

Diverse Benefits of Guided Autobiography (GAB) for Older Adults

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Abstract

Older adults reflect on their lives during Erikson's final stage of psychosocial development, "ego integrity versus despair". Over the years, non-pharmacological interventions were created for older adults in order to achieve this final stage, one being Guided Autobiography (GAB). GAB is typically completed after ten weeks with two-to-three-hour weekly sessions. The older adults would write a two-page paper focusing on a theme before each session. At the session, older adults would read their writings to one another and then have a discussion regulated by an instructor. The current study hypothesized that GAB could improve quality of life, one's presence in their meaning in life, life satisfaction, and self-perceived cognition. Additionally, it was hypothesized that a person's purpose for reminiscence would focus more on one's identity, connecting with others, and teaching others. The results did not produce significant results; however, there were small to moderate effects for quality of life and life satisfaction. Additionally, there were large effect sizes for changes in the different purposes in reminiscence. Furthermore, GAB experience was positive for both participants who experienced GAB on Zoom and in-person. These results show that in a future lockdown, older adults can reduce isolation through an online program like GAB since the experience was enjoyable and did not depend on the format it was received. Despite the current study's small sample size, GAB was still shown to have some benefits.

Keywords: guided autobiography, older adults, reminiscence, life satisfaction, meaning in life, quality of life

Introduction

In the 8th and final psychosocial stage of human development, theorized by Erikson (1968), those aged approximately 65 and older are hypothesized to undergo a period of self-reflection titled “ego integrity versus despair.” In this stage, older adults are said to reflect on their life and arrive at either a sense of accomplishment or a sense of regret. Erikson and other theorists speculated that the outcome of this reflection would impact the psychosocial trajectory of the individual’s remaining years.

Erikson’s theory led to the additional theory, research, and a variety of interventions such as life review. Life review is facilitated by someone who has been appropriately trained can help a person connect the dots in order to create a meaningful view of one’s life (Cohen, 2001). This intervention can be conducted as an individual or group process. Life review was first described in 1963 by Robert N. Butler, with the specific goals of reconciliation, atonement, conflict resolution, and evaluation of one’s life (Reker, Birren & Svensson, 2014); (Butler, 1963). It often takes a significant amount of time after a relationship with a mental health professional has been established (Butler, Lewis & Sunderland, 1998). Butler suggested that life-review can reduce depression and other disorders. Butler, Lewis, & Sunderland (1998) explain that studies have found life-review to improve self-esteem and mood for older adults.

Similar to life review, Guided Autobiography (GAB) was an additional intervention developed from Erikson’s psychosocial stages. GAB does not require as much time. Guided Autobiography (GAB) developed by James Birren, a leading early researcher in the psychology of aging and was perfected with his colleague Cheryl Svensson (Birren & Svensson, 2006). GAB has an extensive track record and scores of trained leaders worldwide (See:

www.guidedautobiography.com). In recent years, GAB has become an empirically validated methodology on universal life themes.

Participation in GAB has been demonstrated to have several benefits, including enhanced self-confidence, deeper self-understanding, increased self-acceptance, a more positive view of others, increased energy, feeling of connectedness, friendship, and decreased anxiety (Birren & Svensson, 2006; Reker, Birren & Svensson, 2014). GAB encourages participants to go through “transformational learning experiences” (Thornton, 2008, p. 157).

Typically, a GAB program involves ten sessions, each lasting from two to three hours (Thornton, 2008). Each session acts as a structured workshop in which participants communicate with one another through a group discussion. Prior to each session, participants write a two-page paper in response to a specific topic. Other participants listen to one another’s writing and create a discussion. The average size of each class is typically 15 to 25 participants for the general sessions. Specific writing discussions occur in smaller groups of 5-7 that are maintained over the course of the program, encouraging small-group cohesion.

In recent years shorter versions have become more common, involving 6-8 sessions of roughly 2 hours each. While facilitators report many of the same benefits, these abbreviated programs have not been as widely studied for their outcomes and impacts.

Each GAB session requires that participants stay actively engaged and they are stimulated cognitively, emotionally, and socially in ways that may be beneficial. Older adults who participate in more cognitive activity throughout their life have been demonstrated to show slower cognitive decline. There is also some evidence that ‘reserved cognitive capacity’ developed by mental exercise and stimulation during adulthood can perhaps have a protective effort against the development of dementia in later years (Svensson & Bernell, 2013).

Guided Autobiography most commonly triggers positive and enjoyable reminiscence, thoughts, and feelings. Guided Autobiography has been demonstrated to create a new opportunity for sharing with the group, in turn, increasing social bonding (Birren & Svensson, 2013). Barbara Smith, our program leader notes (Personal Communication, 1/30/22) that:

“The primary purpose for all Guided Autobiography (GAB) classes is to help the participants write their life story. Through the weekly sessions of writing, sharing, and connecting with other group members, they begin to know and understand themselves and others on a deeper level. They learn about themselves through reflective writing on universal life themes, they listen to others’ stories and learn vicariously, and they receive feedback from others that may offer new, additional insights for them. These are all positive benefits. People who join a GAB group are often surprised by the benefits that accrue that may have had nothing to do with their original intention to write their life story. They begin to know and understand themselves in a deeper and more reflective way after looking back at some event that may have happened when they were a child. Now, as an adult, and with the perspective of age and distance, they reevaluate and understand what happened in a new light. They process the event differently and heal. Additionally, they get to know and understand people who may be vastly different from them; the barriers of race, ethnicity, religion, economic status, etc. fall away when we know another’s story. GAB helps people heal and connect with one another.”

Involvement in GAB sometimes triggers negative recall of unpleasant or undesirable past events, there have been no reports in the literature of adverse consequences. Skilled and certified facilitators are trained to handle any discomforts and to debrief as needed, and the small groups

that have developed camaraderie and empathy offer mutual support. This project will follow the recommendations of Dr. Svensson,

“Generally, the target population for GAB was normal, nonpathological people who simply wanted to write their life stories. If your GAB group is part of an ongoing research project, I would suggest you use a screening method for depression prior to the start of the group. You then decide the cut-off level for depressive symptoms as an entry requirement into the GAB group. In addition, a pre-post-depression scale (as well as other measures such as Meaning in life and Personal well-being) would be a good way to measure possible changes in the participants after taking the GAB class.” (C. Svensson, personal communication, January 31, 2022).

With the growing population of older adults due to the aging of the large Baby Boom generation, it is increasingly important to assess and encourage older adults' well-being, because society is changing from collective to individualistic. For example, communities used to be more tight-knit, neighbors were friends, and shop owners knew their customers' children. Simple changes such as in-person shopping to online shopping create less of a need for human interaction. One way to help older adults transition into older adulthood in a changing society is through expressing oneself personally (Birren & Svensson, 2013). A way to observe how older adults are doing is through measurements.

QOL (Quality of Life) is a psychological measurement of overall well-being that allows assessment of the physical, mental, and social aspects of a person's life (Felce & Perry, 1995). The measure assesses three dimensions: health quality of life, social functioning, and emotional well-being. Health quality of life is measured through the number of mentally and physically unhealthy days in the past month. Social functioning is measured through the number of close

friends and how often one attended religious services. Emotional well-being is measured through the amount of emotional support one has (Baernholt et al., 2012). Activities of Daily Living (ADL) is a way to measure how one can perform daily living tasks (e.g., bathing, toileting, grooming, food-preparation).

After reviewing data from the National Health and Nutrition Examination Survey, taken by 5000 individuals nationally from 2005 to 2006, Baernholt et al. (2012) found that ADL, depression, and memory problems were associated with all three dimensions of Quality of Life (QOL). Thus, anything that can decrease the duration or severity of depression or memory problems and/or increase the ability to complete daily activities, should increase one's quality of life. Non-Pharmacological interventions are often less expensive and less likely to have adverse side-effects and can help improve older adults' quality of life. Older adults should be encouraged or assisted in maintaining and perhaps expanding meaningful generativity activities.

Well-being can be measured in a few different ways besides quality of life, such as life satisfaction, meaning in life, and cognition. Life satisfaction is described as how content one would be with their life overall. One can either be searching for meaning in life or have meaning in life or their purpose in life is secured. One can have secured a life's purpose and continue looking for one. One's perception in cognitive function can be explained as one either having memory issues or not. One can reminisce with different purposes. One person can reminisce with the purpose of understanding themselves more while others reminisce in order to connect with others. Reminiscence's purpose is different for every individual and there is not a "right" way to do so.

Guided Autobiography can potentially have positive effects on quality-of-life effects in older adults. The current study will assess whether participation in a six-week GAB program

with a skilled and certified instructor yields measurable improvements in QOL, life satisfaction, meaning in life, self-perceived cognitive function, and the purpose of one's reminiscence. This is the first study to look at all of these variables in a single study.

Method

This project for distinction assessed the effects of a Six-Week Guided Autobiography Creative Writing Group run online by a certified instructor and assisted by trained breakout room facilitators (online and face-to-face) on quality of life, life satisfaction, depression, anxiety, and subjective memory complaints. The study involved participants in a weekly six-part GAB intervention running from March 8, 2022 to April 12th, 2022.

Participants

Recruitment

General notices about the program were included in SCOSA's [E-News for January and February](#) 2022. The E-News is distributed via MailChimp to 1668 e-mail subscribers and via Stockton listservs to the Stockton University Retirees Association (243 opt-in subscribers) and other Stockton employees (over 1000 opt-in subscribers to Events Posting). Upon IRB approval, a specific notice and invitation to register was distributed to these lists (See Appendices A & B). Additionally, SCOSA community collaborators forward SCOSA notices to their participants.

Screening and Eligibility to Participate

Exclusion criteria included past involvement in GAB or SCOSA "Time to Tell" program, those under the age of 60, and those scoring 5 or above on the Geriatric Depression Scale – Short Form (15 items, yes/no). SCOSA Service Chair, Dr. Christine Gayda-Chelder, a licensed

practicing geriatric neuropsychologist confirmed this as the best screening measure. One minor modification to the scale was made: the question “do you prefer to stay home, rather than going out and doing things?” was excluded because “staying in” can be considered a prudent strategy to mitigate COVID-19 risks, particularly among elders. We were prepared to provide mental health referrals, if needed.

Participant Demographics

Twenty-two participants initially signed up for the program. Five withdrew for various reasons, leaving 18 participants who completed the entire GAB program. Of those, 14 completed pre and post-test measures. Their average age was 75.50 years ($M = 75.60, SD = 6.26$) (See Table 1), 14.30% ($n = 2$) were male and 85.70% ($n = 12$) were female. Although there was initially an approximately equal number of in-person and zoom participants, (52.17% vs. 47.83%), the final sample involved 64.30% ($n = 9$) in person and 35.70% ($n = 5$) on Zoom. In regards to employment status, the majority (78.60%, $n = 11$) were retired, while 14.30% ($n = 2$) worked part-time, and 7.10% ($n = 1$) was unemployed. Household composition of participants included 35.50% ($n = 5$) living alone, 50.00% ($n = 7$) with two in the household, and 14.30% ($n = 2$) with three people in the household.

Materials

During the consent form process, participants filled out the Geriatric Depression Scale (short form) (see Appendix F). Had any of the participants had a result suggesting depression, a referral to a clinical psychologist would have been made and they would not have participated in the study. Once participants completed the consent form (see Appendix C), they then completed

the demographics survey that gathered information on gender, ethnicity, age, marital/relationship status, and other basic demographic information (see Appendix D).

The Life Satisfaction Scale (LSS) (see Appendix F) helps determine how satisfied one is with their life. There are five items on a 7-point Likert scale. Sample items include “The conditions of my life are excellent” and “If I could live my life over, I would change almost nothing”. The higher the score, the more satisfied one is with their life.

The Quality-of-life scale (QOLS) (see Appendix G) measures the overall well-being of a person’s life. As previously stated, QOLS assesses health quality of life, social functioning, and emotional well-being. The QOLS is a 16-item assessment using a 7-point Likert scale.

The Reminiscence Function Scale (RFS) (see Appendix H) assesses the purpose of a person’s reminiscing. There are 43 items which all begin with the statement “when I reminisce it is:” then the following is one of the 43 items. There are six possible responses with a corresponding number: (1) “never”, (2) “rarely”, (3) “seldom”, (4) “occasionally”, (5) “often”, (6) “very frequently”. There are eight subscales in the RFS which include, boredom reduction, death preparation, identity, problem solving, conversation, intimacy maintenance, bitterness revival, and teach/inform. The boredom reduction subscale explains that a person will reminisce when there is a lack of engagement in activities and we are under stimulated (Webster, 1997). Sample questions for the boredom reduction subscale include “for something to do” and “because it fills the gap when I find time ‘heavy on my hands’”. The death preparation subscale describes that a person’s purpose for reminiscing is when a person thinks about mortality but uses their memories for a sense of closure (Webster, 1997). Sample questions for the death preparation subscale include “because I feel less fearful of death after I finish reminiscing” and “because it gives me a sense of personal completion or wholeness as I approach the end of life”.

The identity subscale “measures how we use our past in an existential manner to discover, clarify, and crystallize important dimensions of our sense of who we are” (Webster, 1997). A few sample questions for the RFS identity subscale are “to see how my past fits with my journey through life” and “because remembering my past helps me define who I am now”. The problem-solving subscale explains that one reminisces in order to remember past ways one solved an issue to possibly use it again in the present (Webster, 1997). Some sample questions for the problem-solving subscale are “to help me plan for the future” and “to avoid repeating past mistakes at a later date”. The conversation subscale explains that one reminisces to connect with others by remembering their own past (Webster, 1997). Sample questions for the conversation subscale are “to create a common bond between old and new friends” and “because it promotes fellowship and a sense of belonging”. The intimacy maintenance subscale explains that one uses reminiscence to remember aspects of important people in their lives who are no longer alive (Webster, 1997). A few sample questions are “to remember someone who has passed away” and “out of loyalty to keep alive the memory of someone to me who has died”. The bitterness revival subscale measures how often one uses memories that one felt they were treated unfairly (Webster, 1997). Some sample questions are “to rehash lost opportunities” and to “rekindle bitter memories”. Finally, the teach/inform subscale explains how a person would reminisce in order to pass on important information about their life (Webster, 1997) Some sample questions for this subscale are “as a way of bridging the ‘generation gap’” and “in order to teach younger persons about cultural values”.

The Subjective Memory Complaints Scale (MCS) (see Appendix I) measures a person’s perception of their issues with memory. The questions focus on if one has memory problems, the frequency, if it is an issue in everyday life, and comparing memory in the present to the past.

The Meaning in Life Questionnaire (MILQ) (see Appendix J) is used to assess two dimensions of meaning in life that are represented as subscales. One dimension is *presence* which explains how much one feels their life already has meaning. This dimension is represented in the presence subscale and sample questions include “my life has a clear sense of purpose” and “I understand my life’s meaning”. The other dimension is *search* and it assesses how much one strives to find meaning in their life. Sample questions include “I am always looking to find my life’s purpose” and “I am seeking a purpose or mission for my life”.

Pre-test and post-tests measures were collected from participants via online Qualtrics surveys to measure change in the dependent measures as a quasi-experimental design. The post-test also included a general satisfaction survey. Dependent measures included Satisfaction with Life Scale (SLS) (see Appendix G) (Diener, 2000), (Peterson, Park, & Seligman, 2005), Quality of Life Scale (QOLS) (Appendix H) (Burckhardt, Woods, Schultz, & Ziebarth, 1989). To assess how well reminiscing occurred among participants, a Reminiscence Function Scale (RFS) was used (see Appendix I) (Webster, 1993). To assess participants’ self-perception of cognitive function, the brief Memory Complaints Scale was included (See Appendix J) (Vale, Balierio-Jr, & Silva-Filho, 2012). To assess participants’ presence and search for meaning in life, the Meaning in Life Questionnaire was used (see Appendix K) (Steger, Frazier, Oishi, 2006). Participants’ weekly written work was not used as a measure in the study in order to maintain their confidentiality.

Data Confidentiality/Security

For confidentiality, names were decoupled from dependent measures collected using a standardized practice: participants created a personal ID code by using one of their parents’

initials and the last four digits of their home or personal phone when signing their consent form. This code was used when collecting pre-task and post-task measurements. Data information/code information is stored separately in secure online files and by the distinction project faculty chair. Additionally, dependent measures were collected via a Qualtrics account assigned to Professor Burdick. Qualtrics notes that their level of security meets or exceeds the industry standard. (See details here: <https://www.qualtrics.com/platform/security/>).

Self-Disclosure in Group Process

GAB participants review and sign a Statement of Confidentiality and Attendance (Appendix L).

Procedure

Consent forms were sent via email two days prior to the first GAB session. Consent forms must have been signed by the participant in order to complete the first round of dependent measures. After a signed consent form was returned, participants received the first set of quantitative measurements through email with a link to the measurements on Qualtrics which must be completed prior to the first GAB session. The first set of quantitative measurements were expected to take no more than one hour to complete. Dependent measures were gathered online prior to week and directly post-intervention (week 6). All sessions of GAB were offered both online via Zoom and in-person on Stockton Galloway and Stockton Manahawkin campuses. Participants stayed on Zoom or in-person for all six sessions. Tips on using Zoom and practice sessions were provided for any participants lacking experience in this online tool. After six of the weekly sessions of GAB, the second set of the quantitative measurements sent via email with a

link to the measurements on Qualtrics were sent to participants. The second set of quantitative measurements will take no more than one hour to complete.

GAB Leader and Break-Out Session Facilitators

Barbara Smith, M.A, a certified E-GAB facilitator from San Diego, CA, with extensive experience in both online and face-to-face programs, led the program. She provided weekly themes, writing ideas/techniques, and led one of the online breakout groups. Break-out facilitators received initial 2-hour training and participated in 30-minute sessions with the leader prior to and after each weekly session. Leaders included SCOSA staff members and faculty members (e.g., Gina Maguire, MSW, LSW, and Cindi Graham had extensive experience in GAB-like programming, and Karen Rose, Ph.D. is a trained psychologist). Breakout room facilitators guided the discussions and essay sharing among group participants and ensured the discussion stayed relevant to the week's theme.

GAB focuses on a theme or period of life each week for participants to write a two-page story about. For this project, five themes were selected by the leader:

- No theme, social bonding (Week 1)
- Branching Points (Week 2)
- Family and Home (Week 3)
- Your Health and Body (Week 4)
- Role of Money (Week 5)

- Major Life Work or Career (Week 6)

Each participant was encouraged to use creative writing styles, photographs, and poetry in telling their story. Stories were shared verbally each week within each breakout group. For the first session, writings were not yet created by participants, in place of that time it was an introduction to the course, focusing on social bonding between participants in their breakout rooms. To maintain privacy, printed stories and files were not shared.

To reduce potential researcher bias, the student researcher's role was to manage data collection and analysis. She joined all sessions as an observer. The facilitator and co-facilitators did not have data access and had limited information on measures and hypotheses being tested.

At the first GAB session, participants were divided into groups of four to seven and stayed the same throughout the program. Each assistant was assigned to a group at the first session and stayed with the group throughout the program as well. This was done to help develop trust and bonding between participants as part of the process in GAB.

At the weekly two-hour meeting, participants began as a whole group where the instructor introduced the theme and provided writing ideas, techniques, and discussion for approximately 40 minutes. During this time, each participant completed a small writing exercise.

During the next hour, participants went into their assigned breakout rooms where they shared their writing led by the assistants. Each participant shared their two-page narrative to the group at one time. It was emphasized that if participants felt uncomfortable sharing parts of their writing, they may exclude it in their reading to the group. After each sharing of the narratives, their group members gave comments and questions to their group members. After each sharing,

there were discussions among the group which the assistants guided members to stay on theme and reel the group on the topic. The co-investigator (Project for Distinction Student) floated between breakout rooms solely to observe.

During the last 20 minutes of the meeting, the whole group reconvened for concluding thoughts and further questions. The facilitator, Smith, will conduct this part of the session.

Hypotheses

Based on the review, the hypotheses for this study will investigate the possible benefits of GAB.

It is hypothesized that:

Hypothesis 1: Participants' Life Satisfaction Scale (LSS) scores will increase after the six-week GAB course.

Hypothesis 2: Participants' Quality of Life questionnaire (QOLS) scores will increase after the six-week GAB course.

Hypothesis 3: Participants' Meaning in Life questionnaire (MILQ) presence subscale will increase after the six-week GAB course.

Hypothesis 4: Participants' Reminiscence Function Scale (RFS) identity, conversation, and teach/inform will increase after the six-week GAB course.

Hypothesis 5: Participants' Memory Complaint Scale (MCS) scores will decrease after will six-week GAB course.

Results

Analysis Overview

All analyses were completed using SPSS 26. After data screening for outliers and violations of normality, correlation analyses were conducted to explore relationships among age and subjective memory complaints and the outcome variables in the design. A repeated measures ANOVA was then conducted comparing pretest and posttest scores for each outcome measure (i.e., quality of life, life satisfaction, and meaning in life). Age was explored as a covariate in the design. Because there were 14 participants with both pre-task and post-task scores used in the analysis, effect size measures are a focus in the results. Additionally, GAB experience data are provided, summarizing participants' experiences and satisfaction with GAB.

Correlations

Correlations were analyzed among age, Subjective Memory Complaint (SMC), Life Satisfaction Scale (LSS), Quality of Life (QOLS), and Meaning in Life (MILQ Presence, and MILQ Search) for pre- and post-task data (see Table 2). Age was positively correlated with MILQ at Time 1 ($r = .56, p < .05$). Although not significant, the relationship between age and SMC ($r = .39$), LSS ($r = .33$), and QOL ($r = .31$) all showed moderate effect sizes. The relationships between SMC and the other outcome measures at time 1 were all weak in effect and not significant.

Pre-task life satisfaction (LSS) was positively correlated with pre-task quality-of-life (QOLS) ($r = .63, p < .01$), and pre-task meaning in life questionnaire presence subscale (MILQ presence) ($r = .54, p < .05$). Pre-task quality of life (QOLS) had significant positive correlations with pre-task meaning in life presence subscale (MILQ presence) ($r = .57, p < .05$). Similarly, there was a significant positive correlation between post-task life satisfaction (LSS) and post-task quality of life (QOLS) ($r = .53, p < .05$) and a

significant positive correlation between post-task quality of life (QOL) and post-task meaning in life presence (MILQ presence) ($r = .70, p < .01$).

Pre-task life satisfaction (LSS) had significant negative correlations with post-task meaning in life search subscale (MILQ search) ($r = -.58, p < .05$), as did post-task life satisfaction (LSS) and post-task meaning in life search subscale (MILQ Search) ($r = -.53, p < .05$).

Analyses

To test the first hypothesis that life satisfaction (LSS) would improve following participation in GAB, a repeated-measures ANOVA was used to test for a change in LSS scores before and after the GAB course (see Table 3). I found that there was not a significant difference between pre- and post-task LSS scores, $F(1, 13) = 0.771, p = .396, \eta_p^2 = .056$. Although nonsignificant, the means show a positive change after participants had the GAB course. Although the effect size for this comparison is small, it is approaching a medium effect, suggesting a weak improvement in life satisfaction following GAB.

To test the second hypothesis that quality of life (QOLS) would improve after GAB participation, a repeated-measures ANOVA was used to test for a change in Quality of Life (QOLS) scores after the GAB course (See Table 3). I found that there was not a significant change between pre- and post-task QOLS scores $F(1, 13) = .723, p = .411, \eta_p^2 = .053$. However, quality of life improved after the GAB course according to the means. Again, the effect size showed a weak improvement in QOL following GAB.

To test the third hypothesis that meaning in life presence (MILQ presence) would increase following participation in GAB, a repeated measures ANOVA was used to test for a change in Meaning in Life (MILQ) Presence and Search before and after the GAB course (See

Table 3). I found that there was not a significant difference between pre- and post-task MILQ Presence scores, $F(1, 13) = .248, p = .627, \eta_p^2 = .019$. Interestingly, there was a decrease in scores after the GAB course, which was opposite of what was predicted.

Although not the focus of the hypothesis, This researcher found that there was not a significant difference between pre- and post-task MILQ Search scores $F(1, 13) = .007, p = .934, \eta_p^2 = .001$. There was an increase in scores after the GAB course.

To test the fourth hypothesis that reminiscence identity, conversation, and teach/inform (RFS Identity, Conversation, and Teach/Inform subscales) would increase after GAB participation, a repeated measures ANOVA was used to test for a change in on the Reminisce Function Scale (FS) for Identity, Conversation, and Teach/inform subscales before and after GAB course (See Table 4). I found that there was not a significant change in pre- and post-task RFS identity scores, but there is a moderate effect size showing a moderate decrease on the subscale, $F(1, 13) = 1.61, p = .23, \eta_p^2 = .11$. Interestingly, this was the opposite of what was predicted. I found that there was not a significant change between pre- and post-task RFS Conversation scores although there was a strong increase in RFS Conversation scores, $F(1, 13) = 3.25, p = .10, \eta_p^2 = .20$. Finally, I found there was not a significant change in pre- and post-task RFS Teach/Inform scores but a strong increase in RFS Teach/Inform scores, $F(1, 13) = 2.35, p = .15, \eta_p^2 = .15$. Although not the focus of the hypothesis, the results of the analyses for the remaining subscales are presented in Table 4.

To test the fifth hypothesis that the Subjective Memory Complaints Scale (MCS) would decrease following participation in GAB, repeated measures ANOVA was used to test for a change in MCS before and after the GAB course (See Table 3). I found that there was not a

significant change in pre- and post-task MCS scores, and the effect size showed a weak change pre to post, $F(1, 13) = .374, p = .551, \eta_p^2 = .028$. Although a weak effect, there was a decrease in MCS scores after GAB.

GAB Evaluations

The researcher I found that the participants were very satisfied with the GAB course (see Table 5). On all the questions that used a 7-point Likert scale, all the averages were above a 6, where 7 is most positive. When comparing the in-person and Zoom participants on their GAB experience scores using mixed model ANOVA none of the p values were significant, indicating that online was just as desirable as in person. As is noted in Table 5, positive ratings were provided for GAB leader knowledge, enthusiasm, and preparedness, as well as breakout room leader knowledge and preparedness and room management. Finally, GAB overall experience was very positive, as was the ability of GAB to meet the needs of participants.

Discussion

The purpose of this study was to explore the diverse potential benefits of GAB for older adults. To be more specific, the study considered life satisfaction, quality of life, subjective assessment of cognition, reminiscence, and meaning in life. Although there were no statistically significant results, the changes on the dependent measures were generally in the direction hypothesized. For example, life satisfaction and quality of life increased after the six-week GAB program. This finding is still important to the research community because it shows that GAB had some benefits. Perhaps with a longer program or larger sample size, the benefits would show statistically significant results.

It is important to note that there was no statistically significant difference in GAB satisfaction based on Zoom versus in-person participation. All participants indicated satisfaction and enjoyment in the program. This is an important finding because online was particularly useful during the COVID-19 pandemic and this evidence suggests that online GAB could be particularly useful in reducing isolation and loneliness in a future pandemic lockdowns. Online delivery also allows for more diverse samples since GAB can involve anyone with access to a computer and a dependable internet connection.

Effect Size Importance

Several dependent measures in this study had small to moderate to effect sizes. First, both Life Satisfaction and Quality of Life showed changes that approached moderate effects. This suggests that participants may have experienced improved quality of life after the reminiscing during the GAB program.

There was a moderate effect size associated with a decrease in scores on the RFS Identity subscale between pre- and post-task scores. RFS subscales identify different reasons why people reminisce. Thus, higher or lower scores reflect a change in content and reasoning, rather an increase or decrease in ability. This suggests that after GAB, participants' reminiscing focused less on their identity. This also suggests that participants' identity may have become less known to them after the writing prompts from the GAB course.

Additionally, the large effect size for the RFS Teach/Inform subscale between pre- and post-task scores suggests that participants' reminiscence became more focused on teaching or informing others. This makes sense as throughout the course the participants were sharing their

memories with others. Participants were more likely to reminisce in order to share their information with others.

Interestingly, a large effect size emerged from the RFS Death Preparation subscale between pre- and post-task scores. This suggests that participants were less likely to consider preparing for death after they engaged in the GAB course because the means decreased. Also, a moderate effect size emerged from RFS Intimacy Maintenance subscale scores between pre- and post-task scores. This suggests that participants' reminiscing after the GAB course did not do so to maintain intimacy. There was a moderate effect size for RFS Bitterness Revival subscale scores between pre- and post-task scores. Since the means decreased, it suggests that after the GAB course participants were less likely to be upset at a past memory.

Limitations

Although the literature notes that GAB is typically done for ten weeks (Thornton, 2008), shorter programs exist and our program was restricted to six weeks, in part due to costs and constraints based on an academic semester and timing for presentation of a distinction project. This may have limited the power of the program to yield a significant change. In fact, some participants in our program have already made plans to continue working together on their own.

The efficacy of an online and/or shortened program would be more accurately measured in follow-up studies with larger sample sizes.

This current sample was somewhat homogeneous; predominantly women, retired, and from a limited age-range, thus limiting generalizability. Additionally, longitudinal research is known to experience attrition. In the study, out of the 23 beginning participants, 21.74% ($n = 5$) withdrew, resulting in a loss in sample size. There were two participants who registered for the

course who mainly wanted writing help on memoirs where they already made extensive progress. Another two participants who withdrew were worried that unpleasant memories would be brought up. The last participant had a family emergency and was unable to continue with the program. Those who were more likely to drop out may have had immense writing experience or were unprepared for distressing memories. This combination of setbacks resulted in a smaller sample size than expected.

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Tables

Table 1

Demographics Table

	<i>M</i>	<i>SD</i>
Age	75.50	6.26
	<i>n</i>	%
Gender		
Male	2	14.30
Female	12	85.70
GAB Format		
Zoom	5	35.70
In Person	9	64.30
Number of Other Household Members		
None	5	35.70
One	7	50.00
Two	2	14.30
Employment Status		
Full-time	0	0.00
Part-time	2	14.30
Unemployed	1	7.10
Retired	11	78.60

Table 2

Correlations of age with Subjective Memory Complaint (SMC), Life Satisfaction (LSS), Quality of Life (QOL), and Meaning in Life (MILQ)

Variable	Age	SMC T1	LSS T1	QOL T1	MILQ-P T1	MILQ-S T1	SMC T2	LSS T2	QOL T2	MILQ-P T2	MILQ-S T2
Age	—										
SMC_T1	.39	—									
LSS_T1	.33	-.15	—								
QOLS_T1	.31	.03	.63**	—							
MILQ_Presence_T1	.56*	-.11	.54*	.57*	—						
MILQ_Search_T1	-.14	-.03	-.32	-.17	-.21	—					
SMC_T2	.27	.77**	.07	.53	.46	-.03	—				
LSS_T2	.38	-.08	.58*	.41	.23	-.32	-.07	—			
QOLS_T2	.44	.06	.16	.80**	.44	.16	.24	.53*	—		
MILQ_Presence_T2	.20	-.17	.28	.42	.62*	-.15	.16	.40	.70**	—	
MILQ_Search_T2	-.25	-.33	-.58*	-.33	-.65*	.67**	-.25	-.53*	-.25	.67**	—

* $p < .05$. ** $p < .01$

Table 3*Comparison of Pre- and Post-Task Quality of Life Measures Using Repeated Measures ANOVA*

Scale	Pre-task <i>M (SD)</i>	Post-task <i>M (SD)</i>	<i>F</i>	<i>p</i>	η_p^2
Life Satisfaction	26.43 (3.69)	27.43 (5.18)	.771	.396	.056
Quality of Life	91.21 (7.04)	92.29 (7.84)	.723	.411	.053
Meaning in Life					
Presence	28.14 (3.80)	27.57 (5.43)	.248	.627	.019
Meaning in Life					
Search	18.64 (8.37)	18.79 (6.58)	.007	.934	.001
Subjective Memory					
Complaint	10.71 (1.94)	10.50 (1.91)	.374	.551	.028

Table 4*Comparison of Pre- and Post-Task Reminiscence Function Scale Factors*

Reminiscence Function Scale Factor	Pre-task	Post-task	<i>F</i>	<i>p</i>	η_p^2
Boredom Reduction	10.14 (3.72)	11.21 (3.85)	2.07	.17	.14
Death Preparation	16.21 (6.67)	13.36 (5.33)	3.06	.10	.19
Identity	24.14 (4.04)	23.00 (4.96)	1.61	.23	.11
Problem Solving	20.93 (5.37)	20.57 (5.06)	.2	.67	.02
Conversation	15.57 (4.40)	16.57 (3.76)	3.25	.10	.20
Intimacy Maintenance	16.71 (3.24)	15.86 (4.00)	1.49	.24	.10
Bitterness Revival	11.71 (4.25)	10.57 (4.03)	1.92	.19	.13
Teach/Inform	17.57 (3.78)	18.64 (3.46)	2.35	.15	.15

Note. Standard deviations are presented in parentheses.

Table 5

GAB Satisfaction and Experience Ratings

GAB Evaluation	In-Person	Zoom	Overall Mean (SD)	Significance
GAB Leader Knowledge	6.67 (1.00)	6.60 (.89)	6.64 (.93)	.904
GAB Leader Enthusiasm	6.67 (1.00)	6.60 (.89)	6.64 (.93)	.904
GAB Leader Preparedness	6.67 (.71)	6.80 (.45)	6.71 (.61)	.712
Breakout Room Management	6.56 (1.01)	6.80 (.45)	6.64 (.84)	.622
Breakout Leader Knowledge	6.44 (.87)	7.00 (.00)	6.64 (.93)	.302
Breakout Leader Preparedness	6.56 (1.01)	7.00 (.00)	6.71 (.83)	.355
GAB Overall Experience	6.33 (.87)	6.20 (1.30)	6.29 (1.00)	.821
GAB Meeting Needs	6.44 (.73)	6.40 (1.34)	6.43 (.94)	.936
GAB Course Satisfaction **	4.67 (.71)	4.60 (.55)	4.64 (.63)	.859

Note. Responses were provided on a 7-point Likert scale, with 1 as very unsatisfied and 7 as very satisfied.

** Responses for GAB Course Satisfaction were reported using a 5-point Likert scale.

GAB Leader Knowledge = Rating GAB leader knowledge; GAB Leader Enthusiasm = Rating GAB Leader on Enthusiasm for subject; GAB Leader 3 = Rating GAB leader on preparedness; Breakout Room Management = Rating the breakout leader on their skill in managing discussions; Breakout Leader Knowledge = Rating the leader on their background knowledge; Breakout Leader Preparedness = Rating the

breakout leader on their preparedness; GAB Overall Experience = an evaluation of the total experience; GAB Meeting Needs = rating the extent to which the course met their needs; GAB Course Satisfaction = rating their satisfaction of the course

Appendices

Appendix A

Recruitment Script

To whom it may concern/Dear [name],

My name is Nicole White, and I am an undergraduate student in the school of Social and Behavioral Sciences at Stockton University. I am conducting a research study examining the diverse benefits of guided autobiography, particularly the association between guided autobiography and perceived quality of life. If you agree, you are invited to participate in six two hour weekly guided autobiography sessions ran by official E-GAB instructor, Barbara Smith. For each guided autobiography session, you will complete a two-page narrative focusing on a theme. You would discuss your writing and create an engaging discussion with other participants. Additionally, two sets of questionnaires will be completed outside the guided autobiography sessions and is anticipated to take no more than one hour each. One questionnaire set is completed before guided autobiography program and one is completed after.

Participation in this study is voluntary and participants can withdraw from the study at any point. The data you provide will keep your identity confidential.

If you have questions or would like to participate, please contact me at whiten10@go.stockton.edu or Dr. Burdick at David.burdick@stockton.edu.

Thank you for your participation,

Nicole White
Stockton University
School of Social and Behavioral Sciences
Undergraduate student

Appendix B

Stockton Undergrad Researcher Seeks Participants in Guided Autobiography Study:

You may be eligible to participate in a research study on guided autobiography run by Stockton student Nicole White. Guided Autobiography (GAB) is a memoir writing class designed to help people document their life stories. We are living through extraordinary times and telling our stories of times past and present becomes a powerful process of self-discovery that can lead to a greater appreciation of one's own life and the lives of others.

Stockton has hired an official E-GAB instructor to ensure the quality of the program. Barbara Smith is a certified Guided Autobiography instructor with the Birren Institute for Autobiographical Studies. She has taught writing classes at the adult school and college level for over 30 years. Her articles and photographs have been published in numerous newspapers and magazines.

In this class, participants are led through themes and priming questions each week and then write two (2) pages on that week's theme. Participants will share their writing each week in our Zoom meetings with others. Additional questionnaires will be a part of this program to analyze the benefits of GAB.

You are eligible if:

- Over the age of 60
- Not previously been a part of a reminiscence program (including Stockton's Time To Tell)

If interested in learning more or participating, please use [LINK](#) to provide your name and contact information as directed noting your interest in the Guided Autobiography study. If you have questions, please contact SCOSA Director at David.Burdick@stockton.edu or whiten10@go.stockton.edu

Appendix C

January 20th, 2022

Consent form

Research Purpose:

You are invited to participate in a study looking at the effects of Guided Autobiography on older adults. Guided autobiography is a creative writing program that allows for reminiscence. Guided autobiography has been associated with a higher self-perception. Exploring the relationship between guided autobiography on self-perception of quality of life and cognitive function will greatly benefit the research community.

To be eligible to participate you must:

- Be over the age of 60
- Have no history of participation in previous reminiscence programs (including Time to Tell)

Research Activities:

If you choose to participate in this research, you will complete two sets of questionnaires. Each set of questionnaires will be sent via email and completed online through Qualtrics and should not take more than one hour to complete. Additionally, six two-hour weekly guided autobiography sessions will be attended where you will write a two-page narrative on a specific theme and discuss it with other participants.

Risks and Benefits:

There may be risks of stress, emotional distress, and loss of privacy associated with participating in this research study. Topics discussed may be sensitive to an individual leading to emotional distress.

Additionally, confidentiality may be risked due to sharing personal information in front of others. We cannot guarantee any benefits from your participation; however, the study's purpose is to explore possible benefits from guided autobiography.

Confidentiality:

At no time will your name be attached to any information you provide. However, during guided autobiography sessions, confidentiality is risked through sharing personal information.

Compensation:

There is no compensation for involvement in this study, other than free-of-charge participation in the GAB program for individuals aged 60 or over and residents of Ocean County, NJ or Atlantic County, NJ.

Voluntary Participation and Withdrawal:

Please know that your decision to participate in this study is completely voluntary. Your decision about whether to be involved in this study or not will not influence any future relations you may have with Stockton University. Keep in mind that you may withdrawal from the study at any time without prejudice or penalty to you after signing this form should you choose not to continue.

If you have any questions about the study, please contact Nicole White (whiten10@go.stockton.edu) or Dr. Burdick (david.burdick@stockton.edu)

Print Name: _____

Signature: _____ Date: _____

Appendix D

Demographics Form

What is your gender? Male Female Other

What is your age? _____

What is your marital status? _____

What is your highest degree earned?

Please check one:

- Less than high school
- High School
- Some college
- Associate degree / vocational schooling
- Bachelor's degree
- Master's degree
- Doctoral degree

Appendix E

Geriatric Depression Scale (short form)

Geriatric Depression Scale (short form) **Tools may be copied without permission**

Instructions: Circle the answer that best describes how you felt over the past week.

1. Are you basically satisfied with your life? yes no
2. Have you dropped many of your activities and interests? yes no
3. Do you feel that your life is empty? yes no
4. Do you often get bored? yes no
5. Are you in good spirits most of the time? yes no
6. Are you afraid that something bad is going to happen to you? yes no
7. Do you feel happy most of the time? yes no
8. Do you often feel helpless? yes no
9. Do you prefer to stay at home, rather than going out and doing things? yes no
10. Do you feel that you have more problems with memory than most? yes no
11. Do you think it is wonderful to be alive now? yes no
12. Do you feel worthless the way you are now? yes no
13. Do you feel full of energy? yes no
14. Do you feel that your situation is hopeless? yes no
15. Do you think that most people are better off than you are? yes no

Total Score _____

Instructions: Score 1 point for each bolded answer. A score of 5 or more suggests depression.

1. Are you basically satisfied with your life? yes **no**
2. Have you dropped many of your activities and interests? **yes** no
3. Do you feel that your life is empty? **yes** no
4. Do you often get bored? **yes** no
5. Are you in good spirits most of the time? yes **no**
6. Are you afraid that something bad is going to happen to you? **yes** no
7. Do you feel happy most of the time? yes **no**
8. Do you often feel helpless? **yes** no
9. Do you prefer to stay at home, rather than going out and doing things? **yes** no
10. Do you feel that you have more problems with memory than most? **yes** no
11. Do you think it is wonderful to be alive now? yes **no**
12. Do you feel worthless the way you are now? **yes** no
13. Do you feel full of energy? yes **no**
14. Do you feel that your situation is hopeless? **yes** no
15. Do you think that most people are better off than you are? **yes** no

A score of > 5 suggests depression

Total Score _____

Appendix F

Life Satisfaction Scale

Instructions: Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

- 7 - Strongly agree
- 6 - Agree
- 5 - Slightly agree
- 4 - Neither agree nor disagree
- 3 - Slightly disagree
- 2 - Disagree
- 1 - Strongly disagree

____ In most ways my life is close to my ideal.

____ The conditions of my life are excellent.

____ I am satisfied with my life.

____ So far I have gotten the important things I want in life.

____ If I could live my life over, I would change almost nothing.

Scoring: Though scoring should be kept continuous (sum up scores on each item), here are some cutoffs to be used as benchmarks.

31 - 35 Extremely satisfied

26 - 30 Satisfied

21 - 25 Slightly satisfied

20 Neutral

15 - 19 Slightly dissatisfied

10 - 14 Dissatisfied

5 - 9 Extremely dissatisfied

Appendix G

Quality of Life Scale (QOLS)

Please read each item and circle the number that best describes how satisfied you are at this time.

Please answer each item even if you do not currently participate in an activity or have a relationship. You can be satisfied or dissatisfied with not doing the activity or having the relationship.

	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
1. Material comforts home, food, conveniences, financial security	7	6	5	4	3	2	1
2. Health - being physically fit and vigorous . . .	7	6	5	4	3	2	1
3. Relationships with parents, siblings & other relatives- communicating, visiting, helping . . .	7	6	5	4	3	2	1
4. Having and rearing children	7	6	5	4	3	2	1
5. Close relationships with spouse or significant other	7	6	5	4	3	2	1
6. Close friends	7	6	5	4	3	2	1
7. Helping and encouraging others, volunteering, giving advice	7	6	5	4	3	2	1
8. Participating in organizations and public affairs	7	6	5	4	3	2	1
9. Learning- attending school, improving understanding, getting additional knowledge . .	7	6	5	4	3	2	1
10. Understanding yourself - knowing your assets and limitations - knowing what life is about . .	7	6	5	4	3	2	1
11. Work - job or in home	7	6	5	4	3	2	1
12. Expressing yourself creatively	7	6	5	4	3	2	1
13. Socializing - meeting other people, doing things, parties, etc	7	6	5	4	3	2	1
14. Reading, listening to music, or observing entertainment	7	6	5	4	3	2	1
15. Participating in active recreation	7	6	5	4	3	2	1
16. Independence, doing for yourself	7	6	5	4	3	2	1

The instrument is scored by summing the items to make a total score.

Appendix H

Reminiscence Function Scale

When I reminisce it is: (please circle one number per question).	NEVER RARELY SELDOM OCCASIONALLY OFTEN VERY FREQUENTLY	1
1. to teach younger family members what life was like when I was young and living in a different time.	1 2 3 4 5 6	6
2. to help me "put my house in order" before I die.	1 2 3 4 5 6	
3. because it fills the gap when I find time "heavy on my hands".	1 2 3 4 5 6	
4. to help me plan for the future.	1 2 3 4 5 6	
5. to keep alive the memory of a dead loved one.	1 2 3 4 5 6	
6. because it brings me closer to newer friends and acquaintances.	1 2 3 4 5 6	
7. because it promotes fellowship and a sense of belonging.	1 2 3 4 5 6	
8. because it helps me contrast the ways I've changed with the ways I've stayed the same.	1 2 3 4 5 6	
9. because it gives me a sense of personal completion or wholeness as I approach the end of life.	1 2 3 4 5 6	
10. to see how my past fits in with my journey through life.	1 2 3 4 5 6	
11. to pass the time during idle or restless hours.	1 2 3 4 5 6	
12. to help solve some current difficulty.	1 2 3 4 5 6	
13. to keep painful memories alive.	1 2 3 4 5 6	
14. out of loyalty to keep alive the memory of someone close to me who has died.	1 2 3 4 5 6	
15. to rehash lost opportunities.	1 2 3 4 5 6	
16. to reduce boredom.	1 2 3 4 5 6	

17. to remember an earlier time when I was treated unfairly by others.	1	2	3	4	5	6
--	---	---	---	---	---	---



3

18. to remind me that I have the skills to cope with present problems.	1	2	3	4	5	6
19. to relieve depression.	1	2	3	4	5	6
20. to transmit knowledge that I've acquired to someone else.	1	2	3	4	5	6
21. for lack of any better mental stimulation.	1	2	3	4	5	6
22. to create a common bond between old and new friends.	1	2	3	4	5	6
23. in order to teach younger persons about cultural values.	1	2	3	4	5	6
24. because it gives me a sense of self-identity.	1	2	3	4	5	6
25. to remember someone who has passed away.	1	2	3	4	5	6
26. because remembering my past helps me define who I am now.	1	2	3	4	5	6
27. as a way of bridging the "generation gap".	1	2	3	4	5	6
28. as a "social lubricant" to get people talking.	1	2	3	4	5	6
29. because it helps me prepare for my own death.	1	2	3	4	5	6
30. in order to leave a legacy of family history.	1	2	3	4	5	6
31. to put current problems in perspective.	1	2	3	4	5	6
32. to try to understand myself better.	1	2	3	4	5	6
33. because I feel less fearful of death after I finish reminiscing.	1	2	3	4	5	6

34. to create ease of conversation.	1	2	3	4	5	6
35. because it helps me see that I've lived a full life and can therefore accept death more calmly.	1	2	3	4	5	6
36. as a means of self-exploration and growth.	1	2	3	4	5	6
37. for something to do.	1	2	3	4	5	6
38. because it helps me cope with thoughts of my own mortality.	1	2	3	4	5	6
39. to see how my strengths can help me solve a current problem.	1	2	3	4	5	6
40. to rekindle bitter memories.	1	2	3	4	5	6
41. to remember people I was close to but who are no longer a part of my life.	1	2	3	4	5	6
42. to avoid repeating past mistakes at some later date.	1	2	3	4	5	6



4

43. to keep memories of old hurts fresh in my mind.	1	2	3	4	5	6
---	---	---	---	---	---	---

Scoring: Sum over the following items to obtain factor scores. Sum over factor scores to obtain total RFS score.

Boredom Reduction: 16,37,11,21,3,19

Death Preparation: 33,35,29,38,9,2

Identity: 32,26,36,8,10,24

Problem-Solving: 39,31,18,42,12,4

Conversation: 22,7,34,28,6

Intimacy Maintenance: 5,25,14,41

Bitterness Revival: 43,40,13,15,17

Teach/Inform: 1,23,30,27,20

Appendix I

Subjective Memory Complaints Scale

Objective: To assess patient's memory complaint directly with him/her

Instructions:

- Apply this directly to patient with no intervention from companion
- Read aloud in a clear voice

Q1. Do you have any memory problems? (or "forgetfulness?" or "memory difficulties")

No = 0 Unable to answer/unsure/doubt = 1 Yes = 2

If answers No, mark 0 and likewise for Q2 and Q3 and skip ahead to Q4

Q2. How often does this happen?

Rarely = 0 Occasionally/sometimes = 1 A lot/frequently = 2

Q3. Does this memory problem hamper (or impair) your daily activities?

No = 0 Occasionally/sometimes = 1 A lot /frequently = 2

Q4. How is your memory compared to others your age?

The same or better = 0 Somewhat worse = 1 Much worse = 2

Q5. How is your memory compared with when you were younger?

Same or better = 0 Somewhat worse = 1 Much worse = 2

Q6. Do you forget what you've just read or heard (e.g., in a conversation)?

Rarely/never = 0 Occasionally = 1 Often = 2

Q7. Rate your memory on a scale of 1 to 10, with 1 worst and 10 best

9 or 10 = 0 5 to 8 = 1 1 to 4 = 2

Scoring

Interpretation

[] No MCs (0-2) [] Mild MCs (3-6) [] Moderate MCs (7-10) [] Severe MCs (11-14)

Appendix J

Meaning in Life Questionnaire

Please take a moment to think about what makes your life and existence feel important and significant to you. Please respond to the following statements as truthfully and accurately as you can, and also please remember that these are very subjective questions and that there are no right or wrong answers. Please answer according to the scale below:

Absolutely Untrue 1	Mostly Untrue 2	Somewhat Untrue 3	Can't Say True or False 4	Somewhat True 5	Mostly True 6	Absolutely True 7
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1. _____ I understand my life's meaning.
2. _____ I am looking for something that makes my life feel meaningful.
3. _____ I am always looking to find my life's purpose.
4. _____ My life has a clear sense of purpose.
5. _____ I have a good sense of what makes my life meaningful.
6. _____ I have discovered a satisfying life purpose.
7. _____ I am always searching for something that makes my life feel significant.
8. _____ I am seeking a purpose or mission for my life.
9. _____ My life has no clear purpose.
10. _____ I am searching for meaning in my life.

MLQ syntax to create Presence and Search subscales:

Presence = 1, 4, 5, 6, & 9-reverse-coded

Search = 2, 3, 7, 8, & 10

Appendix K

Statement of Confidentiality and Attendance

Guided Autobiography**Statement of Confidentiality and Attendance**

Each person participating in this group is honored with mutual respect as we share our personal experiences and memories.

Therefore, I pledge to hold all information shared in this workshop setting in strict confidence and I trust that each person here will hold information I share in the same manner.

This is a 6 week online workshop. I pledge to attend all meetings unless there is a serious conflict. In which case, I will contact one of the life story writing facilitators to make arrangements for my absence.

Signed

Date