

THE EFFECTS OF INTERGENERATIONAL REMOTIVATION
THERAPY ON THE LIFE SATISFACTION OF
INSTITUTIONALIZED ELDERLY

By

GLADEEN BURRIS ALLRED
ii

Bachelor of Science
Oklahoma State University
Stillwater, Oklahoma
1964

Master of Arts
University of Tulsa
Tulsa, Oklahoma
1971

Submitted to the Faculty of the Graduate College
of the Oklahoma State University
in partial fulfillment of the requirements
for the Degree of
DOCTOR OF EDUCATION
May, 1985

Thesis
1985D
A441e
cop. 2



THE EFFECTS OF INTERGENERATIONAL REMOTIVATION
THERAPY ON THE LIFE SATISFACTION OF
INSTITUTIONALIZED ELDERLY

Thesis Approved:

Judith E. Dobson
Thesis Adviser

Noma Jo Campbell

Joseph Pearl

Lorene Keeler

Norman N. Durham
Dean of the Graduate College

Acknowledgments

I would like to express appreciation to all the people who assisted me in this work. I am especially indebted to my major adviser, Dr. Judith Dobson, for her energy, intelligent guidance, and inspiration.

I would also like to thank the other members of the committee, Dr. Joseph Pearl and Professor Lorene Keeler, for their advisement in the course of this work. Special thanks are due to Dr. Nora Jo Campbell for her assistance with the statistical design of the study and with analysis of the data. A note of appreciation is due Dr. John Dillard for his help in the preparatory phase of the study.

The creative ideas and energy of the three adult group facilitators, Judith Hutchison, Eileen Pye, and Gertrude Savage, are sincerely appreciated. I would also like to acknowledge the 25 children who served as group facilitators for their cooperation and enthusiasm.

I am grateful to my parents, Edward and Gladys Burris, for their love and encouragement.

To my husband, Larry, and my two sons, Brett and Lance, go my deepest appreciation for their patience, moral support, understanding, and faith in me.

This study is dedicated to my grandmothers, Amanda Cansler Burris and Flora Belle Miller Toler, who taught me the joy and value of intergenerational relationships.

Table of Contents

Chapter	Page
I. Introduction	1
Introduction	1
Theoretical Background	4
Late-Life Changes	4
Intellectual Stimulation.	4
Intergenerational Activity.	5
Significance of the Study.	6
Statement of the Problem	7
Definitions.	8
Limitations.	9
Hypotheses	9
Objective.	10
Organization of the Study.	10
II. Review of Related Literature.	11
Counselor Neglect of the Elderly	11
Needs of the Elderly	13
Group Therapy for Elderly.	15
Review of Remotivation Therapy Research Studies . .	18
Intergenerational Contact.	22
Summary.	27
III. Instrumentation and Methodology	30
Instrumentation.	30
Analyses of the Attitudes of Students	30
Life Satisfaction Index Z	33
Procedure.	35
Description of the Sample	36
Group Facilitators--Adults.	37
Group Facilitators--Children.	37
Treatment	44
Testing	45
Design of the Study.	46
Statistical Procedure.	46
Summary.	47
IV. Results	48
Tests of the Hypotheses.	48

Chapter	Page
Hypothesis I	48
Hypothesis II	49
Secondary Objective	49
Summary.	52
V. Summary, Conclusions, and Recommendations	54
Summary.	54
Conclusions.	56
Recommendations.	58
References	60
Appendixes	68
Appendix A - Analyses of the Attitudes of Students.	69
Appendix B - Analyses of the Attitudes of Students [adaptation]	72
Appendix C - Life Satisfaction Index-Z.	75
Appendix D - Information Sheet.	77
Appendix E - Facilitator Training	79
Appendix F - Remotivation Therapy Discussion Guides	82
Appendix G - Anecdotes and Comments	86
Appendix H - Reports from Child Facilitators.	91

List of Tables

Table	Page
1. Demographic Information for Control Subjects.	38 .
2. Demographic Information for Remotivation Therapy-- Adult-Led Subjects.	40
3. Demographic Information for Remotivation Therapy-- Child-Led Subjects.	42
4. Descriptive Statistics for Life Satisfaction of the Three Experimental Groups	50
5. Descriptive Statistics for Life Satisfaction of the Combined Therapy Groups and Control Group	51
6. Descriptive Statistics for Children's Attitudes Toward the Elderly.	52

Chapter I

Introduction

During this century, the percentage of people in the United States over the age of 65 has increased, creating a change in population structure (Silverman, Brahce, & Zielinski, 1981). There are now 24 million elderly individuals, compared with 3.1 million at the turn of the century (Silverman et al., 1981). Spiker, Woodward, and Van Tassel (1978) estimated that the number of elderly has increased at more than triple the rate of the population in general. Life expectancy at birth has risen from around 47 years in 1900 to 69 years for Caucasian men and 77 years for Caucasian women, and 63 and 72 years for nonwhite men and women, respectively, according to the 1975 Census Bureau (Silverman et al., 1981).

This century's trend toward an older population indicates a need for counselors to consider how best to serve the older adult (Maynard, 1980). Mental health care for older Americans, however, is one of the most ignored health needs in public as well as private mental health systems (Davis, 1984). The belief that older adults benefit only minimally from counseling services may be responsible for this neglect (Chafetz, Ochs, Tate, & Niederehe, 1982). Colangelo and Pulvino (1980) state that the negligence is due to the "investment syndrome": the investment of time and energy should involve the strong possibility of return. The lower probability of such a return, combined with large

numbers of patients seeking counseling, may contribute to the low priority given to elderly clients. Fewer than 3 percent of clients seeking help from clinics or private therapists are over the age of 65. The small percentage of older adults in therapy may result from their inability to seek help due to physical disability, confinement to a wheelchair, or lack of transportation. Developing therapeutic programs to reach a wider constituency is one solution (Schlossberg, 1976). Another possibility is to train paraprofessionals to provide counseling for members of this age group (Pruchna & Smyer, 1983).

Age bias, negative attitudes toward older people, may contribute to counselor neglect of aging adults (Troll & Schlossberg, 1971). Schlossberg (1976) believes that age bias may reduce counselors' ability to assist the elderly in regaining control over their lives and in continued development. The disproportionately high suicide rate and the common occurrence of depression among those over age 65 indicates the need to develop new remedial and preventive counseling tools to counteract decades of neglect (Lambana, 1976).

Due to the lack of attention given to gerontological counseling in counselor education programs, counselors must adapt methods used in other helping professions (Maynard, 1980). A counseling technique recommended for use with older adults is remotivation therapy.

Remotivation therapy originated in state mental hospitals, but is now gaining wide acceptance for use in nursing and geriatric homes (Robinson, n.d.). The technique was designed for treatment of those diagnosed as having mental disorders, physical disorders, or depression (Dennis, 1978). Remotivation therapy is a structured, yet flexible, method of group interaction designed to improve client self-concept,

increase social contact, and provide motivation for tasks of daily living (Thralow & Watson, 1974). Discussion topics of general interest, such as vacation trips or hobbies, are introduced to stimulate client interest and involvement.

Barrow & Smith (1979) note that many nursing home patients are misdiagnosed as senile when what they are actually lacking is stimulation and human interaction. Forced relocation may produce feelings of grief, confusion, trauma, and loneliness (Barrow & Smith, 1979). Reactive depression can result from loss of environmental control. Feelings of helplessness may create passive behaviors, energy loss, and lack of interest in daily tasks, such as bathing and eating (Seligman, 1973). For these reasons, remotivation therapy can be a useful therapeutic tool in a nursing home setting.

Five research studies (Dennis, 1978; Thralow & Watson, 1974; Bovey, 1971; Moody, Baron, & Monk, 1970; Long, 1962) have been conducted to determine the effectiveness of remotivation therapy in a hospital setting. Four of these studies report positive results. Only one study has been conducted in a nursing home setting (Abrahams, Wallach, & Divens, 1979). Another research study has involved the use of elementary school students as remotivation therapists in the geriatric unit of a psychiatric hospital (Thralow & Watson, 1974). The results of the latter study were positive, but no attempt was made to determine the effects of using children as remotivation therapists vs. the effects of using adults as remotivation therapists. The therapeutic value of using children as remotivation therapists seems worthy of investigation with application to nursing home residents.

Theoretical Background

Discussed in this section are the changes which occur during the aging process. The importance of mental exercise in late-life health maintenance and the value of intergenerational contact will also be addressed.

Late-Life Changes

Aging is a gradual and personal process (Silverman et al., 1981). Sociological changes, such as reduced economic and community support, come at a time when older adults may also be experiencing sensory impairment and loss of spouse, friends, home, personal possessions, employment, and mobility. Such losses can diminish confidence and self-esteem (Silverman et al., 1981).

Relocation in an institutionalized setting may create dependency and further reduce feelings of esteem. Studies indicate that fear of dependency is the primary cause of low morale among older people. Independence is needed to maintain self-esteem (Wright & Weber, 1983b). This concept is supported by Spencer (1983) who notes placement in a nursing home often results in rapid mental and physical decline, due to loss of autonomy. Thus, as a result of multiple late life losses, physical changes, and diminishing autonomy, many elderly people find themselves experiencing low morale and confidence.

Intellectual Stimulation

Sensory loss, coupled with less mobility, can increase isolation and decrease opportunities for mental stimulation. Yet mental exercise may be as vital as physical exercise in maintaining good health and cognitive ability in old age (Baird, 1984). Diamond (1984),

in a series of interviews with active older people, found that mental activity improves cognitive functioning.

While intellectual stimulation cannot prevent age related diseases, such as Alzheimer's or dementia, research has demonstrated a relationship between intellectual activity and health (Baird, 1984). Mental stimulation, as part of group activity, is consequently related to morale and to life satisfaction (Palmore, 1979).

Intergenerational Activity

Interaction between children and older people has been suggested as a method of improving the mental health and esteem of the aged. Both social interaction and contact with the younger generation have been linked to improved self-esteem in the elderly (Rynerson, 1972).

A focus on mutual interests between generations may help bridge the gap between disparate age groups. This philosophy has led to the development of a unit of study involving intergenerational activities between elementary children and older adults by the Oklahoma Department of Education (1982). The unit was designed to help in improving the mental health and social image of the elderly.

In summary, during the aging process, economic and sociological losses may occur, reducing self-esteem and confidence. These losses also increase isolation and lack of stimulation. Mental exercise is related to health and to life satisfaction. Social interaction and contact with children are both correlated with self-esteem in older people. Perhaps the mental exercise, social interaction, and contact with children provided through remotivation therapy can help the frail elderly maintain a higher level of life satisfaction.

Significance of the Study

In helping older adults cope with the physiological, psychological, and financial losses which occur in old age, counselors have a need to develop new models for group work with the elderly (Maynard, 1980). Group counseling offers elders economically feasible and positive social activity (Mardoyan & Weis, 1981).

The rationale for this study is based upon the assumption that life satisfaction of older adults will be heightened by intellectual and social stimulation and by contact with children. This rationale is based on statements made by Baird (1984), Palmore (1979), and Rynerson (1972). Their discussions of the aging process indicate that group activity may aid cognitive functioning, sense of belonging, morale, and life satisfaction. Continued interaction with children has been positively correlated with the mental outlook and esteem feelings of the aged. Perhaps the morale of the institutionalized frail elderly might be elevated through remotivation therapy led by children.

This study is significant because few counseling strategies have been designed for use with older adults and because lower morale and depression are common occurrences among institutionalized elderly (Spencer, 1983). Perhaps one method of diminishing depression might be through discussion groups on topics of mutual interest, conducted by children and enlivened with visual aids. It is hoped the study will add valuable data to the present literature and promote further studies concerning the status and mental health needs of the elderly. A secondary objective will be to examine children's attitudes toward the aged. It is hoped that further research may result in greater enrichment of the latter third of life.

Statement of the Problem

As mentioned in the previous section, the twentieth century trend toward an older population indicates a need for counselors to develop new models for group work with the elderly (Maynard, 1980). This study was undertaken in an effort to test the effectiveness of using children as remotivation therapists to enhance the mental outlook of frail elderly nursing home residents. The many changes and losses which occur during the latter years of life generally reduce feelings of self-esteem and confidence and increase depression (Lambana, 1976). As previously noted, relocation in a nursing home can decrease autonomy and diminish feelings of worth (Barrow & Smith, 1979). Such experiences may accumulate, decreasing the older adults' level of life satisfaction. A remedial tool which might prove useful in improving morale is intergenerational remotivation therapy, or discussion groups centering on topics of general interest, facilitated by school children in a supervised situation. Therefore, this study is designed to investigate the effect that such group discussions might have on the attitudes, self images, and life meaning of frail elderly nursing home residents.

This study was also constructed to ascertain the effect of intergenerational interaction on children's perception of the aged. Children's opportunities to develop lasting friendships with the institutionalized aged is limited. More commonly, nursing home residents' contact with young people is restricted to brief program presentations or to receiving gifts made by children. There is little chance in such settings for social interaction between the older and younger generations. Yet studies by Lombard (1982) and Click (1976) indicate that children's perceptions of older people can be improved

through interaction with the elderly. Other researchers (Abrahams et al., 1979; Bovey, 1971; Long, 1962; Moody et al., 1970) report that remotivation therapy is effective in promoting therapeutic gain. Thralow & Watson (1974) found children to be effective remotivation therapists in a psychiatric hospital with long-term geriatric patients.

Therefore, this study was conducted in an effort to answer the following questions: Is remotivation therapy conducted by children more effective than remotivation therapy conducted by adults or the absence of remotivation therapy in increasing frail elderly nursing home resident's level of life satisfaction? Is there a difference in the life satisfaction level of frail, elderly adults receiving remotivation therapy compared with those not receiving remotivation therapy? Is there an observed change in children's attitude toward the aged after group interaction with the elderly?

Definitions

The following definitions of terms are important to this study.

Frail Elderly--The frail elderly are those persons over the age of 60 who are physically frail, mentally confused, or experiencing some degree of memory loss, and are unable to maintain a household or have social contacts without assistance.

Older Adults--Older adults are those people age 55 and older.

Life Satisfaction--A person defined as experiencing a high level of life satisfaction is one who (a) is resolute regarding life as meaningful; (b) experiences zest, rather than apathy, concerning tasks of daily living; (c) feels there is a positive relationship between desired and achieved goals; (d) has a positive self-concept; and

(e) is optimistic with a happy mood (Neugarten, Havighurst, & Tobin, 1961).

Remotivation Therapy--Child-Led--Children are paired with an older adult for group discussions of topics of general interest, such as hobbies, following four of the five steps developed by Smith (as cited in Thralow & Watson, 1974).

Remotivation Therapy--Adult Led--One adult leader facilitates group discussions with the elderly of topics of general interest, such as hobbies, following four of the five steps developed by Smith (as cited in Long, 1962).

Limitations

1. The frail elderly participating in this study will be drawn from nursing homes located in a small southwestern community. Since the relatively small sample will be selected from only three nursing homes, the results may not be generalized to other elderly populations.

2. The therapy sessions will be limited to weekly one-half hour sessions for 10 weeks. This will be an adaptation of the 12-session, five-step technique developed by Smith (as cited in Robinson, n.d.). Other time periods might produce different results.

3. The frail, elderly people participating in this study will be volunteers. Therefore, the results may be generalized only to other volunteer participants in nursing homes in the community.

4. The frail health of those participating in the study may have an effect on the results. Those described as being in better or worse health than the participants might report a different outcome.

Hypotheses

The .05 level of significance was established as necessary to reject the following null hypotheses.

1. There are no differences among the effects of remotivation therapy conducted by children, remotivation therapy conducted by adults, and the absence of remotivation therapy upon the mean levels of life satisfaction of frail, elderly nursing home residents when pretest measures of life satisfaction are used as the covariate.

2. There is no difference between the effects of remotivation therapy and the absence of remotivation therapy on the life satisfaction of frail, elderly nursing home residents when initial measures of life satisfaction are used as the covariate.

Secondary Objective

A secondary objective of this study is to examine children's attitudes toward the aged before and after remotivation group interaction with frail, elderly nursing home residents.

Organization of the Study

An introduction to the study, the theoretical background, significance, statement of problem, definitions, limitations, and hypotheses were presented in Chapter I. A review of literature pertinent to the study is presented in Chapter II. The methodology and instruments are discussed in Chapter III. A report of the findings of this research are presented in Chapter IV. A summary, qualifying information, conclusions, and recommendations are provided in Chapter V.

Chapter II

Review of Related Literature

This chapter is divided into four major sections. In the first section, reasons for counselor neglect of the elderly are discussed. In the second section, the counseling needs of older people are addressed. Literature relative to counseling groups for the elderly is presented in the third section. The final section is devoted to the relationship between intergenerational contact and life satisfaction in older adults.

Counselor Neglect of the Elderly

Although 24 million people (11%) of the current population are over the age of 65 and 44 million (20%) are over the age of 55, counselor involvement with the aged is minimal when compared with therapeutic services provided for other age groups (Davis, 1984; Nissenson, 1984; Maynard, 1980). Freud set a precedent for neglect of the elderly clients when he advised against treatment of anyone over the age of 50 (Nissenson, 1984). His early influence may have resulted in the small percentage (30%) of clinical psychologists treating elderly clients (Nissenson, 1984).

Younger therapists may avoid older clients due to fear of being placed in the role of a child, with the mature client acting as a parent (Nissenson, 1984). There may also be an inner conflict

concerning parental aging (Chafetz, Ochs, Tate, & Niederehe, 1982). Counselor fears regarding their own aging also may be at the root of their negligence (Nissenson, 1984; Chafetz et al., 1982).

Schlossberg (1976) believes that fewer older people are being accepted for therapy due to concern about their diminishing potential and proximity to death. Nissenson (1984) echoes the thought that younger clients are preferred because they have a longer time to live and make a contribution to society. The small return that may result from time and energy invested in counseling older people dissuades many therapists from seeking elderly clientele (Colangelo & Pulvino, 1980). Chafetz et al. (1980) contends that many therapists believe the therapeutic benefits resulting from counseling the elderly are minimal.

Age bias may be a final factor in lack of counselor involvement. Age bias takes three forms: age restrictiveness, defining behavioral limits by age; age distortion, misperception of a person's character and behavior due to their age; and ageism, negative attitudes toward people who are older (Troll & Nowak, 1976). In an exploratory study of counselor age bias, Troll and Schlossberg (1971) sent Age Norms Inquiries to deans of students in 55 colleges and universities and to members of the Adult Development Guidance Association. The deans were to distribute five copies of the questionnaire to the counselors at their schools. Out of 381 questionnaires mailed, 186 were returned. Although those responding may not be typical of college counselors as a group or of all counseling professionals, the researchers found that over half of the counselors appeared to be age biased. They concluded that adult clients may have a less than even chance of finding a therapist who will counsel them without regard to their age.

Schlossberg (1976) states counselor awareness of subjective age prejudice is needed in order to assist older people with continued development. Blake (1975) supports this statement with the observation that therapists must confront their own age bias and replace age-related myths with facts concerning the mental health needs of older clients. Age prejudice may increase dependency feelings in the aged if it causes them to be ignored and, thus, begin to view themselves as both useless and worthless (Lambana, 1976).

Needs of the Elderly

The traditional treatment of older people as dependent, excess population is a dated approach in a culture which paradoxically treats old age as both an achievement and a failure (Gelman, 1982). Most elderly have a wish to continue being useful (Gelman, 1982).

Many people have made a useful contribution to their cultures during old age: Benjamin Franklin, Oliver Windell Holmes, and Picasso are examples of such people (Colangelo & Pulvino, 1980). Old age can be a time of inspiration. Leonardo da Vinci painted The Last Supper in his later years. It was not until late life that Handel composed The Messiah (Brown, 1964). The latter stage of life can be a time to engage in self-improvement (Brown, 1964). Schiff (1983) photographically depicts 62 octogenarians, including writer and educator Max Lerner, who continue to lead active and productive lives. Lerner (1984) comments on the topic of continued growth in old age:

Age does give you perspective . . . there's true creativity
in old age . . . You do down to tap hidden layers of
knowledge . . . I thought you never did anything for the

first time as an old person . . . It isn't true. I'm
doing many things for the first time. (p. 33)

Ignoring people because they have reached the age of 65, 70, or 85 is a social waste. Various human capacities grow with age; society should begin to create ways to utilize such capacities ("Art of Aging," 1974). A society that is to maximize its potential has a need for all people to be contributing members (Colangelo & Pulvino, 1980).

Counseling can play an important role in helping elders maintain feelings of usefulness while providing a needed source of support. At no other time period do people experience greater change or loss, while simultaneously losing much of their work and community support system (Silverman, Brahce, & Zielinski, 1981). The typical 65-year old may expect to live to be 80 or 85. During that time period, he or she may confront a new set of difficulties: less physical stamina, sensory loss, more frequent illness, memory loss, trauma of death, and serious sickness of family and friends (Nissenson, 1984).

Change requires readjustment. As a result of rapidly occurring loss and change, 15 to 20% of the elderly experience, for the first time, an inability to cope with their problems (Nissenson, 1984). Fear and suspicion about loss of possessions may accompany loss of financial independence (Brown, 1964). A total of 25% of the elderly experience mental health difficulties (Troy, 1982). People in this age group are twice as likely as their younger counterparts to be hospitalized for mental disorders (Nissenson, 1984). Internal conflicts to be dealt with by older adults include feelings concerning loss of identity, due to widowhood or retirement, unhappiness at unrealized aspirations, or fear that time has run out (Nissenson, 1984).

Mental changes may also be caused by physical diseases, such as heart attacks, strokes, infections, and dehydration. Change may also result from drug toxicity. These changes may be mistaken for senility (Silverman et al., 1981). Reactive depression, as mentioned previously, can also be mistaken for senility (Gelman, 1982). Older people with new thinking problems are often mislabeled, ignored, or institutionalized, while their treatable problem remains untreated (Silverman et al., 1981).

Therapists trained to deal with age-related problems are needed to recognize symptoms and prevent misdiagnoses. Counselors are also needed to help young and old alike dispel age-related myths and deal realistically with the pain and physical discomforts, as well as the opportunities for growth, which accompany old age (Colangelo & Pulvino, 1980).

Group Therapy for Elderly

Group work with the elderly is designed to be more directive than traditional therapy, with added emphasis on giving information and answering questions (Burnside, 1978). The group approach to counseling with older people has several advantages over individual therapy. Group work may improve social interaction and diminish loneliness (Maynard, 1980). The group can provide support, increase feelings of belonging to a community, and allow for reality testing among peers (Verwoerdt, 1976). Mardoyan & Weis (1981) believe groups can provide social outlets for those who have become withdrawn. Barton (1962) feels older people gain stature and esteem from the positive attention given to them through formation of groups. Sharing problems tends to universalize them, reducing the sense of personal incompetence or loss (Yalom, 1970).

Another bonus of group work with the elderly is the cohort effect which develops: people from the same generation bond with each other due to shared experiences which are unique to their particular historical epoch (Burnside, 1978). The negative effects of age bias which may be present in individual therapy sessions with a younger therapist can be neutralized in a counseling group consisting of older people from the same generation (Mardoyan & Weis, 1981).

A final benefit of group therapy for the aged is the financial benefit. The shared cost of group therapy tends to be lower than individual counseling. This can be of special importance to older people whose income may decrease following retirement. Medicare coverage pays approximately \$300 for psychological outpatient care (Nissenson, 1984).

An example of the value of group therapy with the elderly is cited in a clinical experiment by Shere (1964) involving 15 people 72 years or older. The goal was to revitalize social drives and encourage group formations. The elderly hospital patients met 47 times to share concerns. Therapeutic effects, as observed by the therapist, were: (a) feelings of loneliness and depression were diminished; (b) self respect was reinstated; (c) social drives were reactivated; (d) old pleasures were revived; (e) intellectual interests were reawakened; and (f) the ability for resuming community life was developed. Shere (1964) concluded that group therapy for older people was worthwhile. Thus, group work can be not only economical but can result in shared understanding, new ways of coping, and emotional support for the elderly participants.

A variety of groups are recommended for use with the aged. One idea is formation of retirement groups which focus on relationship change and constructive use of leisure time (Maynard, 1980).

Widow-to-Widow support groups have been developed to help widows cope with the shock and grief accompanying their loss (Romaniuk & Priddy, 1980; Silverman, 1969). Less common are growth groups for older adults. Newman & Newman (1979) believe such groups can revitalize elders and increase their sense of well-being.

Maynard (1980) describes four types of groups which serve as models for use in dealing with the frail elderly. These groups include (a) reality orientation for those severely disoriented; (b) reminiscence therapy, designed for sharing memories, providing life perspective, and resolving unfinished business; (c) family therapy, for those caring for an older relative; and (d) remotivation therapy.

Remotivation therapy has been used to stimulate the frail elderly and to counteract the passivity of those who feel they no longer have a purpose or those whose confinement and/or disability has prevented utilization of latent skills (Colangelo & Pulvino, 1980). Lambana (1976) believes motivational groups can be especially useful in helping nursing home residents maintain feelings of independence. Residents who initially need only temporary care can be helped to continue perceiving their stay as impermanent, developing interests to sustain them when they return to the community.

Remotivation therapy involves techniques developed in 1956 by Dorothy Hoskins Smith for mental patients in Pennsylvania State Hospital who were soon to be released but who had lost interest in life outside the institution (Robinson, n.d.). Her model consists of

12 sessions lasting from 30 minutes to one hour. Increased interest in the technique resulted in the formation of the American Psychiatric Association's Remotivation Advisory Committee. This committee worked with Smith, Kline, and French Laboratories to establish remotivation therapy programs throughout the United States. By 1967, 250 mental hospitals had become involved in remotivation training programs (Robinson, n.d.). This technique was later adapted for use with older adults in other institutionalized settings (Toepfer, Bicknell, & Shaw, 1974).

Review of Remotivation Therapy Research Studies

Three research studies using adult facilitators as remotivation therapists have reported positive results. Bovey (1971) conducted an experiment on 45 male and 45 female geriatric mental patients to determine the effects of remotivation therapy on ward behavior, self-concept, and visual motor perceptions. He compared the effects with those of a reading group and a control group. Ward behavior was defined as raw scores on the Hospital Adjustment Scale. Raw scores on the Goodenough Draw-A-Person test were used to define self-concept. Bender Visual Motor Gestalt test determined environmental awareness. A pretest posttest design was used for the six week experiment. Analysis of covariance was used to analyze data with pre-treatment scores acting as the covariant. Results indicated that intensive remotivation techniques were more effective than a reading group in producing changes in self-concept alone. Both remotivation and reading groups were more effective than the control on all variables.

Long (1962) examined the reaction of long-term psychiatric in-patients to remotivation therapy. Six sex-segregated remotivation groups were randomly assigned subjects. "Nearly 1000" patients participated in the study (p. 6). Three groups were composed of males, with the remaining three consisting of females. A Solomon four-group design was used as a control measure. The group receiving remotivation therapy was pretested and posttested. One control group was pretested and posttested but received no treatment. A second control group received therapy and a posttest. A third control group was given a posttest only with no treatment. Behavior was rated by attendants regarding response to food, dress, speech, work, and to other patients. A 2x2 analysis of variance on posttests indicated significant behavioral improvement at the .01 level of significance for those receiving therapy vs. those receiving no treatment.

Remotivation therapy was compared to traditional group therapy by Birkett & Boltuch (1973) using 39 geriatric patients who were ambulatory and nondeaf. Subjects were randomly assigned to either remotivation or group psychoanalysis for 12 one-hour sessions. Scores on pre- and posttests were analyzed to determine level of personal relationships and group responses. While no significant differences were found between the two groups following treatment, those receiving remotivation therapy scored higher in the areas of interest, awareness, understanding, and involvement than did those in traditional therapy.

Moody, Baron, & Monk (1970) conducted a nonexperimental study to determine if varied sensory stimuli and social interaction would improve life satisfaction of elderly patients in an extended care facility. Nine patients were selected, ranging in age from 70 to 97

years. They were pretested using the Life Satisfaction Index A (LSI-A). A series of five 45-minute sessions were held during a one week period. Posttest scores on the LSI-A produced a mean of 9, as compared to 6.5 at the first administration. There was no control group or test of significance. Moody et al. (1980) concluded that the mood of older patients could be elevated when, "new, younger, and concerned" people involved them in group interaction (p. 2356). They speculated that nonprofessionals could be trained by professionals or by effective remotivation therapists.

Support for remotivation therapy's effectiveness was not found in a study by Dennis (1978), who compared remotivation groups with groups of elderly people receiving special attention. A total of 23 females and 14 males were randomly assigned to groups. Twelve 30-minute to one hour sessions were held three times a week for a month to discuss such topics as pets, art, the sea, transportation, weather, hobbies, holidays, sports, animals and their by-products, rocks, and vacations. The control group talked about hospital activities, hospitalization, past events, and families. Posttests measured depression, life satisfaction, and behavior. The name of the instrument was not given. Results showed behavior for both groups not to be significantly different. The extra-attention group, contrary to the hypothesis, was significantly ($p > .02$) less depressed and more satisfied with life than was the group treated with remotivation therapy. Dennis (1978) concluded that the depression in remotivation subjects had deepened due to their increased contact with reality. Apparently, renewed awareness of lost independence and former enjoyments saddened the

participants. The study recommended that motivation groups be used to prepare patients for other forms of therapy.

High school students participated in one of two studies using students as remotivation therapists. The study's purpose was to improve the quality of life for 12 nursing home residents whose ages ranged from 62 to 90 years (Abrahams et al., 1979). The group met for one hour twice a week for 15 weeks. There was no control group. Pre- and posttest scores were obtained using the Sickness Impact Profile to assess changes in participants' psychosocial, mental, and behavioral status. Individual t-tests comparing pre- and posttest scores indicated significant improvement in social interaction, sleep, mobility, and confinement ($p < .02$). Researchers concluded that high school students could be effective remotivation therapists to improve nursing home residents quality of life.

Toepfer, Bicknell, & Shaw (1974) believe remotivation therapy would be improved by inclusion of behavior modification principles. They suggest appropriate behavior should be reinforced during discussion sessions. Gottesman, Quarterman, & Cohn (1973) have criticised remotivation therapy for its abstract nature and the fact that it does not deal directly with feelings or allow touching. Another of their complaints was that the therapeutic step entitled, appreciation of the world of work, might not be appropriate for older people because of the focus on work and not of leisure activity.

Thralow & Watson (1974) eliminated the appreciation of the world of work step and encouraged touching as a form of therapy in their remotivation study which involved sixth-grade students as therapists. The 36 pupils were paired with 36 psychiatric patients in the geriatric

unit of the Veterans Administration Hospital. Goals of the program were to develop interpersonal relationships and a renewed interest in living in the elderly subjects. The group met for 30 minutes every week for 20 weeks, using four structured steps developed by Dorothy Smith (Robinson, n.d.) and adapted for this group. The first step was the climate of acceptance. Members were introduced and topics of general interest or of an anecdotal nature were discussed to create a relaxed atmosphere. The second step, bridge to the real world, lasted for approximately 10 minutes during which time an article or poem was read or a song was sung related to the session topic. During the third step, sharing the world we live in, visual aids or other methods were used to stimulate group discussion of the topic. The final step, climate of appreciation, was used to reach closure and create anticipation about the next week's session. This study used a control group. Both groups were rated before the program began, 11 weeks later, and four weeks after its conclusion, using three instruments: the Nurses Observation Scale for Inpatient Evaluation (NOSIE), the Remotivation Self-Evaluation, and the Morale Self-Evaluation (Thralow & Watson, 1974). The experimental group showed significantly greater ($p < .05$) positive change in neatness, total positive, and over all positive responses on the NOSIE. Significant increase in self-awareness was also reported. It was concluded that children could be trained to be efficient remotivation therapists.

Intergenerational Contact

Life satisfaction in the elderly has been associated with social interaction with the younger generation, according to Rynerson (1972).

Following a literature review of 33 journals, Rynerson concluded that aging people's esteem needs were related to activities which were useful and which would provide "a link in the relationship gap" between older and younger generations. Thralow & Watson (1974) noted the beneficial influence social contact with children had on the morale and behavior of elderly psychiatric patients. Nurses in the study reported patients requesting clean clothes and exhibiting greater interest in neatness and grooming immediately prior to the children's therapeutic visits. Roscow (1967) states that many older people feel some sense of loneliness and deprecation due in part to their desire to see children more often than they do.

Some researchers report that children may avoid associating with old people because of death anxiety. Malveaux & Guilford (1974) believe some young people view old age negatively because it is linked with death and, therefore, exclude older people from their activities. Collette-Pratt (1976) investigated attitudinal predictors of age devaluation. The sample consisted of 123 college students, 90 middle aged adults, and 108 elderly people. Using a semantic differential measurement technique involving seven point bipolar adjective pairs, the researcher found that negative attitudes in young and middle-aged adults toward old age resulted in increased devaluation of age.

A study conducted by Salter & Salter (1976), however, contradicted these views. In an attempt to discover the effects of death anxiety, the researchers questioned whether such anxiety led to adaptive behavior to reduce anxiety or to denial in an attempt to repress the anxiety. Templer's Death Anxiety Scale was used to correlate attitudes and behaviors toward the elderly among 65 college students. They found

no evidence for the anxiety-denial hypothesis. Moderate evidence existed that death anxiety positively influenced attitudes and, thus, behaviors toward old people. Salter & Salter (1976) reasoned that if young people's attitudes toward old age could be improved, their helping behaviors might be increased. This could ultimately enhance feelings of well-being in older people receiving more attention, care, and contact with the young.

Intergenerational contact might be able to produce change in the younger generation's attitude toward aging. Research in this area, however, is not consistent (McTavish, 1971). Although Collette-Pratt (1976) found self-reported intergenerational contact to be a predictor of age devaluation in young people, other work in this area is more positive. Collette-Pratt's study was conducted using a sample of high prestige volunteers. It was postulated that subjects' cultural values concerning achievement and productivity influenced their devaluation of retired, less productive elderly people.

Riley & Foner (1968) believe there is a need for greater association between generations. They feel age stratification has segregated our country's culture, producing misinformation and myths about old age. Ianni (1973) provides additional evidence that contact with older people can affect attitude change in children. A concentrated unit designed to sensitize 39 elementary children to the aging process was taught for a three-week (40-hour) period. American Association of Retired People (AARP) volunteers attended class sessions. A goal of the teaching unit was to increase awareness of the universal need to be useful. Results of both observation and two attitudinal surveys indicated that attitudes

of both young and old were positively influenced and ties between young and old were strengthened.

Lombard (1982) hypothesized children's perceptions of older people would be positively changed by interacting with them. The researcher divided 32 preschool children into two groups consisting of eight boys and eight girls. Both the experimental and the control group were pretested using the Perceptions of Old People Interview and the Contact with Old People Questionnaire. The children were exposed to photographic sets of old people, some of whom became known to the experimental group. Two elderly people were selected as resource teachers. They met for 90 minutes twice a week for a month to participate in the children's program. Posttest results showed a positive gain for all nine photographic sets for the experimental group. There were eight negative responses and one positive response for the control group. Data was analyzed using the Mann-Whitney U Test and Sign Test. No significant difference between groups was found. Researchers recommended that additional research was needed to measure children's perception of the aged, resulting from interaction.

The effects of increased personal contact with the age on children's attitude toward the elderly was researched by Click (1976). There were 47 preschoolers randomly assigned into three groups. The experimental group received instruction in history from a teacher and four aged resource persons, who met with them twice a week for two weeks. A second group received history instruction but no contact with an aged resource person. The control group received no treatment. All groups were pretested and posttested using the Perception of the Aged Test and Familiarity with the Aged Questionnaire. Using analysis of variance

to determine the difference between groups, researchers found no significant differences on the total perception shift. There was a significant difference, however, between groups on the question: "Are people who are old, healthy or sick?" The experimental group's response was positive and significantly greater ($p < .02$) than the other two. The researcher concluded that the children had improved their perception of the health of older adults following interaction with them. They further concluded that increased contact with the elderly at an early age may help the children become more positive toward old age and prevent ageism.

Intergenerational programs have also been designed, not as formal studies, but as projects. One such example is the Foster Grandparent program which matches low income aged adults with needy children. It has been termed the government's most successful program because it benefits two groups: lonely children and older people needing to feel useful (Barrow & Smith, 1979). The elderly assist the children with homework or with physical or speech therapy, giving and receiving love and attention (Barrow & Smith, 1979). Foster Grandparents in Michigan are being trained to help young male prisoners in a local training institute with school work. The Grandparents in the program provide an outside link and a listening ear for the young inmates ("Foster Grandparents," 1984).

The Adopt-A-Grandparent program, which began seven years ago in Santa Monica, California, pairs people in their 70s and 80s with students aged 12 through 17. The program coordinator believes that pairing the old and young creates an openness which may improve communication (Larronde, 1983).

A similar project, in which sixth graders were bused monthly to nursing homes to visit surrogate grandparents, is reported by Schamber (1972). Strachen (1973) described a program which used retired people as school aides. According to teachers in the program, the elders seemed to fill a needed grandparental role that many children lacked.

Whether contact with the elderly satisfies unmet needs in children or changes their attitudes toward older people is not the primary investigative goal of this paper. It is, however, related to the question concerning the effect of intergenerational contact through remotivation therapy on the level of life satisfaction of elderly group participants. A sense of well-being in the aged participants in this experiment may be enhanced, not only by social interaction and contact with children, but also by sharing in children's positive attitudinal change.

Summary

The United States population is growing older. The 1982 Bureau of Census figures (cited in Wright & Weber, 1983a) report life expectancy from birth has risen to an all-time high. A woman who has reached the age of 65 can expect to live for 20 more years; a man can expect to live around 15 more years (Wright & Weber, 1983a).

During no other life stage does so much loss and change occur than in old age: sensory loss, loss of occupational role and some degree of productivity, death of friends and/or spouse, loss of home. These events create feelings of vulnerability and insecurity (Silverman et al., 1981).

Whereas this period of rapid change and potential trauma may require increased need for emotional support, the mental health needs of the elderly are often neglected (Davis, 1984; Nissenson, 1984; Maynard, 1980). Counselor education dealing with the needs of the elderly is not a priority in most universities (Maynard, 1980). One reason for neglect cited by researchers is age bias (Troll & Schlossberg, 1971) and a belief that a therapeutic investment in older people will yield a low return (Colangelo & Pulvino, 1980). Birren & Woodruff (1973), in a comprehensive survey of doctoral dissertations over a 35-year period ending in 1969, found only 69 United States universities which had awarded one or more degrees with dissertation topics dealing with the psychology of aging. According to Ryff (1982) more research is needed in the area of aging in order to create environments conducive to growth for older adults. Counselors in the field must use initiative in seeking training and creating new therapeutic approaches with the elderly.

Group counseling is an approach which offers greater therapeutic benefits to the elderly than individual counseling (Mardoyan & Weis, 1981; Maynard, 1980; Palmore, 1979; Verwoerdt, 1976; Barton, 1962). The mental stimulation resulting from group interaction has been related to a higher degree of life satisfaction in older people (Palmore, 1979). Remotivation therapy, originally designed for use with psychiatric patients facing release, has been adapted for use with frail, elderly people living in a nursing home environment. Its purpose has been to stimulate awareness and rekindle interests (Thralow & Watson, 1974).

Although a study involving remotivation therapy techniques by Dennis (1978) did not report positive results, other researchers have

found remotivation therapy to make a positive difference in older people's attitudes and behaviors (Abrahams et al., 1979; Bovey, 1971; Long, 1962; Moody et al., 1970; Thralow & Watson, 1974).

Esteem needs in the elderly may be enhanced by reducing the relationship gap between the old and young generations (Rynerson, 1972). Contact with children can elevate morale in the aged (Thralow & Watson, 1974). Kalish (1975) believes successful aging to be associated with a feeling of satisfaction about one's status and activities. Therefore, this study was conducted in an effort to test the effectiveness of using children as remotivation therapists with frail, elderly nursing home residents in order to raise the elderly's level of life satisfaction. A secondary objective of this study was to investigate the effects of intergenerational interaction on children's attitudes toward the aged.

Chapter III

Instrumentation and Methodology

A description of the instrumentation and the procedures used for selecting the population, subjects, and group facilitators used in this study are discussed in this chapter. Descriptions of the group treatment methods are followed with an explanation of the statistical design.

Instrumentation

Two instruments were used in this study. An adaptation of Analyses of the Attitudes of Students (Lane, 1964) and the Life Satisfaction Index Z (Wood, Wylie, & Shaefer, 1969) were selected.

Analyses of the Attitudes of Students

The Analyses of the Attitudes of Students (Lane, 1964) is a scale designed to investigate the perceptions of young people toward the aged by measuring their responses to negative and positive statements about old age (see Appendix A). It consists of 40 statements written to stimulate student thought prior to study of the aged (Lane, 1964). The respondents are required to indicate their answer by circling either "Yes" or "No." To indicate a favorable attitude toward the elderly, questions 1, 2, 3, 6, 7, 9, 10, 13, 14, 15, 16, 17, 22, 24, 26, 27, 28, 30, 33, 36, and 39 should be answered "No." The remaining statements are answered "Yes."

Reliability and Validity. The Analyses of the Attitudes of Students was developed to use in an investigation of young people's attitudes toward old people in order to clarify perceptions of old age (Lane, 1962/1963). It is an adaptation of the Attitudes Toward Old People scale (Tuckman & Lorge, 1953).

The sample in the Tuckman-Lorge (1953) study consisted of 92 men and 55 women at Teacher's College, Columbia University. Their ages ranged from 20 to 51. A questionnaire was administered to the 147 graduate students enrolled in a psychology course. The questionnaire consisted of 137 statements grouped into 13 categories: physical, financial, conservation, family, attitude toward the future, security, mental deterioration, activities and interests, personality traits, best time of life, sex, cleanliness, and interference.

Reliability was determined by correlating 30 items from the Attitude Toward Old People scale with 10 items from the Older Workers Scale (Tuckman & Lorge, 1952). The sample consisted of 29 men and 18 women. Their ages ranged from 21 to 51 years. The correlation between the two sets of scores was .94 prior to instruction in a psychology class and .90 following course instruction. Test-retest reliabilities were .96 for the "yes-no" response form. The authors noted the more reliable items were probably included in the shorter form (Shaw & Wright, 1967). To determine validity, Axelrod and Eisendorfer (1961) administered the Attitudes Toward Old People scale to 280 Duke University students. Random fifths of each subject group were told to apply the statements to people from age 30 to age 70. The mean number of responses indicating negative attitudes increased

for each age decade. Using the stimulus-group criterion item analysis, researchers found that 96 of the 137 items were valid.

To develop the Analyses of the Attitudes of Students, Lane (1962/1963) selected negatively-phrased statements from the Attitudes Toward Old People questionnaire and added parallel positive statements. The population to which this scale was administered consisted of high school students between the ages of 14 and 16 and college students 19 to 21 years of age. A panel of family life specialists determined score values by judging the degree to which positive or negative attitudes were implied in each of the statements. The chi square test was used to determine the difference between responses of high and low scoring statement groups. Of the 67 statements, 53 were found to possess discriminatory power ($p < .05$) (Lane, 1962/1963). Thirteen statements were later dropped to form the Analyses of the Attitudes of Students scale (Lane, 1964).

Lane's (1964) scale was adapted by the researcher for use with sixth-grade students enrolled in educational enrichment classes in a small southwestern community. Of the 40 statements in the original checklist, seven were rephrased in order to improve comprehension (see Appendix B).

The resulting scale was administered to 25 sixth-grade students enrolled in educational enrichment classes and identified as having high performance capability. Their ages ranged from 10 to 12 with a mean age of 11. The nine males and 16 females had been nominated to participate in enrichment studies by teachers or parents using the Renzulli-Hartman Scale for Rating Behavioral Characteristics of Superior Students. A minimum composite score of 97% on a nationally

standardized intelligence test was required for participation in the enrichment studies classes from which this sample was selected.

The odd-even method of internal consistency used to determine correlation between the 25 students' odd-numbered and even-numbered answers on the adapted scale yielded a .99 estimate of test reliability.

Life Satisfaction Index Z

The Life Satisfaction Index Z (LSI-Z) (Wood et al., 1969) is a self-report instrument designed to measure morale (see Appendix C). It is a modification of the Life Satisfaction Index A (LSI-A). The LSI-A is a revision of the Life Satisfaction Rating. Both were designed by Neugarten, Havighurst, & Tobin (1961).

The Life Satisfaction Indexes consist of five rating scales for five components of morale: "zest . . .; resolution and fortitude; congruence between desired and achieved goals; positive self-concept, and mood tone" (Neugarten et al., 1961, p. 137).

A person defined as being at the positive end of the life satisfaction continuum is one who (a) takes pleasure from activities of everyday life; (b) considers life to be meaningful, accepting the past resolutely; (c) feels major goals have been achieved; (d) has a positive self image; and (e) maintains a happy optimistic mood and attitude (Neugarten et al., 1961). LSI-Z lists 13 statements. Respondents are asked to make an "X" in spaces under one of three columns: AGREE, DISAGREE, or "?". The column labeled "?" is for those who are unsure of their feelings about the statement. Answers indicating satisfaction are scored two points. No points are scored for those indicating

dissatisfaction. A question mark or no response is scored one point. Thus, a higher score indicates a higher satisfaction level.

Reliability and Validity. The LSI-Z was formed as a result of a study to determine the relationship between two measures of life satisfaction: a direct, self-report measure, the LSI-A, and a rater-determined measure, Life Satisfaction Ratings (LSR) (Neugarten et al., 1961).

The study population consisted of 100 elderly people from rural Kansas. The 30 men and 70 women, who ranged in age from 63 to 92, were mailed questionnaires. Over one-fourth of the respondents had more than a high school education. More than half were married and living with a spouse, 41 were widowed, and 5 had never wed. According to self-report, the study population was in fairly good health, for fewer than 20 reported disabilities. All agreed to being interviewed.

The LSR ratings were drawn from seven rounds of interviews, covering a period of six years. The interviews were 60 minutes to 90 minutes long. The five components of the life satisfaction scale (zest, resolution, fortitude, etc.) were rated by a judge on a five-point scale and summed to obtain the total score, which could range from a low of 5 to a high of 25.

Rater reliability was determined by pairing judgments made by all three raters. Of the 150 paired judgments, 95% showed approximate agreement on the five-step scales (Wood et al., 1969).

The sample of 100 for whom both measures were available was randomly divided into two equal groups. A coefficient of correlation calculated between the LSI-A and Life Satisfaction Ratings was .56.

There were seven items on the LSI-A which were found to be insufficiently correlated. The 13 statements which remained formed a shorter instrument known as the LSI-Z. The Kuder-Richardson Formula 20, Coefficient Alpha, was applied to the 100 LSI-Z scores and yielded as estimate of test reliability of .79.

Procedure

Participants in the study were randomly selected from a list of names provided by the administrators of three intermediate care nursing homes located in a small southwestern community. Each nursing home accomodated between 96 and 104 residents. In order to be licensed as an intermediate care facility, nursing homes were required to have at least one staff member in attendance for every 10 residents during the daytime and to offer a minimum of 30 minutes of activities per client per week.

Recreation directors in each of the three nursing homes presented the volunteer activity to the elderly residents as a "group discussion" available to them. Criterion for acceptance into the program was that nursing home residents be physically able to respond, not confined to a bed, or seriously ill.

Using a table of random numbers, a total of 26 people were randomly selected to participate in the 10 weekly discussion groups. Of this total, four people in each nursing home were randomly assigned to a control group (C), four people in each nursing home were randomly assigned to a remotivation therapy group facilitated by an adult (RT), and four people in each nursing home were randomly assigned to a remotivation therapy group facilitated by children (RT + CH). There

were a total of 12 elderly participants assigned to each condition. All participants were 60 years of age or older.

Each frail, elderly participant completed the LSI-Z pretest following the initial session of each group. Demographic data also was obtained from each frail, elderly person following this initial session. The information sheet may be found in Appendix D.

Description of the Sample

The aged participants in this study were volunteer residents of nursing homes. The control group (C) showed a mean age of 79.3, while the remotivation therapy group led by adults (RT) reported a mean age of 77.3, and the remotivation therapy group led by children (RT + CH) showed a mean age of 80.5. The majority of group members were widowed and averaged approximately two living children and five grandchildren each. There was a ratio of two women to every man in all three groups (RT, RT + CH, and C).

Using Roe's Classification of Occupations (Weinrach, 1979) to categorize pre-retirement occupations of group members and/or spouses, it was found that members of RT + CH and C groups most frequently reported occupations which were classified as semi-skilled or unskilled. Members of the RT group more frequently indicated professional pre-retirement occupations for themselves; pre-retirement occupations of spouses were often not reported. The majority of RT group members had attained a high school education or had attended an institution of higher education, whereas more than half of both RT + CH and C group members had attained less than a high school education.

Health for the three groups was most frequently reported as fair. Those who reported taking medication did so primarily as a result of conditions associated with aging (congestive heart failure, osteoarthritis, etc.). The demographic information is presented in Tables 1, 2, and 3.

Group Facilitators--Adults

Three women whose ages ranged from 50 to 70 were screened by the researcher and assigned to facilitate one of three groups. The adults were individuals who had indicated an interest in working with the elderly. One had earned a bachelor's degree in sociology/gerontology; all three had positions of leadership in volunteer community activities involving senior citizens. None had received professional training in counseling. The adult facilitators were trained during a one-hour training session prior to the experiment. An outline of this session is listed in Appendix E.

Group Facilitators--Children

There were four male and 11 female sixth-grade volunteers selected to serve as group facilitators by the researcher with the cooperation of the local public school system's administration. Children who volunteered were enrolled in enrichment studies classes and had been previously identified as possessing superior performance capability, having scored in the upper 3% of a nationally standardized achievement test in order to be admitted to the enrichment studies program.

Prior to the experiment, children viewed the videotape It's A Good Feeling (Veteran's Administration Hospital, 1973) which depicted and

Table 1

Demographic Information for Control Subjects^a

<u>Age</u>	N	<u>Marital Status</u>	N
60 - 61	1	Married	0
65 - 70	0	Widowed	11
71 - 75	2	Divorced	0
76 - 80	2	Separated	0
81 - 85	5	Never Married	1
86 - 90	2		
\bar{X} AGE = 79.3			

<u>Gender</u>	N	<u>Level of Education</u>	N
Female	8	Less than High School	9
Male	4	High School Graduate	2
<u>Mean Number of Living Children</u>		Some College	0
2.75		Bachelor's Degree	1
<u>Mean Number of Grandchildren</u>		Advanced Degree	0
6.75			

Table 1. Continued

<u>Pre-Retirement Occupation</u>		
Categories in Roe's Classification of Occupations (Weinrach, 1979)		
	<u>Participant</u>	<u>Spouse</u>
	N	N
Professional and managerial 1	0	0
Professional and managerial 2	1	0
Semiprofessional, small business	2	1
Skilled	4	2
Semiskilled	1	3
Unskilled	4	3
Not reported	0	3

<u>Reported Health</u>	
	N
Good	1
Fair	8
Poor	3

^aN = 12.

Table 2

Demographic Information for Remotivation Therapy--Adult-Led Subjects^a

<u>Age</u>	N	<u>Marital Status</u>	N
60 - 65	1	Married	1
66 - 70	0	Widowed	9
71 - 75	0	Divorced	1
76 - 80	2	Separated	0
81 - 85	2	Never Married	1
86 - 90	4		
91 - 95	3		
\bar{X} AGE = 77.3			

<u>Gender</u>	N	<u>Level of Education</u>	N
Female	9	Less than High School	4
Male	3	High School Graduate	3
<u>Mean Number of Living Children</u>		Some College	1
	2	Bachelor's Degree	1
<u>Mean Number of Grandchildren</u>		Advanced Degree	3
	4		

Table 2. Continued

<u>Pre-Retirement Occupation</u>		
Categories in Roe's Classification of Occupations (Weinrach, 1979)		
	<u>Participant</u>	<u>Spouse</u>
	N	N
Professional and managerial 1	1	1
Professional and managerial 2	3	1
Semiprofessional, small business	0	0
Skilled	3	2
Semiskilled	0	1
Unskilled	4	1
Not Reported	1	5

<u>Reported Health</u>	
	N
Good	5
Fair	3
Poor	4

^aN = 12.

Table 3

Demographic Information for Remotivation Therapy--Child-Led Subjects

<u>Age</u>	N	<u>Marital Status</u>	N
60 - 65	1	Married	1
66 - 70	1	Widowed	7
71 - 75	0	Divorced	0
76 - 80	2	Separated	0
81 - 85	4	Never Married	4
86 - 90	3		
91 - 95	1		
\bar{X} AGE = 80.5			

<u>Gender</u>	N	<u>Level of Education</u>	N
Female	8	Less than High School	7
Male	4	High School Graduate	0
<u>Mean Number of Living Children</u>		Some College	1
	1.3	Bachelor's Degree	2
<u>Mean Number of Grandchildren</u>		Advanced Degree	2
	4.58		

Table 3. Continued

<u>Pre-Retirement Occupation</u>		
Categories in Roe's Classification of Occupations (Weinrach, 1979)		
	<u>Participant</u>	<u>Spouse</u>
	N	N
Professional and managerial 1	1	0
Professional and managerial 2	1	0
Semiprofessional, small business	1	0
Skilled	2	0
Semiskilled	4	4
Unskilled	3	3
Not Reported	0	1

<u>Reported Health</u>	
	N
Good	3
Fair	6
Poor	3

^aN = 12.

explained intergenerational remotivation therapy. Subsequent training for child facilitators was given during a one-hour training session conducted prior to their participation in remotivation therapy groups. An outline of the training session also is listed in Appendix E.

Throughout the 10-week experiment, illness was expected to affect some of the children serving as group facilitators. Therefore, 25 children were trained to be facilitators even though only 15 actively participated each week. An average of five students were assigned weekly to each of the three nursing homes. All 25 students eventually participated as facilitators.

Treatment

Control. The nursing home residents in the control group were pretested at the beginning of the study using the LSI-Z. At this time the information sheet was also completed. At the conclusion of the 10-week experiment, the control group was posttested. Control group members were then offered the treatment administered to remotivation therapy groups.

Remotivation Therapy--Adult Facilitator. At each of the three nursing homes involved in the study, four frail, elderly residents met weekly for 30-minute group discussions with an adult group leader. The group lasted for 10 weeks. Each session centered on a topic of general interest. Four of the five remotivation therapy steps developed by Smith (Robinson, n.d.) were followed: climate of acceptance, bridge to the real world, sharing the world we live in, and climate of appreciation. Visual aides and appropriate questions were used to facilitate discussions (see Appendix F).

Session One. During this session, the facilitator introduced her/himself to group members and gave an overview of future sessions: when the groups were to meet, topics to be discussed, and the purpose of the group (to learn from each other and to cultivate new interests). Group members introduced themselves. The content of sessions one through 10 are listed in Appendix F.

Remotivation Therapy--Child Facilitator. During the initial session, four sixth-grade children were paired with four nursing home residents at each of the three nursing homes. A few minutes were allotted for each intergenerational pair to become acquainted, each person learned the name and two facts about his/her partner to use in making introductions. Meeting dates, topics to be discussed, and the purpose of the program (to become acquainted, to learn from each other) was briefly reviewed. The session concluded with the mention of next week's topic of discussion. The content of sessions one through 10 also are listed in Appendix F.

Records of attendance in the group sessions were kept for both treatment groups (RT and RT + CH).

Testing

All three groups (C, RT, RT + CH) were pre- and posttested using the Life Satisfaction Index Z (Wood et al., 1969). The pretest was administered during the initial session with each group in September, 1984. The posttest was given 10 weeks after the initial administration at the conclusion of the groups in November, 1984.

To investigate this study's objective concerning the effect of intergenerational activity on children's perceptions of the aged, an

adaptation of the Analyses of the Attitudes of Students (Lane, 1964) was administered to sixth-grade students serving as group facilitators during the first training session. The children were posttested at the program's conclusion in November, 1984.

Design of the Study

The design of this study is (Gay, 1976):

R	0	X ₁	0
R	0	X ₂	0
R	0		0

As stated in the procedure section, all elderly participants in this study were randomly assigned to one of three groups: (a) remotivation therapy facilitated by an adult, (b) remotivation therapy facilitated by children, and (c) control group. The independent variable for this study is the treatment each group received (remotivation therapy led by an adult, remotivation therapy led by children, and control). The child facilitators were assigned to one of three nursing homes. The adult facilitators were assigned to one of three nursing homes. The dependent variable for this study was measured using the scores made by the subjects on the Life Satisfaction Index Z (Wood, Wylie, & Shaefer, 1969).

Statistical Procedure

The statistical analysis used in this study was analysis of covariance using the pretest as the covariate. MANOVA program from the SPSS-X package (SPSS-X, 1983) was used to analyze the data. This

analysis was selected to determine if differences in life satisfaction among the three groups are related to the levels of the treatment when initial differences in life satisfaction are controlled.

To achieve the objective of this study, children's pretest scores on the adaptation of Analysis of Attitudes of Students scale (Lane, 1964) were subtracted from posttest scores. The pretest and posttest scores were examined to discover if the children's attitudes toward the aged shifted negatively or positively following intergenerational remotivation therapy. Due to lack of random selection of child facilitators, inferential analysis of the children's attitudes was not conducted.

Summary

In this chapter, the two instruments utilized in this study have been described. These instruments are an adaptation of the Analyses of the Attitudes of Students (Lane, 1964) and the Life Satisfaction Index Z (Wood et al., 1969). The procedures, selection process to determine participants and group facilitators, and method of training were presented. A description of remotivation therapy to be facilitated by adults and remotivation therapy to be facilitated by children was provided and an explanation of the design of the study and the statistical procedure for analyzing the data were discussed.

Chapter IV

Results

This chapter contains the results of the statistical analysis of the two null hypotheses. This study examined the effects of inter-generational remotivation therapy on the life satisfaction of institutionalized elderly. Analysis of covariance was conducted using pre-treatment measures of life satisfaction as the covariate. The descriptive statistics calculated, using the responses of the 36 subjects in the three groups (Remotivation Therapy--Adult Led, Remotivation Therapy--Child Led, and Control), are also presented.

A secondary objective of this research study examined children's attitudes toward the aged before and after remotivation interaction with frail, elderly nursing home residents. Pre- and posttest scores of the children are listed.

Test of the Hypotheses

Hypothesis I

There are no differences among the effects of remotivation therapy conducted by children, remotivation therapy conducted by adults, and the absence of remotivation therapy upon the mean levels of life satisfaction of frail, elderly nursing home residents when pretest measures of life satisfaction are used as the covariate.

The correlation between the covariate, initial measures of life satisfaction and posttreatment measures of the frail, elderly nursing home residents' life satisfaction was significant ($p < .003$). The descriptive statistics for the covariate and the dependent variable, life satisfaction, are presented in Table 4 (p. 50). An analysis of covariance used to test the first hypothesis did not reveal a significant main effect for groups ($F_{2,32} = .99, p > .05$). Therefore, null hypothesis one is not rejected.

Hypothesis II

There is no difference between the effects of remotivation therapy and the absence of remotivation therapy on the life satisfaction of frail, elderly nursing home residents when initial measures of life satisfaction are used as the covariate. The descriptive statistics for the covariate and the dependent variable, life satisfaction, are presented in Table 5

Analysis of covariance did not show a significant difference ($F_{1,32} = .92, p > .05$) between the effects of remotivation therapy and the absence of remotivation therapy on the life satisfaction of the frail elderly residing in nursing homes. Therefore, null hypothesis two is not rejected.

Objective

A secondary objective of this study examined children's attitudes toward the aged before and after remotivation group interaction with frail, elderly nursing home residents.

Table 4

Descriptive Statistics for Life Satisfaction of the Three
Experimental Groups

Condition	N	Covariate	Posttest	Adjusted Posttest
RT ^a	12			
\bar{X}		19.16	20.33	18.55
S		5.11	4.79	
RT + CH ^b	12			
\bar{X}		14.83	15.83	16.32
S		5.95	5.42	
C ^c	12			
\bar{X}		13.33	14.17	15.44
S		4.58	6.56	

^aRemotivation therapy conducted by adults.

^bRemotivation therapy conducted by children.

^cControl.

Table 5

Descriptive Statistics for Life Satisfaction of the Combined Therapy
Groups and Control Group

Group	N	Covariate	Posttest	Adjusted Posttest
Remotivation Therapy	24			
\bar{X}		17.00	18.08	17.37
S		5.86	5.51	
Control	12			
\bar{X}		13.33	14.17	15.44
S		4.58	6.56	

An adaptation of Analysis of Student Attitudes (Lane, 1964) was administered to 15 sixth-grade students during the initial week of the study and readministered 10 weeks later at the concluding meeting after the students had participated as facilitators for a remotivation therapy group. The descriptive statistics for the attitudes of children toward the elderly are presented in Table 6. These statistics indicate a small positive shift in children's mean and median scores following intergenerational interaction with frail, elderly nursing home residents.

Table 6

Descriptive Statistics for Children's Attitudes Toward Elderly

	N	Pretest	Posttest
\bar{X}	15	24.73	26.90
Med.	15	28.50	31.75
S	15	9.09	8.24

Summary

The effects of intergenerational remotivation therapy upon the life satisfaction of the elderly were investigated in this study. Analysis of covariance of life satisfaction measures of frail, elderly adults randomly assigned to remotivation therapy groups led by an adult, remotivation therapy groups led by children, and a control group indicated no significant difference among the groups when initial measures of life satisfaction were used as the covariate. Frail, elderly participants' life satisfaction level was not significantly

different whether groups were led by children or by adults. Further, there was no difference in the life satisfaction level of the frail elderly who were treated with remotivation therapy and those who received no treatment. Thus, the two null hypotheses were not rejected. Furthermore, the children's attitudes toward the elderly appeared to only improve slightly following participation in intergenerational remotivation therapy. However, the fact that the children volunteered to participate in an intergenerational project suggests that many held positive attitudes toward the elderly prior to the study, creating a ceiling effect. This might explain the relatively small increase in children's positive attitudes toward the elderly at the groups' conclusion.

Chapter V

Summary, Conclusions, and Recommendations

Summary

The trend of the current century toward an increasing percentage of people over the age of 65 and the low priority given to counseling elderly clients indicates a need for counselors to develop new methods of serving older adults. Late-life loss of spouse, home, and friends, as well as relocation in an institutionalized setting, often increases dependency in the elderly and diminishes their morale.

The group approach to counseling older people can improve social interaction and increase aged individuals' feelings of belonging to a community. A variety of counseling groups are recommended for use with elderly people. Peer support groups can assist widows who are coping with the grief accompanying their loss. Reminiscent therapy groups are designed for sharing memories and resolving unfinished business. Family therapy can benefit those caring for an older relative. Remotivation therapy has been used to stimulate frail, institutionalized elderly, helping them to develop new interests and maintain feelings of independence.

This study examined the effects of intergenerational remotivation therapy on the life satisfaction of frail, institutionalized elderly. A pretest-posttest design with a 10-week experimental period was used. A total of 36 elderly nursing home residents were randomly selected

from three nursing homes in a small, southwestern community. The 25 females and 11 male residents were randomly divided into three groups. Group one received remotivation therapy led by children (RT + CH), group two received remotivation therapy led by an adult (RT), and group three served as a control (C). Analyses of covariance of the raw score data derived from the Life Satisfaction Index-Z (Wood, Wylie, & Shaefer, 1969) was processed by computer using the MANOVA program from the SPSS-X package (SPSS-X, 1983).

Results did not indicate a statistically significant difference among the three groups. The positive response from both (RT and RT + CH) remotivation group participants, however, resulted in a request from nursing home personnel to continue the remotivation groups in all three nursing homes. Observations by nursing home staff members offer evidence of the positive effects of remotivation therapy on the level of life satisfaction of the elderly (see Appendix G).

A secondary objective of this study was to determine the effects of intergenerational group discussions on school children's perceptions of the aged. Because no instrument appropriate for measuring sixth-grade students' attitudes toward the elderly was available, a scale, Analyses of the Attitudes of Students (Lane, 1964), was adapted for use with this age group (see Appendix B). The adapted scale was administered to 25 students. The odd-even method of internal consistency, computed to determine test reliability, resulted in a coefficient of correlation of .99.

The 15 children serving as facilitators were pre- and posttested using the adaptation of the Analyses of the Attitudes of Students (Lane, 1964). Examination of mean and median scores indicated a positive

shift in children's attitudes toward the aged following remotivation interaction with the elderly. Due to the fact that child facilitators were not randomly assigned to groups and there was no control, a statistical analysis was not performed. Additional evidence that a positive attitudinal shift toward the aged occurred in children as a result of intergenerational remotivation therapy can be found in comments made by both sixth-grade facilitators and their parents (see Appendix G).

Conclusions

1. There may be various reasons for the inability to obtain significant statistical results among the three groups. The Life Satisfaction Index-Z (Wood, Wylie, & Shaefer, 1969) may not have been sufficiently sensitive for use in measuring the morale of the frail elderly. An instrument which must be self-administered appears to be inappropriate for many nursing home residents who may be experiencing visual impairment, loss of manual dexterity, or other physical disabilities. Aged participants in all three groups (RT, RT + CH, and C) were unable either to read or to mark the LSI-Z scale without assistance. Consequently, the instrument was administered orally to each participant, which proved to be time-consuming and, thus, could not be accomplished during remotivation therapy sessions. Private interviews with residents to administer the instrument frequently conflicted with nursing home routines (bathing, dining, etc.). Therefore, posttest data for some frail, elderly group members was collected a week following the final sessions, while posttest data for other frail, elderly group members was collected immediately following the final session. This poses a threat to the internal validity of

the results. Perhaps another type of assessment, such as observed behavioral change, might have produced different results. A longer, more concentrated treatment period may also have produced different outcomes.

2. The statistical analysis did not indicate a significant difference between life satisfaction of elderly who experienced remotivation therapy and those who did not. Feelings of regret on the part of both aged participants and child facilitators at the realization that the groups were concluding (see Appendix G) may have contributed to the lack of significant increase in the elderly's morale. Anecdotal evidence suggests that the elderly receiving remotivation therapy were involved in a satisfying experience (see Appendix G). Intellectual stimulation, the sharing of mutual interests, and formation of close personal relationships, may have resulted in an enjoyable activity although the activity did not appear to affect a change in life satisfaction in the elderly.

Lack of significant findings may have been due to method of data collection. Differences in time of day and interruption of the frail, elderly participants' personal routines while collecting data might have affected the results. Had the instrument been administered to all participants at the same time, results may have been different.

3. Children's attitudes toward the elderly appeared to improve slightly following participation in intergenerational remotivation therapy. The sixth-grade students' opinion of the elderly could have been influenced by the discovery of mutual interests. For example, surprise and pleasure was expressed by children upon learning from

elderly female participants that they, too, had enjoyed playing baseball and wearing knickers when they were in school.

A second influence on children's outlook toward the elderly could have been an emotional bonding occurring between some child facilitators and their elderly partners during the study. Two poems, "Bridging the Gap" and "My Friend" (see Appendix H) were written by a child facilitator to express her feelings about friendships formed during the intergenerational group experience. Friendship was evidenced from frail, elderly participants' gifts of fruit juice or candy to their sixth-grade partners, who responded by giving them presents of baked goods or billfold-sized school pictures. The 10 intergenerational remotivation therapy sessions may also have altered children's stereotypical opinions of institutionalized elderly people. An 11-year-old female wrote in a report for her enrichment studies class that she "became aware that elderly people were not alike" during the intergenerational project (see Appendix H).

Recommendations

Results of this study indicated the need for further research in the following areas.

1. A similar study should be conducted using a larger sample of frail elderly and a longer, more concentrated time period for the remotivation therapy.

2. A similar study should be conducted using children from varied socioeconomic backgrounds or children who are educationally deprived as remotivation therapists.

3. A similar study using observational measures to determine frail, elderly participants' level of life satisfaction should be implemented.

4. An experimental study comparing the life satisfaction of institutionalized and non-institutionalized frail, elderly people following a minimum of 12 concentrated sessions of remotivation therapy should be conducted.

5. Lane's (1964) Analyses of Students Attitudes scale should be adapted for use with elementary school children of varying ages and abilities.

References

- Abrahams, J. P., Wallach, H. F., & Divens, S. (1979). Behavioral improvement in long-term geriatric patients during an age-related psychosocial rehabilitation program. Journal of the American Geriatric Society, 27, 218-221.
- Staff. (1984, January). The art of aging. Psychology Today, pp. 32-41.
- Axelrod, S., & Eisendorfer, C. (1961). Attitudes toward old people: An empirical analysis of the stimulus-group validity of the Tuckman-Lorge questionnaire. Journal of Gerontology, 16, 75-80.
- Baird, B. (1984, February 5). Mental exercise may aid health of elderly. Tulsa World, Section F, p. 3.
- Barrow, G. M., & Smith, P. A. (1979). Aging, ageism and society. St. Paul: West Publishing Company.
- Barton, M. G. (1962). Group counseling with older hospital patients. Gerontologist, 2, 51-56.
- Birkett, D., & Boltuch, B. (1973). Remotivation therapy. Journal of the American Geriatrics Society, 21, 368-371.
- Birren, J., & Woodruff, D. (1973). Academic and professional training in psychology of aging. In C. Eisendorfer & P. Lawton (Eds.), The psychology of adult development and aging (pp. 25-27). Washington, D.C.: American Psychological Association.

- Blake, R. (1975). Counseling in gerontology. Personnel and Guidance Journal, 53, 733-737.
- Bovey, J. (1971). The effect of intensive remotivation techniques on institutionalized geriatric patients in a state mental hospital. (Doctoral dissertation, North Texas State University.) Dissertation Abstracts International, 32, 4201B-4202B.
- Bridges, W. E., & Thralow, J. (1982). Geriatric remotivation therapy. St. Cloud, MN: Veterans Administration.
- Brown, P. J. (1964). Counseling with senior citizens. Englewood Cliffs, NJ: Prentice-Hall.
- Burns, R. (1942). To a mouse. In J. K. Kieran (Ed.), Poems I Remember (p. 89). New York: Doubleday, Doran and Company.
- Burnside, I. M. (Ed.). (1978). Working with the elderly: Group processes and techniques. North Scituate, MA: Duxbury Press.
- Cebik, S. (1984). A special experience. Unpublished report.
- Chafetz, P. K., Ochs, C. E., Tate, L. A., & Niederehe, G. (1982). Employment opportunities for geropsychologists. American Psychologist, 37, 1221-1227.
- Click, E. T. (1976). Preschool children's perceptions of the aged. Unpublished master's thesis, Oklahoma State University, Stillwater, OK.
- Cohan, G. M. (1976). Give my regards to Broadway. In Singalong Standards (p. 12). Milwaukee, WI: Hal Leonard Publishing Corporation.
- Colangelo, N., & Pulvino, C. (1980). Some basic concerns in counseling the elderly. Counseling and Values, 24, 68-73.

- Collette-Pratt, C. (1976). Attitudinal predictors of devaluation of old age in a multigenerational sample. Journal of Gerontology, 31, 193-197.
- Davis, J. (1984, Winter). Mental health care for elderly ignored. Gray Panther Network, p. 12.
- Dennis, H. (1978). Remotivation therapy groups. In I. M. Burnside (Ed.), Working with the elderly: Group process and techniques (pp. 219-235). North Scituate, MA: Duxbury Press.
- Diamond, M.C. (1984, November). A love affair with the brain. Psychology Today, pp. 62-73.
- Farber, N. (1979). How does it feel to be old? New York: E. P. Dutton.
- Fenton, A. (1984). Inter-generation project. Unpublished report.
- Foss, S. W. (1927). House by the side of the road. In J. G. Lawson [Ed.], The World's Best-Loved Poems (p. 225). New York: Harper & Brothers.
- Staff. (1984, August-September). Foster grandparents help young prisoners. Aging Magazine, p. 31.
- Fox, A. (1984). Intergeneration discussion groups. Unpublished report.
- Frost, R. (1943). The road not taken. New York: Henry Holt.
- Gelman, D. (1982, November 1). Growing old, feeling young. Newsweek, pp. 56-63.
- Gottesman, L. E., Quarterman, C. E., & Cohn, G. M. (1973). Psycho-social treatment of the aged. In C. Eisendorfer & M. Lawton (Eds.), The psychology of adult development and aging. Washington, D.C.: American Psychological Association.
- Graznak, M. (1975). Fragments from our heritage. Milwaukee: Reiman Publications.

- Ianni, M. E. (1973, February). In loco grandparents. Instructor, 82, p. 174.
- Kalish, R. A. (1975). Late adulthood: Perspectives on human development. Monterey, CA: Cole Publishing.
- Lambana, J. H. (1976). Counseling the elderly: Remediation plus prevention. Personnel and Guidance Journal, 55, 143-144.
- Lane, B. (1963). Attitudes of youth toward aged persons. (Doctoral dissertation, Florida State University, 1962.) Dissertation Abstracts International, 24, 722.
- Lane, B. (1964). Attitudes of youth toward the aged. Journal of Marriage and the Family, 26, 229-231.
- Larronde, S. (1983, August-September). Adopt-a-grandparent. Modern Maturity, pp. 50-51.
- Lerner, M. (1984, January). The art of aging. Psychology Today, pp. 32-41.
- Livingston, J., & Evans, R. (1948). Buttons and Bows. New York: Famous Music Corporation.
- Lombard, B. H. (1982). Effects of intergenerational experience on children's perceptions of old people. Unpublished master's thesis, Oklahoma State University, Stillwater, OK.
- Long, R. S. (1962). Remotivation--Fact or artifact. Mental Hospital Service, 151 (1), 1-8.
- Malveaux, M., & Guilford, E. (1974). Old and young can learn together: The youth-aging project. Catholic Charities Review, 58 (2), 15-21.
- Mardoyan, J. L., & Weis, D. M. (1981). The efficacy of group counseling with older adults. Personnel and Guidance Journal, 60, 161-163.
- Maynard, P. E. (1980). Group counseling with the elderly. Counseling and Values, 24, 227-235.

- McTavish, D. G. (1971). Perceptions of old people: A review of research methodologies and findings. The Gerontologist, 11, 90-91.
- Moody, L., Baron, V., and Monk, G. (1970). Moving the past into the present. American Journal of Nursing, 70, 2353-2356.
- Neugarten, B. L., Havighurst, R. J., & Tobin, S. S. (1961). The measurement of life satisfaction. Journal of Gerontology, 16, 134-143.
- Newman, B., & Newman, P. (1979). Development through life: A psychosocial approach. Homewood, IL: Dorsey.
- Nissenson, M. (1984, January). Therapy after sixty. Psychology Today, pp. 22-26.
- Oklahoma Department of Education. (1982). Don't stop the music. Norman, OK: University of Oklahoma Printing Services.
- Palmore, E. (1979). Predictors of successful aging. Gerontologist, 19, 427-431.
- Pruchno, R., & Smyer, M. A. (1983). Mental health problems and aging: A short quiz. International Journal of Aging and Human Development, 17, 123-135.
- Riley, M., & Foner, A. (1968). Aging and society (Vol. 1). New York: Russell Sage Foundation.
- Robinson, A. M. (n.d.). Remotivation techniques: A manual for use in nursing homes. Philadelphia, PA: American Psychiatric Association; and Smith, Kline, and French Laboratories Remotivation Project.
- Rodgers, R., & Hammerstein, O. (1953). Oklahoma. In Unit Parts (Ed.), Sing a song of profits with a pocketfull of sales (p. 18). Oklahoma City: Unit Parts.

- Romaniuk, M., & Priddy, J. (1980). Widowhood peer counseling. Counseling and Values, 24, 195-203.
- Roscow, I. (1967). Sociat integration of the aged. New York: Free Press.
- Rynerson, B. C. (1972). Need for self esteem in the aged--A literature review. Journal of Psychiatric Nursing and Mental Health Services, 10, 22-26.
- Ryff, C. D. (1982). Successful aging: A developmental approach. Gerontologist, 22, 209-213.
- Salter, C. A., & Salter, C. (1976). Attitudes toward aging and behaviors toward the elderly among young people as a function of death anxiety. Gerontologist, 16, 233-236.
- Schamber, E. (1972). Adopting grandparents. Today's Education, 61, 41.
- Schiff, N. S. (1983). A celebration of the 80s. New York: Harry N. Abrams.
- Schlossberg, N. K. (1976). The case for counseling adults. The Counseling Psychologist, 6, 33-36.
- Staff. (1974). A school-hospital remotivation program. Hospital and Community Psychiatry, 25, 661-664.
- Seligman, M. E. P. (1973, June). Fall into helplessness. Psychology Today, pp. 43-48.
- Shaw, M. E., & Wright, J. M. (1967). Scales for the measurement of attitudes. New York: McGraw-Hill.
- Shere, E. (1964). Group work with the very old. In R. Kastenbaum (Ed.). New thoughts on old age (pp. 146-160). New York: Springer.

- Silverman, A. G., Brahce, C. I., & Zielinski, C. (1981). As parents grow older. University of Michigan: Institute of Gerontology.
- Silverman, P. R. (1969). The widow-to-widow program: An experiment in preventive intervention. Mental Hygiene, 53, 333-337.
- Spencer, K. (1983, August 8). New views on rights of oldsters due as ranks increase. Tulsa World, p. 7.
- Spiker, S., Woodward, K., & Van Tassel, D. (1978). Aging and the elderly. Trenton, NJ: Humanities Press.
- SPSS-X. (1983). New York: McGraw-Hill.
- Strachen, M. P. (1973, February). Teachers are getting much needed help and children a new image of grandma and grandpa. Instructor, 82, 175.
- Thralow, J. U., & Watson, C. (1974). Remotivation for geriatric patients using elementary school students. American Journal of Occupational Therapy, 28, 469-473.
- Toepfer, C. T., Bicknell, A. T., & Shaw, D. O. (1974). Remotivation as behavior therapy. Gerontologist, 14, 451-453.
- Troll, L. E., & Nowak, C. (1976). How old are you?--The question of age bias in counseling of adults. Counseling Psychologist, 6, 41-43.
- Troll, L. E., & Schlossberg, N. (1971). How "age-biased" are college counselors? Industrial Gerontology, (Nos. 1-11), 14-20.
- Troy, F. (Ed.) (1982, June 10). Mental health facts. Oklahoma Observer, p. 14.
- Tuckman, J., & Lorge, I. (1952). The attitudes of the aged toward the older worker; for institutionalized and non-institutionalized adults. Journal of Gerontology, 7, 559-564.

- Tuckman, J., & Lorge, I. (1953). Attitudes toward old people. The Journal of Social Psychology, 37, 249-260.
- Unit Parts (Ed.). (n.d.). Sing a song of profits with a pocketfull of sales. Oklahoma City: Unit Parts.
- Verwoerdt, A. (1976). Clinical geropsychiatry. Baltimore, MD: Williams and Wilkins.
- Veterans Administration Hospital. (Producer). (1973). It's a good feeling [video tape]. St. Cloud, MN: Producer.
- Weinrach, S. G. (1979). Career counseling: Theoretical and practical perspectives. New York: McGraw-Hill.
- Wilcox, E. W. (1927). The way of the world. In J. G. Lawson (Ed.) The world's best-loved poems (p. 191). New York: Harper & Brothers.
- Wood, V., Wylie, M. L., & Shaefer, B. (1969). Analysis of a short self-report measure of life satisfaction: Correlation with rater judgments. Journal of Gerontology, 24, 465-469.
- Wright, A., & Weber, J. (1983a). Adjusting to being alone in the later years. Family Living Topics. Oklahoma State University: Home Economics Cooperative Extension Service.
- Wright, A., & Weber, J. (1983b). Independence in later years. Family Living Topics. Oklahoma State University: Home Economics Cooperative Extension Service.
- Yalom, I. D. (1970). The theory and practice of group psychology. New York: Basic Books.

Appendixes

Appendix A

Analyses of the Attitudes of Students

Analyses of the Attitudes of Students

What are your attitudes toward the aged? Circle "Yes" or "No" to indicate your answer.

Do you feel that persons over the age of 65

- | | | |
|--|-----|----|
| 1. think young parents do not know how to bring up children properly? | Yes | No |
| 2. are careless about their table manners? | Yes | No |
| 3. make bad patients when ill? | Yes | No |
| 4. feel that young parents rear their children wisely? | Yes | No |
| 5. feel secure? | Yes | No |
| 6. are bossy? | Yes | No |
| 7. dislike any change or interference with established ways of doing things? | Yes | No |
| 8. usually look on the bright side of things? | Yes | No |
| 9. hoard their money? | Yes | No |
| 10. get easily upset? | Yes | No |
| 11. are easy to care for when ill? | Yes | No |
| 12. respect a person's need for privacy? | Yes | No |
| 13. are grouchy? | Yes | No |
| 14. like to gossip? | Yes | No |
| 15. think the future is hopeless? | Yes | No |
| 16. like to be waited on? | Yes | No |
| 17. feel miserable most of the time? | Yes | No |
| 18. are good company? | Yes | No |
| 19. accept suggestions readily? | Yes | No |
| 20. remember names well? | Yes | No |
| 21. keep up with current ideas and events? | Yes | No |
| 22. are critical of the younger generation? | Yes | No |

- | | | |
|--|-----|----|
| 23. rarely get upset? | Yes | No |
| 24. feel other people must manage their business for them? | Yes | No |
| 25. like to learn new ways of doing things? | Yes | No |
| 26. feel that their children neglect them? | Yes | No |
| 27. are fussy about food? | Yes | No |
| 28. are very stubborn? | Yes | No |
| 29. are self-reliant? | Yes | No |
| 30. meddle in other people's affairs? | Yes | No |
| 31. are very helpful around the house? | Yes | No |
| 32. have good table manners? | Yes | No |
| 33. are insecure? | Yes | No |
| 34. approve of the younger generation? | Yes | No |
| 35. prefer to support themselves? | Yes | No |
| 36. are in the way? | Yes | No |
| 37. are easy to get along with? | Yes | No |
| 38. find ways to take care of themselves? | Yes | No |
| 39. are out of step with the times? | Yes | No |
| 40. are tidy and careful about their appearance? | Yes | No |

Appendix B

Analyses of the Attitudes of Students

[adaptation]

Analyses of the Attitudes of Students

[adaptation]

What are your attitudes toward the aged? Circle "Yes" or "No" to indicate your answer.

Do you feel that persons over the age of 65

- | | | |
|--|-----|----|
| 1. think young parents do not know how to bring up children properly? | Yes | No |
| 2. are careless about their table manners? | Yes | No |
| 3. are hard to care for when ill? | Yes | No |
| 4. feel that young parents teach their children wisely? | Yes | No |
| 5. feel secure? | Yes | No |
| 6. are bossy? | Yes | No |
| 7. dislike any change or interference with the usual ways of doing things? | Yes | No |
| 8. usually look on the bright side of things? | Yes | No |
| 9. save most of their money? | Yes | No |
| 10. get easily upset? | Yes | No |
| 11. are easy to care for when ill? | Yes | No |
| 12. respect a person's need for privacy? | Yes | No |
| 13. are grouchy? | Yes | No |
| 14. like to gossip? | Yes | No |
| 15. think the future is hopeless? | Yes | No |
| 16. like to be waited on? | Yes | No |
| 17. feel miserable most of the time? | Yes | No |
| 18. are good company? | Yes | No |
| 19. accept suggestions willingly? | Yes | No |
| 20. remember names well? | Yes | No |
| 21. keep up with new ideas and events? | Yes | No |

- | | | |
|--|-----|----|
| 22. criticize younger people? | Yes | No |
| 23. rarely get upset? | Yes | No |
| 24. feel other people must take care of them? | Yes | No |
| 25. like to learn new ways of doing things? | Yes | No |
| 26. feel that their children neglect them? | Yes | No |
| 27. are fussy about food? | Yes | No |
| 28. are very stubborn? | Yes | No |
| 29. are self-reliant? | Yes | No |
| 30. meddle in other people's affairs? | Yes | No |
| 31. are very helpful around the house? | Yes | No |
| 32. have good table manners? | Yes | No |
| 33. are insecure? | Yes | No |
| 34. approve of the younger generation? | Yes | No |
| 35. prefer to support themselves? | Yes | No |
| 36. are in the way? | Yes | No |
| 37. are easy to get along with? | Yes | No |
| 38. find ways to take care of themselves? | Yes | No |
| 39. are out of step with the times? | Yes | No |
| 40. are tidy and careful about their appearance? | Yes | No |

Appendix C

Life Satisfaction Index-Z

Life Satisfaction Index-Z

DIRECTIONS: PLEASE READ EACH STATEMENT LISTED BELOW. IF YOU AGREE WITH THE STATEMENT, PLACE A CHECK MARK IN THE SPACE UNDER "AGREE". IF YOU DISAGREE WITH A STATEMENT, PLACE A CHECK MARK IN THE SPACE UNDER "DISAGREE". IF YOU ARE NOT SURE OF YOUR ANSWER, PLACE A CHECK MARK IN THE SPACE UNDER "?". PLEASE BE SURE TO ANSWER EVERY QUESTION ON THE LIST.

	AGREE	DISAGREE	?
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 OF THE PEOPLE I KNOW.	_____	_____	_____
3. THIS IS THE DREARIEST TIME OF MY LIFE.	_____	_____	_____
4. I AM JUST AS HAPPY AS WHEN I WAS YOUNGER.	_____	_____	_____
5. THESE ARE THE BEST YEARS OF MY LIFE.	_____	_____	_____
6. MOST OF THE THINGS I DO ARE BORING OR MONOTONOUS.	_____	_____	_____
7. THE THINGS I DO ARE AS INTERESTING TO ME AS THEY EVER WERE.	_____	_____	_____
8. AS I LOOK BACK ON MY LIFE, I AM FAIRLY WELL SATISFIED.	_____	_____	_____
9. I HAVE MADE PLANS FOR THINGS I WILL BE DOING A MONTH OR A YEAR FROM NOW.	_____	_____	_____
10. WHEN I THINK BACK OVER MY LIFE, I DID NOT GET MOST OF THE IMPORTANT THINGS I WANTED.	_____	_____	_____
11. COMPARED TO OTHER PEOPLE, I GET DOWN IN THE DUMPS TOO OFTEN.	_____	_____	_____
12. I HAVE GOTTEN PRETTY MUCH WHAT I EXPECTED OUT OF LIFE.	_____	_____	_____
13. IN SPITE OF WHAT PEOPLE SAY, THE LOT OF THE AVERAGE MAN IS GETTING WORSE, NOT BETTER.	_____	_____	_____

Appendix D

Information Sheet

Information Sheet

NAME _____ BIRTHDATE _____

ADDRESS _____ AGE _____

PHONE _____ GENDER: MALE _____

FEMALE _____

MARITAL STATUS:

NEVER MARRIED _____
 DIVORCED _____
 MARRIED _____
 WIDOWED _____
 SEPARATED _____

NUMBER OF LIVING CHILDREN: _____

NUMBER OF LIVING GRANDCHILDREN: _____

EDUCATIONAL LEVEL:

LESS THAN HIGH SCHOOL _____
 HIGH SCHOOL GRADUATE _____
 SOME COLLEGE _____
 COLLEGE DEGREE _____
 ADVANCED DEGREE _____

OCCUPATION BEFORE RETIREMENT _____

OCCUPATION OF SPOUSE BEFORE RETIREMENT _____

HEALTH:

GOOD _____
 FAIR _____
 POOR _____

ARE YOU TAKING MEDICATION? YES _____ NO _____

IF YES, FOR WHAT AILMENTS? _____

Appendix E

Facilitator Training

Facilitator Training

Adult Facilitator Training Sessions

Adult facilitators met for a one hour training session. The following material was discussed:

- I. Remotivation therapy
 - A. Four therapeutic steps (Bridges & Thralow, 1981)
 1. climate of acceptance
 2. bridge to the real world
 3. sharing the world we live in
 4. climate of appreciation
 - B. Discussion
 1. ten topics
 2. visual aides
 3. poetry
 4. songs
- II. Group Process (Silverman et al., 1981)
 - A. Attending
 - B. Empathy
 - C. Respect
 - D. Genuineness
 - E. Linking
 - F. Question Asking
- III. Administration of Instruments
 - A. Demographic Information Sheet
 - B. Life Satisfaction Index-Z (pre- and posttest) (Wood et al., 1969)

C. Record of attendance of group participants

IV. Summary

Child Facilitator Training Sessions

The researcher met for a one hour training session. The following material was presented:

I. Oral pre-test of Analyses of the Attitudes of Students (Lane, 1964).

II. Aging process

A. Physical change

1. hearing
2. sight
3. taste
4. touch
5. smell

B. Loss (Silverman et al., 1981)

1. occupational role
2. home
3. possessions
4. friends/family

C. Creating empathetic understanding of the frail elderly

1. resource--How Does It Feel to be Old? (Farber, 1979)
2. positive and negative aspects of aging
3. universal quality of aging process

III. Remotivation therapy

A. Geriatric remotivation (Bridges & Thralow, 1981)

B. Tips on leading groups (Silverman et al., 1981)

Appendix F

Remotivation Therapy Discussion Guides

Remotivation Therapy Discussion Guides

Remotivation therapy sessions two through 10 involved the use of four of the five steps developed by Smith (Robinson, n.d.). These four steps were: (1) climate of acceptance, establishment of a warm, friendly group relationship; (2) bridge to the real world, reading of objective poetry or song; (3) sharing the world we live in, discussion of the topic planned for the session; and (4) climate of appreciation, expression of enjoyment at being together (Long, 1962). The topics of discussion and the four therapeutic steps were the same for both treatment groups (RT and RT + CH). Ideas for discussion topics were adapted from Bridges & Thralow (1981).

Session One

During this session, the topic of discussion was friendship. The poem "House by the Side of the Road" (Foss, 1927) was read. Discussion questions centered on nursing home friends, qualities of a friend, need for friendship and communicating friendship.

Session Two

During this session, the topic of discussion was pets. The poem "To a Mouse" (Burns, 1942) was read. Pets (such as hamsters) were brought to the nursing homes. Discussion questions dealt with reasons people enjoy pets, why some people prefer pets to people, and the value of animals (example: camel, Arabic culture; horse, western United States).

Session Three

During this session, "Buttons and Bows" (Livingston & Evans, 1948) was sung. Clothing typical of an earlier era was displayed. Participants were asked questions concerning clothing materials and changes in both the care and the cost of clothing throughout the years.

Session Four

The topic of this session was entertainment. The poem "Way of the World" (Wilcox, 1927) was read. "Take Me Out to the Ballgame" (Unit Parts [Ed.], n.d.) was sung. Some students played a musical instrument in the child-led treatment group. Discussion questions concerned theatre and recreation.

Session Five

Autumn was the topic of this session. Robert Frost's (1943) poem "October" was read. "Harvest Moon" (Unit Parts [Ed.], n.d.) was sung. Fall activities and changes in nature were discussed.

Session Six

The poem "Natural Foods" (Graznak, 1975) was read for this session, which dealt with natural foods. Cooking methods (wood stoves, microwave ovens, etc.) were discussed. Favorite foods, seasonal foods, and foods native to other countries were noted.

Session Seven

To develop the theme of letter writing, the song "I'm Gonna Sit Right Down and Write Myself a Letter" (Unit Parts [Ed.], n.d.) was

sung. After a discussion of letter writing, frail elderly participants were given material to use in writing a letter to a relative or a friend. Students in the child-led treatment group wrote a letter to their aged partner.

Session Eight

A map of Oklahoma served as a visual aid for the topic of Oklahoma. Frail, elderly participants, as well as child and adult facilitators, located hometowns on the map. After singing the state song "Oklahoma" (Rodgers & Hammerstein, 1953) places of interest to visit in the state were discussed.

Session Nine

After singing "Over the River and Through the Woods" (Unit Parts [Ed.], n.d.), holiday customs and memories were discussed. Participants were advised that the next session was to be the final one. Facilitators and participants jointly planned the farewell party scheduled for the final session.

Session 10

The groups concluded with a farewell party. Refreshments were served. Discussion focused on highlights of group sessions in the opinion of facilitators and participants. The group was brought to closure after facilitators received oral feedback from aged group members. The LSI-Z was re-administered following the final session.

Appendix G

Anecdotes and Comments

Anecdotes and Comments

Anecdotes and Comments: Life Satisfaction

An 80-year old female member of a remotivation therapy group led by an adult commented at the conclusion of the study, "This is the only activity in the nursing home I enjoy. I can't see well enough to read or sew or make crafts. Being a part of a discussion group is the only thing I can do now. What am I going to do [now that the groups have concluded]?"

A nursing home recreation director remarked, "Everyone has enjoyed the groups so much we don't want them to stop." At all three nursing homes, members of the control group attempted to attend remotivation therapy sessions. Older people not assigned to any group visited remotivation therapy sessions led by children and by adults. Consequently, adult facilitators at all three nursing homes were asked by nursing home personnel to offer remotivation therapy to interested residents at the conclusion of the study.

Many elderly participants formed close personal ties with their sixth-grade partner, as did intergenerational partners in studies by Thralow & Watson (1974). Several residents reported plans to continue their friendship with the child following the groups' conclusion. An elderly woman observed, "I'll never forget him [her 11-year-old partner]. He's promised to continue visiting me." Some participants would not leave their room to attend remotivation therapy session unless asked by a child. A request from a child appeared to provide motivating stimulus. One such case is described. The researcher was informed prior to the study that one aged volunteer resident randomly

assigned to a remotivation therapy group led by children might not attend the sessions due to a self-confessed fear of crowds. At the beginning of the first remotivation therapy session, the woman was absent. A staff member reported that the woman "did not feel like coming." Upon hearing this information, the child assigned as her partner spontaneously left the group to visit the elderly women in her room. Within a short time period, the older woman and the child returned together and joined the group. Each week, the child went to the woman's room and helped her navigate her wheelchair to the inter-generational remotivation group. The woman attended all 10 sessions. The non-threatening influence of a child may have helped to lessen the woman's fear of crowds.

Discovery of common interests helps to bridge the gap between disparate age groups (Rynerson, 1972). During the discussion sessions, child facilitators and elders found they shared similar interests and tastes in sports (baseball), music ("Take Me Out to the Ballgame", "Shine on Harvest Moon") (Unit Parts [Ed.], n.d.), food (popcorn), and pet animals. Activities which offer a connecting link in the generation gap have been associated with improved self esteem in the elderly (Rynerson, 1972).

Anecdotes and Comments: Children's Attitudes Toward Elders

The mother of a sixth-grade facilitator confided that her daughter had enjoyed the intergenerational group meetings and that their family planned to make nursing home visitation an "on-going" project. She noted that contact with the elderly was important for her daughter who lived far from her own grandparents. Her remarks indicate that

intergenerational contact filled an unmet need in her child. The number of children (25) who volunteered for the project suggests that such a need may be wide spread. This would support the findings of Barrow & Smith (1980) and Strachen (1973). Children's voluntary sharing with the aged throughout the study demonstrated their attitude toward the frail, elderly group members. Salter & Salter (1976) note that intergenerational exchange may provide mutual benefits. Responses illustrating intergenerational exchange during three child-led remotivation therapy sessions are discussed in the following paragraphs.

Pets. During the session which focused on pets as a discussion topic, students brought caged, brown hamsters, gerbils, and one white rabbit. Both hamsters and gerbils were unknown to most nursing home residents, who responded with curiosity. One resident asked the origin of the name gerbil and said she planned to learn more about the animal. This illustrates the stimulous value of shared intergenerational experiences. Mental stimulation, as part of group activity, is related to morale and to life satisfaction (Palmore, 1979), as well as to health (Baird, 1984).

Foods. Children brought homemade breads and jellies to this session. Several had baked the bread themselves. A sixth-grade girl baked chocolate chip cookies and placed them in a container which was hand-painted with the name of her elderly partner. After learning an aged group member's favorite food was popcorn, an 11-year old female brought a large, brown paper sack filled with popcorn to the session, where it was shared with all group members. Another sixth-grade girl gave a box of crackerjacks as a farewell gift to her

elderly partner; she had learned the woman considered this food to be a special treat. These incidents illustrate children's willingness to help the elderly. Helpful attitudes among those in contact with the elderly have been correlated with a higher level of life satisfaction in the aged (Lowy & Archer, 1974; cited in Salter & Salter, 1976). The attitudes may have developed from the group experience.

Letter-Writing. Children wrote letters to their intergenerational group partners during this session. Following the session, an 80-year old man was motivated to write a letter to the students. At the groups' conclusion, some children remarked they believed the letter-writing session to be the favorite of nursing home participants. Several elderly group partners had confided that they were saving the children's letters. A 12-year old female observed, "My lady smiled all the time I was writing her letter. It made me feel all warm inside."

Appendix H

Reports from Child Facilitators

Reports from Child Facilitators

Excerpts from reports written by sixth-grade group facilitators, Fox (1984), Fenton (1984), and Gebik (1984), to describe their impressions of the intergenerational groups, are reproduced with permission.

. . . What we did in the groups was to go to the nursing home after school. Once we got there that was where all the fun started. We each had one partner . . . It was very interesting to hear them share their own experiences from when they were children . . . One of my favorite times was when we were talking about Thanksgiving. It was so fun to hear them laughing and talking about turkey and mincemeat pies . . .

What I really learned from this experience was that old people are really very friendly and nice. When I was little I used to think that old people were mean and ugly, but now it's a lot different.

Next week we are having our farewell party. It's going to be hard for me to leave [her elderly group partner]. She's so friendly and we've had so much fun together. I really like her a lot.

Intergeneration Project

I was fortunate to be able to participate in the Intergeneration [sic] project. I hope our weekly visits gave the nursing home patients something to look forward to. Hopefully our visits provided them an opportunity to see

new faces and visit with people from a different generation.

I enjoy hearing things from the residents past history. I liked hearing about the days of the dust bowl, the way they played when they were children, and the pets they had growing up.

I certainly became aware that elderly people are not alike, some are still very interesting individuals, and interested in you and what you are doing, and others are not in touch with the world. I noticed that some older people [are] 50 years back mentally . . . I enjoyed this group and getting acquainted with these people . . . I do plan to continue seeing them.

A Special Experience

Every Tuesday for 10 weeks, I went to the nursing home . . . The first time we met we had a talk about the project and the discussion for the week, which was friendship. We piled into [a] station wagon. When we got to [the nursing home] we went to the sitting room. We looked around and sat by one of the residents who had been brought to the sitting room earlier. I sat down by a lady named . . . We read the poem "House by the Side of the Road." We talked about friends and how everyone needs friends.

The next session's topic was pets. We read "To a Mouse." [A sixth-grade boy] brought his hamsters. Some of the women were scared of them. We talked about our pets and pets we would like.

Our third topic was clothes. We sang "Buttons and Bows." We couldn't sing that well, but we sure made a lot of noise. Almost everyone brought some article of clothing to share. Everyone seemed to enjoy putting my Ivy League Cap on and talking about their remembrances of knickers.

Entertainment was the fourth week's topic. People brought their musical instruments, and after reading a poem, and singing a song, we had a mini-concert. The residents of [the nursing home] anywhere in the vicinity heard us. We talked about what they did or entertainment when they were little . . .

Last week we wrote letters to our special person. When I read my letter to [her group partner] she almost cried and smiled all through the session. Then if our friend wanted to write a letter, we helped them. That session was very special.

The following poems were written by me to express my thoughts about the intergenerational discussion groups.

My Friend

Her sparkling blue eyes
An almost childish laugh,
Fill my heart with laughter.
She always has a smile,
And will always be my friend.
She makes me feel so good,
She's my friend.

Bridging the Gap

I cannot see well.

I'll be your eyes.

It's hard for me to hear you.

I'll speak without words.

My hair is like snow.

I think it's pretty.

My teeth aren't real.

Mine aren't much better.

I can't remember sometimes.

I'll do it for you.

Sometimes I'm lonely.

I'll be your friend.

VITA *L*

Gladeen Burris Allred

Candidate for the Degree of

Doctor of Education

Thesis: THE EFFECTS OF INTERGENERATIONAL REMOTIVATION THERAPY ON THE
LIFE SATISFACTION OF INSTITUTIONALIZED ELDERLY

Major Field: Counseling and Student Personnel

Biographical:

Personal Data: Born in Oklahoma City, Oklahoma, June 12, 1942,
the daughter of Edward C. and Gladys T. Burris. Married to
Larry D. Allred on July 16, 1966.

Education: Graduated from Stillwater High School, Stillwater,
Oklahoma, in May, 1960; received Bachelor of Science degree
in Education from Oklahoma State University in May, 1964;
received Master of Arts degree from University of Tulsa in
May, 1971; completed requirements for the Doctor of Education
degree at Oklahoma State University in May, 1985.

Professional Experience: Teacher, Department of English,
Cleveland Junior High School, Tulsa, Oklahoma, August, 1964,
to June, 1965; Teacher, Department of English, North High
School, Denver, Colorado, August, 1965, to January, 1967;
Predoctoral Intern, Stillwater Community Mental Health
Clinic, August, 1984 to present.

Professional Organizations: The Gerontological Society of
America, Phi Kappa Phi.