period of four weeks. Subjects in all three conditions responded to pre- and post-test measures of life satisfaction. A comparison of the experimental, placebo-attention control and control groups with respect to life satisfaction scores revealed non-significant increases in life satisfaction.

Likewise, Burnside (1990) investigated the effect of a reminiscence group to reduce fatigue, increase positive affect, and life satisfaction in community living older women. A sample of sixty-seven females 65 years of age and older were randomly assigned to a reminiscence treatment group, a treatment-control group and a no-treatment control group. Subjects in the three groups were compared regarding

their pre-test and post-test scores on life satisfaction and positive effect. Results of the study showed that there were no significant differences between the treatment group and control groups.

In another experimental study, Cook (1988) investigated the effect of a reminiscence group to increase ego integrity in older adults who reside at a nursing home facility. Life satisfaction, depression and self-esteem were the variables used to measure ego integrity. Fifty-four nursing home elderly aged 65 and over were randomly assigned to a reminiscing group, a current events control group or a no-treatment control group. An analysis of pre- and post-test measures of life satisfaction, depression and self-esteem revealed no significant relationship between life satisfaction and reminiscence, depression and reminiscence and self-esteem and reminiscence.

Parsons (1983) examined the effects of reminiscence group therapy experimentally on a sample of 113 older adults aged 65 and over. A comparison of the pre-and post-test scores of the subjects on life satisfaction showed that reminiscence group program had no significant effects on life satisfaction, self-esteem, morale or interpersonal functioning. Although the study results provided no evidence for statistically significant positive outcomes of group reminiscence, the researcher suggested that the program seemed to have a useful socializing effect and that it seemed to enhance interaction, self-disclosure and rapport among group members.

In a survey study, Tekavec (1982) compared two groups of older adults (retired and employed) with respect to their scores on life satisfaction, self-actualization and reminiscence. A sample of forty men and women aged 60-81 formed the sample. Participants were administered life satisfaction, personal-orientation and reminiscence measures. Results revealed that there were no significant differences between the groups with respect to reminiscence frequency, reminiscence affect, or life satisfaction.

Scates (1982) compared the effectiveness of a cognitive-behavioral group and a reminiscence group on the reduction of anxiety and improvement of life satisfaction in older persons. Subjects (N = 50) randomly assigned to one of the three conditions, a cognitive-behavioral group, a reminiscence group, or an activity group met bi-weekly over 3 weeks. Pre- and post-test measures of anxiety and life satisfaction (Life Satisfaction Index A) were administered to the subjects. Results revealed a significant difference between the cognitive-behavioral group and the activity group with respect to anxiety and life satisfaction scores. No difference between the reminiscence group and other two conditions were found with respect to the dependent variables.

2.5.2 Research Findings Regarding the Effects of Reminiscence to Some Psychological Variables in Later Life

As mentioned earlier, reminiscence has been used in enhancing many aspects of wellbeing in older adults, such as reducing depression, enhancing adjustment, increasing self-esteem and facilitating communication. Research findings regarding the use of reminiscence in counseling and therapy are controversial, though. Some are supportive of the use of reminiscence in relation to various psychological variables, and some are not. First, a compilation of the literature on the positive outcomes of using reminiscence is provided below.

In an experimental study, Baillon, Van Diepen, Prettyman, Redman, Rooke, and Campbell (2004) compared the effectiveness of reminiscence and Snoezelen (a multi-sensory stimulation program) on the mood and behavior of demented elderly. A sample of twenty demented older adults with significant agitated behavior received three sessions each of Snoezelen and reminiscence. Pre- and post-test measures of observed agitated behavior, heart rate, mood and behavior during the sessions were used in data collection. Results revealed that both interventions, Snoezelen and reminiscence, had a positive effect on demented older individuals.

In a quasi-experimental study, Wang (2004) compared the effects of reminiscence on self-esteem, perceived health status, depressive symptoms, and mood status of community living older adults and those who reside in care facilities. A sample of forty-eight subjects (25 institutionalized and 23 community-living elderly) were recruited using purposive sampling. Rosenberg's Self-Esteem Scale, Health Perception Scale, Geriatric Depression Scale Short Form, and Apparent Emotion Rating Scale were used to collect data. Subject were measured on pre- and post-tests following a weekly individual reminiscence program that took place over a period of four months. Results revealed a significant difference between groups in mood status and perceived health status, depressive symptoms, and mood status. As a result, reminiscence therapy appeared specifically appropriate for older adults residing in institutional settings.

With a systematic review of the literature, Hsieh and Wang (2003) explored the efficacy of reminiscence therapy for reducing depression in older adults. The researchers critically reviewed nine important studies that are found in the literature regarding reminiscence. All nine studies that are considered in the research had various outcome measurements, controls, persons, interventions, and results. After reviewing the given studies, the researchers concluded that results from the reviewed studies suggested that reminiscence therapy significantly reduced late life depression.

In another research study, Cappeliez and O'Rourke (2002) determined subgroups of older adults according to functions of reminiscence, personality traits, life attitudes, and perceived stress. A sample of ninety-three participants 60 years and older were administered measures of life attitude, reminiscence functions, and psychological state of stress. Results from the data analyses revealed that higher frequency of reminiscence was associated with issues of identity, openness to experience, life meaning and death in older persons.

In an experimental study, Ashida (2000) examined the effect of reminiscence music therapy on the reduction of depressive symptoms in demented older adults. A

sample of twenty older adults were assigned to one of four small counseling groups where songs from the past were used for reminiscence purposes. Analyses of pre- and post-test scores on depressive symptoms revealed positive outcomes of participation in small-group reminiscence music therapy. Thus, the researchers in this study provided evidence that reminiscence music therapy can help reduce depressive symptoms in demented older adults with late life depression.

Koffman (1998) compared two different life review group psychotherapies with respect to late life adjustment and development. Participants (N = 36) aged 65 and older were randomly assigned to one of three treatment conditions, structured reminiscence life review group, the Gestalt life review group and a no-treatment control group. Subjects responded to pre- and post-test measures of depression, congruence, helplessness, and ego integrity. Results revealed that participants in the Gestalt life review treatment condition showed significant improvement on interpersonal sensitivity, hostility, depression.

Likewise, Taylor-Price (1995) examined the efficacy of a reminiscence group therapy on depression and psychological wellbeing in female nursing home residents. Thirty-four female nursing home residents aged 65-88 were randomly assigned to a reminiscence group and a no-treatment control group. Subjects responded to pre- and post-test measures of depression and psychological wellbeing. Results from data analyses indicated that the reminiscence group showed a significant decrease in depressive symptoms and a significant increase in psychological wellbeing.

In their study, Martin and Stepath (1993) compared two forms of reminiscence groups with respect to their effect on the performance of groups members. Participants were a sample of fifty-three older adults. Subjects were randomly assigned to a reminiscence group with traditional verbal format, or a reminiscence group using psychodramatic techniques. With a close examination of subjects' group performance, researchers observed higher levels of performance for those subjects who participated in the reminiscence group with psychodramatic format.

Rattenbury (1991) conducted an experimental study in order to determine the therapeutic value of reminiscence intervention with nursing home elderly. Seventy-five subjects were assigned to the reminiscence group, whereas 101 subjects formed the no-treatment control group. In order to test the efficacy of the treatment program, subjects in the reminiscence and control groups were compared regarding their pre-test and post-test scores on measures of loneliness, mental health and physical health. A comparison of subjects in the two conditions suggested that subjects in the reminiscence group had significantly lower levels of loneliness compared to the control group.

In another experimental study, Spector-Eisenberg (1988) investigated the effect of structured reminiscence on meaning and purpose of life in older adults residing at a nursing home facility. A sample of sixty nursing home residents were assigned to one of the ten-weeks reminiscence, current events, or no-treatment control groups. Life attitude profile was administered to the subjects before and after treatment. Analyses of pre- and post-test scores of the subjects revealed a significant difference in the life purpose and life control of the subjects in the reminiscence group.

Wylie (1988) determined experimentally the effect of old songs, antique objects, historical summaries, and general questions on the reminiscence of nursing home residents. A sample of sixty nursing home elderly were assigned to one of each of the four stimuli conditions. Results revealed that subjects in the general reminiscence questions group reminisced for a greater length of time than did the subjects in the historical summaries, old songs, or antique objects groups. Less reminiscence was elicited by subjects when old songs and antique objects were used. Researchers indicated that themes related to adulthood activities, places visited or lived, and personally experienced events elicited more reminiscence activity in older adults.

In a similar vein, Christopher (1986) examined the effects of group reminiscence on the mental status, depression, and social adaptation of geriatric patients with mild, moderate or severe organic brain syndrome. Sixty-five subjects randomly assigned to one of the three conditions, reminiscence group, social discussion group, or no-treatment control groups attended a 32-session program over a period of 16 weeks. Subjects in the reminiscence group, social discussion group, and no-treatment control group were administered pre- and post-test measures of mental status, depression, and social adaptation. A comparison of the subjects in all three conditions indicated that reminiscence group condition had a positive effect on mental status, social adaptation, and depression of the elderly subjects.

Some research, on the other hand, report no significant results regarding the use of reminiscence in relation to various psychological variables. For example, in an experimental study, Klausner, Clarkin, Spielman, Pupo, Abrams and Alexopoulos (1998) compared the effect of goal-focused group psychotherapy and reminiscence therapy programs for depressed older adults with functional disability. Subjects (N = 13) aged 55 and over were randomly assigned to one of the treatment groups. All subjects were administered pre- and post-test measures of depression, hopelessness and social functioning. Results showed that both treatment groups improved in depressed mood and disability. However, the goal-focus group subjects had lower depressive symptoms and improved hope, hopelessness, anxiety and social functioning.

Similarly, Staffieri (1997) explored the effect of reminiscence therapy on the self-esteem levels of potential hospice patients. A sample of 21 older adults were randomly assigned to one of three conditions, a reminiscence group, a current events discussion group, and a no-treatment control group. Subjects responded to pre- and post-test measures of self-esteem. Results from data analysis indicated that there were no statistically significant differences between the subjects in three groups (reminiscence, current events, and no-treatment control groups) with respect to their scores of self-esteem.

In another study, Steely (1991) investigated the efficacy of a group reminiscence program on the depression and self-esteem levels of nursing home elderly. Thirty-one participants were assigned to either a reminiscence group or an activity group over a period of eight weeks. Subjects in both reminiscence group and activity group were administered pre- and post-test measures of depression and self-esteem. Results from analysis of data revealed no significant difference between the reminiscence group and activity group with respect to depression and self-esteem.

Masten-McGilvray (1990) compared the effect of life review and reminiscence group work on the depression levels of nursing home elderly. A sample of forty-seven (30 females and 17 males) with a mean age of 77.17 were randomly assigned to one of the life review, reminiscence, or no-treatment control groups. Subjects in life review, reminiscence, and no-treatment control groups were administered pre- and post-test measures of adaptation, depression, morale, and socialization. After the completion of an eight-week program of 45-minute sessions, results showed that none of the interventions improved adaptation of nursing home elderly. No significant differences between the groups were found with respect to depression, morale, mastery, or socialization.

Likewise, Bostick (1989) examined the effect of group reminiscence therapy on depressed and non-depressed nursing home elderly. Subjects (N = 30) were randomly assigned to a reminiscence group, a placebo-attention (current events) group, or a no-treatment control group. Subjects in reminiscence group, current events group, and no-treatment control group were administered pre- and post-test measures of depression. Results revealed that there was no significant decrease in the depression levels of reminiscence group participants. On the other hand, decreased depression levels were found in the current events group.

In another experimental study, Fischer (1989) studied the effect of reminiscence group counseling in working with community-living older adults. Subjects (N = 57) were assigned to one of the reminiscence, socialization, or a no-

treatment control group conditions. Pre- and post-test measures of depression and self-concept were administered to the subjects in all three conditions (reminiscence, socialization, control groups). Results from data analysis indicated no statistically significant effect of reminiscence in decreasing depression, or increasing self-concept.

Mandel (1989) examined the effects of reminiscence on anxiety, self-esteem, and depression in nursing home elderly. Subjects (N = 47) were randomly assigned to highly structured, or moderately structured reminiscence groups, current events discussion groups, and no-treatment control groups. Sixteen group sessions were conducted bi-weekly over a period of 8 weeks. Pre- and post-test measures of depression and anxiety were administered to all subjects in the treatment, placebo-attention, and no-treatment control groups. Results revealed no significant effects of reminiscence on the given dependent variables.

In summary, this section aimed to present a compilation of research literature regarding the effect of reminiscence on various psychological variables. As the cited studies above illustrate, research investigating the therapeutic use of reminiscence with older adults is rather controversial. Some studies report positive outcomes of reminiscence, whereas some others report non-significant results. Therefore, further experimental studies examining the effect of reminiscence on specific psychological concerns of the elderly are essential.

2.5.3 Research Findings Regarding Life Satisfaction in Later Life

As human life expectancy expanded significantly in the last few decades, life satisfaction of older persons has become increasingly central to human wellbeing. Therefore, bulk of research in the scientific literature has focused on life satisfaction in the later years of life. In a recent research, Davis and Friedrich (2004) carried out a study to determine the relationship between life satisfaction and objective aging knowledge in older adults. A sample of four hundred young-, middle-, and old-old

adults participated in the study. Results revealed that as age increased, knowledge of aging decreased, with females knowing less than males. Findings also suggested a positive correlation between knowledge of aging and life satisfaction in older adults.

In a recent study, Johannesen, Petersen and Avlund (2004) explored whether social relations, continuity, self-determination, and use of own resources were associated with life satisfaction among frail elderly. Interviews with older adults (N = 187) aged 85 years old were conducted. Results showed that frail older persons were more satisfaction with their lives if they were occupied as usual; had friends; able to manage their own lives; do not live alone; and have not lost a close friend recently. Lack of life satisfaction was associated with using home-care services, and institutional living.

In a study using both qualitative and quantitative methods, Frieswijk, Buunk, Steverink, and Slaets (2004) examined the effect of social comparison information on the life satisfaction of frail older persons. Fictitious interviews with either an upward or a downward target were conducted with a sample of 455 community-living older adults. Results from the interviews revealed that after downward comparison, participants felt more satisfied with their lives. On the other hand, older individuals in this study felt more dissatisfied with their lives after upward comparison.

Using survey methods, Celso, Ebener, and Burkehead (2003) identified the relationships between humor coping, health status, and life satisfaction among older residents of assisted living facilities. Participants were administered measures of coping humor, and life satisfaction (Life Satisfaction Index A). Results indicated that significant relationships between health status, humor coping, health status and life satisfaction. Additionally, using humor as a way of coping appeared to be present in older adults who were in better health.

Ho, Matsubayashi, Wada, Kimura, Yano and Otsuka (2003) examined the determinants of life satisfaction in older adults. Nursing home elderly (N = 261) and community-living elderly (N = 733) constituted the sample of the study. Activities of daily living, medical and social history, geriatric depression inventory, and quality of life were the variables of the study. Results revealed that for community-living elderly, relationship with friends was significantly related to life satisfaction; whereas relationship with family for nursing home elderly was related to life satisfaction.

Tak, Laffrey and Shirley (2003) investigated the relationships among beliefs about personal control, social support, and life satisfaction in older women with osteoarthritis. Participants were 107 elderly women aged 60 years or older. Measures of life satisfaction, social support and personal control were administered to the sample. Results from the study revealed that the perceived social support and internal health locus of control in older women significantly contributed to the prediction of life satisfaction.

In another study, Jones, Rapport, Hanks, Lichtenberg and Telmet (2003) examined the cognitive and psychological predictors of subjective wellbeing in urban older adults. Participants were 129 older adults aged 65-89 years who responded to measures regarding wellbeing. Results indicated that the use of emotion-focused coping strategies and poor perceived health were associated with decreased life satisfaction. Researchers also found that cognitive functioning was positively related to life satisfaction.

With a comparative approach, Canada (2003) investigated the relationship between life satisfaction and self-concept of older adults living congregate and non-congregate housing. A total of two-hundred and thirty-five older adults responded to measures of life satisfaction and self-concept in data collection. Results of the study showed that there are no significant differences in life satisfaction with regard to type

of housing. However, a significant difference was found in the life satisfaction scores of older adults with respect to income.

In a qualitative study using a phenomenological approach, Neal (2003) explored longevity and life satisfaction in community living centenarians. In-depth interviews were conducted with seven participants regarding the nature of the concept of life satisfaction for them, how they experience it and their socialization. Six recurrent themes related to life satisfaction of centenarians were found, which were spirituality, temperament, hard work, subjective health, Southern living, and independence.

In another study, Lin (2003) examined the relationships among leisure participation, leisure satisfaction and, life satisfaction for Taiwanese older adults. A purposive sample of four-hundred and two older adults aged 65 and over participated in the study. Elderly participants responded to measures of life satisfaction, leisure participation, and leisure satisfaction. Results of the study suggested that there were significant relationships among leisure participation, leisure satisfaction, and life satisfaction.

Rector (2002) investigated the relationship between the activities older women are engaged, their life satisfaction, and knowledge of community services. Subjects were 141 women between the ages of 60 and 75 who were categorized in terms of their activities as working ($N = 27$), volunteering ($N = 60$), or home-centered ($N = 54$). Variables such as race, marital status, housing, home ownership, number of children, education, income, self rated health were also taken into consideration. Results revealed no significant differences between the groups with respect to life satisfaction. All three groups showed a positive correlation between life satisfaction and attitude toward services. The correlation between life satisfaction and knowledge of community services was not significant for any of the groups.

In their study, Nezlek, Richardson, Green, and Schatten-Jones (2002) explored the relationship between psychological wellbeing and day-to-day social interaction among older adults. Participants were 113 older adults who responded to measures of social interactions, life satisfaction, and loneliness. Results indicated that life satisfaction was positively related to how enjoyable the social interactions were, how self-assured people felt when interacting, how much control they felt they had over interactions, how responsive others were to their needs, and how socially active they were.

Similarly, Schilling and Wahl (2002) examined family networks and life-satisfaction of German older adults in rural and urban regions. Data from the German Socio-economic Panel from 1996 were used to determine whether the size of elders' family networks differs between rural and urban regions of Germany, and whether the size of the family network effects rural elders positively in terms of life satisfaction. Researchers took into account the association between certain aspects of the family network (size, closeness of relationships, proximity of relatives), feelings of loneliness, sorrow, and life-satisfaction. Results showed that rural elders live in larger family networks compared to their urban counterparts. Older adults in rural areas had more family relations and felt closer to them. Closeness of relationships had a positive effect on the life satisfaction of older persons.

In another recent study, Panish (2002) investigated the role of sexuality, humor, and health in the life satisfaction of older adults. The sample of the study were seventy-five older adults who responded to measures of life satisfaction, humor, and sexuality. Results from the data revealed that sense of humor in older adults correlated positively with life satisfaction. Additionally, health was also found to be a variable that predicted life satisfaction of older individuals; however no relationships were found to be present between sexuality and life satisfaction of elderly persons.

Using correlational methods, Wang, Kumano, Suzukamo, Tobimatsu and Fukudo (2002) examined the effects of health factors and social support to life satisfaction in community-dwelling rural older adults. The sample of the study consisted of 140 older adults (86 females and 56 males) who were administered a measure of life satisfaction, and a survey on their health status and social support. Results of the study suggested that life satisfaction was found to be related to mental health and age in female older adults, whereas mental health status and social support was found to be a factor contributing significantly to the life satisfaction of older males.

In a comparative study, Simons (2002) investigated whether life satisfaction of young, middle-aged, and older adults could be predicted by variables such as locus of control, proactive coping ability, and self efficacy. The study sample was comprised of two-hundred and forty participants aged 18 to 96 years. Analysis of the data regarding the study variables suggested that younger adults were the ones least satisfied with life, whereas older adults were found to be the most satisfied with life, with perceived health as the variable best predicting their life satisfaction.

Cummings (2002) investigated the psychological wellbeing of older adults residing in an assisted-living facility and explored factors associated with their wellbeing. Participants (N = 57) were non-demented elderly residents of an assisted-living community in the urban southeastern United States. Depression, life satisfaction, health, social support and demographic variables were measured by individual interviews. Minority of the residents reported high levels of depressive symptoms and low life satisfaction. Female gender, self-reported health status, functional impairment, perceived social support, and level of participation in activities were found to be significantly related to elders' wellbeing.

In their study, Othaganont, Sinthuvorakan and Jensupakarn (2002) examined whether the life satisfaction of Thai elderly depends on their daily living practices. A sample of 73 matched pairs of elderly people who perceived themselves as life satisfied or life dissatisfied were compared with respect to their daily living practices.

Results indicated that the life satisfied group of elderly had significantly higher scores than their dissatisfied counterparts in their daily living practices, suggesting the importance of good practice on food habits, regular exercise, seeking knowledge toward health, religious activity involvement, good relationships with others, and well-planned income and expenses for promoting life satisfaction in older persons.

Boley (2001) investigated the relationship between life satisfaction, leisure satisfaction, and leisure participation in older adults. Demographic variables such as age, gender, and race were also considered, and self- perceived health were the variables taken into account in the study. Sample of the study comprised of 201 older adults aged 55 and older. Results indicated that there was a significant relationship between the life satisfaction, leisure satisfaction, and leisure participation. Additionally, subjects with undergraduate or graduate degrees had the lowest levels of life satisfaction than their cohorts with no college degree.

Jin (2001) studied the social psychological determinants of life satisfaction in older adults. A sample of (N = 224) older adults who attended programs at senior centers were administered a survey regarding the social psychological determinants of life satisfaction in elderly individuals. Results showed that social psychological factors predicted life satisfaction more than the socio-demographic variables did; and social support predicted life satisfaction for women more than it did for men. Self-esteem was also found to be related to life satisfaction of older persons in this study.

In a similar vein, Tackett (2001) carried out a study in order to determine the correlates of life satisfaction in retired elderly. A sample of 144 individuals aged 65 and over participated in the study. Participants were administered measures of life satisfaction, depression and demographic variables. Most of the participants were active older adults, with hobbies, volunteer work, senior groups, and they reported fairly well social interactions. Findings of the study revealed that life satisfaction was high if retired older adults were not depressed, were currently or had previously been

married, were college graduates, were participating in volunteering activities, and were in excellent health.

Haley, LaMonde, Han, Narramore and Schonwetter (2001) assessed the impact of care-giving stress on psychological and health functioning of spousal caregivers of hospice patients, in contrast to demographically matched non-care-giving controls. A sample of 80 elderly spousal caregivers of hospice patients were compared to a sample of 40 demographically equated control subjects, using measures of care-giving stressors, depression, life satisfaction and physical health. Results showed that caregivers had higher depression, lower life satisfaction and poorer physical health compared to their non-caregivers counterparts. Over half of all caregivers showed significant levels of depression, with rates about three times the prevalence found in community samples of older adults.

In another study, McQuillen, Licht and Licht (2001) investigated the relationship between identity structures and life satisfaction of forty-five older adults ($M = 72.69$ years old). In order to collect data, elderly participants were administered measures of life satisfaction and identity structures. Those who reported spending more time enacting lower identities had greater life satisfaction than did participants who reported spending more time enacting higher level identities. Researchers suggested that in later life, greater life satisfaction might result from spending more time enacting less elaborated identities.

Hamarat, Thompson, Zabrocky, Steele, Matheny and Aysan (2001) investigated global satisfaction with life across three age groups, 18 to 40 years, 41 to 65 years, and 66 years and above. A sample of 189 participants indicated that self-appraisal measures of perceived stress and coping resource effectiveness served as moderate predictors of global life satisfaction, and that for the total sample the combined effects of perceived stress and coping resource effectiveness were better predictors of life satisfaction than either variable considered separately. Perceived stress was found to be a better predictor of life satisfaction for younger adults, and

coping resource effectiveness was a better predictor of satisfaction with life for middle aged and older adults. Significant age differences in life satisfaction, perceived stress, and coping resources were also found.

In an experimental study, LinOu (2000) examined the effects of an intergenerational program on the life satisfaction of older adults who reside at a nursing home facility. Subjects were eighty-seven nursing home elderly. The treatment program involved older adults' bi-weekly interaction with 4- and 5-year old preschoolers over a period of 6 weeks. A comparison of pre- and post-test measures of life satisfaction revealed no significant effect of the program on the life satisfaction of older adults; however they reported positive feelings and enjoyment over the intergenerational treatment program.

In their study, Bourland et al. (2000) examined the subjective life quality (i.e. life satisfaction) of older adults (N = 59) with generalized anxiety disorder. Data from the administration of Life Satisfaction Index revealed that older adults with generalized anxiety disorder had lower life satisfaction than did the non-psychiatric participants. Additionally, results also suggested that optimism seemed to be associated to a higher level of life satisfaction for older adults in this study.

In a correlational study, Clark, Long and Schiffman (1999) determined the relationship between physical activity and life satisfaction of elderly women. Participants were 376 older women aged 65 and older who attended senior centers in their region. Participants responded to a questionnaire regarding their physical activity, and they were also tested on their life satisfaction levels. Results of the study revealed that older women who are frequent exercisers and long walkers had significantly higher life satisfaction scores than those elderly women who are less active short walkers. Additionally, older women who are frequent exercisers were found to have higher life satisfaction scores than their inactive counterparts.

In another correlational study, Quadhamer (1999) investigated the relationship between social support and life satisfaction of older adults residing at a nursing home facility. A sample of twenty older adults aged sixty and over participated in the study. Participants were administered measures of social support and life satisfaction. Results of the study suggested that there is no significant relationship found between life satisfaction and social support of nursing home elderly.

Schroeder, Nau and Osness (1998) compared life satisfaction, functional ability, physical characteristics, and activity level among older adults. Sample of the study comprised of sixty-nine older adults, aged 75-85, who were from three different living settings (nursing home, assisted living facilities, and community). Subjects were administered measures of physical performance, and satisfaction with life. Results indicated that there is no significant difference among the groups with respect to life satisfaction.

Zhang and Yu (1998) examined the correlates of life satisfaction in Chinese elderly. A clinic sample of two-hundred older adults, and a community sample of one-hundred and fifty older adults participated in the study. Variables that were taken into consideration in the study were health, financial status, and family support. Results indicated that life satisfaction was significantly associated to health and financial status among community-living older adults. On the other hand, health, financial status, and family support were associated to life satisfaction of older adults in the clinical sample.

In another study, Hollis (1998) evaluated the effects of individual factors (gender, age, locus of control, self-actualization) on the life satisfaction and psychosocial adjustment of older adults. Subjects were seventy-eight older adults residing in retirement communities. Demographic information sheets and measures of life satisfaction, locus of control and self-actualization were administered to the sample. Results revealed no significant gender differences with respect to life

satisfaction. However, female subjects reported resentment over missed opportunities regarding self actualization and life satisfaction.

In a quasi-experimental study, Minnihan (1997) investigated the impact of social and recreation programs on the life satisfaction of older adults. Forty-nine subjects from retirement communities were assigned to treatment group programs and eighty-five subjects were assigned to control groups. Subjects were administered pre- and post-test measures of life satisfaction. Analyses showed that there are no significant changes found in the life satisfaction levels of participants due to participation in treatment group programs.

Conrad Glass and Jolly (1997) investigated the determinants of life satisfaction in older women. Using qualitative methods, in-depth interviews were conducted with five white and three African American women aged 66 to 87. Results revealed that education, religiosity, positive attitude, volunteerism, and family contributed to their life satisfaction. Good health, work life, leisure involvement and income were not perceived as important contributors to life satisfaction of the older women in this study.

Matsubayashi and Okumiya (1997) studied the quality of life in Japanese rural older adults. Researchers carried out a longitudinal study using qualitative methods. One thousand and six hundred rural Japanese older adults, aged sixty-five and over, were interviewed between the years of 1992 and 1997 throughout the study. Data from the interviews revealed that neither the scores of subjective healthiness, nor the scores of life satisfaction improved during this period. Cross-sectional data regarding the activities of daily living indicated that the activity levels of subjects did not run parallel with the trend in subjective life satisfaction of older adults. However, the proportion of independent older adults aged sixty-five and older increased significantly with the given time interval.

In a comparative study, Schroeder (1997) studied the life satisfaction levels of nursing home, assisted living and community living older adults. Sixty-nine participants aged 75 to 85 years of age constituted the study sample. Measures of life satisfaction and physical tests on activities of daily living were administered to the subjects. Additional demographic variables regarding medications, current activity level and physical characteristics of the subjects were also collected via a questionnaire. Results revealed no significant differences among the three groups of older adults with respect to life satisfaction.

Nelson (1996) examined the relationship between the after-retirement activities and life satisfaction of older persons. Participants were surveyed on their life satisfaction, health, mobility, and financial conditions. Results showed that those who have a high level of hobby and recreational activity combined with regular service activities have a higher level of satisfaction. On the other hand, those who occasionally engage in hobby and recreational activity and have no service-related activity have a moderate level of life satisfaction.

Lance-Cavener (1996) explored the relationship between leisure, life satisfaction, self-reported health, and depression. A sample of seven-hundred older adults aged sixty and over participated in the study. Measures of leisure activity involvement, life satisfaction, and depression were administered to the participants. Data regarding demographic variables and self-perceived health was also collected through a questionnaire. Results showed that those older adults who engaged in leisure activities had higher levels of life satisfaction. Also, those who spent less time in outside leisure activities were more depressed. Significant relationships were found among self-reported health, life satisfaction, and depression.

Ho, Woo, Chan, Yuen, Chan and Chi (1995) examined life satisfaction and its relationship to physical, functional, socioeconomic, psychological, and social support characteristics in Chinese older adults. Participants were 843 men and 714 women aged 70 and older. Subjects were given measures of life satisfaction, physical health,

functional ability, depressive symptoms, and socioeconomic factors. Factors associated with life satisfaction were higher social class and educational attainment, adequate income, satisfactory living arrangement, social support, involvement in social activities, functional independence, good self-perceived health, daily exercise, and low depressive symptoms.

Jolly (1995) carried out a qualitative study in order to determine the factors across the life span that contribute to the life satisfaction of older women. White and African-American women aged sixty and over were interviewed using open-ended questions. Data from the in-depth interviews showed that factors such as education, religiosity, positive attitude, volunteerism, and family (e.g. happy childhood, father, siblings, children, and friends) contributed to life satisfaction of older women in later life a great deal. Researchers concluded that life-long experiences of an individual appeared to be related to life satisfaction in later life.

In a correlational study, Leest (1995) conducted a research in order to identify the relationship between senior center involvement and life satisfaction of older adults. Two-hundred older adults, aged sixty and over, attending senior centers constituted the sample of the study. Data regarding the life satisfaction of older adults were gathered using the Life Satisfaction Index-Z. Results from the study indicated that there is a positive relationship between senior center involvement and life satisfaction. Also, the number of years of senior center membership appeared to be a significant factor that contributes the life satisfaction of older adults in this study.

In an experimental research, Viehl (1995) examined the effects of pet therapy on the life satisfaction of older adults. The sample was twelve older adults (nine women and three men) in a day-care center aged 65 to 94. Most of the participants were widowed individuals who owned pets themselves previously. Subjects were administered measures of life satisfaction prior to the onset of the program and upon

completion of the pet therapy treatment program sessions. Results of the study proved no significant effects of pet therapy on the life satisfaction of the subjects.

Greer (1994) investigated the relationships among cognition, life satisfaction, and attitudes regarding life support among older adults. A sample of 66 male and female subjects responded to measures of life satisfaction (Life Satisfaction Index A), values history, and demographics. Results indicated a significant positive correlation between life satisfaction and mental status. Subjects preferring quantity of life over quality of life had lower mental status scores. Living with spouse or friend, frequent church attendance, having a comfortable living situation, driving a car, having been on a holiday recently, having hobbies, attending clubs or organizations, and reading newspapers were found to be related to life satisfaction. On the other hand, living in a nursing home and having poor health were factors related to lower life satisfaction.

Riddick and Steward (1994) compared black and white female retirees with respect to their life satisfaction and determinants of life satisfaction. Participants were of a number of 618 black and white female retirees. A demographics data sheet and a measure of life satisfaction were administered to the participating older adults. Results from the study suggested that differences existed between the two groups of black and white female retirees with respect to their life satisfaction. Results also provided evidence that life satisfaction was influenced by perceived health, leisure activity, and leisure involvement in white elderly women.

Scott (1993) explored the variables which were related to life satisfaction in nursing home elderly. The sample was 116 older adults who responded to the Life Satisfaction Index and a demographic data sheet. In addition to interviews and questionnaires, nurses in the facility were also asked to report on the residents' health status and activities. Results suggested that current activities, extended family relationships, education, and health of the participants were factors related to the life satisfaction of older adults.

In a correlational study, Rapkin and Fischer (1992) examined the relationship between elders' life goals and level of life satisfaction. A sample of 179 older adults aged 60 and over participated in the study. Results of the study revealed that life satisfaction was positively correlated to social maintenance and energetic life-style goals. On the other hand, there was a negative correlation between life satisfaction and concerns for improvement, disengagement, stability, and reduced activity. Researchers also noted that past losses were not correlated with life satisfaction.

In a survey study, Clarke (1992) examined the relationship between social support networks and life satisfaction of older adults. Survey questions about family networks, friends networks, interdependent social support and life satisfaction were administered to a sample fifty older adults aged 60 and over. Results showed that the subjects had weak social support networks and they appeared to be very needy. Results from the study also revealed strong correlations between social support networks of the participants and their levels of life satisfaction.

Mishaan (1991) investigated the relationship between life satisfaction of older persons and their knowledge about aging, along with some other demographic variables. The sample was 177 older adults aged 65 and over. Life satisfaction Index and demographic data sheet were used in data collection. Results revealed a significant relationship between life satisfaction and level of activity of the subjects. No statistically significant relationship existed between life satisfaction and knowledge about aging. However, self-reported health, and perceived financial adequacy were significantly related to life satisfaction.

Mitchell (1991) examined the relationship of male sex-role identity and self-acceptance to life satisfaction in older individuals. A sample (N = 125) of older males sixty-two and older responded to a demographic data sheet, Bem Sex Role Inventory and Life Satisfaction Index. Results indicated that androgynous and feminine males had higher life satisfaction scores. On the other hand, self-acceptance did not appear to be related to life satisfaction in older male individuals.

In a correlational study, Rizzo (1990) explored the relationship of life satisfaction, purpose in life, and power in older individuals. A sample of 84 older subjects aged 65 and over participated in the study. Participants responded to measures of life satisfaction, purpose in life, and power. Results from the correlational analysis of data proved that life satisfaction was positively related to purpose in life, and power in older adults.

In summary, this section aimed to present a compilation of the research literature regarding the concept of life satisfaction in later life. The studies cited above illustrate the relationship between life satisfaction of older adults and various other variables. In that sense, certain variables such as demographics, health status, income, living arrangements, leisure activity and social interaction seem to be related to life satisfaction in later life. Past experiences and psychological wellbeing also do appear to be related to life satisfaction of older adults.

2.5.4 Research Findings Regarding Life Satisfaction, and Reminiscence in Turkey

The field of counseling in Turkey is still lacking research on aging issues and older individuals, as younger client populations have so far received a considerable amount of the attention of researchers. Research interest to the concerns of older adults has been mostly in the fields of nursing and social work in our country; therefore few of the studies cited below are from the counseling literature in Turkey. A study on life review therapy is cited towards the end of this section, as it was found to be the only closest match to the therapeutic use of reminiscence in counseling Turkish older adults.

In a recent study, Özer (2004) examined the life satisfaction levels of nursing home elderly and community-living elderly. Participants were older adults from three different nursing home facilities (N = 120) and three community clinics (N = 120). Life Satisfaction Index A (LSIA) was used in data collection as a measure of life

satisfaction. Results from the comparison of the two groups of elderly (institutional-living and community-living) on their life satisfaction scores indicated that community-living older adults had higher life satisfaction levels than did nursing home elderly.

İnal, et al. (2003) investigated the socio-demographic situations, functional capacities and life satisfaction of nursing home elderly (N = 30) aged 60 and over. A demographic data sheet, the Life Satisfaction Index A, and the Mini Mental Health Status Exam were administered in data collection. Results revealed a significant relationship between educational level, mental health status, and life satisfaction. Life satisfaction was found to be higher among those who participated in recreational activities (handcraft, sewing, walking regularly). Researchers concluded that older adults with a more active life portrayed higher life satisfaction levels in their sample.

Akgün (2001) investigated the relationship between perceived social support and life quality of older adults. The study sample included 161 volunteering older adults residing at a nursing home facility. Researchers used UCLA Loneliness Scale and SF 36 Scale in data collection. Results from data analysis showed that there is a negative correlation between feeling of loneliness and life quality, including physical functioning, perception of general wellbeing and mental health. Additionally, results suggested that educational background, social security, chronic illness, and level of activity had a significant effect on life satisfaction of the participants.

Sarıöz (2001), on the other hand, investigated the factors effecting life satisfaction of older adults with respect to their living arrangements. The sample of the study comprised of older adults (N = 202) attending a senior center. Life Satisfaction Index A and a demographic data sheet were administered to the participants. Results revealed that older adults who lived alone had lower life satisfaction levels than those who lived with their families.

Kılıç (1995) examined the relationship between older adults' life satisfaction levels and attitudes toward institutional living. Participants were 106 nursing home residents living in high and low quality care settings. A 30-item scale on life satisfaction and a measure of attitudes toward institutional setting were used in data collection. Results of the study indicated that older adults living in quality care settings had higher levels of life satisfaction than those living in low quality settings. Female subjects appeared more satisfied with their lives than males, and had more positive attitudes toward institutional living.

In her cross-cultural research, İmamoğlu (1993) compared Turkish and Swedish retirees with respect to attitudes towards aging, loneliness and life satisfaction. The researcher reported significant differences between Turkish and Swedish older adults with the Turkish older adults having more negative attitudes towards aging, feeling lonelier and less satisfied with their lives than their Swedish counterparts do. The author emphasized the fact that Turkish older adults were found to have more negative attitudes towards aging despite their larger social networks and more frequent interactions that took place with them.

In her study, Çimen (1996) investigated the relationship between self-care skills and life satisfaction of older adults. A sample a hundred participants (50 women and 50 men) over 60 years of age responded to the Life Satisfaction Index A, and a measure of self-care skills. Comparisons of subjects' self-care agency scores and life satisfaction scores revealed a positive correlation between self-care skills and life satisfaction of aged individuals. Also, those who were healthier, who resided with spouse, and who gave regular visits to a physician had higher levels of life satisfaction.

In a similar vein, Bakış (1992) examined the relationship between life satisfaction and self-care skills of Turkish older adults. A sample of 340 older adults (173 women and 167 men) residing at nursing home facilities were administered the Life Satisfaction Index A, and a measure of self-care skills. Results from the study revealed that life satisfaction was higher among men, married ones, those who had high-school or

university diploma, and who had regular visitors. Also, a significant positive relationship was found between self-care skills and life satisfaction levels of older adults.

In another study, Karataş (1988) investigated the factors effecting life-satisfaction of Turkish older adults. The study sample included ninety-seven older adults who reside at nursing home facilities. Results from the administration of Life Satisfaction Index A and demographic data sheet suggested that positive correlations existed between life-satisfaction and sex, social activity level and health of the participants.

İslam (1987) aimed to examine the efficacy of life-review therapy on the self-acceptance levels of older adults. Volunteering residents from a nursing home facility (N= 36) were assigned to a treatment group of life review therapy and a no-treatment control group. Subjects in the treatment group received weekly one-hour individual counseling sessions of structured life review therapy over 10 weeks. Pre- and post-measures of the Self-Acceptance Scale (Elderly Version) were gathered from the study subjects. Results revealed that those who received individual life-review therapy had higher self-acceptance levels than did the subjects in the no-treatment control group.

As mentioned earlier, aging research in Turkey is still a new concept, and is therefore very limited. Some studies addressing life satisfaction in later life can be found in the scientific literature, however an experimental study on reminiscence group counseling was not possible to find. It all boils down to the fact that aging research is rather new in our country, and there is certainly a need for increased researcher interest in the concerns of the aging population. Counseling practices targeting this population, which are extremely limited, should also be developed and validated via research in Turkey.

In the next chapter, the method used for investigating the effect of reminiscence group counseling on the life satisfaction of older adults is presented.

CHAPTER III

METHOD

The previous chapter presented a review of the literature regarding the variables that are involved in this study. In the present chapter, the design of the study, sampling, data collection instruments, data collection procedures, program material, and data analysis procedures are presented.

3.1 Design of the Study

This study is designed to investigate the effect of reminiscence group counseling on the life satisfaction of older adults. Life Satisfaction Index A, a demographic information sheet, and an evaluative focus group interview were used to collect data. In order to determine the efficacy of a researcher-designed reminiscence group counseling program, an experimental matched-pairs design was used, where pre-test differences between the treatment and no-treatment control groups were controlled by an exact matching procedure.

3.2 Sampling

In the first phase of the study, a sample of older adults aged 60 years and older ($N = 70$, 39 women and 31 men) living at a retirement home in Ankara were administered the Turkish version of LSIA along with the demographic data sheet. The LSIA scores of the participants ranged from 1 to 20 with a mean of 12.43 and a standard deviation of 4.33. In the second phase of the study, group members for the treatment condition were recruited from among volunteers. Then, with a matched-pairs design, each one of the group members were paired with another exactly

matching participant on the basis of their pre-test LSIA scores in order to form the no-treatment control group.

Participants in the treatment group were five volunteering older adults (three women and two men) aged 62-78 ($M = 68$ years old). As for their educational backgrounds, two of the subjects had university degrees, one had a graduate degree, and two of them were high-school graduates. Their marital statuses varied from widowed (one subject), to divorced (three subjects), and separated (one subject). Three subjects had no children, one of them had two, and the other one had three children. All subjects in the treatment group were retired, and none of them had any limitations in terms of their physical and mental health.

3.3 Data Collection Instruments

In this study, data were collected using both quantitative methods [a demographic information sheet; the Life Satisfaction Index A (Neugarten, Havighurst, & Tobin, 1961)], and qualitative methods (an evaluative focus group interview). Detailed information regarding data collection instruments are provided below.

3.3.1 Demographic Information Sheet

A demographic information sheet prepared by the researcher was used in order to identify the age, gender, marital status, number of children and educational background of the participants (Appendix A).

3.3.2 Life Satisfaction Index A (LSIA)

Life Satisfaction Index A (Neugarten, Havighurst, & Tobin, 1961) was used in order to assess the level of life satisfaction of older adults in this study (Appendix B). Life Satisfaction Index A (LSIA) is a short, self-administered instrument that

measures life satisfaction in older adults. The index has 20 items that help identify the older individual's own evaluations of his present or past life, his satisfaction or his happiness with it. LSIA is a three-point Likert scale, and respondents are expected to choose one of the options "agree", "disagree", "not sure". A higher score in LSIA represents greater satisfaction with life (See Appendix C for scoring key). Criterion related validity (.60-.99) and Cronbach's alpha reliability for internal consistency (.87) were established by Neugarten et al. (1961).

LSIA was adapted to Turkish culture by Karataş (1988). The original LSIA was translated into Turkish by the same researcher. The Turkish version of the LSIA (Appendix D) correlated positively (.82) with the Self Acceptance Inventory (İslam, 1987). The Cronbach's alpha reliability for internal consistency of Turkish LSIA was .93. The Cronbach's alpha reliability for internal consistency in the present study was .82.

3.3.3 Focus Group Interview

A semi-structured focus group interview was conducted in order to evaluate the participants' group experience. A focus group interview is, by definition, a time-efficient group interview where participants bring about their perceptions, experiences and thoughts about a given topic (Krueger, 1994). Open-ended questions in the focus group interview focused on how members evaluated the overall group experience; what they liked best about the group, what they specifically learned in the group, what they gained personally from the experience, and how the group experience could have been differently. Three expert judges reviewed the primary interview guide for the focus group, and the interview guide was refined according to the reviewer comments (Appendix F, Focus Group Interview Guide).

3.4 Data Collection Procedures

Data collection prior to the onset of the group program was conducted at a retirement home in Ankara. A sample of seventy older adults (39 women and 31 men) on site, aged 60 years and older ($M = 77$), were administered the LSIA and a demographic data sheet. Each respondent was interviewed individually by the researcher in order to complete the given instruments. The approximate duration for the completion of the instruments ranged from 10 minutes to half an hour. Participants were either visited in their rooms, or were invited to the researcher's table for a data collection interview. They were assured of the confidentiality of the information they provided, and each interview was conducted individually in order to provide adequate privacy for the respondent. Then, older adults who participated in data collection were informed about the reminiscence group counseling program. Volunteers were screened for the treatment group, and were each paired with exactly matching participants in the control group. Initially, there were six volunteers for the group, however one of them attended only one session, and then dropped out of the group. Thus, five members (three women and two men) with a mean age of 68 were recruited for the treatment group. Following treatment, subjects in both the control group and the experimental group were measured at post-test LSIA scores.

An evaluative focus group interview was also conducted after completion of the treatment program. The focus group interview was tape-recorded and it took about one and a half hours. All treatment group members were present in the focus group interview session. This way, participants' experiences regarding the group program were gathered. Open-ended questions were aimed at exploring how members evaluated the overall group experience, what they liked most about it, what they specifically learned in the group, what they gained from the group experience, and how the group could have been differently.

3.5 Group Procedures

Reminiscence Group Counseling Program: The subjects attended an on-site reminiscence group counseling program over six sessions. The sessions were held bi-weekly, each session lasting about one hour to one and a half hours over a period of three weeks. The subjects were assembled in a private room in the facility which was isolated from external distractions.

Prior to the group, an intake interview with each member was conducted in order to obtain basic personal information about the participants and to inform them about the group, as well. The researcher introduced herself and explained that during the group process, they will be talking about pleasant memories of the past in a group environment. Place of meetings, duration and group limits that will be respected were explained. Subjects were invited to discuss any feelings related to participation before the group started.

The reminiscence group was lead by the researcher, and each session, except the first and sixth sessions, was structured as follows:

- Warm up
- Introduction of the session's theme
- Presenting relevant visual aids as memory-makers (i.e. photographic images relevant to the session theme)
- Encouraging imagery in order to recall the past experiences and memories
- Going in rounds and sharing memories
- Linking *there-and-then* to *here-and-now*
- Discussing commonalities and differences between members
- Summary of the session's main issues, highlights on positive aspects of the past, and summing up

No-treatment control group: Subjects in this group participated only in the pre- and post-treatment assessments. No treatment was provided for participants in this group.

Within the week following completion of the group program, post-test evaluations were made. Participants from the reminiscence counseling group program, and no-treatment control group were individually administered the LSIA. Additionally, an evaluative focus-group interview was conducted with the treatment group members in order to obtain qualitative data regarding their experiences in the group program.

3.6 Group Program Material

A researcher-designed reminiscence group counseling program was utilized as the group material in this study. The program aimed at reminiscing about pleasant memories, past accomplishments, and joyful past experiences. Session themes driven from the literature (Brooker & Duce, 2000; Burnside, 1990; Jonsdottir et al., 2001; Sheridan, 1991; Watt & Cappeliez, 2000; Watt & Wong, 1991) included the place of birth, recall of childhood pastimes, holidays, life accomplishments, and favorite places. The selected themes were chosen due to their frequent use in previous studies, and the empirical evidence regarding their therapeutic value in reminiscence group work. Photographic images (Appendix G, Memory Makers) were also used as memory-makers in order to aid group members reminisce about the given themes.

Below is a brief summary of the reminiscence group counseling program sessions:

Session 1: Getting to know each other (meanings of their names; place of birth and what it is famous for; their talents, interests, hobbies, and what others like most about them). The first session was devoted to setting the group norms and getting acquainted. The leader introduced herself and provided information on her

professional qualities. She explained the purpose of the group, how long the program would take, and how often the group would meet. The rules that should be respected (attendance, confidentiality, punctuality, participation, listening to each other) are also explained to the members. Then, a go-round about a) the members' names, meanings of their names; b) where they are from and what the place is famous for; and finally c) members' interests and abilities are discussed as the initial ice-breakers.

Session 2: Childhood (childhood pastimes, what they enjoyed doing during those years). The leader introduced the session theme "Childhood pastimes", and presented relevant memory-makers (i.e. photographic images). After some time of going back and imagining the old days, a go-round in order to share memories regarding the theme took place.

Session 3: Holidays (most favorite holiday and what they liked most about it). The leader explained the session theme "Most favorite holiday and what they liked about it" by giving examples of some holidays (religious holidays, national holidays, New Year's celebrations) and presented relevant pictures as memory-makers. After allowing some time for imagination, a go-round to share memories about the given theme started.

Session 4: Life accomplishments (accomplishments regarding educational, work or social life recalled). The leader explained the session theme "Life accomplishments" by providing examples of accomplishments regarding educational, work or social life. After letting the members think for a few minutes, a go-round to share each member's comments regarding the session theme took place.

Session 5: Favorite places (going back to the memories regarding favorite places of the past, such as a vacation or a hide-away place). The leader introduced the theme of the session, "Favorite places of the past, such as a vacation or a hide-away place". After allowing some time to think back to the past, group members took turns to share their reminiscences regarding the session theme.

Session 6: Termination (Members' feelings and thoughts regarding the group experience and termination, highlights of the group sessions, projecting for the future). The leader gave a brief review of the sessions covered in order to refresh members' minds. She shared her feelings regarding termination of the group and asked members to share theirs'. Then, the leader asked members to tell how the group felt for them in general and highlight the most enjoyed moments in the group. Finally, the leader asked members to think critically about the group and tell how the group could have been better. Members were also asked to project for the near future in relation to their experience in the group.

3.7 Data Analysis

Non-parametric methods were employed in the analysis of data in this study. A Mann-Whitney U Test was employed in order to compare the treatment group and the control group in terms of their post-test life satisfaction scores. Also, a Wilcoxon Test was conducted to examine the difference between the pre- and post-test life satisfaction scores of the subjects in the treatment group. Data were analyzed using the SPSS for Windows 11.5 software. Criterion of statistical significance was established as $\alpha = .05$ for all the statistical procedures performed.

Content analyses were performed on the recorded focus group interview by the researcher. The analyses were transcript-based (Krueger, 1994), and a coding scheme based on the emerging recurrent themes was created. Direct quotes from the interview are cited in the results in order to help illustrate how the qualitative results presented are consistent with the data collected.

Results of the study are presented in the next chapter.

CHAPTER IV

RESULTS

This chapter presents the results of the present study which examines the effect of a reminiscence group counseling program on the life satisfaction of older adults. First, a brief summary of preliminary analysis regarding the data collected in the first phase of the study is provided. Second section provides quantitative results from the Mann-Whitney U Test and Wilcoxon Test performed in order to investigate the effect of the treatment program on the life satisfaction scores of older adults in the experimental and control groups. Third section provides qualitative results from the content analysis of an evaluative focus group interview conducted with the treatment group subjects. Interpretation of the results are also provided within each of the relevant results section.

4.1 Preliminary Analysis

In the first phase of this study, a demographic information sheet and the Turkish version of LSIA were administered to a sample of older adults residing at a retirement home in Ankara. Participants were 70 older adults (39 women and 31 men) with a mean age of 77. The LSIA scores of the participants ranged from 1 to 20 with a mean of 12.43 and a standard deviation of 4.33. Descriptive analysis showed no significant mean differences ($t = -.70$; $p = .77$) between the mean life satisfaction scores of men ($M_M = 12.84$) and women ($M_W = 12.11$) who participated in the study. Also, no significant relationships were found between life satisfaction, and the demographic variables of age, educational background, marital status, and number of children.

4.2 Results Concerning the Effect of the Reminiscence Group Counseling Program on the Life Satisfaction of Older Adults

A Mann-Whitney U Test was conducted to examine the difference between the post-test life satisfaction scores of older adults who received reminiscence group counseling and who received no treatments. Table 4.1 presents the mean ranks of the experimental and control group subjects on LSIA.

Table 4.1. The mean ranks of the experimental and control group subjects on the Life Satisfaction Index A (LSIA)

Group	N	Mean Ranks	p
Experimental	5	6.30	
Control	5	4.70	.40
Total	10		

As Table 4.1 shows, the results of the Mann-Whitney U Test performed were non-significant, $z = -.84$, $p = .40$. There was not a statistically significant difference between the post-test life satisfaction scores of older adults who received reminiscence group counseling and who received no treatments.

Additionally, a Wilcoxon Test was employed in order to examine the difference between the pre- and post-test life satisfaction scores of older adults who received reminiscence group counseling. Table 4.2 presents the mean ranks of the pre- and post-test scores of treatment group subjects on LSIA.

Table 4.2. The mean ranks of the pre- and post-test scores of the treatment group subjects on the Life Satisfaction Index A (LSIA)

Ranks	N	Mean Ranks	p
Negative ranks	1	1.00	.14
Positive ranks	3	3.00	
Ties	1		
Total	5		

As shown in Table 4.2, the results of the Wilcoxon Test performed were not significant, $z = -1.47$, $p = .14$. There was not a statistically significant difference between the pre- and post-test life satisfaction scores of older adults who received reminiscence group counseling. Non-significant increases were observed in the post-test life satisfaction scores of older adults who received reminiscence group counseling, however, the treatment program was not effective in significantly increasing the life satisfaction scores of older adults in the treatment group.

4.3 Interpretation of the Results Concerning the Effect of the Reminiscence Group Counseling Program on the Life Satisfaction of Older Adults

The main purpose of this research study was to investigate the effect of a reminiscence group counseling program on the life satisfaction of older adults. Although non-significant increases were observed in the post-test life satisfaction scores of older adults who received reminiscence group counseling, the results of the study were not sufficient evidence to claim that the reminiscence group program was effective in significantly increasing the life satisfaction scores of older adults in the treatment group.

The findings of the present study are in line with previous experimental research which report non-significant increases in the life satisfaction scores of older

adults who received reminiscence group counseling. For instance, Richeson and Thorson (2002) found out non-significant increases in the life satisfaction of older adults who were engaged in reminiscence through autobiographical writing. Likewise, Blohm (1998) examined whether participation in an eight-session reminiscence group counseling program enhanced life satisfaction of nursing home elderly. Non-significant increases were found in the life satisfaction scores of older adults who participated in the reminiscence group counseling program.

Burnside (1990) also carried out an experimental study to examine the efficacy of reminiscence group counseling on the life satisfaction of older adults. No statistically significant differences were found between the life satisfaction scores older adults who received reminiscence group counseling and who received no treatments. Similarly, Cook (1988) investigated the efficacy of reminiscence group counseling in increasing the life satisfaction levels of nursing home elderly. The results of the study provided no evidence that the treatment program was effective in significantly increasing the life satisfaction of older adults who participated in the reminiscence group counseling program.

On the other hand, the findings of the present study are not consistent with previous experimental studies which indicate the effectiveness of reminiscence group counseling in significantly increasing the life satisfaction scores of older adults. For example, Cook (1998) carried out a reminiscence group counseling program over a period of 16 weeks. Results revealed significant increases in the life satisfaction of older adults who participated in the treatment program. In a similar vein, Capps (1998) conducted an experimental study to examine the effect of reminiscence group counseling on the life satisfaction of older adults. Results revealed significant increases in the life satisfaction scores of older adults who attended reminiscence group counseling program. Likewise, Hosenfeld (1989) carried out a bi-weekly reminiscence group counseling treatment program with older adults over a period of six weeks. Findings of the study indicated significant increases in the life satisfaction scores of older adults who received reminiscence group counseling.

Several explanations can be made regarding the results of the present study. In the first place, the life-span of the treatment program, which was six sessions, may have fallen rather short as to have a statistically significant effect on the life satisfaction scores of the older participants. Regarding the non-significant increases in the life satisfaction scores of the treatment group subjects, one could speculate that their scores could have been higher as a result of a longer group program. Had the life-span of the group been longer, the impact of the treatment program on the life satisfaction of the participants could have been greater. With a longer treatment program, a few more session themes could be included into the content of the program. That way, the program could be enriched, and participants could have a chance to work on more issues along an extended time-line.

Moreover, some participants might have had unresolved personal issues regarding their past lives, which need more in-depth interventions (such as individual counseling) supplementary to the group intervention. Some highly-internalized decisions regarding older persons' past lives would naturally require more extensive work. Such a possibility might have limited their chances of benefiting from the group at their best.

4.4 Results from the Content Analysis of the Focus Group Interview

A focus group interview was conducted with the treatment group subjects in order to evaluate the participants' experiences in the group program. The interview questions focused on how the members evaluated the overall group experience; what they liked best about the group, what they learned in the group, what they gained from the group experience, and how the group could have been differently.

Content analysis of the interview revealed that the members' evaluation of the overall group experience was quite positive. Most of them reported that the interaction and sharing in the group experience made them feel closer to each other

and be more intimate than before they were. The excerpts below illustrate how the treatment group members perceived the overall group experience positively:

“It was very nice; it contributed to us in many ways. We got closer to each other. Before, we would just say “Hello” to each other, but now we’ve come a long way since then. I am very glad about the fact that we could get to know each other better, talk genuinely and honestly to one another here”. *[Member #5]*

“I am also very pleased about the group experience we had. We really got closer. At first, there was a distance in between, but then we got used to each other and a warm atmosphere was created. The group gathering became a special event for me through these weeks”. *[Member #1]*

“Likewise, I also would like to say that I am happy about the group experience. We got to know each other in more detail. Saying ‘in more detail’, what I mean is, we never ask each other about our childhood pastimes, or our life accomplishments. By the questions you asked in the group, we shared these memories and got to know each other’s life in detail. Otherwise, we wouldn’t have the chance to talk about these in a normal conversation. So, a friendly, understanding atmosphere also took place”. *[Member #4]*

“We do have conversations with our friends here. But, we don’t usually get to talk about the subjects we talked in the group. Here, we told the group about our happy memories, we listened to theirs, and that sharing was very pleasant; we had a nice atmosphere going here”. *[Member #1]*

What the group members liked best about the group experience was having talked about the happiest times of their lives, such as childhood, and life accomplishments:

“Success is a very good thing. And, I enjoyed talking about my successes in life. I felt relaxed and special talking about these, and I left the group with high morale afterwards”. *[Member #1]*

“Growing up in an extremely strict, authoritarian family, I perceived myself as a failure much of the time. But, that day when you asked about our life accomplishments... for the first time, I gave some thought to it. Thinking about the things I did, I realized I did a whole lot of things, and considered myself successful”.
[Member #2]

“We talked about different stages of life... For me the best times of my life were those with the most fun, my childhood that is. Those were very innocent times we did things without any hidden agendas, and I just love those times. As I say it ‘I’m still wearing short pants inside my heart’”. *[Member #3]*

“I like my younger years in life. When I think back to the past, I think about my childhood most of the time. I think of my memories one by one, and dream about those days”. *[Member #5]*

Members also agreed with each other that they liked the group because it was carried out in a goal-focused, structured fashion and it was purposeful, unlike their daily conversations:

“We were mostly satisfied with the group; perhaps also because it was purposeful... normally, we talk about this and that, but not for a certain purpose”. *[Member #5]*

“As older ones, we like to stick to rules. That’s not boring for us”. *[Member #1]*

“There was a certain level of the conversations here, and it was because there was a pre-planned structure, which we also enjoyed”. *[Member #1]*

Members were also asked about what they specifically learned in the group. The altruistic behavior that group work facilitates was a significant learning for some members. Members reported how the experience taught them about the power of groups in helping each other:

“We generally tend to resolve our problems by ourselves, and keep our joy to ourselves, too. But, with this group, I learned that we could help each other in a group work like this one”. *[Member #5]*

“Even though we are old, we can still help others. I learned that in the group”. *[Member #4]*

Another member reported that the chance to review life and hear each other’s stories gave them a new perspective:

“We talk about our past lives, and saw that each one of us has a story, had his or her own ways in life. I think that gave us a new perspective on life”. *[Member #3]*

When asked what the members gained from the group, members reported that they realized their need for counseling groups like this one. Members agreed that the group served as a psychological support to them, which they said was a significant need of theirs:

“... in away, the group served as a psychological support to us. Talking to a counselor, and talking in a professional-lead group makes a difference... you guys have a different approach than other people. It was a support for us even for a short time”. *[Member #5]*

“I would agree on that, too. Because we disclosed ourselves here, and came to trust each other in the group. As time went by, we started to talk more comfortably and supported each other”. *[Member #2]*

“I want this institution to conduct more groups like this one. I really enjoyed it. I told one of the psychologists here that they should provide similar groups like this one. Sharing our pleasant memories, we felt relaxed and happy. So, I think there should be more special groups of this kind... counseling groups, like this one we had”. *[Member #1]*

Two members said they became more self-disclosing individuals thanks to the rapport established in the group:

“I generally don’t open up much and content with a few words when I have to talk. You guys opened me up here at this group”. *[Member #2]*

“I am rather a reserved guy... the ambiance was so good here, I shared memories I never thought I could tell anyone, like the memory about my circumcision, or the scholarship I got to Paris... about my singing, or poetry. I opened up, and I am very happy about it”. *[Member #4]*

Two members said their self-perception changed into a more positive one, saying they had the chance to re-evaluate their accomplishments in life, they underestimated before:

“When my friends mentioned what type of things they perceived as ‘success’, I also turned to myself and re-evaluated the things I perhaps underestimated before... I thought they were not worth mentioning, but then I started to regard them as success, too”. *[Member #5]*

“I am now in more peace with myself. My perception about myself is more positive now, having realized I accomplished many things despite the limits my parents put”. *[Member #2]*

One member emphasized that, in the group, he came to realize each person is uniquely worthwhile, which the rest of the members also agreed:

“We lived all those years and came at this point in life. So far, we definitely had our childhoods, studied and worked. In doing those, we did them without considering their value. Some of us felt successful, and some of us felt like having done nothing noteworthy. But, when we talked about them here one by one, we realized all these were in deed worthwhile, and that each one of us is worthwhile. Being asked about these and telling them, we felt worthwhile”. *[Member #3]*

Additionally, some of them emphasized the relaxing, comforting aspect of the group experience as a positive outcome. For instance:

“Now, we are old people. And by sharing our happiest memories we had throughout our lives, we felt relaxed and found comfort”. [*Member #1*]

Group members were also asked how the group could be differently. They mostly agreed that the life-span of the group could be longer, so that more themes could be discussed.

“Six sessions, in deed, fell a little short. It could be longer”. [*Member #5*]

“Yes, I agree. There could be more sessions. But I still enjoyed it the way it was”. [*Member #2*]

“You picked up very good topics to talk about in the group... so, adding a few more themes and increasing the session number to, say, eight could be better” [*Member #4*]

The group size and gender equity in the group was also emphasized by two members, saying the number of the group was right, although there could be an equal number of men and women if the group was larger:

“It could be better to have equal numbers of men and women in the group”. [*Member #4*]

“The group seemed to have been hand-packed. Considering the size of the group, it could be five, six, or seven at most. Four would be few, and I guess eight would be too crowded... until it is someone’s turn, one could fall asleep in that crowd. So, five was a good number. If there were six members, the number of men and women could be equal, though” [*Member #3*].

4.5 Interpretation of the Results of the Focus Group Interview

The primary purpose of this study was to examine the effect of a reminiscence group counseling program on life satisfaction of older adults. Quantitative data from the study suggested non-significant increases in the life satisfaction scores of older adults after participating in the reminiscence group counseling program. Additionally, an evaluative focus group interview was conducted with treatment group subjects in order to explore their experiences in the group program.

In line with previous research, qualitative results in this study revealed several positive feedbacks from the members regarding their experiences in the reminiscence counseling group. In a previous study, Parsons (1983) found non-significant increases in the life satisfaction scores of older adults who participated in a reminiscence group counseling program. On the other hand, those who participated in the treatment group reported positive feedback in terms of the group program's useful socializing effect that facilitated interaction, self-disclosure, and rapport among members. Likewise, Burnside and Schmidt (1994) highlighted the role of reminiscence group counseling in enhancing interpersonal contact and the formation of new friendships.

Similarly, participants who attended the reminiscence group counseling program in the present study reported positive feedback regarding the socializing effect of this program. They evaluated the overall group experience as a positive one, indicating that the interaction and sharing in the group helped them become closer, more disclosing and intimate with each other. The group experience seemed to have facilitated closer interpersonal relations among the group members and helped them make friends with each other. With the rapport established in the group, members disclosed themselves more and interacted with each other openly on a personal level.

In a previous research, Watt and Wong (1991) emphasized the influence of reminiscence group counseling in empowering older adults and helping them reconstruct a more positive self concept. Also, as indicated by O’Leary and Nieuwstraten (2001), older adults get a sense of empowerment as they re-consider their past achievements and life accomplishments. Consistent with these studies, older adults who participated in the reminiscence group counseling program in this study reported experiencing a more positive self-image as they had a chance to review and reconsider what they regarded as ‘success’. By sharing them with the other group members, participants gained insight into their life accomplishments and felt more worthwhile as an individual.

Finally, some members reported their specific needs for counseling interventions like this group program, and indicated that the group had been a psychological support for them. The safe environment and rapport provided in the group facilitated intimacy, comfort and warmth for them. Moreover, the group’s nature in facilitating altruistic behavior helped members feel of use as they helped and supported each other. In a nutshell, the recall and sharing of pleasant memories in a group setting was a support, ego-boost, and a pleasant personal experience for the participants.

CHAPTER V

CONCLUSIONS AND IMPLICATIONS

This final chapter presents conclusions of the study, discusses implications for counseling practice and research, and provides recommendations for future research.

5.1 Conclusions

The purpose of the present study was to examine the effect of a researcher-designed reminiscence group counseling program on the life satisfaction of older adults. Results of the study indicated that there was no statistically significant difference between the life satisfaction scores of older adults in the treatment group and the experimental group. Although the results of the study showed non-significant increases in the life satisfaction scores of older adults who received reminiscence group counseling, there was not sufficient evidence to claim that the treatment program was effective in increasing the life satisfaction scores of older adults significantly. On the other hand, qualitative data from an evaluative focus group interview conducted with older adults who participated in the treatment program revealed positive feedback regarding the participants' experiences in the group program.

Non-significant results found in this study could be attributed to several factors. First of all, the treatment program included six sessions, which was rather brief for the older adults in the treatment group to change their long-lived attitudes and perceptions regarding their lives. Therefore, the brief life-span of the group might have limited the efficacy of the treatment program. With more sessions

included, the program could be enriched, and participants could have more themes to work on. Thus, the magnitude of the change could have been stronger.

On the other hand, group counseling alone may not be sufficient by itself to reframe all life experiences in some cases. There can be some unresolved personal issues that may require individual treatment besides group counseling. Therefore, the non-significant increases in the life satisfaction scores of the participants in the treatment group in this study could be attributed to some participants' possible needs for individual, one-on-one counseling interventions. Such a possibility might have limited some participants' chances of getting the best out of the treatment program.

Participating in a reminiscence counseling group apparently had a useful socializing effect on the group members, as they became more interacting, self-disclosing, and intimate with each other. Some of them reported a more positive self-image and they mostly felt more worthwhile in the end. One can speculate that although the program was not effective in increasing the life satisfaction scores of the treatment group subjects significantly, it offered a comfortable, social environment for the members where they experienced interpersonal contact, altruistic behavior, and a more positive self-image. It was also a psychological support for them, which they reportedly needed a great deal. The recall and sharing of pleasant memories, such as childhood pastimes or past accomplishments, apparently 'lifted up their spirits'.

5.2 Implications for Counseling

The present study aimed to examine the effect of a researcher-designed reminiscence group counseling program on the life satisfaction of older adults. Findings of the study revealed non-significant increases in the life satisfaction scores of older adults who received reminiscence group counseling. Qualitative results from the focus group interview yielded positive feedback regarding participants' experiences in a reminiscence counseling group. Positive feedback regarding the

group experience included group program's role in facilitating interaction and friendship among participants, enhancing a more positive self-image for the participants, and leading to enjoyment and pleasant feelings.

Today, due to industrialization, urbanization, and women's increased entry into labor force, older adults are becoming more prone to running a greater risk of social isolation, especially in metropolitan areas. Due to reduced amount of social contact among individuals in urban areas, and absence of support from extended family members as a result of mobility, older persons are subject to experiencing social isolation and loneliness more than any other segment of the population does. Though very limited in number, few senior centers available in our country can arrange reminiscence group counseling programs for community-living older adults in order to facilitate interaction and friendship among elderly individuals.

Additionally, participants in this study reported their significant needs for counseling interventions like this one and described how the present program had been a psychological support for them. As a matter of fact, older adults are more vulnerable and fragile to numerous physical, psychological and social risks in later life, when their coping resources are rather limited. To date, several research underlined psychological concerns of older adults regarding emotional isolation (Grady, 1990); lowered levels of self-esteem and increased loneliness (Van Baarsen, 2002) in the later years of life. Therefore, institutions providing service to older adults can offer group interventions, such as reminiscence counseling group programs. An easy-to-use, time-efficient and low-cost group program such as the one utilized in this study can be beneficial to many community-living and institutional-living older adults in our country. Administrators and mental health professionals working at senior centers, nursing homes, and similar geriatric facilities can include reminiscence counseling groups in their social programs.

Today, counselors need to deal with increasingly diverse client populations, including the ever-growing number of older individuals worldwide. With the rapidly

growing aging population, counseling professionals in our country, too, will face both the challenge and also the opportunity to deal with the counseling needs of an aging population. While most nursing homes in Turkey employ on-site mental health professionals (counselors, psychologists, psychiatrists); there is no formal gerontological training for mental health professionals in our country. For that matter, the quality of mental health services provided at these sites remains a question (Sivis & Demir, 2004). Therefore, the infusion of up-to-date interventional strategies and practices into counselor education curricula should also be a goal for researchers in the field of counseling in Turkey. In an advanced attempt, counseling older adults and specific interventional strategies geared towards the mental health needs of this client population, such as reminiscence group counseling, can be included in counseling courses. The present study is expected to invoke counselor educators to emphasize aging issues in their course-work with prospective counselors. For those mental health professionals who are currently working with older adults, continuing education activities (e.g. workshops, seminars) can be provided via short-term training programs regarding up-to-date gerontological counseling practices, such as reminiscence group counseling.

Finally, research regarding aging individuals and their psychological concerns is extremely limited in Turkey. There has been noteworthy changes in the demographic trends of the Turkish population within the last two decades, as the older segment of the population tends to expand, there is also a decrease in the younger population aged 0-14 (Turkish Republic Ministry of Internal Affairs, Office of Population and Citizenship Affairs, 2004). As the projections suggest, by the year of 2025, the number of older adults will double and there will be 12 million older adults aged 65 and over in Turkey. At that time, due to increased life expectancy, there will be more individuals spending their lives in their older years, which will bring about the specific concerns and counseling needs of this client population. As people 60 and over constitute a growing proportion of the total population in our country, as well, counselors well-equipped to work with older clients will highly be in demand in the near future. It is expected that studies like this one will fill a gap in

the literature, and be both a resource and an inspiration for those who are interested in aging research.

5.3 Recommendations for future research

Several recommendations might be given for future research studies. As mentioned earlier, older adults are a special population, and certain limitations and barriers apply to conducting research with elderly individuals. Unlike carrying out research with younger populations which is relatively more convenient, aging researchers face inconveniences in finding elderly participants and getting them involved in research activities. Maintaining older adults' regular participation, especially in experimental research, is also another problem due to several factors, such as memory problems and/or medical-related barriers. Moreover, there is limited access to institutions that older adults reside, and finding community-living older adults for research purposes is another difficulty researchers may face. Under more convenient conditions, the present study could include more session themes and have a longer life-span for the treatment program. Future researchers (especially those who actively work with elderly individuals and have direct access to older adults) conducting reminiscence counseling groups can consider enriching their programs by including more themes and increasing the life-span of their groups.

Second, although the results of the present study provided non-significant results regarding the efficacy of reminiscence group counseling on life satisfaction of older adults, further studies that will replicate this study are necessary to validate these results. Future researchers may consider testing the efficacy of reminiscence group counseling with different samples of older adults, such as community-living elders. Comparisons between community-dwelling and institutional-living older adults in terms of the efficacy of reminiscence group counseling on life satisfaction can help improve further practice with various groups of elderly clients. Also, future research can focus on testing the effect of this program on several other

psychological concerns of older adults regarding stress, anxiety, depression, loneliness, or self-esteem.

Third, a placebo-attention control group, such as a current events discussion group could be included into the design of future research studies. Thus, certain comparisons could be drawn between the efficacy of group reminiscence and other interventions.

Fourth, researchers willing to conduct reminiscence counseling groups can consider equalizing the number of male and female participants in their groups. That way, gender equity in the group environment could be achieved and the possible dominance of one gender in the group discussions can be prevented.

Fifth, the researcher in this study used various photographic images as memory-makers for relevant session themes (such as childhood pastimes, favorite holidays) which the older participants enjoyed a lot. Besides photographic images, future reminiscence counseling group leaders can consider using similar aids, such as music, objects, magazine clippings and the like in order to help older adults reminisce about given themes.

Finally, for further studies which will include more session numbers and themes, follow up assessments could be employed in order to evaluate long term effects of treatment, and follow up on the transfer of learning in the daily lives of older adults.

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APPENDICES

APPENDIX A

DEMOGRAPHIC DATA SHEET

Yaş:

Cinsiyet: ☐ Kadın ☐ Erkek

Medeni Hal: ☐ Bekar (Hiç evlenmemiş) ☐ Evli ☐ Boşanmış
☐ Yeniden evlenmiş ☐ Dul

Sahip olunan çocuk sayısı: ☐ Yok ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 4'ten fazla

Eğitim düzeyi: ☐ Okur-yazar değil
☐ İlkokul
☐ Ortaokul
☐ Lise
☐ Üniversite
☐ Yüksek Lisans/ Doktora

APPENDIX B

LIFE SATISFACTION INDEX A

#	Item	Agree	Disagree	Not Sure
1	As I grow older, things seem better than I thought they would be.			
2	I have gotten more of the breaks in life than most people I know.			
3	This is the dreariest time of my life.			
4	I am just as happy as when I was younger.			
5	My life could be happier than it is now.			
6	These are the best years of my life.			
7	Most of the things I do are boring or monotonous.			
8	I expect some interesting and pleasant things to happen to me in the future.			
9	The things I do are as interesting to me as they ever were.			
10	I feel old and somewhat tired.			
11	I feel my age, but it does not bother me.			
12	As I look back on my life, I am fairly well satisfied.			
13	I would not change my past life even if I could.			
14	Compared to other people my age, I've made a lot of foolish decisions in my life.			
15	Compared to other people my age, I make a good appearance.			
16	I have made plans for things I'll be doing in a month or a year from now.			
17	When I think back over my life, I didn't get most of the important things I wanted.			
18	Compared to other people, I get down in the dumps too often.			
19	I've gotten pretty much what I expected out of life.			
20	In spite of what people say, the lot of the average man is getting worse, not better.			

APPENDIX C

LIFE SATISFACTION INDEX A (SCORING KEY)

#	Item	Agree	Disagree	Not Sure
1	As I grow older, things seem better than I thought they would be.	X		
2	I have gotten more of the breaks in life than most people I know.	X		
3	This is the dreariest time of my life.		X	
4	I am just as happy as when I was younger.	X		
5	My life could be happier than it is now.		X	
6	These are the best years of my life.	X		
7	Most of the things I do are boring or monotonous.		X	
8	I expect some interesting and pleasant things to happen to me in the future.	X		
9	The things I do are as interesting to me as they ever were.	X		
10	I feel old and somewhat tired.		X	
11	I feel my age, but it does not bother me.	X		
12	As I look back on my life, I am fairly well satisfied.	X		
13	I would not change my past life even if I could.	X		
14	Compared to other people my age, I've made a lot of foolish decisions in my life.		X	
15	Compared to other people my age, I make a good appearance.	X		
16	I have made plans for things I'll be doing in a month or a year from now.	X		
17	When I think back over my life, I didn't get most of the important things I wanted.		X	
18	Compared to other people, I get down in the dumps too often.		X	
19	I've gotten pretty much what I expected out of life.	X		
20	In spite of what people say, the lot of the average man is getting worse, not better.		X	

APPENDIX D

YAŞAM DOYUM ÖLÇEĞİ

#	Madde	Evet	Hayır	Kararsız
1	Yaşlandıkça herşey beklediğimden daha iyi gidiyor.			
2	Hayatım boyunca tanıdığım pek çok insandan daha şanslıyım.			
3	Bu hayatımın en sıkıntı verici zamanı.			
4	Şu anda da gençliğimde olduğu kadar mutluyum.			
5	Hayatım şimdikinden daha mutlu olabilirdi.			
6	Bu yıllar hayatımın en iyi yılları.			
7	Yaptığım pek çok şeyi sıkıcı ve monoton buluyorum.			
8	İlerde ilginç ve güzel şeylerle karşılaşacağımı ümit ediyorum.			
9	Şu anda yaptığım şeyler, her zaman olduğu gibi ilginç geliyor.			
10	Kendimi yaşlı ve hayli yorgun hissediyorum.			
11	Kaç yaşında olduğumu biliyorum ve bu beni rahatsız etmiyor.			
12	Geriye dönüp hayatıma baktığımda, olup bitenlerden bayağı memnun oluyorum.			
13	Geçmişteki hayatımı değiştirebilmek elimde olsa, yine de değiştirmek istemem.			
14	Kendimi yaşlılarımla karşılaştırdığımda, hayatım boyunca bazı yanlış kararlar verdiğimi düşünüyorum.			
15	Yaşlılarıma göre, ben daha iyi görünümdeyim.			
16	Şimdiden gelecek ay ve gelecek sene içinde neler yapacağımı planladım.			
17	Geriye dönüp baktığımda, hayatımda önem verdiğim bir çok şeyi elde edemediğimi görüyorum.			
18	Başka kişilerle kendimi karşılaştırdığımda, sık sık daha çok üzülüyorum.			
19	Hayatta istediğim pek çok şeyi elde ettim.			
20	Başkası ne derse desin, bence insanların durumu iyiye değil, kötüye gidiyor.			

APPENDIX E

YAŞAM DOYUM ÖLÇEĞİ (PUAN CETVELİ)

#	Madde	Evet	Hayır	Kararsız
1	Yaşlandıkça herşey beklediğimden daha iyi gidiyor.	X		
2	Hayatım boyunca tanıdığım pek çok insandan daha şanslıyım.	X		
3	Bu hayatımın en sıkıntı verici zamanı.		X	
4	Şu anda da gençliğimde olduğu kadar mutluyum.	X		
5	Hayatım şimdikinden daha mutlu olabilirdi.		X	
6	Bu yıllar hayatımın en iyi yılları.	X		
7	Yaptığım pek çok şeyi sıkıcı ve monoton buluyorum.		X	
8	İlerde ilginç ve güzel şeylerle karşılaşacağımı ümit ediyorum.	X		
9	Şu anda yaptığım şeyler, her zaman olduğu gibi ilginç geliyor.	X		
10	Kendimi yaşlı ve hayli yorgun hissediyorum.		X	
11	Kaç yaşında olduğumu biliyorum ve bu beni rahatsız etmiyor.	X		
12	Geriye dönüp hayatıma baktığımda, olup bitenlerden bayağı memnun oluyorum.	X		
13	Geçmişteki hayatımı değiştirebilmek elimde olsa, yine de değiştirmek istemem.	X		
14	Kendimi yaşlıtlarımla karşılaştırdığımda, hayatım boyunca bazı yanlış kararlar verdiğimi düşünüyorum.		X	
15	Yaşıtlarıma göre, ben daha iyi görünümdeyim.	X		
16	Şimdiden gelecek ay ve gelecek sene içinde neler yapacağımı planladım.	X		
17	Geriye dönüp baktığımda, hayatımda önem verdiğim bir çok şeyi elde edemediğimi görüyorum.		X	
18	Başka kişilerle kendimi karşılaştırdığımda, sık sık daha çok üzülüyorum.		X	
19	Hayatta istediğim pek çok şeyi elde ettim.	X		
20	Başkası ne derse desin, bence insanların durumu iyiye değil, kötüye gidiyor.		X	

APPENDIX F
FOCUS GROUP INTERVIEW GUIDE

Grup deneyimini genel olarak nasıl deęerlendiriyorsunuz?

Grup deneyiminin hořunuza giden yönleri nelerdi?

Grup deneyiminden neler öğrendiniz?

Grup deneyimi size neler kazandırdı?

Grup nasıl daha iyi olabilirdi?

APPENDIX G
MEMORY-MAKERS





















APPENDIX H

TÜRKÇE ÖZET

Yaşlanma, hayatın doğal bir parçasıdır; insanlar doğar, büyür ve ölürlür. Ancak günümüzde insan hayatı belirgin bir şekilde uzamış, yeni bin yılda ortalama yaşam beklentisi oldukça artmıştır. Tüm dünyada yaşlı nüfusunun genel nüfusa oranı hızla artmakta ve dünya nüfusu giderek yaşlanmaktadır. Gerek tıp alanındaki gelişmeler, gerekse düşen doğum oranları ve ölüm oranları dünyada yaşlı nüfusunun artışına katkıda bulunan etmenler olarak göze çarpmaktadır. Türkiye, diğer Batılı ülkelerle karşılaştırıldığında, henüz genç bir nüfus tablosu çizmektedir. Ancak, ülkemizdeki 65 yaş ve üzeri bireyler toplam nüfusun %8'ini, yani yaklaşık 6 milyonunu oluşturmaktadırlar (United Nations Department of Economic & Social Affairs, 2001). Gelecek 25 yıl içinde ise, bu sayının neredeyse %13'e yaklaşması beklenmektedir.

Çok yakın zamana kadar, PDR ve psikoloji alanlarında araştırmacı ve uygulamacıların ilgisinin büyük bir kısmını daha genç danışan kitleleri ve onların sorunları çekmiştir. Ancak, giderek artan yaşlı nüfusuyla beraber, bireyler çok daha uzun yıllarını yaşlılık döneminde geçirmeye başlamış ve yaşlı bireylerin bu döneme özgü gereksinimleri ön plana çıkmıştır. Son yıllarda yapılan çalışmalar, yaşlıların ileri yaşlardaki iyilik halini, hem bedensel, hem de ruhsal açıdan sağlıklı olma durumu olarak tanımladıklarını göstermekte ve yaşlılıkta bireyin genel iyilik hali ile ruh sağlığı arasındaki olumlu ilişkiyi gözler önüne sermektedir (Duggleby, Bateman ve Singer, 2002). Gelişimsel açıdan bakıldığında (Erikson, 1978), yaşlılık döneminde birey, verimlilik ve topluma yararlı olma hisleriyle dolu olabileceği gibi, kendini değersiz ve işe yaramaz da hissedebilmektedir. Bu dönemde kişiler geçmişlerine dönüp baktıklarında, yaşantılarında birlik ve bütünlük bulabilecekleri gibi,

harcadıkları yıllar için pişmanlık da duyabilmektedirler. Benzer şekilde Onur (1995), gelişimsel bir süreç olarak ele aldığı yaşlılık döneminde, bireysel ve toplumsal gelişim ile ruh sağlığı konularının önemine dikkat çekmiştir. Yaşlılık döneminde bireyin psikolojik yönden kendini iyi hissetmesi, ileriki yaşlara başarılı bir geçiş yaparak gelişimini ve yaşam kalitesini sürdürebilmesi açısından büyük önem taşımaktadır.

İleri yaşlarda yaşam doyumu, günümüzde yaşlanmayla ilgili araştırma yapan uzmanlar için oldukça önem kazanmış bir kavram olarak karşımıza çıkmaktadır. Bireyler artık çok daha uzun yıllarını ileri yaşlarında geçirmekte, bu nedenle bu dönemde kişilerin yaşamdan aldıkları tatminin önemi artmaktadır. Öyle ki, insan hayatının nicelik olarak artması, nitelik olarak da bir artış gözlemlenmediği takdirde değerini yitirmektedir. Yaşlılarda yaşam doyumunun önemini Dünya Sağlık Örgütü (WHO, 2004) ‘yaşama yıllar eklenmiştir; şimdi de yıllara yaşam eklenmelidir’ şeklinde açıklamıştır. Benzer şekilde, Erikson (1968), geliştirdiği psikososyal gelişim kuramıyla, daha yıllar önce ileri yaşlarda yaşam doyumu konusuna değinmiştir. Buna göre, insanlar yaşamları boyunca belli gelişimsel evrelerden geçmektedirler. Her bir evreye özgü, çözümlenmesi gereken kimi gelişimsel işler, gerçekleştirilmesi gereken belli geçişler ve değişimler bulunmaktadır. Bireyin bu geçiş ve değişimleri başarılı bir şekilde gerçekleştirmesi, her bir evreye özgü gelişimsel krizleri çözmesi anlamına gelmektedir. Yaşlılık evresine ulaşan birey, genel olarak yaşamının ne derece tatminkar olduğu üzerine öznel bir değerlendirme yapmak durumundadır. Geçmişini anlamlı bulan yaşlılar, hem bugünlerine, hem de geleceklerine yönelik olumlu duygular beslerler. Bu kişiler, genel olarak yaşamlarından doyum alan bireylerdir. Öte yandan, geçmişini kabul edemeyen yaşlı birey, geçirdiği yıllarla ilgili olumsuz duygulara sahip olmakta, mutsuz ve bencil bir kişi haline gelmektedir.

Yaşlılıkta yaşam doyumu, bireyin ileri yaşlara başarılı bir geçiş yapması, bu yıllardaki değişimlerle ve yaşam stresleriyle baş edebilmesi açısından özellikle önemli bulunmaktadır (Sterns ve Sterns, 1981). Kişiler bu döneme özgü çeşitli biyopsikososyal (fiziksel, psikolojik ve sosyal) risklere (Weiss, 1995) karşı daha

kırılgan ve incinebilir olmaktadır. Yaşlanmanın fiziksel zorlukları, bu riskler arasında araştırmacıların oldukça ilgisini çeken bir grup olarak dikkat çekmektedir (örneğin, fiziksel hareketliliğin düşmesi ve fiziksel sağlıkta görülen düşme, Alzheimer, demans ve uyku bozuklukları [Boey, 1997; McCrae, ve arkadaşları, 2003; Vitiello ve Borson, 2001]). Ancak, biyopsikososyal modele göre, yaşlılık döneminde bireyin yüz yüze geldiği tek zorluk biyolojik ya da fiziksel zorluklar değildir. Psikolojik (örneğin, duygusal yalıtım ve yalnızlık [Grady, 1990], depresyon [Ergene, 1989, Hegel, Stanley ve Arian, 2002], ölüm kaygısı [Şenol, 1989; Wu, Tang ve Kwok, 2002]) ve sosyal (örneğin, emeklilik [Jamjan ve Jerayingmongkol, 2002]; bağımsızlığın kaybedilmesi, eş ve/veya arkadaşların ölümü [Golsworthy ve Coyle, 1999]) gibi etkenler de sorun teşkil etmektedirler.

Yaşlı bireylerin bu zorluklarla baş edebilmelerine ve yaşla birlikte gelen değişimlere uyum sağlamalarına yardımcı olmak amacıyla, çeşitli psikolojik müdahale yöntemleri geliştirilmiştir. Çoğu uzman, bireysel yaklaşımlardan çok grup yaklaşımlarının yaşlılarla kullanımının olumlu etkilerine dikkat çekmektedir (Capuzzi ve Gross, 1990; Thomas ve Martin, 1992; Bonhote, Romano-Egan ve Cornwell, 1999). Üyeler arasında paylaşım, kişiler arası ilişkiler, destek ve etkileşim gibi özelliklerini ön plana çıkarmasıyla, gruplar ileri yaştaki bireylerin özellikle ihtiyaç duydukları konulara cevap vermektedir. Yaşlanmayla ilgili önemli araştırmacılar (Burnside ve Schmidt, 1994; Cook, 1998; Sheridan, 1991), ileri yaştaki bireylerde, yaşam doyumu da dahil, ruh sağlığını olumlu etkileyen çeşitli psikolojik değişkenleri iyileştirmek için *anımsama* yöntemini önermektedirler. Buna göre, grupla anımsama yöntemiyle geçmişe dönük belirgin olayların, olumlu yaşantıların, ve geçmişteki başarıların hatırlanması grup üyelerinin yaşam doyumlarına olumlu yönde etki etmektedir. Anımsama yönteminin kullanıldığı grupla psikolojik danışma, temelinde gelişim-odaklı olması nedeniyle, grup üyelerinin yaşamlarına ilişkin perspektif edinmelerine yardımcı olmaktadır. (Burnside ve Schmidt, 1994). Güçlü yönlerin, geçmişteki başarıların ve olumlu özelliklerin hatırlanması, yaşlı bireylerin hem *geçmiş*, hem de *bugüne* ilişkin daha destekleyici bir anlayış kazanmalarını sağlamaktadır.

Çok sayıda araştırma, grupla psikolojik danışma yaklaşımında kullanılan anımsama yönteminin, ileri yaştaki bireylerin yaşam doyumlarına etkisini araştırmaktadır. Ancak, anımsama yönteminin yaşam doyumuna etkisiyle ilgili araştırma bulguları birbirinden farklı sonuçlar vermektedir. Kimi araştırmalar olumlu (Hosenfeld, 1989; Blohm, 1998), kimi araştırmalar ise iki değişken arasında olumlu bir ilişki ya da etkileşimin bulunmadığı (Parsons, 1983; Cook, 1988) sonuçlara işaret etmektedir. Bu nedenle, bu araştırma anımsama yönteminin kullanıldığı grupla psikolojik danışmanın ileri yaştaki bireylerin yaşam doyumlarına etkisini araştırmaktadır.

Bu araştırma, anımsama yönteminin kullanıldığı bir grupla psikolojik danışma programının 60 yaş ve üzerindeki bireylerin yaşam doyumlarına etkisini araştırmaktadır. Araştırmanın ilk aşamasında, Yaşam Doyum Endeksi (Life Satisfaction Index A, Neugarten, Havighurst ve Tobin, 1961), Ankara’da bir emekli dinlenme evinde kalmakta olan 39 kadın ve 31 erkek ($N = 70$) katılımcıya uygulanmıştır. Katılımcılarla ilgili yaş, cinsiyet, eğitim durumu, medeni hal ve çocuk sayısı gibi demografik veriler, yine bu uygulama kapsamında verilen bir demografik bilgiler formuyla toplanmıştır. Bu ön-uygulamada toplanan verilere göre, katılımcıların yaşam doyumu puanları en düşük 1 ve en yüksek 20 olarak saptanmıştır. Ortalama yaşam doyumu puanı 12.43, standart sapma ise 4.33 olarak bulunmuştur. Yapılan analizlerde kadın ve erkekler arasında ortalama yaşam doyumu puanları ($M_K = 12.11$; $M_E = 12.84$) açısından anlamlı bir fark bulunmamıştır ($t = -.70$; $p = .77$). Ayrıca, yaş, eğitim düzeyi, medeni hal ve çocuk sayısı gibi demografik değişkenlerle yaşam doyumu arasında belirgin bir ilişki saptanmamıştır.

Bu ön-uygulamayı takiben, katılımcılar arasından gönüllü olan 5 kişi (üç kadın ve iki erkek) grup programına alınmışlardır. Araştırmada, deneysel grup ve kontrol grubundaki deneklerin aldıkları yaşam doyumu ön-test puanlarına göre birebir eşlendikleri, eşleştirilmiş grup deneysel deseni kullanılmıştır. Grup programının tamamlanmasından sonra, deney grubu ve kontrol grubu, ön-test ve son-test yaşam doyumu puanlarına göre karşılaştırılmışlardır. Katılımcıların grup

yaşantısına ilişkin değerlendirmeleri, deneysel grup üyelerinin katıldığı bir görüşme-odaklı grupla araştırılmıştır. Görüşme formundaki sorular, katılımcıların grup deneyimini genel olarak nasıl değerlendirdikleri; grubun en çok hangi yönünü sevdikleri, grupta ne öğrendikleri, grup deneyiminden ne kazandıkları ve grup deneyiminin nasıl daha iyi olabileceği ile ilgili olarak oluşturulmuştur.

Deneysel gruba uygulanan anımsama yönteminin kullanıldığı danışma grubu, altı oturumluk bir program olarak planlanmıştır. Kurumda haftada iki kez gerçekleştirilen yaklaşık bir buçuk saatlik oturumlar, üç hafta boyunca devam etmiştir. Oturum temaları doğum yerinin hatırlanması; çocukluk dönemi (o dönemdeki boş zaman etkinlikleri ve uğraşlar); bayramlar ve özel günler (en çok sevdikleri bayram ve bu bayramla ilgili en çok hoşlarına giden yönler); yaşamdaki başarılar, yapmış olmaktan gurur duyulan şeyler; ve en sevilen yerler (geçmişte tatil ya da biraz kafa dinlemek için kaçılan favori yerin hatırlanması) şeklinde olmuştur.

SONUÇ

Yapılan analizlerde, Mann-Whitney U Test ve Wilcoxon Test sonuçları, deney grubundaki katılımcıların yaşam doyumu puanlarında istatistiksel açıdan anlamlı olmayan yükselmeler göstermiştir. Bunun yanında, görüşme odaklı grup sonucunda elde edilen nitel bulgular, grup yaşantısının kişiler arası ilişkilere ve arkadaşlığa ortam sağlayıcı rolüne, daha olumlu bir benlik algısına ve mutluluk verici duygulara yol açmasına ilişkin olumlu geri bildirimlere işaret etmiştir.

Bu araştırmanın bulguları, anımsama yönteminin kullanıldığı grupla psikolojik danışma alan yaşlı bireylerin yaşam doyumlarında istatistiksel açıdan anlamlı olmayan yükselmelerin tespit edildiği diğer deneysel araştırmaların (Blohm, 1998; Burnside, 1990; Cook, 1988; Richeson ve Thorson, 2002) bulgularıyla örtüşmektedir. Bu araştırmalarda da, anımsama yönteminin kullanıldığı grupla psikolojik danışmanın yaşlı bireylerin yaşam doyumlarına istatistiksel açıdan anlamlı bir etkisinin olmadığı bulunmuştur.

Öte yandan, bu araştırmanın sonuçları, anımsama yönteminin kullanıldığı grupla psikolojik danışmanın yaşlı bireylerin yaşam doyumlarına anlamlı bir etkisinin bulunduğu diğer araştırmaların bulgularıyla uyum göstermemektedir. Örneğin, Cook (1998) 16 hafta boyunca anımsama yönteminin kullanıldığı grupla psikolojik danışma alan yaşlı bireylerin yaşam doyumlarında anlamlı bir artış kaydetmiştir. Benzer şekilde, Hosenfeld (1989) 12 oturumluk anımsama yönteminin kullanıldığı grupla psikolojik danışma programının sonucunda, yaşlı bireylerin yaşam doyumu puanlarında anlamlı bir artış tespit etmiştir.

Araştırmada elde edilen yaşam doyumu puanlarındaki istatistiksel açıdan anlamlı olmayan yükselmeler, çeşitli şekillerde yorumlanabilir. Öncelikle, araştırmada kullanılan altı oturumluk programın daha uzun olması halinde, istatistiksel açıdan anlamlı sonuçlara ulaşılabileceği önerisi getirilebilir. Bir kaç oturum temasının eklenmesi ve programın biraz daha uzun bir zamana yayılmasıyla, katılımcıların puanlarında gözlemlenen artışın dozunun da artabileceği tahmin edilmektedir. Bu şekilde, program daha da zenginleşeceği gibi, katılımcıların da üzerinde çalışacakları konular artırılmış olacaktır.

Bunun yanında, gruptaki bazı katılımcıların, bireysel müdahale yöntemleriyle desteklenmesi gereken, geçmişe ilişkin daha derin çözümlenmemiş kişisel sorunlarının olması da bir başka ihtimaldir. Bu tip bir durumun, katılımcının gruptan yararlanma şansını kısıtlamış olabileceği düşünülmektedir.

Araştırmada kullanılan görüşme odaklı grup, grup yaşantısının katılımcılara olan olumlu etkilerine ilişkin nitel bulgular vermiştir. Katılımcılar, grubun kişiler arası ilişkilere ve arkadaşlığa ortam sağlayıcı rolünün yanında, daha olumlu bir benlik algısına ve mutluluk verici duygulara yol açmasına ilişkin de olumlu geri bildirimler vermişlerdir. Daha önce yapılan bir çalışmada Parsons (1983), anımsama yönteminin kullanıldığı grupla psikolojik danışma alan yaşlı bireylerin yaşam doyumlarında istatistiksel açıdan anlamlı olmayan yükselmeler tespit etmiştir. Söz konusu araştırmada da deney grubundaki katılımcılar, grup yaşantısının sosyalleşme,

etkileşim, kendini açma ve kişiler arası yakınlaşmayı sağlama açısından olumlu etkilerini rapor etmişlerdir. Benzer biçimde, Burnside ve Schmidt (1994) anımsama yönteminin kullanıldığı grup programlarının kişiler arası ilişkilerin gelişmesinde ve yeni arkadaşlıkların oluşmasındaki etkilerine değinmişlerdir. Ayrıca, Watt ve Wong (1991) anımsama yönteminin kullanıldığı grupla psikolojik danışma programlarının, yaşlı bireyleri güçlendirme ve daha olumlu bir benlik algısına sahip olmalarında etkili olduğunu belirtmektedirler.

Bu araştırmada da, deney grubundaki katılımcılar, anımsama grubundaki yaşantılarının sosyalleştirici etkisine ilişkin olumlu geri bildirimlerde bulunmuşlardır. Katılımcılar, grup deneyimini genel olarak olumlu bir deneyim olarak değerlendirerek, gruptaki etkileşim ve paylaşımın onları yakınlaştırdığını, daha rahat kendilerini açmalarını sağladığını ve tanışıklıklarının arkadaşlığa dönüştüğünü belirtmişlerdir. Bununla beraber, O’Leary ve Nieuwstraten (2001) tarafından da belirtildiği gibi, yaşamlarındaki başarılarını hatırlamaları, katılımcılara daha olumlu bir benlik duygusu vererek kendilerini değerli hissettirmiştir.

Son olarak, katılımcılar bu tip danışma etkinliklere ihtiyaç duyduklarını ve grup programının onlar için bir tür psikolojik destek olduğunu belirtmişlerdir. Gruptaki güvenli ve hoşgörölü ortam katılımcıların yakınlaşmaları, yardımlaşmaları, rahatlama ve deşarj olmaları için sıcak bir atmosfer oluşturmuştur. Kısaca, grupta çocukluk, geçmiş başarılar gibi olumlu, mutlu anıların paylaşılması katılımcılar için hem bir psikolojik destek, hem de memnuniyet duydukları olumlu bir deneyim olmuştur.

TARTIŞMA

Bu çalışma, anımsama yönteminin kullanıldığı bir grupla psikolojik danışma programının 60 yaş ve üzerindeki bireylerin yaşam doyumlarına etkisini araştırmıştır. Araştırmanın sonuçları, katılımcıların yaşam doyumu puanlarında istatistiksel açıdan anlamlı olmayan yükselmeler göstermiştir. Dolayısıyla, anımsama yönteminin

kullanıldığı grupla psikolojik danışma programının ileri yaştaki bireylerin yaşam doyumlarına istatistiki açıdan belirgin bir etkisinin olmadığı bulunmuştur. Bununla beraber, grup yaşantısının katılımcılar açısından değerlendirilmesine yönelik olarak yapılan görüşme odaklı grup sonucunda elde edilen geribildirimler, grup programının kişiler arası ilişkilere ve arkadaşlığa ortam sağlayıcı rolüne, daha olumlu bir benlik algısına ve mutluluk verici duygulara yol açmasına ilişkin olumlu nitel verilere işaret etmiştir.

Bu çalışmada, anımsama yönteminin kullanıldığı grupla psikolojik danışma programının yaşlı bireylerin yaşam doyumlarına istatistiksel olarak anlamlı bir etkisinin olmadığı bulunmuş, bununla beraber grup yaşantısı katılımcılara, kişiler arası yakınlık, yardımlaşma duygusu ve daha olumlu bir benlik algısı yaşadıkları, kendilerini değerli hissettikleri, rahat bir sosyal ortam sunmuştur. Geçmişe dönük, çocukluktaki boş zaman etkinlikleri ya da yaşamdaki başarılar gibi, mutlu anıların hatırlandığı ve paylaşıldığı bu grup programı, katılımcılarda genel olarak duygusal açıdan hoş, memnuniyet verici duygulara yol açmıştır.

Araştırmada deney grubundaki katılımcıların da belirttikleri gibi, bu program onlar için bir tür psikolojik destek olmuştur. Yaşlılık döneminde bireyler, duygusal yalıtılmışlık duygusu (Grady, 1990); kendine güvende düşme ve yalnızlık (Van Baarsen, 2002) gibi çeşitli psikolojik risklerle karşı karşıya gelmektedirler. Yaşlı bireylere hizmet vermekte olan (yaşlı dayanışma merkezleri, huzurevleri ve benzeri) kurumlar, bu çalışmada sunulan anımsama yönteminin kullanıldığı grupla psikolojik danışma programına benzer etkinlikleri sosyal programlarına katabilirler.

Türkiye’de de giderek artan yaşlı nüfusu göz önüne alındığında, bu çalışmada araştırmacı tarafından tasarlanmış olan anımsama yönteminin kullanıldığı grupla psikolojik danışma programı gibi yeni, modern yöntemlerin ülkemizdeki psikolojik danışma ve rehberlik uygulamalarına aktarılması büyük önem taşımaktadır. Bu araştırma ve ilham vereceği yaşlılarla danışma konularına eğilen yeni araştırmalar sayesinde, ülkemizdeki psikolojik danışman eğitimi programlarına, yaşlılarla

psikolojik danışma konusunun aktarılmasının mümkün olacağı düşünülmektedir. Bu araştırmanın bulgularının, yaşlı bireylerle çalışmakta olan profesyonellerin sürekli eğitim ihtiyaçlarını karşılamalarında kaynaklık edeceği düşünülmektedir. Ülkemizde jerontolojik danışmanlık (yaşlılarla psikolojik danışma) konusunda resmi bir eğitim programının bulunmaması nedeniyle, hali hazırda yaşlı bireylerle çalışmakta olan psikolojik danışman, psikolog, sosyal çalışmacı ve psikiyatristlerin bu araştırmanın bulgularından yararlanmaları beklenmektedir.

Gelecekte benzer bir deneysel çalışma yapacak araştırmacılara, grubun etkinliğini artırabilmek amacıyla daha fazla temayı kapsayan, daha uzun bir program kullanmaları önerilmektedir. Ayrıca, gelecekteki araştırmalarda buna benzer bir programın yaşam doyumuna etkisinin araştırılmasının yanında, 60 yaş ve üzeri kimselerde sıklıkla karşılaşılan depresyon, kaygı, düşük kendine güven, yalnızlık gibi değişkenlere etkisi de incelenmelidir.

VITA

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