Life Review and Reminiscence with Older Adults in Detroit

Albert Schweitzer Fellowship, Detroit Chapter, Final Report

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Background

Older adults are at risk of social isolation, loneliness, and depressive symptoms due to several losses they might experience, such as loss of friends, loss of independence, or loss of a spouse which can lead to living alone. Singer (2018) found that individuals are at a greater risk of experiencing social isolation if they are older in age, live alone or in residential care, are widowed, or have a low income and a low education level. Looking at Detroit specifically, about 13 percent of the population is over 65 years old, 50 percent of the older population is living alone, 30 percent are widowed, 20 percent are experiencing poverty, and about 25 percent did not finish high school (U.S. Census Bureau, 2017). In 2017, 17 percent of older adults over the age of 65 were socially isolated, and 26 percent were at risk of death due to subjective feelings of loneliness (Connect 2 Affect, 2017). Holt-Lunstad et al. (2015) and Nicholson (2012) also found that higher rates of social isolation are linked to higher rates of mortality.

The number of seniors residing in the Detroit and throughout the United States continues to increase exponentially. Therefore, interventions need to be explored to address these pertinent issues, such as socialization and mental illness. Without meeting these needs, older adults may succumb to declines within their physical health as well. Laitner (2018) interviewed Kurt Metzger, retired founder of Data Driven Detroit, about his forecast on the growing aging population. Metzger stated, “people aged 65 and over will outnumber those 17 and younger” for the first time in history (Laitner, 2018, para. 9). Metzger is convinced that this will occur within Michigan during the next 15 years, and it will subsequently escalate to a nationwide trend by 2035. Patterns such as these will replace the norm, especially as medical advances further enhance longevity. The social

and mental challenges explained above can also manifest into physical health problems which increases the likelihood of older adults needing to visit their doctor. Flowers et al. (2017) explained that social isolation is attributed to an additional $6.7 billion in Medicare spending each year.

There have been a mix of interventions to try and address the problem of older adults experiencing social isolation, loneliness, and depression. One is Reminiscence Group Therapy which is an intervention that allows older adults to freely discuss their life stories and focus on the positive and negative memories from their past. According to the literature, there are three types of reminiscence therapy, and they include simple reminiscence, life review, and life review therapy (Elias, Neville, & Scott, 2015). Simple reminiscence is unstructured, spontaneous reminiscence, life review is more structured and focuses on both positive and negative life events, and life review therapy is a more advanced and in-depth form and is used when there is a specific problem that needs to be focused on. Research has been conducted to see whether these types of therapy have an impact on loneliness and depression in older adults, and mixed results were obtained. According to Elias, Neville, and Scott (2015), these therapies could be effective in decreasing loneliness and depressive symptoms, but unfortunately, available evidence is limited.

Guided Autobiography (GAB) is another intervention that has been utilized to help address social isolation, loneliness, and depressive symptoms in older adults. GAB is a structured method that helps people document their life stories. Participants are led through themes that help them experience possibly forgotten memories, and then each participant writes a story on a theme and shares it with the rest of the group. This

intervention focuses on promoting an overall sense of psychological, physical, and emotional well-being in adults (Reker, Birren, & Svensson, 2014). Research has shown that it can lead to a reduction in feelings of loneliness and it has helped improve older adults' self-acceptance and communication within communities and families (Reker, Birren, & Svensson, 2014; Birren Center for Autobiographical Studies, 2018).

As part of the Albert Schweitzer Fellowship, a life review and reminiscence intervention was explored to understand more about its benefits for older adults living in subsidized, congregate, senior housing in Detroit. This project asks, what are the benefits of participating in life review and reminiscence discussion groups for older adults in Detroit? This project hypothesized that the life review and reminiscence intervention would decrease the amount of older adults feeling socially isolated, lonely, and depressed by increasing their social networks and satisfaction with life.

Methods

Partnerships

This project was conducted at three different congregate senior living sites throughout Detroit. One in HOPE Village, one in Southwest Detroit, and one in Midtown. Two of these sites are owned by Presbyterian Villages of Michigan (PVM), who has been providing services and living facilities for older adults in Michigan for 75 years. PVM has a mission to "serve seniors of all faiths and create new possibilities for quality of living" (Presbyterian Villages of Michigan, 2019, para. 1). The third site is owned by Bridging Communities Inc. (BCI), who has been serving older adults in Detroit for 20 years. BCI has a mission to "improve the quality of life for the elders of the Southwest Detroit area by meeting their needs; and the needs of the surrounding neighborhoods through creative

collaboration, advocacy, and innovative programming" (Bridging Communities Inc., n.d., para. 1). Partnerships were made with the two sites and feedback was given to make changes to the intervention before implementing it into the community.

Intervention

The intervention that was used for this project followed similar strategies for reminiscence group therapy while keeping the same nine themes from GAB. The life review and reminiscence intervention consisted of two phases, discussion groups and individual oral history interviews. Discussion groups were chosen instead of GAB's method of reading and writing due to barriers for older adults in Detroit where an estimated 47% of adults in the city of Detroit are functionally illiterate" (The Detroit Regional Workforce Fund, 2011, p. 2). The first phase entailed 11 weekly meetings. During the first week, the older adults got to know each other and were introduced to the norms, rules, and expectations of the group. During the next nine weeks, discussions were facilitated based on the nine themes created by GAB. During the last week older adult participants celebrated their completion of the 11 weeks and reflected on their experiences they had in the groups each week (see table 1). The second phase entailed conducting individual oral history interviews with the participants if they wanted to do so. These interviews were semi-structured and consisted of going through the participant's life and asking probing questions when necessary. These interviews were audio recorded and a copy was given to the participant for them to keep and give to their family as a legacy piece.

Table 1

Weekly Intervention Activities and Themes

Week	Activity/Themes
1	Get acquainted, pre-assessments
2	Theme 1: The major branching points in your life
3	Theme 2: The history of your family
4	Theme 3: The role of money in your life
5	Theme 4: The history of your major life work or career
6	Theme 5: The history of your health and body
7	Theme 6: The history of your gender identity
8	Theme 7: The history of your ideas/experiences with death
9	Theme 8: The history of your spiritual identity
10	Theme 9: The history of your goals and aspirations
11	Celebration, reflections, post-assessments

Participants

Older adult participants were recruited using self-selection, snowball sampling, and through word of mouth. Flyers were posted at the specific senior living sites and those who were interested could sign up in the office at their rental building. The intervention was also advertised to older adults at resident meetings where they were able to ask more questions and also sign up if interested.

This project consisted of 20 older adult participants. There were five participants in the group that took place in Southwest Detroit, nine participants in the group that took place in HOPE Village, and six participants in the group that took place in Midtown. The average age of these participants was 72 and 95 percent of them were living alone. Out of the 20 participants, 80 percent identified as female and 20 percent identified as male.

In regards to race and ethnicity, 70 percent of the participants identified as Black or African American, 15 percent identified as White or Caucasian, 10 percent identified as Hispanic or Latino(a), and 10 percent identified as other but did not specify what their other was. Keeping in mind that some participants identified as more than one race or ethnicity is why these numbers add up to over 100 percent. In addition to demographics, the average attendance rate for the participants over the 11 weeks was 89 percent.

Data Collection Tools

This project consisted of assessing symptoms of depression, range of social networks, and satisfaction with life at pre (before the start of the intervention) and post (immediately after completing the intervention).

Symptoms of depression were assessed using the Geriatric Depression Scale (GDS) (Yesavage, Brink, Rose, Lum, Huang, Adey, & Leirer, 1983). The GDS consists of 15 closed-ended questions. This scale has been found to have sufficient internal reliability ($\alpha = .86$) and test-retest reliability ($r = .81$) (Brown & Schinka, 2005). Scoring in this survey ranges from zero to 15 with higher scores representing greater depressive symptoms.

Range of social networks to understand risk of social isolation and loneliness were assessed using the Lubben Social Network Scale (LSNS-6) (Lubben, Blozik, Gillmann, Iliffe, von Renteln Kruse, Beck, & Stuck, 2006). The LSNS-6 had six items on a five-point scale ranging from less social engagement to more social engagement. This scale has been found to have high internal reliability ($\alpha = .83$). LSNS-6 has strong validity because it has been shown to be correlated with mortality, health behaviors, depressive symptoms, and overall physical health.

Lastly, life satisfaction was measured with the Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985). This scale is made up of five items on a seven-point scale ranging from strongly agree to strongly disagree. Higher scores represent a higher satisfaction with life.

In addition to using these pre and post measures, when the intervention is complete, the participants will also be asked to answer open-ended questions in a semi-structured interview format to get a comprehensive understanding of the benefits of the groups aside from the indicators hypothesized.

Results

The evaluation of this project was conducted using a mixed-methods approach. Depression, social networks, and satisfaction with life were analyzed using a paired samples t-test to understand the differences in the three variables from pre to post intervention. For depression scores, there was a statistically significant difference in the participant's pre scores for depression (M=1.60, SD=2.280) and the participant's post scores for depression (M=1.10, SD=1.714); t(19)=2.127, p = .47. For social network scores, there was not a statistically significant difference in the participant's pre scores for social networks (M=17.20, SD=5.672) and the participant's post scores for social networks (M=18.40, SD=4.394); t(19)=-1.343, p = .195. For satisfaction with life scores, there was not a statistically significant different in the participants pre scores for life satisfaction (M=28.45, SD=4.796) and the participant's post scores for life satisfaction (M=29.55, SD=4.430); t(19)=-1.943, p = .067. Although there were not statistically significant differences in social network and satisfaction with life scores, there were still some changes to consider. Older adult's social networks had a seven percent increase

and their satisfaction with life also increased by four percent after participating in the intervention.

Qualitative open-ended responses were coded using an open coding method and four themes emerged from the data. The largest was that older adults had a better understanding of themselves after participating in the intervention (n=16). This meant that the older adult participants were able to understand how their past had made them into the person they were in that moment. The next most common theme was that older adults learned more about others and had more compassion for others different from themselves (n=15). This was expressed through the explanation about listening to other's stories and comparting them to their own. Another theme was that older adults were more aware of their past after participating in the intervention (n=9). For example one participant said, "Going back and really thinking about what I have done in my life. How some of it has been crazy and how I could have changed it…" Lastly, older adults viewed the intervention as a way to relieve stress and let go of the past (n=8). An example of this theme is when one participant said, "I view myself in a much better way because I was able to let go of some old hurts and wounds and through participation I made peace with some of the things that happened in my life. Because of that, I feel like a much stronger person."

Discussion

Conclusions

The evaluation of this project suggests that the life review and reminiscence intervention does have a significant impact on decreasing older adult's symptoms of depression. It is unsure if the intervention has a significant impact on decreasing

loneliness or social isolation, or increasing satisfaction with life. The evaluation of this project also highlights the benefits of the intervention outside of what was expected to happen. These benefits were that older adults were able to gain acceptance, relieve stress, let go of the past, and gain compassion and learn more about others different from themselves.

Limitations

There were a handful of limitations to the evaluation of this project. The first was the issue of self-selection. Using self-selection for recruitment purposes meant that the majority of the older adult participants were not initially depressed, lonely, socially isolated, or dissatisfied with their lives. They actually enjoyed their lives and wanted to volunteer to tell their stories because of their positive outlook on life and their willingness to get involved and socialize with others.

Another limitation was that it might be difficult to see changes in symptoms of depression, loneliness, social isolation, and life satisfaction in only 11 weeks. Sometimes these changes can take much longer, like six months or even a year. Having no control group was also a limitation to this evaluation. Having a control group could enhance this evaluation to understand if the intervention had a significant affect or if it was just something else.

Lastly, using a social network scale to measure social isolation and loneliness might have been a measurement error in this evaluation. It is uncertain to believe that if an individual has a broad and large social network that they will feel less socially isolated or lonely. Also, social isolation and loneliness can look like two very different

things. For example, someone could not be socially isolated (be in a room full of people) but still feel very lonely.

Recommendations

Based on the limitations explained above, there are several recommendations for future evaluations on life review and reminiscence interventions for older adults. The first is that themes should be further looked into. The themes in this evaluation can help individuals who would like to conduct this intervention in the future by helping them understand how important the themes are and their benefits on conflict resolutions with the self, life, and others. These themes should also be looked into to understand how they further relate to the life review and reminiscence intervention.

Another recommendation is regarding recruitment. In the future, potential older adult participants should be assessed based on symptoms of depression, loneliness, social isolation, and life satisfaction before participating in the intervention. Completing this pre-screening process would ensure that the older adults who are most in need of the intervention will be reached. One possible way to do this is to work with community partners to refer older adults who are screened in an intake process at their agency.

In the future, the impact that the intervention might have on the older adults beyond the 11 weeks should be taken into consideration. Participant should be asked if they continue to reflect on their own or if the group has created a sense of community or broadened social networks for the older adults.

Another recommendation is to have a control group involved in the evaluation in the future. Having a control group can help determine if the intervention is beneficial by comparing a group who is not involved in the intervention. Lastly, using an a few

additional measurement tools to evaluate the project's impact on social isolation and loneliness is necessary for future evaluations. For example, using a standardized scale for loneliness and a separate one for social isolation.

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