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Transformative Reminiscence Training For Older Adults: Increasing Self-Positive Reminiscence During Self-Directed Life Reviews

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Transformative Reminiscence Training for Older Adults:

Increasing Self-Positive Reminiscence

During Self-Directed Life Reviews

Deena Gayle Hitzke

Concordia University–Portland

College of Education

Dissertation Proposal submitted to the Faculty of the College of Education

in partial fulfillment of the requirements for the degree of

Doctor of Education in

Transformational Leadership

Floralba A. Marrero, Ed.D., Faculty Chair Dissertation Committee

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Abstract

For this dissertation, I tested whether Transformative Reminiscence Training is a viable alternative to facilitated life reviews for older adults. Facilitated life reviews involve structured reminiscence, which is designed to enhance the self-positive functions of identity consolidation, problem solving, and meaning-making death preparation (Korte, 2012). Transformative Reminiscence Training combines life review methods with consciousness raising. It is based on Paulo Freire's critical theory (2000) and includes psychosocial, perspective transformation, and narrative identity life review education. Using a pre-posttest, randomized experimental design, I explored whether Transformative Reminiscence Training would result in (a) the completion of a self-directed life review, (b) increased self-positive reminiscence, and (c) reduced self-negative reminiscence over a two-week period, in comparison to a control group. The study involved 52 non-vulnerable community dwelling adults who were placed in either an intervention or control group using stratified random assignment. All participants completed pretests and posttests of the reliable and valid Reminiscence Functions Scale (Webster, 1993; 1997). The results of the Fisher's Exact Test showed that there was no significant difference between the intervention and control group in the completing two-week self-directed life reviews. The results of the Paired T-Test showed significant differences between groups, with increases in self-positive reminiscence. The results of the alternative non-parametric Exact Sign Test showed a significant difference between intervention and control groups, in terms of decreases in self-negative reminiscence. These results imply an association between Transformative Reminiscence Training and increased use of self-positive reminiscence.

Keywords: ageism, ego integrity, self-directed life reviews, stereotype embodiment

Dedication

This dissertation is dedicated to my loving husband, my amazing daughter, my supportive

family, and the friends and mentors whose empowerment has inspired this work.

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Chapter 1: Introduction

By the year 2030, older adults will represent 18% of the American population (Ellis & Coughlin, 2013). Ten thousand members of the U.S. Baby Boom generation (born 1946-1964) turn 65 every day (Ellis & Coughlin, 2013). Embroiled in a culture that devalues aging adults and expects their function to inevitably decline, approximately 33% of these older adults will be forced to retire, denied job interviews, or considered unable to benefit from training (Benz, Sedensky, Tompson, & Agiesta, 2013; Hopkins, 2014; North & Fiske, 2016; Wanberg, Kanfer, Hamann, & Zhang, 2016). The cumulative stress of such ageism puts these older adults at greater risk for many chronic health conditions (Hershey & Henkens, 2013; Osborne, 2009).

The Risks of Ageism Model

As the population of the United States gets older, age discrimination is becoming a more urgent problem. Several studies demonstrate that ageism affects older adults and the economy, based on the World Health Organization's six determinants of active aging (Applewhite, 2016; Gendron, Inka, & Welleford, 2017; Nelson, 2016, and Phillips, 2018). The research is best summarized by the Risks of Ageism Model (RAM) developed by Swift, Abrams, Lamont, and Drury (2017). According to this model, repeated exposure to ageism can result in the internalization and avoidance of negative stereotypes about aging, triggering what reminiscence and life review scholars refer to as self-negative reminiscence (Brinker, 2013; Swift, et al., 2017). For example, if older adults are denied job opportunities, they may fear and avoid anticipated failure or destitution in remembrance of past similar adverse experiences, should this be discovered. They may thereby miss opportunities to earn enough income to survive (North & Fiske, 2016; Swift et al., 2017; Wanberg, Kanfer, Hamann, & Zhang, 2016).   Table 1 shows the stereotype threats and possible adverse results.

Table 1

Risks of Ageism Model

Experiences of Ageism	Stereotype	Avoidance of Stereotype Threats	Active Aging Determinant
Denied Opportunities	Unskilled/Unworthy	Failure/Destitution	Sufficient Income
Unheard or Discounted	Confused/Demented	Declared Incompetency	Integrated Healthcare
Treated as Frail	Going Down Hill	Mistreatment/Neglect	Self-Determination
Presumed Incompetent	Going Crazy	Institutionalization	Wellbeing
Abused, Neglected, and Abandoned	Annoying and Unlovable	Isolation/Loneliness	Safety and Support

The World Health Organization's Six Determinants of Active Aging

According to the World Health Organization, those who believe in their capacity to live productive and healthy lives are less likely to use emergency medical care, develop chronic health conditions, or retire early and become prematurely dependent on social security (WHO, 2004). With older adults expected to represent an increasing percentage of the U.S. population, the U.S. economy is becoming increasingly dependent upon people working longer and staying healthier (WHO, 2004). The often-overlooked skills and experiences that older adults can bring to the workplace are further a valued asset, since their accumulated knowledge might be used to improve organizational functioning, productivity, and innovation (Reade, 2013). The World Health Organization's six determinants of active aging map the needs of older adults as related to their access to and engagement in adult education, preventative integrated healthcare, physical activities, physical and environmental safety, income, and social stimulation (2004).

Stereotype Embodiment and Discrimination-Based Stress Syndrome

While stereotype embodiment is not an inevitable outcome of discrimination or abuse, those who have been repeatedly exposed to discrimination can develop Discrimination-Based Stress Syndrome, manifesting disparities in health, education, economic stability, and other determinants of active aging (Murray, Crowe, & Akers, 2016; Nelson, 2016; Rosenwasser, 2002; Swift et al., 2017; WHO, 2004). Discrimination-Based Stress Syndrome includes symptoms like those of Post-Traumatic Stress Disorder, like self-negative reminiscence related to stigma, negative self-schema, depression, anxiety, complex bereavement, despair, and self-recrimination. These symptoms mirror those that manifest from the experience of a life-altering severely traumatic event (Thompson, Cox, & Stevenson, 2017).   When ageism is normalized in the media or perpetuated by socio-economic debates about rising healthcare costs, Medicare, and Social Security, it is further often inadvertently reinforced by service providers (Applewhite, 2016).

Stereotype Embodiment and Self-Negative Reminiscence

According to Levy's (2009) stereotype embodiment theory, stereotype embodiment is the internalization of negative stereotypes during psychosocial development. Ageism triggers memories or self-negative reminiscence of identity crisis events during which these negative stereotypes were internalized, such as times of devaluation, rejection, or judgment (Breen & McLean, 2017; Musolf & Denzin, 2017). As life reviews have become part of psychotherapy, this self-negative reminiscence has been misattributed to mental illness alone, rather than viewed within the social and cultural contexts of stereotype embodiment (Blanco, et al., 2016). Meanwhile, those who are resilient use these memories of identity crises as catalysts for reclaiming narrative identity (Maschi, Viola, & Morgen 2013).

Several emerging studies describe how ageism and the disregard for context when evaluating older adult behaviors can trigger self-negative reminiscence and reinforce stereotype embodiment. According to Fawsitt & Setti (2017),

> Someone who spends their life thinking that older adults have poor memories eventually must contend with the fact that in older age this stereotype will also apply to them, and they will therefore make little effort to prevent memory decline, or to address relative treatable symptoms. (p. 357)

This statement was supported by Levy, Zonderman, Slade, and Ferrucci (2012, cited by Nelson, 2016), who showed that those experiencing stereotype embodiment of inevitable senility showed 30.2% more memory deficits than those rejecting this stereotype. Whether people recognize them or not, there are links between ageism, self-negative reminiscence, and chronic physical and mental illnesses (Levy, 2009; Nelson, 2016). These connections point to the public health concern that when older adults endorse stereotypes of inevitable declines in health, they are less inclined toward the preventative healthcare and activities that have been associated with reduced risks for illness, and they often fail to address health issues when they arise (Sargent-Cox & Anstey, 2015; cited by Nelson, 2016).

Self-negative reminiscence is a combination of three reminiscence functions (see Figure 1). The first is bitterness revival: ruminating over past losses, betrayals, mistreatment, or failures. The second is boredom reduction by escaping into the glorified past rather than engaging in the present and taking risks (O'Rourke, King, & Cappeliez, 2017). The third is intimacy maintenance, which means prolonging the grief process over the loss of an intimate relationship (O'Rourke et al., 2017). These reminiscence functions mirror the symptoms of several mental illnesses and personality disorders (American Psychiatric Association, 2016).

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Bitterness Revival → **Boredom Reduction** → **Intimacy Maintenance** → **Self Negative Functions**

Teach/Inform Others · **Stimulate Conversation** → **Prosocial Functions** → **Reminiscence**

Death Preparation · **Problem Solving** · **Consolidating Identity** → **Self-Positive Functions** → **Reminiscence**

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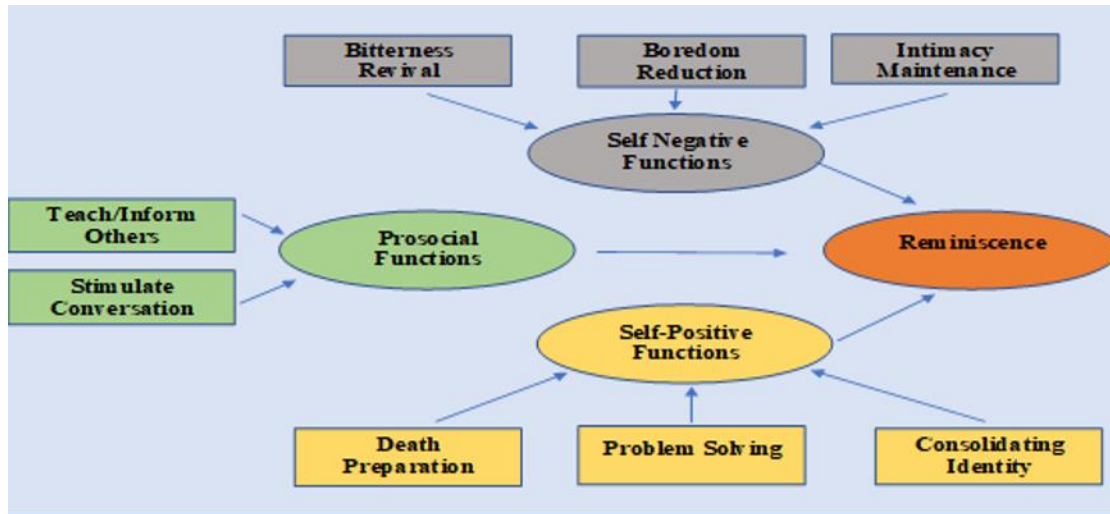
Figure 1: Tripartite Model of Reminiscence Functions. Adapted from "Reminiscence functions over time: Consistency of self functions and variation of prosocial functions," by, N. O'Rourke, D. B. King, & P. Cappeliez, 2017, *Memory*, *25*(3), p. 404. Copyright [2017] Reprinted with permission.

Reinforcements of Stereotype Embodiment During Facilitated Life Reviews

To address the impact of self-negative reminiscence, reminiscence and life review studies focus on increasing self-positive reminiscence, constructing meaning-making legacy narratives in preparation for death, exploring memories to affirm coping and problem-solving skills, and consolidating positive narrative identity. However, these psychotherapeutic methods involve diagnosis, and the co-construction of narrative identity (Blanco et al., 2016; Kahana & Kahana, 2017; Perry, Harp, & Oser, 2013). If diagnosis and co-construction occur without an analysis of power and context, interpretations or story-lines can be influenced by ageism. A professional's opinion also tends to carry more weight, which creates a dynamic of power, privilege, and influence over an older adult's self-concept (McWhirter, 1994). Professionals without an awareness of stereotype embodiment and stereotype threats may therefore do more harm than good (Swift et al., 2017).

Reinforcements of Stereotype Embodiment in Everyday Life

In addition to direct discrimination, master narratives that infer negative stereotypes, such as referring to the aging of the U.S. as a "Senior Tsunami," can also result in negative stereotype embodiment, (Cook, 2018; Jeste & Childers, 2017). Some advocates therefore posit that older adults need to learn how to challenge these social, political, and economic contexts. They seek to raise awareness of the fact that many older adults possess the experience, talent, and skills to contribute to the economy if they are not impeded by ageism (Cook, 2018; Jeste & Childers, 2017; North & Fiske, 2016; Wanberg, Kanfer, Hamann, & Zhang. 2016). Although the presence of negative stereotypes does not always result in stereotype embodiment, stereotypic remarks still impede performance in the workplace (North & Fiske, 2016). Ageism can prevent older adults from asserting their expert opinion for fear of being viewed as insubordinate or may cause them to avoid asking for clarification lest they seem incompetent (Brannon & Gawronski, 2018).

Within the context of these pervasive master narrative forms of ageism, many people over 65 struggle with narrative identity, self-efficacy in problem solving, and ego integrity (Abrams, et al., 2016; North & Fiske, 2016; Renn, & Areán, 2017; Wanberg, Kanfer, Hamann, & Zhang. 2016). Whether or not they are aware of it, stereotype embodiment and stereotype threats negatively affect their wellbeing (Nelson, 2016; Swift et al., 2017). Although the most common strategy for addressing self-negative reminiscence and increasing self-positive reminiscence is the structured and facilitated life review, many facilitated life reviews do not consider how master narratives and the inevitable co-construction of narrative identity during facilitated life reviews can potentially reinforce stereotype embodiment and relative despair (McClean & Syed, 2015).

Conceptual Framework for the Problem

This study uses critical theory as its conceptual framework (Freire, 2000), which involves deconstructing oppressive cultural paradigms, and building an egalitarian culture. In this study, critical theory is used for reframing maladaptive, negative, or resistant behaviors among older adults, as manifestations of stereotype embodiment or internalized oppression (Breen and McLean, 2017; Nelson, 2016; Swift, Abrams, Lamont, & Drury, 2017). According to this framework, stereotype embodiment is a developmental crisis, rather than only a symptom of mental illness, emerging from repeated negative stereotype exposure (Levy, 2009). Ageism thereby creates barriers to (a) active aging (Swift, et al., 2017), (b) ego integrity (Kunz & Sotlys, 2007), (c) perspective transformation (Mezirow, 1991), and (d) positive self-identity, self-mastery, and wellbeing (Breen & McLean, 2017; McWhirter, 1994). The theoretical framework is also based on The Stories We Live By intervention (Bohlmeijer, Kramer, Smit, Onrust, & Van Marwijk, 2009; McAdams, 1993), for self-positive reminiscence (Korte, 2012).

Psychosocial Development in Later Life

One of the first theorists to acknowledge the influence of ageism on identity, coping, problem solving, and ego integrity was Erikson (1959). A student of Freud, Erikson adopted the psychoanalytic theory that the ego is a moderator between the self-judging super-ego (aka social identity or master narrative identity), and the hedonistic id that rejects master narratives such as ageism, focusing on one's immediate needs at the expense of others. Butler (1968) expanded on Erikson's view of ageism by defining it as rooted in fear of vulnerability, engendered by anticipated declines in memory, mobility, and independence. Recent theories find this "fear of our future selves," (Kagan, 2015, p. 1; Nelson, 2016) triggers negative reminiscence and a loss of role identity (Brinker, 2013; Ibarra & Barbulecu, 2010).

Another dimension of Erikson's psychosocial development refers to the identity crises of adolescence, mid-life, and post-retirement. In later life, identity crises often emerge within work and healthcare settings, where older adults are treated and spoken to as if they are confused, resistant, or incompetent, even when they are lucid (Berger, 2017; Butler, 2009). To cope with these experiences, Erikson's (1994) life review includes ego integrity objectives, helping older adults to accept the past as a source of their cumulative wisdom and skill. This process of life review helps people to appreciate the continuity of virtues by which they have lived an admirable, purposeful, and meaningful life. Life reviews can thereby help adults to reconcile between oppressive social identities and more primitive egocentric forms. Original life reviews also addressed ageism by defining virtues, existential principles, and objectives that deconstruct negative stereotypes, reducing associated self-negative reminiscence by highlighting coping, problem solving, and continuous self-positive identity (Erikson, 1994).

Considering Erikson's (1959) and Butler's (1968) theory, psychosocial life review interventions acknowledge despair and self-negative reminiscence as emerging from negative stereotyping and ageism. They challenged earlier deterministic theories by viewing self-negative reminiscence as emerging to challenge the pejorative impediments of lifelong human development, rather than individual psychopathology (Bodner, Palgi, & Wyman, 2018). According to psychosocial theory, those exposed to ageism or other forms of discrimination in other words may embody the negative stereotypes imposed on them, which Butler's (1963) seminal work on ageism established as impeding ego-integrity and wellbeing. Similar notions are returning to the stage of reminiscence and life review story work, by centralizing social and cultural influences on narrative identity (Cappeliez & Webster, 2018; McLean & Syed, 2015; Pratt, 2018).

Facilitated Life Reviews

While the original purpose of life reviews was to utilize autobiographical memories to mediate the impact of ageism (Butler, 1963; Kunz & Soltys, 2007), affirming positive identity, problem solving skills, and ego integrity, interdisciplinary applications of the life review appear to have strayed from this purpose. Instead, most life reviews focus on symptoms of mental illness. By failing to acknowledge the context of ageism, facilitated life reviews increase the risk of reinforcing stereotypes, imposing self-recrimination for ageism's effects (Breen & McLean, 2017; Musolf & Denzin, 2017). Theoretically, life reviews are conducted as follows:

Life Review Therapy

In the behavioral health field, facilitated life reviews are a part of mindfulness-based, grief-focused, and trauma-focused cognitive behavioral narrative therapies. These forms of therapy emerged from psychosocial and cognitive psychology, focusing on restructuring negative self-concepts to tackle depression, anxiety, and grief (Bailey, Stevens, La Rocca, & Scogin, 2016; Gonzalez et al., 2015; Hallford & Meller, 2015). Despite their focus on psychosocial life span development, which takes social influences into account, life review therapies have only recently begun to consider the contexts of racism, sexism, and homophobia, but still fail to fully acknowledge the context of ageism (Martinez & Hinshaw, 2016; McLean & Syed, 2015; Nelson, 2016). Ageism furthermore remains so normalized that it is often overlooked or reinforced by stigmatizing diagnoses (Martinez & Hinshaw, 2016; McLean & Syed, 2015; Nelson, 2016). For example, presuming that someone has dementia without considering stereotyping can erroneously deny them decision making control (Martinez & Hinshaw, 2016). This can result in the loss of independence, dissuading those aware of such stereotype threats from seeking treatment (Martinez & Hinshaw, 2016; Pepin & Segal, 2013).

Life Review Intervention*s*

Unlike most psychotherapists, required by standards of practice and laws to diagnose patients and thereby inadvertently assign psychopathology to the effects of ageism, advocates utilize the transformational education tools of reflective practice and discourse. This empowers people to define and speak for themselves. Rooted in critical consciousness theory, life review interventions focus upon differentiating or integrating intrapersonal and social identities, while constructing alternative self-narratives (McLean & Syed, 2015; Mezirow, 1991).

Deconstructing internalized negative stereotypes and engaging in what is called meta-cognition (thoughts about thoughts), life review interventions such as perspective transformation emancipate people from internalized oppression (McWhirter, 1994; Mezirow, 1991). Like therapy, life review interventions also foster transformative reminiscence by re-storying to infuse purpose and meaning into life narratives that challenge negative self-appraisals (Bullen, 2015). However, one of the limitations of life review intervention is that it is facilitated by advocates or educators without professional licensure, precluding deeper examination of adverse experiences. While such limitations hold ethical merit for more vulnerable populations, Pasupathi, Mansour, and Brubaker (2007) argued that this limitation is otherwise detrimental, stating that the effective life review must allow for seniors to frame their negative past experiences within social, cultural, political, and historical contexts, acknowledging their impact, so that they can identify the positive changes or coping, and problem-solving skills gained from negative experiences (p.86). Dissuading older adults from revisiting negative memories may further impede the learning process, which for older adults should be interactive and action oriented, otherwise conveying that they are incapable of coping with painful or distressing experiences, reinforcing rather than confronting internalized ageism.

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Transformational Life Review Coaching

Transformational life review coaching combines perspective transformation and life reviews to co-construct guided socio-cultural autobiographies. These primarily dialectic strategies assist people in developing ego integrity narratives by challenging them to shed faulty, limiting, or negative self-concepts (Kreber, 2012; Mezirow, 1991). While this process approximates emancipatory reminiscence, it typically involves co-constructions of meaning and purpose that can diminish authenticity and overlook ageism. The process primarily revisits and resolves conflicts of psychosocial development (Erikson, 1994; Kunz & Soltys, 2007). Like life review interventions, coaching engenders the risk of eliciting memories of traumatic critical incidents that are associated with self-negative reminiscence, particularly when exposed to the trauma narratives of other group members. (Korte, Drossaert, Westerhof, & Bohlmeijer, 2014). When professional coaches lack the licensure to engage in therapy, they are required to dissuade vulnerable populations from engaging in the trauma narrative process, and instead focus only on the coping skills gained from surviving hardships (Pasupathi, Mansour, & Brubaker, 2007).

Palliative Care Life Reviews

Intended to explore spiritual and ethical beliefs, preparing an ethical will of moral lessons or a legacy narrative for loved ones, palliative care life reviews alleviate suffering and affirm life meaning and purpose by focusing on a person's life wisdom (Keall, Clayton, & Butow, 2015; Lohr, 2018). Legacy narratives further focus on memories that are joyful and enhance wellbeing and life satisfaction, which is grounding for those experiencing dementia (Keall, Clayton, & Butow, 2015). Because those in palliative or hospice care may have limited energy, these life review interventions divert patients from discussing distressing memories, failing to address any experiences of ageism (Keall et al., 2015; Pasupathi et al., 2007).

Statement of the Problem

As the U.S. population grows to a larger percentage of America's overall census, and more than 33% of older adults are affected by ageism, the U.S. is expected to face an economic and healthcare crisis (Nelson, 2016; WHO, 2004). This crisis will evolve because of stereotype embodiment, which presents barriers to sustaining income, health, and independence, created by the internalization of negative age-related stereotypes (Swift et al., 2017). The relative avoidance of stereotype threats may dissuade older adults from pursuing encore careers, education, training, preventative health and self-care, and other determinants of active aging (Nelson, 2016; Swift et al., 2017), resulting in the overutilization of emergency medical care, or premature dependence on social security (Swift, Abrams, & Lamet, 2017; WHO, 2004).

One of the primary manifestations of the risks of ageism is self-negative reminiscence, perpetuated by exposure to age-related discrimination and ageist social and institutional norms. Self-negative reminiscence includes revisiting or brooding over life's regrets, resentments, or negative experiences, which may reinforce embodied negative stereotypes, resulting in despair (Breen & McLean, 2017; Korte, Westerhof, & Bohlmeijer, 2012). While this study proposes that non-vulnerable adults or those armed with coping skills may be able to safely and effectively engage in self-directed life reviews, there appears to be scant literature regarding the coping skills needed to engage in a self-directed life review. Yet, there has been a surge of life review courses targeting the growing senior demographic. There is further a gap in the literature with regards to developing and testing self-directed educational programs to determine their safety and effectiveness. It is therefore likely that those most vulnerable, who often avoid facilitation, may be at risk of harm during untested or unstructured self-directed life reviews. Facilitated life reviews that neglect to address ageism may further reinforce it.

Purpose of the Study

The purpose of this study was to address the increasing risks of ageism, as they pertain to the World Health Organization's (2004) six determinants of active aging, including access to and engagement in adult education, preventative integrated healthcare, physical activities, physical and environmental safety, income, and social stimulation (WHO, 2004). Related to this central issue, I address two major gaps in the literature. First, I found little research on self-directed life reviews. Second, I found little research on utilizing reminiscence and life review story work to specifically emancipate older adults from stereotype embodiment.

To address the first gap in research, I specifically focused on trauma-informed and culturally relevant life reviews for diverse populations. I also studied research on perspective transformation, empowerment, and contextualized therapy for those experiencing discrimination-based stress. This allowed me to incorporate education on coping skills, psychosocial development, perspective transformation, self-empowerment, and the emancipatory stereotype disembodying process of self-directed life reviews into the curriculum.

To address the second gap in research, I examined the literature pertaining to narrative identity, particularly utilized by marginalized members of society to individuate themselves from the collective, while remaining connected to its power in dismantling oppressive cultural myths. This allowed me to incorporate strategies into Transformative Reminiscence Training for older adults that might enable them to inoculate themselves against the impact of ageism, such as refuting negative stereotypes with evidence of enduring strengths, virtues, purpose, and authentic narrative identity. Although not specifically focused on ageism, many life reviews do focus on "reminiscences about problems, plans, and goals [that] are intrinsically linked with meaning, continuity, and sense of identity" (Bohlmeijer, Westerhof, & Emmerik-de Jong, 2008 p. 242).

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Research Questions

The research on life reviews and reminiscence functions, related to self-directed life reviews and stereotype embodiment, yielded three main research questions:

1. Will Transformative Reminiscence Training for older adults impact self-directed life review completion, compared to the control group?

2. Will Transformative Reminiscence Training for older adults increase the use of self-positive reminiscence, compared to the control group?

3. Will Transformative Reminiscence Training for older adults decrease the use of self-negative reminiscence when compared to the control group?

Null Hypotheses ($H_0: \mu = \mu$)

1. After a two-week period, there will be no significant difference between the number of participants who complete self-directed life reviews in the intervention and control group.

2. After a two-week period, there will be no significant difference between the frequencies of self-positive reminiscence reported by the intervention and control group.

3. After a two-week period, there will be no significant difference between the frequencies of self-negative reminiscence reported by the intervention and control group.

Alternative Hypotheses ($H_A: \mu \neq \mu$)

1. After a two-week period, there will be a significant difference between the number of participants who complete self-directed life reviews in the intervention and control group.

2. After a two-week period, there will be a significant difference between the frequencies of self-positive reminiscence reported by the intervention and control group.

3. After a two-week period, there will be a significant difference between the frequencies of self-negative reminiscence reported by the intervention and control group.

Study Rationale, Relevance, and Significance

Recent studies affirm that ageism can lead to declines in the occupational, physical, and psychological functioning of older adults (Nelson, 2016; Swift et al., 2016). When ageism is internalized as negative stereotype embodiment, associated disengagement from preventative health care can "increase the risks of cardiovascular diseases (such as coronary heart disease), hypertension, stroke, diabetes, cancer, chronic obstructive pulmonary disease, musculoskeletal conditions (such as arthritis and osteoporosis), mental health conditions (mostly dementia and depression), and visual impairment" (WHO, 2002, p. 16). These declines in overall functioning of older adults pose a threat to the U.S. economy (WHO, 2004).

Meanwhile, the research shows that older adults can be a significant asset to the American economy, when provided the tools to combat ageism, disembody negative stereotypes, and reclaim their narrative identity by identifying and contributing their wisdom and talents (Prebble, Addis, & Tippett, 2013; Reade, 2013; Swift et al., 2016). Cognizant of the need to empower older adults toward longer, more productive, and healthier lives, the World Health Organization (2004) has identified six determinants of health aging (Table 1). Yet, the Risks of Ageism model demonstrates that ageism is a significant barrier to accessing these determinants (Swift et al., 2016). By enhancing the consciousness and awareness of these dynamics, Transformative Reminiscence Training aims to prevent and or emancipate older adults from stereotype embodiment, promoting emancipatory reminiscence and the reclaiming of narrative identity which will theoretically stimulate and sustain the U.S. economy. This research further aims to show that educating older adults about psychosocial development, narrative identity, perspective transformation, and empowerment will increase self-directed life reviews and self-positive reminiscence, reducing the self-negative reminiscence that is associated with illness.

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Definition of Terms

Ageism. Negative attitudes toward older adults, including myths and stereotypes about aging that are rooted in a fear of becoming senile, frail, or no longer useful (Nelson, 2016).

Ego-integrity. A consolidated sense of self, and acceptance of the past as infused with meaning and purpose, affirming virtues, skills, and wisdom to prepare for death (Erikson, 1988).

Narrative identity. The integration of values, meaning, and purpose derived from autobiographical memories for a consolidated sense of self (Breen & McClean, 2017).

Self-directed life reviews. Life reviews that are conducted without facilitation to reduce inevitable co-constructions of narrative identity, resulting in increased authenticity, ego integrity, and an awareness of and emancipation from negative stereotypes that have been internalized or embodied (Breen and McClean, 2017).

Self-positive reminiscence. Identity, problem solving, and meaning-making death preparation reminiscences, consolidated for self-continuity and wholeness (Torges, Stewart, & Duncan, 2009).

Self-negative reminiscence. Memories that revive bitterness or resentment, provide an escape or reduce boredom, or foster prolonged bereavement over the loss of close intimate relationships (Brinker, 2013).

Stereotype embodiment. Self-stereotypes about aging that have been internalized throughout a person's life (Levy, 2009).

Transformative reminiscence. The use of memories to emancipate oneself from stereotype embodiment. Transformative reminiscence involves reclaiming narrative identity, affirming problem-solving skills, and affirming life meaning and purpose (Kunz & Soltys, 2007; McWhirter, 1994; Mezirow, 1991).

Assumptions, Delimitations, and Limitations

Assumptions

This study was originally prompted by natural observations from thirty years of using psychoeducation, like the Transformative Reminiscence Training outlined in Appendix A, as a tool for advocacy and empowerment. Although over 90% of 7200 program participants reported sustainable gains in functioning during program evaluations, compared to those I was required to limit to brief cognitive therapy, I was denied access to and use of the grantor-owned data to present and interpret these findings. I had further been denied permissions to structure my work as a study while collecting the data, other than for program evaluation purposes. I therefore pursued my doctorate to study this presupposed phenomenon with more scientific rigor. Another assumption from my past clinical experience that may be important to note is that a process designed for domestic violence intervention would be effective in working with the delimited sample population of non-vulnerable community dwelling fifty and older adults in this study.

In support of initial assumptions, the research suggests that ageism is associated with declines in occupational, physical, and psychological functioning of older adults (Nelson, 2016; Swift et al., 2016). The research further suggests that an expanded awareness of these risks of ageism may mitigate these effects (Nelson, 2016; Swift et al., 2016). Based upon this research, I concluded a transformative reminiscence approach, such as deconstructing ageism during life reviews, was indicated. I further assumed that Transformative Reminiscence Training, designed to help older adults to reclaim narrative identity, conduct self-directed life reviews, and utilize autobiographical memories to strengthen ego integrity (Korte et al., 2012) would raise awareness of reminiscence functions and stereotype embodiment.

Delimitations

Although this study was originally designed to examine internalized ageism, recruiting participants experiencing internalized ageism may have resulted in conducting clinical research without licensure, and including vulnerable populations. Such action would have violated the ethical standards of human subjects research. I therefore delimited the study to participants whom were living independently in the local community, and whom would be considered non-vulnerable, presenting without mental or psychological limitations. As an unlicensed primary investigator, I could not conduct testing to determine whether participants were vulnerable, left to ask them to self-assess. This created another delimitation of people who can affirm that they are emotionally prepared to revisit perhaps distressing memories, were such memories to surface.

In addition to delimiting the study to non-vulnerable, community dwelling adults, the academic tone of my study may have delimited the study to those interested in and not dissuaded by academic language. Based upon feedback that the academic language in my flyer may have further been a stereotype threat to members of some cultures, using focus groups might have provided for a more welcoming, culturally sensitive recruitment process (Anonymous Personal Communication, February 19, 2018). Due to funding limitations, I was also unable to obtain a larger randomized list of people meeting study criteria. In terms of literature review delimitations, I initially limited my search to the past 10 years. As I reviewed historical literature for clarification, however, I discovered that I had drawn too many inferences from prior research to exclude it. Once I discovered the Institute for Reminiscence and Life Review, I further narrowed my scope to align with trends in current research. Had I expanded my historical search earlier, the scope of the literature review may have therefore had more depth.

Limitations

Due to limited time and funding, the sample size of 52 participants for this study was too small and geographically specific to render generalizable conclusions. The study was further limited in its validity and reliability due to its pre-posttest structure, and by using only one tool for measures, thereby revealing dependent variables to participants whom may have responded to posttests for my benefit. I attempted to minimize this confound by asking for authentic responses for reliability in the informed consent, and by including a control group. Another threat to the validity of this study was that the limited time and a small budget shortened the length of the training to four rather than typically twelve hours and shortened the self-directed life review period to 2-weeks rather than a typical six months (Korte, 2012). This time constraint resulted in sessions that were far longer than the 1.5-hour duration that is recommended for groups of older adults (Corey, Corey, & Corey, 2013). The sample for this study was further too small for post-hoc pairwise comparison testing (Corder & Foreman, 2014), as recommended for examining specific reminiscence functions (Haight & Dias, 1992).

While there are more direct measures of stereotype embodiment, I was further limited by the lack of professional licensure to utilize assessments designed to measure this variable, which I viewed as potentially harmful when not inclusive of clinical assessment and intervention. Relative interventions also appeared too clinical in nature to be administered without professional licensure or certification. Given these ethical considerations, I precluded direct measures of stereotype embodiment, and I used only approximate measures of this variable within self-negative reminiscence.

Summary

As the percentage of older adults in the U.S. rises, scholarly interest has grown in the barriers to the World Health Organization's determinants of active aging (Swift et al., 2017). Ageism is now recognized as a threat to emotional wellbeing and ego-integrity, associated with chronic physical and mental conditions (Bohlmeijer et al., 2008; McClean & Syed, 2015; Nelson, 2016; Swift et al., 2017). Originally intended to inoculate older adults against ageism (Butler, 1968), life reviews have become a psychotherapeutic intervention for treating mental illness, improving cognitive symptoms comparable to stereotype embodiment. Such symptoms have, however, been almost exclusively defined as individual psychopathologies, viewed out of context to the point where bio psychosocial evaluations pose a stereotype threat (Pratt, 2018). While facilitated life reviews have been effective, they can therefore present a risk of imposing negative co-constructions of master narrative identity (McClean & Syed, 2015).

In response to the problem of internalized ageism and stereotype threats as a barrier to healthy aging and wellbeing, the literature supports the introspective process of the life review. Given the risks of reinforcing oppression during facilitated life reviews for some older adults, Transformative Reminiscence Training is needed to teach older adults how to conduct their own life reviews. This training is needed to empower them to emancipate themselves from stereotype embodiment, avoid stereotype threats, and overcome associated barriers to active aging by increasing self-positive reminiscence and reducing its self-negative forms. Per the World Health Organizations Active Aging Policy Framework, such empowerment of older adults is essential to sustaining the economy, capitalizing on the wisdom, talent, and experience of older adults, and preventing the occupational, social, emotional, physical, and cognitive functional decline associated with stereotype embodiment (Nelson, 2016; Swift et al., 2017).

Chapter 2: Literature Review

The key to healthy, active, and transformative aging is to integrate the wisdom gained from life-span experiences into a meaningful whole, working through a process known as the life review (Lan, Xiao, & Chen, 2017; Swift et al., 2017). This later life milestone, based primarily on Erikson's (1988) 8th stage of psychosocial development, alleviates and prevents despair, and is central to many senior services programs (Korte et al., 2012; Lan et al., 2017). For older adults, the life review process occurs organically, as an adaptive process of coming to terms with the past (Atchley, 1999). Similarly, life reviews are used across several disciplines to foster perspective transformation, during which adverse experiences are reframed as catalysts for reflectively creating a life of deeper meaning and purpose (Bugajska, 2017; Hoggan, Mälkki, & Finnegan, 2017; Mezirow, 1991; Taylor, 2017).

Some of the primary barriers to a successful life reviews, related to the six World Health Organization's determinants of healthy aging, are the risks of ageism, consisting of stereotype embodiment, stereotype threats, and discrimination (Steele, 1988; Swift et al., 2017). Stereotype embodiment occurs when older adults internalize negative stereotypes related to aging, conforming to those stereotypes by failing to engage in healthy aging activities, or by accepting blame for being targets of discrimination or associated victimization (Murray, Crowe, and Akers, 2016; Nelson, 2016; Rosenwasser, 2002; Swift et al., 2017). Stereotype threats refer to situations during which negative stereotypes may be confirmed, associated with avoidance of health and social services (Nelson, 2016; Swift et al., 2017). Facilitated life reviews that preclude acknowledgement of ageism therefore inadvertently reinforce these risks of ageism by potentially promoting myths about aging (Pasupathi et al., 2007; Wortham, 2001). Research suggests that Transformative Reminiscence Training may overcome these barriers.

Facilitated Life Reviews

Facilitated life reviews are an increasingly popular practice for seniors (65 and older), and they have been researched, promoted, and provided by psychotherapists, advocates, life coaches, educators, and palliative care professionals (Kunz & Soltys, 2007). Psychotherapists utilize facilitated life reviews as part of narrative cognitive-behavioral therapy for depression, anxiety, and grief (Bailey, Stevens, La Rocca, & Scogin, 2016; Gonzalez et al., 2015; Hallford & Meller, 2015). Advocates use facilitated life reviews to assist adults in expressing the cumulative impact of discrimination, deconstructing internalized negative stereotypes, and re-storying to reclaim and develop their own narrative identity (Bullen, 2015; McWhirter, 1994). Similarly, life coaches and educators utilize life reviews to identify and confront the constraining self and world views within their client's life stories, guiding them through the process of perspective and personal transformation (Kreber, 2012; Mezirow, 1991). The most common life reviews are used by palliative care professionals, who help those facing severe or terminal illness or dementia, constructing ethical wills or legacy narratives that celebrate their joyous memories and wisdom, promoting dignity through a sense of life purpose (Keall et al., 2015; Lohr, 2018).

The main objective of facilitated life reviews is to enhance self-positive reminiscence functions, while countering self-negative reminiscence, according to the data driven Tripartite Model of Reminiscence Functions (O'Rourke, King, & Cappeliez, 2017). This is accomplished by guiding participants through Erikson's (1988) eight phases of psycho-social development, virtues, and meaning making tasks which strengthen ego integrity, revisiting each row in Table 2 (Dewey, 2007, p.18). While these processes were originally designed to deconstruct ageism (Butler, 1968), diagnostic criteria that precludes context appears to have led facilitators astray from this original purpose (Martinez & Hinshaw, 2016; McClean & Syed, 2015).

Table 2

Erikson's Stages of Psychosocial Development and Life Review (Dewey, 2007)

Age Range	Psychosocial Conflict	Resolution	Life Review Topic
0-1: Infancy	Trust vs. Mistrust	Hope	Healthy Interdependence
1-3: Early Childhood	Autonomy vs. Shame and Doubt	Will	Self-Determination
3-6: Play Ages	Initiative vs. Guilt	Purpose	Compassion & Resilience
6-12: School	Industry vs. Inferiority	Competence	Creative Responses to Conflict
12-19: Adolescence	Identity vs. Confusion	Fidelity	Self-Realization
20-25: Early Adulthood	Intimacy vs. Isolation	Love	Meaningful Relationships
26-64 Adulthood	Generativity vs. Stagnation	Care	Forgiveness & Acceptance
65 and Older	Ego Integrity vs. Despair	Wisdom	Ego-Strength, Wholeness, Meaning, and Purpose

Depth and Scope of This Literature Review

This research was based on a literature review of ageism, stereotype embodiment, discrimination-based stress, and life reviews. This topic emerged while reviewing recent American Psychological Association (APA) articles on aging and contextualized psychotherapy. This research was further based upon noted similarities between perspective transformation (Mezirow, 1991) and The Stories We Live By intervention (Bohlmeijer et al., 2009; Korte, 2012), as well as life reviews for self-identification within socio-cultural contexts (Westerhof & Bohlmeijer, 2012). To examine these perspectives, I located articles using Google Scholar and Concordia search engines, ResearchGate, and references of articles relevant to my topic.

Reminiscence in Context

Emerging from the notion of culturally specific education, counseling, coaching, and advocacy, recent studies argue for a new form of contextualized psychotherapy, acknowledging stereotype embodiment and threats among people of color, with disabilities or severe mental illness, or who identify as Lesbian, Gay, Bisexual, Transgender, or Queer. These new models centralize discrimination-based stress much like trauma and grief focused therapies centralize the effects of trauma and complicated loss (Blanco, Blanco, & Diaz, 2016; Kahana & Kahana, 2017). Contextualized therapy narrows disparities in health and wellbeing, correlated with stereotype embodiment, and reduces the avoidance of prevention or early intervention services due to stereotype threats (Blanco et al., 2016 Kahana & Kahana, 2017; Swift et al., 2017).

Reminiscence and Discrimination-Based Stress

The familial, cultural, social, and political contexts surrounding adverse experiences can have a profound impact on the ability to cope with and heal from those adverse experiences (Blanco, Blanco, & Diaz, 2016; Perry, Harp & Oser, 2013; Quiros & Berger, 2015). Research indicates that those living within institutions or communities that devalue them as human beings, based on negative stereotypes related to age, ability, gender, race, religion, sexual orientation, or socio-economic status, are more likely to experience the symptoms of depression, anxiety, and prolonged grief (Collett, Pugh, Waite, & Freeman, 2016; Ford & Courtois, 2014). While clinical evidence suggests that these chronic behavioral health issues are associated with internalized negative stereotypes or stigma, triggering self-negative reminiscence, negative thoughts about oneself are often misattributed to physiological factors, or to one's personality flaws, reinforcing negative self-stigma and oppression (Butler, 1968; Cockersell et al, 2017; Ford & Courtois, 2014).

When people are aware of stereotype embodiment, they can participate in developing a more culturally sensitive holistic bio-psycho-social assessment (Cockersell et al; Ford & Courtois, 2017; Quinn, Laidlaw, & Murray, 2009). Contextualized interventions that encourage authentic narrative identity are therefore indicated by evidence that those able to reconstruct their own narrative, accounting for socio-cultural contexts, experience post-traumatic growth or empowerment by raising consciousness in both themselves and others (Poston, Hanson, & Schwiebert, 2012; Robb, Chen, & Haley, 2002). This enables them to balance the power differential between themselves as typically subjugated patients and those otherwise in control of their narrative identity through case conceptualization and diagnosis (Cockersell et al; Ford & Courtois, 2017). This review therefore includes studies of deconstructing negative self-schema.

Reminiscence and Life Reviews

Originally, life reviews emerged within a seminal article by Robert Butler (1963), who challenged the notion that reminiscence was a sign of senility, arguing that its function was to combat ageism and adjust to transitions in later life. Since then, scholars have engaged in a debate over and examined reminiscence functions, seeking ways in which to foster more adaptive reminiscence among older adults. The vast research on reminiscence functions has yielded solid constructs, persisting over the years and throughout the world, conceptualized within a Taxonomy of Reminiscence Functions (O'Rourke, King, & Cappeliez, 2017; Watt & Wong, 1991; Webster, 1993, 1997). These include self-positive reminiscence or ego integrity, such as consolidating identity, problem solving, and death preparation, and self-negative reminiscence such as bitterness revival, boredom reduction, and intimacy maintenance (Butler, 1963; Erikson, 1994; Watt & Wong, 1991).

As self-negative reminiscence functions became synonymous with cognitive-behavioral symptoms of depression, anxiety, grief, and stress disorders, life reviews developed into an evidence-based practice for treating older adults (Korte, 2012; Westerhof & Bohlmeijer, 2014). Life reviews have been incorporated into adult care home milieu, healthy aging initiatives, senior center programs, and support services for more than 50 years (Westerhof & Bohlmeijer, 2014). At first, life reviews were viewed as a natural developmental task, but as they became prevalent within the medical and behavioral health field, they became known as a clinical intervention, reserved for licensed practitioners and discouraged as an independent self-directed adaptive process (Westerhof, Bohlmeijer, & McAdams, 2017).

When the life review process became more clinical, the process of the life review strayed from the original developmental purpose of achieving ego integrity and thereby confronting ageism (Westerhof, Bohlmeijer, & McAdams, 2017). Life reviews however continue to be a strategy to help seniors face similar disorienting dilemmas such as family and interpersonal conflicts, failures, regrets, abuse, death, forced retirement, or the loss of roles in life that were once central to the person's identity (Korte, 2012; McClean & Syed, 2015). Life reviews also continue to focus on positive self-identity development, proposed by Erikson (1988). Facilitators of life reviews that focus on revisiting Erikson's stages of psychosocial development posit that these stages emerge throughout our lives (Sokol, 2009), particularly when transitions in our lives cause a crisis of identity (Cappeliez, Beaupré, & Robitaille, 2008; Keall et al., 2015). Unfortunately, as life reviews became a clinical intervention, their use for more directly confronting ageism and relative identity crises in later life redefined stereotype embodiment as a cognitive distortion, central to depression or other pathologies (Collett et al, 2016; McKinnon. Conner, Roker, Ward, & Brown, 2017; Murray, Crowe, & Akers, 2016; Rosenwasser, 2002).

Life Reviews and Perspective Transformation

Despite increasing the stereotype threat of diagnoses, assigning pathology to stereotype embodiment, the narrative forms of trauma informed, grief-focused, and schema-focused and culturally sensitive therapy contextualize life reviews. Emerging from critical and postmodern theories, these forms of treatment can reduce stereotype embodiment by adopting person-centered approaches that encourage people to recognize themselves as experts of their own condition, revealing and building on the strengths and resources they have already used to cope. Life reviews that are used in critical gerontology and transformational education can also foster reflective and critical practices or reflective discourse. This is achieved by deconstructing negative beliefs and reframing past experiences, toward emancipation from stereotype embodiment and empowerment, to confront and overcome stereotype threats (Mezirow, 1991).

As a potentially unifying principle of the various forms of life review, transformational life reviews aim to change constraining or harmful presuppositions about self and the world (Mezirow, 1991; Windsor et al., 2014). It is interesting to note that both postmodern narrative reminiscence or life review therapy and transformational learning can be traced back to Paulo Freire's Critical Consciousness Theory (Freire, 2000, as cited by Windsor, Pinto, Benoit, Jessell, & Jemal, 2014), encouraging an examination of how constructs such as ageism are socially, politically, and socio-economically prescribed. Consistent with the notion that individuals are the experts of their own lives, Critical Consciousness Theory also promotes grounded theory methods or praxis, during which participants examine the congruence between existing theoretical paradigms and their own experiences. By incorporating these research methods into practice, postmodern theorists contend that power is shifted to participants, further inoculating them against the effects of stereotype embodiment (Collett et al. 2016; Windsor et al. 2014).

Transformative Reminiscence Training and Stereotype Embodiment

Stereotype embodiment is a constraining presupposition that impedes healthy aging (Collett et al., Nelson. 2016; Sanderson, 2010; Swift et al., 2017). Deconstructing stereotype embodiment is referred to in the literature as perspective transformation (Collett et al., 2016; Kucukaydin & Cranton, 2013; Sanderson, 2010). Stereotype embodiment occurs when older adults are "tainted with bias, prejudices, or other misconceptions," referred to by Goleman (As cited in Mezirow, 1991) as "blind spots" (p.18), to be revealed and overcome.

Examples of stereotype embodiment, related to abuse, include when a victim has been convinced that they caused the abuser to become angry, fearful, or exasperated based on negative stereotypes that cast them as inferior, manipulative, or threatening (Bullen, 2015; Wilson, Fauci, & Goodman, 2015). Some victims of elder abuse, dependent on caregivers, believe that they should have taken better care of themselves or their finances to avoid becoming a burden and therefore accept abuse as a form of punishment (Dong & Simon, 2008; Shemmings, 2000; Swift, et al., 2017). Internalized ageism is further associated with being blamed for the loss of a family member to a medical condition that was difficult to manage, misperceived as caused by inadequate caregiving (Bonanno, Wortman, & Nesse 2004; Wetherell, 2012). Perspective transformation emancipates victims from such internalized negative stereotypes by refuting them with life review evidence to the contrary (Kreber, 2012). Transformative reminiscence also reduces the tendency for older adults to identify with or internalize the stereotypes of aging, or to disengage to create self-fulfilling prophesies of confusion, pain, or illness to being old (Nelson, 2016; Swift et al., 2017; West, 2014). The result is a "consistent and meaningful sense of identity across the adult lifespan" (Cappeliez & Robitaille, 2010, p. 809). This study therefore seeks to restore the original anti-oppression life review process.

Conceptual Framework

The central premise on which transformative reminiscence is based is Paulo Freire's (2000) Critical Consciousness Theory. This theory posits that empowering people to recognize their own strengths, coping skills, and problem-solving skills, while redefining themselves in a positive light, emancipates them from oppression. Consistent with the Rogerian notion that individuals are the experts of their own lives, Critical Consciousness Theory teaches people how to step back and reexamine the congruence between how others define them, and how they define themselves. This allows them to gain control of their own narrative, rather than subjugating themselves to the narratives of those with more power (McWhirter, 1994).

Transformation Theory

Built on Critical Consciousness Theory (Freire, 2000), emerging cognitive behavioral therapy, and social cognition, Mezirow (1991) developed perspective transformation to enhance empathy, motivation, self-esteem, decision making, commitment, and interpersonal awareness, as outcomes of consciousness raising. Perspective Transformation is defined in the literature as "becoming aware that one is caught in one's own history and is reliving it," then creating a "structural change in the way we see ourselves and our relationships, moving toward perspectives which are more inclusive, discriminating and integrative of experience" (Mezirow, 1978, p. ii). Transformation Theory also acknowledges that identity development occurs within social contexts, clarified and re-constructed to make meaning (Mezirow, 1994). This is accomplished through critical and reflective practices and discourse (Kucukaydin & Cranton, 2013). These processes result in authenticity, providing a continuity of identity, and stabilizing ego-integrity (Bohlmeijer, Kramer, Smit, Onrust, & Van Marwijk, 2009; Hallford, & Mellor, 2017; Mezirow, 1998; Satorres, Viguer, Fortuna, & Meléndez, 2017).

Psychosocial Theory

Based on the psychosocial development theory of Erikson (1950), one of the developmental tasks associated with the determinants of active aging is a life review process. Central to this eighth stage of life span development is the concept of ego integrity, fostering the capacity to resolve conflicts, maintain a sense of meaning and purpose, and define oneself as able to sustain value in life (Kunz & Soltys, 2007). Those who fail in this process fall into despair (Erikson, 1950).

Psychosocial theory acknowledges personality development as a process that continues throughout the lifespan, supporting the principles of life-long learning. One of the important aspects of Erikson's life span psychosocial development theory is that each developmental stage builds on another (Dewey, 2007; Erikson, 1988; Kunz & Soltys, 2007). Thus, an older adult struggling with a certain milestone may have to transcend prior psychosocial development stages. Erikson's (1994) life review theory is therefore an ideal framework for addressing stereotype embodiment, focusing on resolving the same existential and interpersonal conflicts by tracing them back to their developmental roots, then directly focusing on the social and cultural contexts of identity development (Biassoni, Cassina, & Balzarotti, 2017; Dewey, 2007).

Trauma Informed Practices

Current research suggests that stereotype embodiment is associated with a greater likelihood of developing comorbid psychological disorders. These include Discrimination-Based Stress Syndrome (DBSS), Post-Traumatic Stress Disorder (PTSD), Complicated Bereavement Disorder (CBD), and Social Anxiety Disorder (SAD) (Boyd, et al., 2014; Perry, Harp & Oser, 2013; Quiros & Berger, 2015). Trauma informed practices acknowledge this association, based on the neurobiology of trauma (Quiros & Berger, 2015; Wilson, Fauci, & Goodman, 2015).

Like Transformative Reminiscence Training, trauma informed practices are person-centered and educational (Wilson, Fauci, & Goodman, 2015). For example, if an older adult were to describe a traumatic event, blaming themselves for the neurobiological reactions of fight, flight, or freeze, a trauma informed therapist would reframe the older adult's behaviors as natural responses to an abnormal event, and then explain how their behavior was associated with neurobiological factors (Wilson, Fauci, & Goodman, 2015). Epidemiological studies of discrimination and trauma related disorders further support a trauma informed, culturally competent framework in which stereotype embodiment is rigorously examined. The theory acknowledges that trauma is a disempowering, marginalizing experience, and thereby aims to dismantle inadvertent subjugation of those with less socio-political and economic power, preventing reinforcements of oppression (Blanco et al., 2016; Cook et al., 2013; Davison et al., 2016; Musolf & Denzin, 2017; Tappan, 2006; Windsor et al., 2014).

Post-Modern Social Cognitive Therapy

The unifying theoretical foundation across Perspective Transformation, Life Reviews, Trauma-Informed Practices, and Narrative and Schema-Focused Therapy is Critical Consciousness Theory (Musolf & Denzin, 2017; Tappan, 2006; Windsor et al., 2014). Post-Modern Social Cognitive Therapy is the form of therapy that is most directly associated with Critical Consciousness Theory. It aims to empower people by drawing out their existing insights, strengths, and coping skills rather than imposing interventions. The purpose for this approach is to focus on strengths and skills from the past, utilized to cope with trauma, loss, or other disorienting dilemmas. Post-Modern Social Cognitive Therapy also reframes those behaviors traditionally viewed as symptoms of mental illness as strategies for survival (Bambauer & Prigerson, 2006; Collett et al., 2016; Herman, 2015; Windsor et al., 2014).

Another feature of Post-Modern Social Cognitive Therapy is that it directly confronts how being a member of a marginalized group affects cognitions about self and others (Macedo et al., 2014; Windsor et al., 2014). For example, when a woman is dehumanized by rape or domestic violence, and she is convinced that she caused the abuser to become angry, fearful, or exasperated, the Post-Modern Social Cognitive Therapist would confront any feelings of inferiority and endorsed subjugation as imposed social constructs that may be fueling self-recrimination (Bullen, 2015; Meléndez Moral et al., 2015; Tappan, 2006). If an elder abuse victim was to state they should have taken better care of themselves or finances to avoid becoming a burden, the postmodern therapist would challenge and deconstruct this self-blame (Tappan, 2006).

Post-modernists acknowledge the context of experience, which can either exacerbate fears and vulnerabilities, or conversely motivate collective and positive social action (Herman, 2015; Wilson, Fauci, & Goodman, 2015).   The modern term for Post-Modern Social Cognitive Therapy is therefore contextualized psychotherapy (Blanco et al., 2016). In sum, Post-Modern Social Cognitive Therapy draws out familial, cultural, social, and other contextual factors that influence how adverse life experiences are encoded and recollected, reconstructing narratives to address stereotype embodiment, rather than to merely identify individual pathology.

Opposing Views of Post-Modern Therapy

One of the reasons that it is necessary to synthesize interdisciplinary life review research is that the study of discrimination-based stress and post-modern therapy is controversial, given that it is built upon social justice perspectives. Studies on discrimination-based stress, ageism, internalized oppression, and racial or gender identity therefore are sometimes discounted or diluted to avoid the appearance of liberal bias (Selener, 1997). Post Modern research is also

often qualitative, relying upon participatory action research that centralizes participant views. Based upon qualitative methods, Post Modern Therapy research is often considered to lack controlled scientific rigor (Selener, 1997). Addressing these criticisms, qualitative researchers argue that participatory action research is not a bias that promotes liberal social justice perspectives, but conversely yields more diverse perspectives, while developing evidence directly from primary sources in rich and thick format (Trentham, & Neysmith, 2018). While this may be true, qualitative methods are often not large or long enough to be generalizable.

Review of Research Literature and Methodological Literature

Because life reviews have migrated from education and advocacy to therapy, much of the methodological literature available focuses upon therapeutic applications. While these studies do not target stereotype embodiment, they do target mental health conditions that include negative self-stigma, negative self-schema, or distorted self-concepts like stereotype embodiment, all which manifest or are reinforced by self-negative reminiscence. Most of the therapeutic interventions further involve educational components that focus upon increasing self-positive reminiscence, like what is described by Mezirow (1991) as perspective transformation, or changing the "habits of mind," (p. 18). The selected methodological studies also inform Transformative Reminiscence Training by demonstrating that there are correlations between various forms of stereotype embodiment and mental illness, emerging as symptoms of Discrimination Based Stress Syndrome, Complicated Post-Traumatic Stress Disorder, and Complicated Bereavement Disorder. The examinations of these disorders indicate that exposure to even subtle negative stereotypes can accumulate to exacerbate severe mental illness, presenting barriers to active aging and wellness, and existing within the context of socio-political factors (Nelson, 2016; Quiros & Berger, 2015; Swift et al., 2017).

The methodological literature review first establishes a relationship between stereotype embodiment and the target symptoms of Discrimination-Based Stress Syndrome (DBSS), Post-Traumatic Stress Disorder (PTSD), Complicated Bereavement Disorder (CBD), and Social Anxiety Disorder (SAD), while creating a framework for research design. These studies show that there are evidence-based methods for deconstructing the negative thoughts that contribute to these disorders, in similar ways for deconstructing stereotype embodiment and stereotype threats. While this human subjects research could not be designed to recruit those suffering with stereotype embodiment or utilize instruments that may have been considered a clinical assessment, it does take the first step of synthesizing various approaches to increase self-positive reminiscence and reduce self-negative reminiscence, as the mechanisms by which various life reviews and similar interventions achieve their respective outcomes (Blanco et al., 2016; Collett et al., 2016; Korte, Bohlmeijer, & Smit, 2009; Korte, 2012; McAllister & McKinnon, 2009; Mezirow, 1991; Nelson, 2016; Windsor et al., 2014).

Stereotype Embodiment and Mental Health

Stereotype embodiment is often embedded in many symptoms of mental illness, manifesting as self-criticism or self-recrimination (Pelts, Hrostowski, Cardin, & Swindle, 2018). Those focusing upon empowerment are however able to link such cognitive distortions about self with histories of discrimination, forms of emotional or verbal abuse, or repeated exposure to negative stereotypes (Pelts et al., 2018). Stereotype embodiment may therefore be deconstructed and remedied in the same ways that therapists treat cognitive symptoms of mental illness. This would include education on how to manage physiological responses to discrimination-based stress. In support of this claim, the following studies establish the correlation between stereotype embodiment and mental illness.

Internalized Racial Stereotypes

In a randomized survey of 83 male and 122 female Latino/a students with a mean age of 24, Cheng and Mallinckrodt (2015) found that Latino students in a school with less than a 25% Latino population attributed increased alcohol consumption and post-traumatic stress symptoms to stereotype embodiment. In other words, they drank more because they endorsed a stereotype that Latinos drink. They also drank to cope with discrimination-based stress, defined as contextualized Post-Traumatic Stress Disorder. The authors reported that these findings were congruent with prior large-scale epistemological studies. Statistical analyses included performing the Satorra-Bentler chi-square difference test, which tests for bias in potentially non-normative smaller samples (Bryant & Satorra, 2012). These findings suggest that stereotype embodiment yields negative stereotype behaviors.

Finding similar results upon examining the role of discrimination as exacerbating or predictive of PTSD, Perry, Harp, and Oser (2013) asked 204 middle-income professional African American women to complete standardized tests of existential well-being, anxiety, health concerns, individual stressors, and social stressors such as discrimination. These tests included (a) The Existential Well Being Scale (SWBS; Paloutzian & Ellison, 1991, as cited by Perry, Harp, & Oser, 2013), (b) The Self-Reported Anxiety (& Cloaked Addiction) Scale (ASIL-CF McLellan, Cacciola, Carise, and Coyne, 1999, as cited by Perry, Harp, & Oser, 2013), (c) The Self-Reported Health Concerns Scale (B-WISE, as cited by Perry, Harp, & Oser, 2013), (d) Sociodemographics, and (e) The Traumatic Life Events Questionnaire (TLEQ, Kubany et al, 2000, as cited by Perry, Harp, & Oser, 2013). A negative binomial regression of probability outcomes from repeated trials revealed that discriminatory experiences across the life span significantly reduce one's functionality, health, and well-being (Perry, Harp, & Oser, 2013).

Comparing operational definitions with the Risks of Ageism Model (Swift et al., 2017), Perry, Harp, & Oser's (2013) study suggests a relationship between stereotype embodiment and stereotype threats with anxiety, addiction, health concerns, and wellbeing. Computing binomial regressions of dispersed data for probable relationships (Gardner, Mulvey, & Shaw, 1995) the results further support the hypothesis that addressing discriminatory experiences across the lifespan may mediate their negative effects. Although the select sample population of affluent African American women may limit the generalizability of the findings, the study's findings are consistent with other similar studies of discrimination-based stress (Quiros & Berger, 2015).

Internalized Transgender Stereotypes

Reisner et al. (2016) examined the impact of gender identity discrimination and found that transgender and gender non-conforming Massachusetts citizens more vulnerable to Post Traumatic Stress Disorder (PTSD), and they often had a resistance to treatment for fear of judgment or prejudice. In this study, a community-based sample of 452 participants completed surveys related to discrimination, PTSD, drug or alcohol abuse, and health. Based on descriptive statistics and a two-tailed Analysis of Variance (ANOVA), this study found discrimination to be predictive of decreased functional abilities, related to stereotype embodiment (Swift et al., 2017).

Internalized Ageism

In a study on 677 older (50+) adults in prison in New Jersey, Maschi, Viola, and Morgen (2013) found that structural or institutional forms of discrimination in the prison context correlated to exacerbated Post Traumatic Stress Disorder symptoms. This applied more so to people who attributed chronic health conditions to aging rather than stress had poorer health. Yet, the study also found other older adults are more resilient, using self-positive reminiscence to discover and utilize coping skills from their pasts.

In this study, participants completed measures of stressful life events such as abuse, loss, discrimination, and other forms of trauma, as well as cognitive, socio-emotional, spiritual, physical, and social coping skills, and mental wellbeing. Maschi, Viola, and Morgen (2013) used structural equation modeling to establish that those with internal coping skills like self-positive reminiscence demonstrated fewer adverse effects of ageism, and better health. The researchers used factorial and multiple regression analyses, designed by Bullen (1989, as cited by Maschi, Viola, & Morgen 2013) to constrain parameters of each mental health variable, compared to either internal or external coping and self-directed reframing that is like self-directed life reviews. This study suggests that those who know how to engage in self-positive reminiscence and manage self-negative reminiscence have the ego integrity to combat ageism.

Internalized Stigma

Another study demonstrating a relationship between stereotype embodiment, stereotype threats, discrimination, and trauma found that ignoring the contexts of adverse experiences can exacerbate mental health conditions toward the development of complex Post Traumatic Stress Disorder, associated with Borderline Personality Disorder. This disorder has serious health risk implications, associated with interpersonal conflict, self-neglect, increased vulnerability for abuse, and isolation in later life (Dong, 2017). Based on a meta-analysis of clinical trials for the treatment of Borderline Personality Disorder, Ford & Courtois (2014) concluded that there is a significant correlation between unaddressed stereotype embodiment and Borderline Personality Disorder. Conversely, the study demonstrated that addressing the stigma of this diagnosis and associated stereotype embodiment significantly mediated the symptoms of the otherwise difficult to treat disorder. This outcome suggests that therapy out of context can potentially be harmful.

Life Reviews for Perspective Transformation

Evidence-Based Life Reviews

Life reviews are a form of structured reminiscence designed to reduce self-negative reminiscence, like brooding over conflicts, failures, or losses. Life reviews first became popular following a seminal article on Erik Erikson's eighth stage of psychosocial development, written by Robert Butler in 1963, entitled Ego Integrity versus Despair. During this stage, older adults negotiate conflicts between consolidating identity, appreciating wisdom and problem-solving skills, finding purpose and life meaning, or falling into depression. For this reason, life reviews migrated toward later life and palliative care therapy. Life reviews are now one of the best practice treatments for late life depression (Bailey et al., 2016; Gonzalez, et al., 2015; Korte, et al 2012), posttraumatic stress disorder (PTSD, and complicated bereavement (Bailey et al., 2016; Gonzalez et al., Korte et al., 2012). Although these life reviews do not specifically focus on combating stereotype embodiment, they have been found to reduce similar cognitive symptoms by increasing self-positive reminiscence (Korte et al., 2012), demonstrating that these forms of reminiscence are adaptive (Korte, 2012).

Bailey et al. (2016) randomly sampled and assigned 51 residents from 5 nursing homes to either Life Review Therapy or control groups, using standardized pre-posttests of clinical depression. Based upon ANOVA and behavioral data analyses, life reviews were found to alleviate depression. Gonzalez, et al., (2015) also compared pre-posttest geriatric depression, providing 45 institutionalized older adults (65 and over) with 10 sessions of Life Review Therapy. Based upon their mixed ANOVA, Gonzalez, et al., (2015) found that Life Review Therapy significantly enhanced patient moods and ego-integrity or wellbeing. Several other studies on The Stories We Live By life interventions found similar results (Korte, 2012).

Life Reviews for Self-Positive Reminiscence

Although this literature review was focused on the past 10 years, many of the components of Transformative Reminiscence Training were extrapolated from earlier works. These works deserve recognition as the foundations upon which life review interventions are built. Historically, reminiscence studies have evidenced that identity, problem solving, and ego-integrity or meaning making reminiscence increases with life review intervention. Korte, Bohlmeijer, & Smit (2009), for example, evaluated the effectiveness of The Stories We Live By intervention (Bohlmeijer et al., 2009), from which Transformative Reminiscence Training was largely informed, finding that "By consciously focusing on specific and positively charged memories, negative memories are likely to be pushed further to the background, while other positive memories will be retrieved more easily" (Korte et al., 2009, p. 68).

The interventions utilized in this study were to refute self-negative reminiscence with self-positive reminiscence by mining through memories of adverse events for strengths and coping strategies. Interventions further included creative memory scrapbooking projects to elicit positive and life affirming memories, based upon legacies, virtues, metaphors, or redemptive themes. Participants were also asked to provide thick and rich descriptions of multi-sensory positive autobiographical memories to make them more salient and assimilated for present identity and problem-solving growth. Using an open recruitment model, the study included 160 older adults over 55 from 14 health centers. The results of t-tests for differences between pretest and posttest intervention and control group outcomes found that those provided with life review therapy demonstrated greater self-positive reminiscence and lesser self-negative reminiscence, as indicated by pre-posttest means and standard deviations of the Reminiscence Functions Scale (Webster, 1993, 1997).

A similar historical landmark study of The Stories We Live By (Bohlmeijer et al., 2009) intervention demonstrated that "a focus on positive thoughts is a key mechanism in explaining the effectiveness of life-review, a finding that can be brought back to the two main adaptive processes of life-review: integrative and instrumental reminiscence" (Korte, Westerhof, & Bohlmeijer, 2012, p. 137). Integrative and Instrumental reminiscence were measured by the Reminiscence Functions Scale (Webster, 1993) with instrumental reminiscence defined as identity and death preparation reminiscence, and instrumental reminiscence defined as both identity and problem-solving reminiscence (Korte et al., 2012). The study included over 100 participants (N=102). Once again, t-test comparisons of self-positive and ego-integrity reminiscence before and after life reviews, showed that life review therapy reduces self-negative reminiscence by increasing self-positive reminiscence.

Cognitive Behavior Therapy (CBT) and Life Reviews

Examining educational components of other strategies that are like life reviews, and congruent with perspective transformation teaching methods, this review includes controlled studies of Life Review Cognitive Behavioral Therapy (CBT) that address symptoms like stereotype embodiment. As part of trauma informed care, life reviews alleviated symptoms of both posttraumatic stress disorder and complicated bereavement (Böttche, Kuwert, & Knaevelsrud, 2012; Bryant, et al., 2014; Davison, et al, 2016; Feldman, 2011; Videler, 2014). Böttche, Kuwert, & Knaevelsrud (2012) reviewed age-specific clinical trials, selecting those addressing both Post Traumatic Stress Disorder (PTSD) and bereavement, and including only those with the most consistent results. Upon descriptive analysis, the only significantly effective treatment for older adults was that which included life review therapy, with an emphasis upon contextualizing and deconstructing negative self-schema like stereotype embodiment.

Grief-Focused CBT And Life Reviews

Congruent with the findings of the Böttche, Kuwert, & Knaevelsrud (2012) studies, Bryant, et al. (2014) studied the efficacy of Life Review Therapy for Complicated Bereavement. Complicated Bereavement Disorder (CBD) includes prolonged grief, stress sensitivity, depression, and anxiety. Bryant, et al. (2014) studied 80 participants who were patients in a trauma clinic. Conducting evaluations of depression and grief before and after 10 sessions of Cognitive Behavioral Therapy, with and without Life Review Therapy components, Bryant, et al., (2014) found through multiple regression analysis, (Bullen, 1989, as cited by Maschi, Viola, & Morgen 2013), that adding life review therapy significantly reduced depression and grief. This study suggests that adding life reviews increases effectiveness through the examination of false notions of self, like stereotypes. The findings were also consistent with prior life review clinical trials (Davison, 2016; Feldman, 2011).

Schema-Focused CBT And Life Reviews

Like life reviews, Schema Focused Cognitive Behavioral Therapy (SFCBT) is directed toward re-constructing negative self-schema like stereotype embodiment, through the process of cognitive restructuring. Schema-Focused Cognitive Behavioral Therapy (SFCBT) not only reduces depression, but Post-Traumatic Stress Disorder symptoms like anxiety and hypervigilance (Ford & Courtois, 2014). Schema-focused CBT also mediates symptoms of Borderline Personality Disorder, even when patients have been unresponsive to other forms of treatment (Ford & Courtois, 2014). Meta-analyses of PTSD treatment further confirm that SFCBT enhances Post Traumatic Stress Disorder treatment outcomes (Böttche, Kuwert, & Knaevelsrud 2012), as demonstrated by a double-blind study on the efficacy of Grief-Focused CBT, involving schema or beliefs surrounding traumatic loss (Bryant, et al., 2014).

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In further support of SFCBT, Davison, et al. (2016) developed a theoretical framework for fostering post-traumatic growth and resiliency in later life. Per Davison et al. (2016), older combat veterans often revisit post-traumatic stress symptoms in later life, upon transitioning into retirement or less independent living situations, experiencing cognitive or health challenges, or engaging in life reviews as a normal developmental process. While Davison, et al. (2016) originally viewed this "Later-Adulthood Trauma Reengagement (LATR)" as a behavioral health concern, they found coping and problem-solving skills with LATR to challenge this notion.

Considering a late life developmental perspective, Davison et al. (2016) propose that those who re-engage in processing trauma are engaging in a form of self-positive reminiscence to resolve past trauma, highlighting strengths and skills gained through recovery. This view is markedly like that of Butler (1963) in his seminal article on ageism and the adaptive value of life reviews. Davison et al. (2016) further suggest that SBCBT strengthens identity and ego integrity. Synthesizing theoretical and epidemiological studies in gerontology and psychology, Davison et al. (2016) thereby contend that Schema-Focused Cognitive Behavioral Therapy (SFCBT) is an adaptive process for achieving later life post-traumatic growth.

Narrative Exposure CBT And Life Reviews

Narrative Cognitive Behavior Therapy (NCBT) relieves post-traumatic stress symptoms by re-scripting or reframing negative memories to redefine survivors' behaviors as strategic and resilient rather than pathological. The identity of a trauma victim can otherwise be lost to dehumanization and degradation (Robjant & Fazel, 2010). Narrative Cognitive Behavior Therapy (NCBT) is like Schema-Focused Cognitive Behavior Therapy (SFCBT) in this regard, but also aims to re-construct memories that are often fragmented by physiological responses to trauma.

Robjant & Fazel (2010) conducted a meta-analysis of clinical trials, targeting diverse samples of 277 refugees with Combat Post Traumatic Stress Disorder (PTSD). Upon comparing psycho-education with Narrative Therapy, an ANOVA and multiple regression analysis of 6-12 month follow up measures revealed that life review education for deconstructing stigma mediated PTSD. This in turn improved participants' neurological and emotional functioning.

Review of Methodological Issues

Studies on stereotype embodiment, internalized ageism, or self-recrimination, related to stigma, negative stereotypes, abuse, and discrimination are generally action-based and participatory (Laylou, Le Belly, & Boesen-Mariani, 2015; Smith-Chandler & Swart, 2014). It was therefore difficult to find experimental studies that directly aligned with this project's purpose. Per Hansen, Holmes, & Lindemann (2013), qualitative participatory action research can be reliable when it involves the gathering of thick and rich descriptive narratives. Action researchers further contend that this methodology provides psychological and social benefits, enhancing intellectual, and social functioning (Laylou, Le Belly, & Boesen-Mariani, 2015). One of the primary criticisms of action research, however, is that the researcher's responses to a participant, as a participant-observer, may impose bias, master narratives, such as ageism, and pressures to conform to the researcher's views, inadvertently subjugating participants with the inherent power of the researcher in the researcher: participant relationship (Rosenwasser, 2002).

Considering that participatory action research is believed to lack scientific rigor (Selener, 1997), and considering the longstanding notion that such research may inadvertently impede authentic narrative identity (Rosenwasser, 2002), this review included construct analysis to identify measurable and valid training and outcome variables for an experimental design, by exploring best practices in life review research, facilitation, advocacy, and education.

Transformative Reminiscence Training

Transformative Reminiscence Training is a curriculum that synthesizes the educational components of *Transformational Reminiscence* (Kunz & Sotlys, 2007), *Transformative Dimensions of Adult Learning* (Mezirow, 1991), *Counseling for Empowerment* (McWhirter, 1994), and The Stories We Live By intervention (Bohlmeijer, Kramer, Smit, Onrust, *& V*an Marwijk, 2009; McAdams, 1993*).*   The theoretical basis of these life review methods is the *Pedagogy of the Oppressed* (Freire, 2000). Transformative Reminiscence Training is designed to emancipate people from internalized negative stereotypes, mediating the effects of stereotype embodiment upon health, occupational and social functioning, and overall wellbeing (Blanco, Blanco, & Diaz, 2016; Nelson, 2016; Swift, Abrams, Lamont, & Drury, 2017). Transformative Reminiscence Training is further designed to mediate the risks of ageism, as barriers to active aging, defined by the Risks of Ageism Model (Swift, et al., 2017).

Stereotype Embodiment and Self-Negative Reminiscence

Unable to measure degrees of stereotype embodiment without potentially violating human subjects research ethics or engaging in clinical assessments that I am not credentialed to provide, I approximated the variable of stereotype embodiment by deconstructing self-negative reminiscence, self-stigma, and negative self-schema as symptoms of mental illness that are often the target of life review intervention. I further examined other forms of internalized negative stereotypes, based upon race and gender, to identify the processes by which they are defined and addressed during the life reviews. I then examined research pertaining to effects of increasing self-positive reminiscence to manage these symptoms and effects of discrimination, and the mechanisms by which life reviews have reduced the self-negative reminiscence habits that are embedded within both stereotype embodiment and mental illness.

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Contextualized Self-Negative Reminiscence and Life Review

In congruence with the Risks of Ageism Model (Swift et al., 2017), many studies confirm that stereotype embodiment and stereotype threats affect mental health. Those who embody the negative stereotype of being prone to substance abuse are more likely to abuse substances (Cheng & MellinKrodt, 2015). People repeatedly exposed to discrimination demonstrate more severe and prolonged symptoms of Post-Traumatic Stress Order, ruminating over past similar experiences of discrimination, marginalization, and subjugation (Cheng & MellinKrodt, 2015; Maschi, Viola, and Morgen, 2013; Perry, Harp, & Oser, 2013; Reisner et al., 2016). Research further suggests that these effects may be mediated by self-positive reminiscence, reclaiming narrative identity by deconstructing and reducing related self-negative reminiscence during life reviews (Breen & McClean, 2017; Kahana & Kahana, 2017; Trentham, & Neysmith, 2018).

Internalized Racial Stereotypes

Examining the impact of internalized racism, Cheng & Mallinckrodt's (2015) surveyed 83 male and 122 female Latino participants, representing only 25% of their college population, as congruent with percentages of the general population in their geographic area. The surveys measured simultaneous experiences of discrimination-based stress, self-recrimination, internalized stereotypes, and triggers of past trauma. The surveys further inquired about the amounts of alcohol consumed, relative to endorsed negative stereotypes about alcohol consumption among Latinos, resulting in self-recrimination for discrimination and abuse. The study found that those who endorsed negative stereotypes about Latinos consumed more alcohol than those who rejected these master narratives. The study also found that the more participants had been exposed to trauma within the context of discrimination, fostering self-recrimination, the more alcohol they consumed.

Given the small size of the sample, Cheng & Mallinckrodt (2015) used the Satorra-Bentler chi-square test which relied upon past larger studies to approximate values that would be associated with a larger sample (Bryant & Satorra, 2012). This test is effective in establishing a parallel trajectory between variables (Bryant & Satorra, 2012). Comparing findings to large scale epistemological studies also lent credence to the study's claims. However, the survey itself lacked detail with respect to the types of trauma that participants experienced. This study nevertheless established stereotype embodiment as a significant determinant of health.

In contrast to Cheng & Mallinckrodt's (2015) instrumentation, Perry, Harp, & Oster's (2013) study established valid constructs of stereotype embodiment among African American women by demonstrating correlations between wellbeing, anxiety, addiction, health concerns, socio-demographics, and traumatic life events, respectively utilizing the (a) The Existential Well Being Scale (SWBS; Paloutzian & Ellison, 1991, as cited by Perry, Harp, & Oser, 2013), (b) The Self-Reported Anxiety (& Cloaked Addiction) Scale (ASIL-CF McLellan, Cacciola, Carise, and Coyne, 1999, as cited by Perry, Harp, & Oser, 2013), (c) The Self-Reported Health Concerns Scale (B-WISE, as cited by Perry, Harp, & Oser, 2013), (d) Sociodemographics, and (e) The Traumatic Life Events Questionnaire (TLEQ, Kubany et al, 2000, as cited by Perry, Harp, & Oser, 2013). These more specific comparative measures support contextualized life reviews by demonstrating correlations between discrimination-based stress and functionality, health, and well-being. Methodological issues with this study are that it is based on a nonrandom sample of African American women with a moderate income, which may limit the generalizability of the findings. Another, methodological concern is that the self-selected sample population endorsed the study's premise and had mental health issues that potentially inflated the probabilities of proposed correlations (Perry, Harp, & Oser, 2013).

Internalized Transgender Stereotypes

Reisner et al. (2016) conducted a study that demonstrated correlations between transgender discrimination, stereotype embodiment, and functional abilities. Based upon the results of an online survey with 452 randomly sampled transgender participants, this study showed that discrimination exacerbates Post-Traumatic Stress symptoms. Using multivariable linear regression models developed by Bryant & Satorra (2012), Reisner et al (2016) explored whether experiences of everyday discrimination, adjusting for prior trauma and other forms of discrimination or psychosocial challenges, were associated with or predictive of more prevalent symptoms of Post-Traumatic Stress Disorder. Reisner et al. (2016) found that daily experiences of transgender discrimination were significantly correlated with lower functional abilities, and with symptoms of complex Post-Traumatic Stress Disorder.

Internalized Ageism

Like Reisner et al (2016), Maschi, Viola, and Morgen (2013) built a multiple regression model to account for their prediction that internal coping or refuting negative stereotypes would reduce internalized ageism. In this study, 677 older prisoners (50 and older) in New Jersey completed measures of stressful life events, including discrimination, along with Post Traumatic Stress Disorder (PTSD) symptoms, in comparison with cognitive, socio-emotional, spiritual, physical, social and coping skills. Using structural equation modeling to constrain parameters of each mental health variable (Rosseel, 2012), Maschi, Viola, and Morgen (2013) then simplified the data to a two by three design. They were therefore able to differentiate internal or external coping, related to Post Traumatic Stress Disorder symptoms. Maschi, Viola, and Morgen (2013) targeted a large representative sample, increasing the effect size and normality of distributions (Faul, Erdfelder, Buchner, & Lang, 2009).

Life Reviews and Self-Negative Reminiscence

To predict the efficacy of transformative identity, problem solving, and meaning-making reminiscence for reducing internalized negative stereotypes and self-recrimination, this review included randomized, controlled studies that targeted similar symptoms. Each of these studies compared life reviews with other methods to include control conditions. Bailey et al. (2016) randomly sampled 51 residents from 5 nursing homes to either life review therapy or control groups, using the valid and reliable Geriatric Depression Scale (Ertan & Eker, 2000). The researchers used a two-tailed ANOVA design, to compare measures of depression, dementia, observed group engagement, and treatment fidelity. This analysis allowed Bailey et al. (2016) to reject the null hypothesis that life reviews would make no difference in levels of depression. Using theoretical, investigator, and analysis triangulation, Bailey et al. (2016) enhanced the validity of these findings, while demonstrating the internal consistency of the Question, Asking, Reading (QAR) Life Review Intervention (Hussein, 2015). This intervention informed self-directed and reflective narratives, which reduce the influence of life review facilitators by providing symbolic narratives upon which to build their own second narrative (Lohr, 2018).

Examining randomized, controlled studies that applied ANOVA and multiple regression analyses, Böttche, Kuwert, & Knaevelsrud (2012); Bryant et al. (2014); Davison et al. (2016); Feldman (2011); and Videler (2014) found that cognitive restructuring of negative self-schema, like stereotype embodiment, reduced self-recrimination and associated symptoms of both posttraumatic stress disorder and complicated bereavement. Videler (2014) found that even those patients with chronic Post Traumatic Stress Disorder benefited from schema-focused CBT, reframing previously self-deprecating beliefs based upon self-negative reminiscence. These results support similar life reviews to prevent or reduce stereotype embodiment.

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Synthesis of Research Findings

A synthesis of research finds that stigma, negative stereotypes, abuse, and discrimination can result in stereotype embodiment, stereotype threats, self-neglect, and self-recrimination (Blanco et al., 2016; Boyd, et al., 2014; Collett, et al., 2016; Lien, et al., 2016; Quiros & Berger, 2015;Swift et al., 2017; WOW, 2004). These symptoms are embedded within and known to exacerbate Post-Traumatic Stress Disorder (PTSD), Complicated Bereavement Disorder (CBD), and other later life chronic health conditions (Cheng & Mallinckrodt, 2015; Feldman, 2011; Herman, 2015; Holmes, Facemire & DaFonseca, 2016;; Mota, et al., 2016; Perry, Harp & Oser, 2013; Pietrzak, et al., 2013). Ageism and other forms of discrimination or stigma also represent a stereotype threat that inhibits some older adults from seeking help, until they need emergency services (Lien, et al., 2016; Nelson, 2016; Pietrzak, et al., 2012; Swift et al.,2017). Older adults who have internalized ageism and other forms of discrimination are also more likely to accept or underreport mistreatment (Dong & Simon, 2008).

While ageism, discrimination, and abuse can lead to exacerbated PTSD and a decline in physical and behavioral health functioning, some marginalized older adults argue that revisiting traumatic past events is part of an adaptive and normative process of life review (Davison et al., 2116; McClean & Syed, 2015). Others argue that life reviews lead to post-traumatic growth, ego-integrity, and wisdom (Robb, Chen, & Haley, 2002; Davison et al., 2016; Poston, Hanson, & Schwiebert, 2012). These individuals posit that providing education on how to reclaim narrative identity is therefore essential to later life health, fostering self-advocacy (Black, Dobbs, & Young, 2015; Laylou, Le Belly, & Boesen-Mariani, 2015). Such studies of resilience and enhanced problem solving among older adults suggest that self-positive reminiscence may prevent mental illness, poor self-care, low self-confidence, and other negative effects of ageism.

Based upon the research literature, stigma and prejudice are comparable to episodic traumatic experiences, having a cumulative effect upon victims that is like those of a traumatic incident or loss (Blanco et al., 2016; Cheng & Mallinckrodt 2015; Maschi, Viola, and Morgen 2013; Perry, Harp, & Oser, 2013; Reisner et al., 2016). Blanco, Blanco, and Diaz (2016) therefore suggest contextualized psychotherapy as a means by which to address what is currently regarded as "treatment resistance" or evidence of personality disorder, rather than the result of discounting or ignoring pre-traumatic and current threatening social conditions. Within the field, "this is often part of culturally competent and person-centered trauma informed care that involves consideration of the back story" (personal communication, Kelly Burroughs, MA, LAC, BHP, CCTP, VP of Clinical Services and Tucson Jewish Family and Children's Services, 6/13/18). Ford & Courtois (2014) further support the practice of person-centered trauma-informed contextualized treatment, addressing the common intersectionality of discrimination and trauma that can otherwise result in more complex PTSD.

A survey of the literature on how this applies to seniors reveals that the primary target variables of life reviews relate to the Eriksonian (1950) developmental task of building and sustaining ego-integrity verses despair, increasing self-positive reminiscence while reducing self-negative reminiscence (Korte et al. 2012; Pinquart, & Forstmeier, 2012; Satorres, Viguer, Fortuna, & Meléndez, 2017; Webster, Bohlmeijer, & Westerhof, 2010). Life Review Therapy, and relative Greif-Focused, Schema Focused or Narrative Exposure Cognitive Behavioral Therapies all involve re-visiting episodic memories that are relevant to each patient in re-defining meaning and purpose. The research thereby suggests that contextualized life reviews may reduce stereotype embodiment among older adults as well, by increasing their awareness of reminiscence functions (Bailey et al., 2016; Gonzalez, et al., 2015; Korte, et al 2012).

Critique of Previous Research

Life review and reminiscence research is interdisciplinary, built upon the processes of psychosocial development, transformational learning, and empowerment, all of which are rooted in critical consciousness theory (Kunz & Soltys, 2007; McWhirter, 1994; Mezirow, 1991). Current literature, however, neglects to incorporate these methods for optimal effectiveness. The research therefore lacks theoretical and practical synthesis, which might enhance validity by triangulating the data from theoretical, structural, and methodological designs (Hussein, 2015).

Although life reviews were initially developed to combat ageism (Butler, 1963), the shift in life review facilitation toward psychotherapeutic intervention appears to have strayed from this original purpose (Breen & McLean, 2017; Musolf & Denzin, 2017). Clinical research is furthermore focused upon vulnerable populations, with more tendencies to engage in self-negative reminiscence. Life reviews that are part of psychotherapy also inherently reinforce the stereotype embodiment barrier to active aging (Swift et al., 2016), by defining it as a symptom of individual psychopathology (Bodner, Palgi, & Wyman, 2018; Fullen, 2018).

Numerous studies establish that facilitated life reviews are effective in promoting self-positive reminiscence (Korte, 2012). Yet, it is uncertain whether this is due to therapeutic facilitation, educational components, or to the interactions between facilitators and interviewees. This study therefore controlled for the educational components of life reviews to isolate them from other independent variables. The purpose of this was also to balance power differentials that might otherwise exert undue influence over participant responses and or reinforce stereotypes through inevitable co-constructions of narrative identity (Breen & McLean, 2017; Musolf & Denzin, 2017). Because most life review research is clinical, few studies even discuss, let alone test the efficacy of self-directed life reviews.

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Although life reviews "that focus upon problems, plans, and goals are intrinsically linked with meaning, continuity, and sense of identity" (Bohlmeijer, Westerhof, & Emmerik-de Jong, 2008, p. 242), there are a dearth of studies that specifically focus upon these primary outcomes. Most studies, being that they are clinical, instead focus upon symptoms of mental illness (Korte, 2012; Wetherell, 2012). Research exploring the mechanisms by which life reviews are effective, however, suggest that they are effective because they enhance self-positive reminiscence (Korte, Westerhof, & Bohlmeijer, 2012). Several studies also define life review outcomes as part of a Tripartite Model of prosocial, self-positive, and self-negative Reminiscence Functions (O'Rourke, King, & Cappeliez, 2017), operationalized by the Reminiscence Functions Scale (Webster, 1993), which correlates with measures of adaptive and maladaptive functioning and overall wellbeing (Shellman, Mokel, & Hewitt, 2009; Watt & Wong, 1991; Webster, 1993).

Summary

The U.S. population of people over 65 is increasing rapidly, expected to comprise 18% of the national census within the next twelve years (Ellis & Coughlin, 2013). Due to ageism, many older adults will be forced to retire sooner than planned or will otherwise be treated as no longer valued and as a burden upon society (Abrams, Swift, & Drury, 2016; Benz, Sedensky, Tompson, & Agiesta, 2013; Hopkins, 2014; North & Fiske, 2016; Wanberg, Kanfer, R., Hamann, & Zhang. 2016). The research suggests that these individuals will thereby experience stereotype embodiment, internalizing negative views of aging (Nelson, 2016; Swift et al., 2017). This stereotype embodiment is associated with chronic physical and mental health conditions (Blanco et al., 2016 Kahana & Kahana, 2017; Swift et al., 2017). Transformative Reminiscence Training offers a possible solution or preventative measure, mitigating the effects of ageism by engaging older adults in self-positive reminiscence (Lan, Xiao, & Chen, 2017; Swift et al., 2017).

Despite original intents for the life review to help older adults resist and overcome stereotype embodiment, clinical life reviews sometimes fail to acknowledge or avoid reinforcing the effects of ageism. Facilitated life reviews may also impose the perspectives of the facilitator, which may increase the risk of reinforcing negative stereotypes through inevitable narrative co-construction (Breen & McLean, 2017; Musolf & Denzin, 2017). The main objective of this study is to therefore enhance self-positive reminiscence functions, while countering self-negative reminiscence, according to the Tripartite Model of Reminiscence Functions (O'Rourke, King, & Cappeliez, 2017). The study explores whether Transformative Reminiscence Training, teaching older adults how to conduct self-directed life reviews, may accomplish this objective.

Transformative Reminiscence incorporates culturally specific education, counseling, coaching, and advocacy research, based upon evidence that contextualized interventions mediate the risks of harmful stereotype embodiment (Blanco, Blanco, & Diaz, 2016; Kahana & Kahana, 2017). These new models centralize discrimination-based stress much like trauma and grief focused therapies centralize the effects of trauma and complicated loss. The notion of contextualizing life reviews is further aligned with their original purpose to cope with ageism (Butler, 1963), using strategies for perspective transformation (Mezirow, 1991) and drawing from narrative The Stories We Live By interventions (Bohlmeijer et al., 2009; Korte, 2012). By drawing out familial, cultural, social, and other contextual factors that influence the way that we encode and recollect experiences (Mezirow, 1991), this study posits that we can teach older adults to emancipate themselves from stereotype embodiment by engaging them in self-directed life reviews for self-positive reminiscence (Korte, Westerhof, & Bohlmeijer, 2012; McClean & Syed, 2015; Kreber, 2012).

Chapter 3: Methodology

This quantitative, randomized pre-posttest study tested the null hypotheses that there would be no difference between an intervention and control group, in terms of the completion of self-directed life reviews, increased self-positive reminiscence, and decreased self-negative reminiscence, over a two-week study period. The intervention, Transformative Reminiscence Training, is a curriculum that educates older adults about the process of psychosocial life reviews, as described in the primary reference for the course, *Transformational Reminiscence* (Kunz & Sotlys, 2007), adding Perspective Transformation, from *Transformative Dimensions of Adult Learning* (Mezirow, 1991), self-advocacy, from in *Counseling for Empowerment* (McWhirter, 1994), and narrative identity formation from The Stories We Live By interventions (Bohlmeijer et al., 2009; Korte, 2012). Rooted in Erikson's (1988) 8th stage of psychosocial development, Transformative Reminiscence Training further teaches older adults how to use self-directed life reviews to strengthen ego-integrity, enabling them to cope with transition, ageism, and loss (Garland, Farb, Goldin, & Fredrickson, 2015; Lan, Xiao, & Chen, 2017), providing a tool for curtailing stereotype embodiment, associated self-disgust, and despair (Lev, Wurm, & Ayalon, 2018). Transformative Reminiscence Training is also designed to increase self-positive reminiscence by educating older adults to (a) consolidate narrative identity, (b) identify and share virtues for ethical decision making, (c) identify the coping and problem-solving they have used in the past resolve current challenges, and (d) rediscover existential value, life purpose, and meaning (Kunz & Soltys, 2007). Erikson (1988) further posited that life span development involves gaining the psychosocial skills that build resilience, using developmental crises as catalysts for developing the ego strength to come to terms with the past, appreciate the wisdom of life experience, and achieve self-actualization (Pratt, 2018).

Purpose of the Study

The purpose of this study was to address the risks of ageism as they pertain to the World Health Organization's (2004) 6 determinants of active aging. First, the project explored the merits of educating older adults to conduct their own life reviews. This purpose was determined by the dearth of research on self-directed life reviews. This purpose further addressed the concern that clinical life reviews may increase the risks of reinforcing normalized negative stereotypes about aging through inevitable co-constructions of narrative identity (Breen & McLean, 2017; Gendron, & Welleford, 2017). The second purpose of the study was to teach older adults how to recognize, reframe, and disembody internalized ageism (Nelson, 2016; Swift et al., 2017), fostering self-development (Kunz & Soltys, 2007), perspective transformation (Mezirow, 1991), self-advocacy (McWhirter, 1994), self-positive reminiscence (Korte, 2012), and narrative identity (McAdams, 1993).

Research Questions

Although the focus of this research was on stereotype embodiment, recruiting those likely to embody negative stereotypes would have engendered a risk of harm to vulnerable populations. The research on life reviews and reminiscence functions, related to self-directed life reviews and stereotype embodiment, therefore yielded three main preliminary questions:

1. Will Transformative Reminiscence Training for older adults impact self-directed life review completion, compared to the control group?

2. Will Transformative Reminiscence Training for older adults increase the use of self-positive reminiscence, compared to the control group?

3. Will Transformative Reminiscence Training for older adults decrease the use of self-negative reminiscence when compared to the control group?

Null Hypotheses

$H_0 1$: After a two-week period, there will be no significant difference between the number of participants who complete self-directed life reviews in the intervention and control group.

$H_0 2$: After a two-week period, there will be no significant difference between the frequencies of self-positive reminiscence reported by the intervention and control group.

$H_0 3$: After a two-week period, there will be no significant difference between the frequencies of self-negative reminiscence reported by the intervention and control group.

Alternative Hypotheses (H_A: $\mu \neq \mu$)

1. After a two-week period, there will be a significant difference between the number of participants who complete self-directed life reviews in the intervention and control group.

2. After a two-week period, there will be a significant difference between the frequencies of self-positive reminiscence reported by the intervention and control group.

3. After a two-week period, there will be a significant difference between the frequencies of self-negative reminiscence reported by the intervention and control group.

Research Design

To fulfill the purpose of this study, I set up a randomized pre-posttest quantitative design. Based upon G-Power 3.1 calculations, I recruited 52 participants and assigned them as matched pairs according to race, gender, and prior life review experience to either an intervention or control group (O'Dwyer & Bernauer, 2013). To measure changes in the elements of self-positive and self-negative reminiscence, as defined by O'Rourke, King, & Cappeliez, (2017), associated with decreasing negative self-schema like stereotype disembodiment, I used the Reminiscence Functions Scale (Webster, 1993), with a Cronbach's α internal consistency of .74 to .86 for scores from individual dimensions (Webster, 1997).

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The intervention group was provided with Transformative Reminiscence Training and PowerPoint notes (Appendix A), on how to conduct structured and goal oriented self-directed life reviews for self-positive functions (Kunz & Soltys, 1993; Korte, 2012) and perspective transformation (Mezirow, 1991), while circumventing the forms of reminiscence that are self-negative, and challenging ageist master narratives (Ibarra & Barbulecu, 2010; Kreber, 2012; McWhirter, 1994). Both groups were provided with information on the process of self-directed life reviews, how to manage and reduce any distress of reminiscence, and how to complete the Reminiscence Functions Scale (Webster, 1993) pretest and posttest. Participants were also provided with a formal screening (Appendix B), a list of agencies and therapists they could call if they needed support, a standard orientation and informed consent form (Appendix C), and coping skills resources (Appendix D) that were approved by the Institutional Review Board. To prevent differences in the quality of the self-directed life review experience, I also provided all participants with a bound journal, pen, a magnifying card, and access to an Arizona-licensed Psychologist, Clinical Social Worker, or Marriage and Family Therapist.

<div align="center">**Target Population**</div>

The target population for this study included non-vulnerable, independent community dwelling older adults (65+) residing in Pima County, Arizona. Expecting a normal distribution of the population sample from distributing Institutional Review Board approved flyers to an Excel generated random sample of 6200, my intent was to use the Paired T-Test. Based upon G-Power 3.1 calculations for an effect size of at least .50 (Cohen's d) at α=.05 and a power of (1-beta) =.95, I therefore recruited and assigned 26 participants to the intervention or control group. Anticipating a 20% withdrawal rate based upon prior studies (Korte, 2012), I also recruited an initial 13 and later eight more alternates.

The population sample for this study was generated by an Equifax listing of people meeting study criteria and mailing flyers to their homes for an expected return of 2%. Utilizing diverse volunteers, couriers, or Osher Life Long Learning, Spotlight Newsletter, Elder Alliance, Self-Determination Theory, Elder Law, and American Association of Retired Persons (AARP) email listservs or mailing lists, I delivered flyers without extensive discussion until screening. In attempts to achieve representative demographics, I also used snowball sampling, attempting to reduce cultural barriers related to how people engage in volunteering and participating in studies that may ironically pose a stereotype threat. Flyers were delivered to culturally diverse senior centers and educational institutions, posted on aging friendly websites or social media, advertised in local papers, on public television, on local cable, and on local radio, and distributed through colleagues in the field. To respect the safety and privacy of participants and avoid bias, participants were screened anonymously, asked not to disclose their identity until after the Institutional Review Board approved telephonic screening.

Instrumentation

Transformative Reminiscence Training

Transformative Reminiscence Training is a curriculum that was built upon the promising and best interdisciplinary practices for facilitating psychosocial life reviews, perspective transformation, empowerment, and self-positive narrative identity. The psychosocial interventions in Transformative Reminiscence Training were gleaned from *Transformational Reminiscence* (Kunz & Sotlys, 2007). Tools for perspective transformation were incorporated from *Transformative Dimensions of Adult Learning* (Mezirow, 1991). To teach older adults how to advocate for themselves through power analysis and skill building, I incorporated methods in *Counseling for Empowerment* (McWhirter, 1994).

Education on self-directed life reviews and narrative identity development were primarily based upon methods for increasing self-positive reminiscence and deconstructing self-negative reminiscence to reclaim narrative identity, using The Stories We Live By life review intervention (Bohlmeijer et al., 2009; McAdams, 1993). This integrative reminiscence and narrative therapy intervention, originally entitled The Story of Your Life (Bohlmeijer et al., 2009), includes life review questions for (a) values clarification, examining values learned in childhood, (b) the importance of work, (c) successes in solving problems and conflicts, (d) turning points in life, and (e) metaphors that still hold meaning. This intervention is also associated with increased self-determination (Bohlmeijer et al., 2009; McAdams, 1993).

Transformative Reminiscence Training was designed to help older adults achieve ego integrity by affirming their identity, problem solving skills, and life purpose through self-positive reminiscence, while reducing self-negative reminiscence such as bitterness revival and escaping into the past in isolation (Korte, 2012). Regardless of approach, the core of the life review process can be traced back to critical pedagogy (Paulo Freire, 2000).

Transformational Reminiscence

Transformational Reminiscence (Kunz & Soltys, 2007) is a training tool that represents a psychosocial lifespan development model for conducting life reviews, including multi-modal and cross-cultural interventions for inclusivity and enrichment. This book includes core training for therapists, advocates, and coaches with an interest in applying best practices in reminiscence intervention. The authors of *Transformational Reminiscence* (Kunz & Soltys, 2007) have developed well respected professional training and certification through the International Institute for Reminiscence and Life Review (Haight, Kunz, Sislo, Schoeder (Prior), & the IIRLR Advisory Board, 2013).

Perspective Transformation

Transformative Dimensions of Adult Learning (Mezirow, 1991) describes a critical reflection model for conducting life reviews, based upon Mezirow's research that "the formative learning of childhood becomes transformative learning in adulthood" (Mezirow, 1991, p. 3). Perspective transformation is rooted in theories of social cognition. Social cognition examines the way that our views of ourselves and the world are filtered through socially prescribed stereotypes and other presuppositions which otherwise limit our ability to develop consciousness, ego integrity, and authenticity, as required for true self-actualization (Hoggan, Mälkki, & Finnegan, 2017; Mezirow, 1991; Taylor, 2017).

Self-Advocacy

Counseling for Empowerment (McWhirter, 1994) primarily focuses upon self-advocacy, helping people to gain an understanding of the "power dynamics at work in their life context" (McWhirter, 1994, p. 12), and helping them to reclaim their narrative identity by developing the interpersonal skills of boundary setting, assertiveness, communication, and taking agentic or participatory action for social change (Selener, 1997). The process of self-advocacy further involves building self-esteem and self-efficacy by creating an inventory of strengths, virtues, and talents, using imagery to envision an affirmative past, present, and future narrative identity, and using expressive arts to discover inner beauty and unique personal insights. (McWhirter, 1994). *Counseling for Empowerment* (McWhirter, 1994) also devotes a chapter to specifically address barriers to the empowerment for older adults, confronting the all too common or somewhat normalized policies and perspectives that constitute systemic ageism.

Reclaiming Narrative Identity

The Story of Your Life combines integrative life reviews with narrative therapy. The intervention is typically 8 weeks long and provided to a group of up to 4 participants. The Stories We Live By intervention (Korte, 2012; McAdams, 1993), now includes both identity and problem-solving reminiscence (Bohlmeijer et al., 2009).

Built upon The Story of Your Life Intervention (Bohlmeijer et al., 2009), Korte, Westerhof, & Bohlmeijer (2012) discovered "two main adaptive processes of life-review: integrative and instrumental reminiscence" (p. 137). Integrative reminiscence involves consolidating identity while instrumental reminiscence involves utilizing the past to solve or cope with later life problems or challenges (Korte, et al., 2012). Bohlmeijer et al. (2009) developed The Story of Your Life intervention to treat depression by reducing self-negative reminiscence, such as brooding, disengaging from life by using reminiscence to alleviate boredom, and prolonging grief. Since then it has become a best practice in treating these symptoms of later life depression (Bailey, Stevens, La Rocca, and Scogin, 2016; Korte, Westerhof, & Bohlmeijer, 2012). Because the intervention is focused upon lifespan development, it is ideal for reexamining narrative identity, and dismantling stereotypes that may have become embodied upon repeated exposure.

Critical Pedagogy

Addressing self-negative reminiscence as it pertains to internalized social constructions of negative stereotypes, the heart of Transformative Reminiscence Training is critical pedagogy. Critical pedagogy is based upon the work of Brazilian educator and philosopher, Paulo Freire (2000). This Socratic teaching method encourages the oppressed to challenge those master narratives which reinforce their subjugation (Ayoub Mahmoudi, Khoshnood, & Babaei, 2014).

The rationale for incorporating critical pedagogy into Transformative Reminiscence Training is to address the central concern from which this study arose, as the risks of ageism. Recent studies have defined the risks of ageism and other forms of discrimination as the internalization of negative stereotypes and associated avoidance of stereotype threats (Barber, 2017; Blanco, Blanco, & Diaz, 2016; Swift et al., 2017). Stereotype embodiment has also been found to be associated with declines in occupational functioning, health, and memory (Nelson, 2016; Swift et al., 2017). This impact on older adults is expected to foster government dependency, while placing relative unnecessary burdens upon emergency and health care systems (WHO, 2004). These risks of stereotype embodiment mirror the risks of self-stigma, self-negative schema, and other symptoms of complex depression, anxiety, discrimination-based stress, and grief, all of which are manifested by and contribute to self-negative reminiscence (Bailey, Stevens, La Rocca, and Scogin, 2016; Gonzalez et al., 2015; Hallford & Meller, 2015; O'Rourke, King, & Cappeliez, 2017; Webster, 1993). Thus, Transformative Reminiscence Training combines psychosocial, transformational, empowerment, and critical education models.

Stereotype Embodiment

In alignment with Levy (2009), I defined stereotype embodiment symptoms as like those of self-stigma related to mental illness, internalizing and acting out negative stereotypes. Utilizing other perhaps more valid constructs of stereotype embodiment would have required somewhat clinical assessments, beyond this study's scope, or the recruitment of a vulnerable sample population, contrary to the ethics of human subjects' research. Stereotype disembodiment is also a long-term process that was beyond the scope of this study, with duration being a sensitive variable in life review studies (Biassoni, et al., 2017; Levy, 2009).

Self-Negative Reminiscence.

  Unable to study the direct effects of Transformative Reminiscence Training upon

stereotype embodiment, I examined it as a form of self-negative reminiscence. Self-negative

reminiscence includes ruminations about regrets, losses, or betrayals, resulting in missed

opportunities or failures to fulfill one's perceived core life purpose. This symptom is common

among those experiencing depression and other psychiatric conditions (Bailey, Stevens, La

Rocca, and Scogin, 2016; Brinker, 2013; Korte, Westerhof, & Bohlmeijer, 2012). Self-negative

reminiscence is further common among those who have been oppressed or abused, anguished by

facing persistent discrimination-based barriers to fulfillment of their potential (Hershey &

Henkens, 2013; Musolf & Denzin, 2017). Similarly, stereotype embodiment is defined by

behaviors like self-negative reminiscence, brooding over disappointments rooted in self-stigma.

Self-Positive Reminiscence

  Upon review of the literature on transformational reminiscence, perspective

transformation, empowerment, and life reviews, the common remedy for self-negative

reminiscence was to increase self-positive reminiscence. Self-positive reminiscence includes

identity, problem solving, meaning making, and ego integrity reminiscence, all of which may be

combined into the construct of self-positive reminiscence (O'Rourke, King, & Cappeliez, 2017).

These methods further revisit lifespan experiences to identify continuous identity, coping, and

meaning schemes for narrative identity, setting the stage for refuting negative stereotypes with

life review evidence of self-affirmation. Self-positive reminiscence may also reduce stereotype

embodiment by fostering a growth mindset, encouraging older adults to embody positive

stereotypes about aging, valuing the wisdom, skill, insight, and problem-solving abilities of

elders (Levy, 2009).

The Reminiscence Functions Scale

The Reminiscence Functions Scale (1993; 1997), used with emailed permission from Dr. Jeffery Webster, is a 6-point frequency Likert scale instrument that includes 43 self-rating items. The scale includes eight subscales. The subscales related to self-positive reminiscence include identity (6-items), problem solving (6-items), and death preparation (6-iems). The subscales that are related to self-negative reminiscence include bitterness revival (5-items), boredom reduction (6-items), and intimacy maintenance (4-items). Although prior research precluded acceptance of the past or death preparation and intimacy maintenance items as relevant to wellbeing, I included these items as likely to be associated with stereotype embodiment (Nelson, 2016).

The Reminiscence Functions Scale (RFS) asks participants to indicate whether they never, rarely, seldom, occasionally, often, or very often engage in reminiscence for various reasons. For example, to "…try to understand myself better (identity)," "…. see how my strengths can help me solve a current problems (problem-solving)," "to keep painful memories alive" (bitterness revival), or "to pass the time during idle or restless hours" (boredom reduction). These subscales have shown good internal consistency (identity: α=.85, problem-solving: α=.79, bitterness revival: α=.83, boredom reduction: α=.86) in prior studies (Korte, 2012), and the RFS is reliable, as evidenced by a Cronbach's alpha values that ranges from .74 to .86 for scores from individual dimensions (Webster, 1997). The primary focus of this study concerned the self-positive functions of the scale, including identity, problem-solving and death preparation subscales. I also used self-negative reminiscence, to establish whether they would be mediated by self-positive reminiscence, for enhanced ego-integrity and well-being (O'Rourke et al., 2017). This allowed me to explore whether education about various reminiscence functions would result in more intentional use of self-positive and adaptive reminiscence.

Setting for Data Collection

Transformative Reminiscence Training was designed as an educational intervention. It was therefore provided in a community conference center, at the accessible Community Food Bank. This venue was ideal because the Community Food Bank is well known as a trusted and safe place for diverse older adults. As required by the Institutional Review Board and dissertation committee, I obtained permission to utilize and promote the venue from Chief Executive Officer Michael McDonald, who approved the assistance of Information Technology Specialist, Tim Berger. To minimize self-disclosure and associated risks, I asked participants to conduct self-directed life reviews at home, or in natural and private settings where they would normally take time to journal or engage in reflective practices. I further requested that participants discuss concerns or questions with an available Arizona licensed psychotherapist.

Procedures

Upon completing the informed consent process and signing an Institutional Review Board approved consent form, I reminded participants that their responses would be confidential. To accommodate varying degrees of literacy, visual acuity, and academic proficiency, participants were provided thirty minutes to complete the Reminiscence Functions Scale (Webster, 1993). After the orientation and pretest, those in the experimental group attended Transformative Reminiscence Training. After 14 days, I instructed participants to return the Reminiscence Functions Scale (1993) posttests in a provided self-addressed stamped envelope.

Data Analysis

Completion of self-directed life reviews. To test the null hypothesis that there would be no significant difference between the intervention and control group, in terms of the number of

participants that completed the two-week period of self-directed life reviews, I performed a crosstabs procedure to determine whether to use the Chi-square test of homogeneity. To use this test, I could have no fewer than 5.5 withdrawals, requiring I use the Fisher's Exact Test.

Increases in self-positive reminiscence. To test the null hypotheses that there would be no significant difference between the intervention and control group, in terms of any change in the frequencies of self-positive or self-negative reminiscence, I determined whether the data met criteria for using the Paired T-Test. This involved importing the raw data in into Statistical Package for Social Sciences, version 25, using transformation functions of this software to calculate the differences of distributions, and then testing the distributions of differences for normality using histograms and the Kolmogorov Smirnov test (Ghasemi & Zahedias, 2012).

Decreases in self-negative reminiscence. To test the symmetry of self-negative change distributions, which failed to meet criteria for the Paired T-Test, as required for using the alternative non-parametric Wilcoxon Rank Test, I used the analyze function to examine frequencies and statistics functions of SPSS, calculating the standard error of skewness and kurtosis (Zaiontz, 2018), yielding the results in Appendix G. Per Zaiontz (2018), the skewness (horizontal symmetry) and Kurtosis (vertical symmetry) are determined by skewness or Kurtosis scores that are less than twice the respective standard error of skewness or Kurtosis. When no distributions were either normal or symmetrical for the distributions of differences in self-negative reminiscence, I utilized the Exact Sign Test for differences between the outcomes of the intervention and control group, in terms of changes in these self-negative frequencies.

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Limitations and Delimitations

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There is a plethora of research about reminiscence, narrative identity, life reviews, and other approaches for utilizing autobiographical memories to strengthen ego integrity, which have

been found to enhance wellbeing (Butler, 1963; Kunz & Soltys, 2007). These studies, methods, and programs or manuals, emerging in response to the aging United States demographic, suggest the need for a new broad and extensive integrative framework. While many of the life review practices offer strategies that may be effective in addressing stereotype embodiment, they do not specifically target the increasing risks of ageism. Measures of stereotype embodiment further involve what may be considered clinical assessments, outside the scope of my role as doctoral student investigator. Another concern with specifically operationalizing stereotype embodiment was that it may have triggered the very self-negative reminiscence I was attempting to mediate. I therefore did not directly operationalize stereotype disembodiment.

Because I am not a licensed therapist, my dissertation committee, Institutional Review Board, and I had concerns about us standardized life review forms or procedures, many of which incorporate cognitive behavioral therapy techniques. I was, however, able to provide psychoeducation, having found that this form of intervention is not considered as therapy for accumulating practicum and internship experience for Arizona licensure as a psychotherapist. Transformative Reminiscence Training was therefore designed as a lecture format, contrary to standards of adult education and multi-modal life story work, synthesizing knowledge about rather than the important processes of psychosocial *Transformational Reminiscence* (Kunz & Sotlys, 2007), perspective transformation (Mezirow, 1991), self-advocacy and empowerment (McWhirter, 1994), and The Stories We Live By intervention (Bohlmeijer et al., 2009; Korte, 2012).

Another limitation of this study stems from the assumption that it was necessary to provide transformative reminiscence training in person. This assumption precluded the use of online training to a much larger and therefore more generalizable sample. I further held several

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smaller groups, congruent with best practices, and to prepare for any unexpected group dynamics and better attend to potential risks or adverse experiences, introducing confounding variances in presentation (Brown, 2018; Corey, Corey, & Corey, 2013; Glendenning, 2018). Providing Transformative Reminiscence Training in person further increased risks of a breeched confidentiality in groups.

Considering the study design itself, pre-posttests pose a notorious threat to internal validity (Martin, Epitropaki, & O'Broin, 2017). This threat is based upon the fact that the Reminiscence Functions Scale (Webster, 1993) includes the target dependent variables, alerting participants to desired outcomes of the study. For this reason, the consent form reinforced that any outcome would be useful and asked for genuine responses to preserve research integrity. Participants nevertheless had the ability to influence the results of the study, responding to pretests and posttests with desired outcomes in mind. Despite the assignment of participant numbers to maintain anonymity, participants may also have been inclined to report more self-positive reminiscence functions, informed in training that this behavior is adaptive and desirable.

Finally, although this study took place in the well respected and welcoming Community Food Bank, the sample population was not representative of Pima County. While I disseminated recruitment flyers to 6,200 diverse residents, the flyer contained language that was academic and rather complex. This may have deterred those without prior knowledge of reminiscence or life reviews. In retrospect, revising the flyer and curriculum, in response to focus groups, may have resulted in a more diverse and culturally representative sample.

Another threat to the validity of this study was that I had limited time and a small budget. The typical length of life reviews is eight weeks, and I only had a two-week period to complete this study. This also led to condensing the program into one four- hour session that was far

longer in duration than is recommended for groups of older adults (Corey, Corey, & Corey, 2013). The sample for this study was further too small for post-hoc pairwise comparison testing (Corder & Foreman, 2014), as recommended for examining specific reminiscence functions (Haight & Dias, 1992). Were the sample large enough, post-hoc testing may have further permitted a deeper analysis of stratified matched pairs and between stratified groups (Corder & Foreman, 2014; Haight & Dias, 1992).

Ethical Issues in the Study

Reminiscence can be distressing for those experiencing depression, anxiety, trauma, bereavement, or discrimination-based stress. However, clinical testing to determine whether participants were suffering from these conditions would have required me to gather sensitive personal information, while increasing potential confidentiality risks. Participants were therefore asked to consider these risks during an Institutional Review Board screening (Appendix B).

 To prepare for adverse reactions to the training, an Arizona-licensed psychotherapist was onsite and available to answer questions, as discussed in the informed consent form. I encouraged participants to privately discuss any personal questions or concerns with a therapist as part of informed consent. The consent form also explained limits of confidentiality, associated with my being a mandated reporter of child and vulnerable adult abuse, threats of harm to self or others, or grave disability requiring medical or protective services intervention (Appendix C). During the verbal review of informed consent, I provided emergency numbers, therapist contact information, and other resources on coping with distress (Appendix D).

Another ethical concern is that I have had a longstanding ambition to establish a theoretical foundation for differentiating stereotype embodiment from psychopathology (Bodner, Palgi, & Wyman, 2018). Having been an advocate for empowerment for over 30 years, I am

further inclined to interpret material through this critical theory lens. During my career as an advocate, I have further developed consistent theories as described in this dissertation, and my findings may therefore be influenced by confirmation bias. Unable to use the data which led to these theories, collected while implementing federally funded programs, I pursued a doctorate toward this ultimate end. I further pursued a doctorate to position myself as a stronger advocate. With these potential conflicts of interest in mind, I submitted a formal notification to the Institutional Review Board, addressing them through transparency on the informed consent form.

Summary

Transformative Reminiscence Training is a curriculum that synthesizes the educational components of the psychosocial life review process described in *Transformational Reminiscence* (Kunz & Sotlys, 2007), the perspective transformation in *Transformative Dimensions of Adult Learning* (Mezirow, 1991), consciousness raising and life skills education for self-determination in *Counseling for Empowerment* (McWhirter, 1994), and self-positive reminiscence functions in The Stories We Live By life review intervention (Bohlmeijer et al., 2009; Korte, 2012). This training teaches older adults to use reminiscence to interpret life experiences in a more adaptive manner. Those completing transformative self-directed life reviews were expected to develop personal narratives that strengthen their identities, enhance their ability to cope with transition and loss, and make it possible to achieve ego integrity or acceptance of the past as something that holds wisdom, meaning, and purpose (Garland, Farb, Goldin, & Fredrickson, 2015; Lan, Xiao, & Chen, 2017).

The Transformative Reminiscence Training included information on identity, problem solving, and ego-integrity reminiscence, perspective transformation, coping skills for dealing with memories that cause distress, and a guide to constructing a transformative self-directed life

review. The target population for this study included non-vulnerable, independent community dwelling older adults (65+) residing in Pima County, Arizona. The intervention group received a four-hour training on life reviews, reminiscence functions, and perspective transformation. All participants received coping skills guides developed by the National Traumatic Stress Network (Mannarino, Cohen, & Deblinger, 2014) used in Trauma-Focused Cognitive Behavioral Therapy, a standard orientation and informed consent process, an IRB approved self-directed life review guide, and pre-posttests of the Reminiscence Functions Scale (Wester, 1993).

The purpose of this randomized, controlled study was to explore whether providing Transformative Reminiscence Training to older adults would result in their completing an emancipatory self-directed life review, increasing self-positive reminiscence, and decreasing self-negative reminiscence, compared to a control group. Based upon prior studies, teaching people self-positive reminiscence was expected to help them to manage and reduce self-negative reminiscence, improving wellbeing (Cappeliez & Robitaille, 2010; Korte, 2012). This study therefore tested the null hypotheses that there would be no difference between the intervention and control group, in terms of completing self-directed life reviews, increases in the frequency of self-positive reminiscence, and decreases in the frequency of self-negative reminiscence, over a two-week study period. The hypotheses were tested by comparing pre-posttest Reminiscence Functions Scale (Webster, 1993) outcomes, and choosing statistics based upon the normality and symmetry of differences between within group pre-posttest and between group change calculation outcomes.

Chapter 4: Data Analysis and Results

Introduction

This experimental study evaluated whether Transformative Reminiscence Training for older adults would result in the completion of self-directed life reviews, increased self-positive reminiscence, and reduced self-negative reminiscence during a two-week study period, compared to a control group. The purpose of the study was to see if Transformative Reminiscence Training would emancipate older adults from stereotype embodiment, thereby reducing the health risks of ageism that are associated avoiding stereotype threats. This purpose was driven by evidence that self-directed life reviews can prevent otherwise inevitable co-constructions of narrative identity in facilitated life reviews (Breen & McClean, 2017; McClean & Syed, 2015).

Generating a random sample of 52 non-vulnerable, community-dwelling residents of Pima County, Arizona, I formed sample clusters for stratified random assignment to either the control or intervention group, by race, gender, and life review experience. I provided those in the intervention group with a 4-hour Transformative Reminiscence Training session, bound curriculum, and journal pages. I provided both groups with basic verbal and written instructions, two copies of the pre-posttest Reminiscence Functions Scale (Webster, 1993), and resources for coping with any distress caused by reminiscence. All participants were asked to pay attention and record reminiscence functions for a two-week period. After 14 days, I requested an authentic report of reminiscence functions employed during the study period, reassuring participants that I would not be able to identify their numbered tests. Forty-one participants and eleven alternates returned their posttests in the self-addressed stamped envelope provided. Upon receipt, I entered self-positive and self-negative scores into an excel spreadsheet and imported the data into Statistical Package for Social Sciences (SPSS) version 25 for statistical analysis.

To test the null hypothesis that there would be no difference between the intervention and control groups in terms of completing self-directed life reviews, I used the Fisher's Exact Test. This test was indicated upon realizing the sample was too small for a Chi square test for homogeneity. To test the null hypotheses that there would be no difference between the intervention and control groups in terms of increasing self-positive reminiscence, I used the Paired T-Test, having found the distributions to be normal. When the distributions for self-negative reminiscence were neither normal for Paired T-Tests nor symmetrical for Wilcoxon Signed Rank tests, I used the Sign Test to compare decreases in self-negative reminiscence.

The results of the Fisher's Exact Test to compare the proportions of participants completing two-week self-directed life reviews showed no significant differences between groups. The results of the Paired T-Test to compare increases in self-positive reminiscence, and the alternative Sign Test to compare decreases in self-negative reminiscence showed a significant difference between intervention and control groups. Despite potential pre-test effects, a small sample size, and other sampling and design limitations, the results implied an association between Transformative Reminiscence Training and enhanced use of reminiscence for adaptive, self-positive purposes. This association is worthy of further study.

Description of the Sample

This study targeted non-vulnerable, independent community dwelling older adults (65+) residing in Pima County, Arizona. Based upon G-Power 3.1 calculations for an effect size of at least .50 (Cohen's *d*) for a Paired T-Test at α=.05 and a power of (1-beta) =.95, I recruited 52 final participants. Anticipating a 20% withdrawal rate based on prior studies (Korte, 2012), I also recruited an initial 13 alternates, later adding eight more.

The population sample for this study was generated by obtaining an Equifax listing of people meeting study criteria and mailing flyers to their homes for an expected return of 2%. Using diverse volunteers, couriers, Osher Life Long Learning, Spotlight Newsletter, Elder Alliance, Self-Determination Theory, Elder Law, and American Association of Retired Persons (AARP) email listservs and mailing lists, I delivered flyers without extensive discussion until screening. To achieve representative demographics, I also used snowball sampling to reduce cultural barriers related to how people engage in participating in studies that may ironically post a stereotype threat. Flyers were further delivered to culturally diverse senior centers and educational institutions, posted on aging friendly websites and social media, advertised in local newspapers, on public television, local cable, local radio stations, and distributed through colleagues in the field. To respect the safety and privacy of participants and avoid bias, participants were screened anonymously. They were asked not to disclose their identity until after the Institutional Review Board-approved telephonic screening. To improve the likelihood of obtaining a representative sample of Pima County, as well as similarly diverse intervention and control groups, I used the cluster and stratified sampling techniques recommended by O'Dwyer & Bernauer (2013) and by Laerd Statistics (2015).

Using Concordia University's targeted enrollment table (Table 3), I first consulted the U.S. census to determine the estimated demographics for Pima County, Arizona, for the purposes of targeting a representative sample in terms of race and gender. I then tracked the percentage of flyers sent to each demographic, targeting an equal percentage of each group as a means of allowing equal opportunity for enrollment across race and gender. Table 3 shows that I achieved an equal response rates for race and gender but failed to qualify an equal number of respondents according to race, presenting as less than 65, or as potentially vulnerable to adverse reactions.

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Table 3

Targeted Enrollment Table

Pima County, Az. Census Data	3% Contacted	3% Rate of Response	# Qualified	# Completed
Adults 65 and older	6200	204	85	52
(*n*=200,000, Census)				
Black 4.1% (*n*=8,200)	300	8	5	4
White 52.5%	2900	109	35	40
Latino or Hispanic	2600	74	20	4
Other 6.6%	400	13	5	4
(*n*=13,200, Census)				
TOTAL RACE	6200	204	65	52
Males over 65	2100	70	22	18
Female over 65	4100	134	43	34
TOTAL GENDER	6200	200	65	52

When distributing the first 2000 targeted flyers only yielded 14 participants, a colleague in Gerontology, Dr. Linda Hollis, recommended that I include the location of the training, as it appeared that the training was going to occur in Portland, Oregon. I was further advised by civil rights consultants, Martha Cruz and Blanca Canez, that Latino/Hispanic participants may require a more direct invitation. Upon the approval of the Institutional Review Board, I therefore redesigned and distributed new flyers to a diverse randomized sample of 4,200 listserv sample. Of those screened, 33 declined, 48 were younger than 65 (16 Latinos < 65), and 58 were disqualified due living in care homes, therefore perhaps vulnerable or susceptible to undue influence.

Sample Attrition

One male control group participant, five female control group participants, 1 male intervention group participant, and two female intervention group participants did not return their posttests. One male and one female intervention group participant withdrew from the study before engaging in the life review process. Of the 11 participants who withdrew from the study or failed to return a posttest, one White intervention group male asserted that the commitment was more than he had expected. One White male intervention group member withdrew on the advice of his therapist, to whom he had been referred. One White female intervention group member became distressed by the pretest and in response to questions from other group members about the risk of revisiting traumatic memories, and two White female intervention group participants did not return their posttest for undisclosed reasons. One White male and one White female control group participant confessed to forgetting to complete their life reviews as the reason for not returning their posttests. The remaining four White female control group members reported that the task was too confusing and time consuming to complete.

Having anticipated a withdrawal rate of twenty percent, I replaced missing data by assigning three alternate group members, and eight newly recruited alternate members, per Laerd Statistics guidelines (2015). After reassigning alternate participants, the final demographics of participants included eighteen male and thirty-four female participants. Two male participants identified as Latino, two female participants identified as Hispanic, two male participants identified as Black, two female participants identified as Black, two female participants identified as Native American, and two female participants identified as multiracial.

Perhaps due to the flyer or sampling strategy, I was unable to obtain a sample that was racially representative of Pima County. Many non-White respondents were under 65 or not living independently. The final sample was representative in terms of gender (Table 4).

Table 4

Pima County, Arizona Sample Population Demographics

Race	Census	Intervention	Control	Alternates	W/D	Missing
Black (4)	4.1% (2)	1 Male 1 Female	1 Male 1 Female			
Hispanic/Latino (4)	36.8 % (19)	1 Male 1 Female	1 Male 1 Female			
Multi-racial (2)	6.6% (4)	1 Female	1 Female			
White (40)	52.5 % (27)	7 Male 13 Female	7 Male 13 Female	4 Male 17 Female	1 Male 1Female	2 Male 7 Female
Native American (2)	6.6% (3)	1 Female	1 Female			
MALE (18)	34% (18)	9	9	4	1	2
FEMALE (34)	66% (34)	17	17	17	1	7

Stratified Random Assignment

To develop matched pairs for paired T-Test analysis, I used Excel to assign random numbers by race, gender, and life review experience. This method is recommended to develop clusters from which to create an equal composition for intervention and control groups (Laerd Statistics, 2015; O'Dwyer & Bernauer, 2013). Participants within clusters were assigned to groups in random order, alternating group assignments by identified gender, race, and life review experience for each participant. While random stratified group assignment resulted in equally diverse intervention and control groups in terms of race, gender, and life review experience, I was unable to measure other similarities, thereby making assumptions of homogeneity in terms of race, gender, and life review experiences that were unlikely to actually exist. Random stratified assignment from underrepresented clusters further resulted in excluding populations from the training. I therefore offered post-study training for all control group members.

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Summary of the Results

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The research on life reviews and reminiscence functions yielded three main questions and objectives for Transformative Reminiscence Training, as follows:

1. Will Transformative Reminiscence Training for older adults impact self-directed life review completion, compared to the control group?

2. Will Transformative Reminiscence Training for older adults increase the use of self-positive reminiscence, compared to the control group?

3. Will Transformative Reminiscence Training for older adults decrease the use of self-negative reminiscence when compared to the control group?

Relative to these questions, this study tested the null hypotheses ($H_{O:}\,\mu = \mu$) that (a) after a two-week period, there would be no significant difference between the number of participants

who complete self-directed life reviews in the intervention and control group, (b) after a two-week period, there would be no significant difference between the frequencies of self-positive reminiscence reported by the intervention and control group, and (c) after a two-week period, there would be no significant difference between the frequencies of self-negative reminiscence reported by the intervention and control group. The alternative hypotheses (H_A: $\mu \neq \mu$) were that (a) after a two-week period, there would be a significant difference between the number of participants who complete self-directed life reviews in the intervention and control group, (b) after a two-week period, there would be a significant difference between the frequencies of self-positive reminiscence reported by the intervention and control group, and (c) after a two-week period, there would be a significant difference between the frequencies of self-negative reminiscence reported by the intervention and control group.

Instrumentation

The instrument I chose for this study is the Reminiscence Functions Scale (Webster, 1993) which is reliable, with a Cronbach's alpha values that range from .74 to .86 for scores from individual dimensions (Webster, 1997). This scale measures the target variables and is aligned with the self-positive and self-negative components of the Tripartite Model of Reminiscence Functions (O'Rourke, et al., 2017). The Reminiscence Functions Scale further shows a good internal consistency for identity: α=.85, problem-solving: α=.79, bitterness revival: α=.83, and boredom reduction: α=.86 (Korte, 2012). To assess construct validity, I examined the sub-constructs of prior life review, cognitive behavioral, and narrative research factors. In clinical trials, self-negative reminiscence emerged as a symptom of depression, post-traumatic stress disorder, and complex grief. It included negative self-schema and pessimism, and it shared defining characteristics with stereotype embodiment.

The Reminiscence Functions Scale (Webster, 1993) provided the most direct and reliable representation of Transformative Reminiscence Training's target outcomes operationalizing the outcome goals of identity consolidation, problem solving efficacy, and ego-integrity. Rather than measuring the life span, I asked that participants report on the past two-weeks for both the pretest and posttest. Once participants submitted pretests and posttests, I paired and stored them in a locked file cabinet, filed by random stratified participant numbers. In accordance with the constructs of the Tripartite Model of Reminiscence Functions (O'Rourke, King, & Cappeliez, 2017; Webster, 1993), I calculated the scores using the template depicted in Table 5.

Table 5

Reminiscence Functions Scale (Webster, 1993; 1997) Calculations Template

Self-Positive	Score	Pro-Social	Score	Self-Negative	Score
2	Get affairs in order	1	Teaching	3	Fill gaps in time
4	Plan for the future	6	Connection	5	Remember deceased
8	Consolidate identity	7	Belonging	11	Cope with restlessness
9	Become whole	20	Sharing	13	Revisit painful times
10	Define purpose	22	Friendship	14	Loyalty to deceased
12	Solve problems	23	Cultural Identity	15	Rehash lost opportunities
18	Recall coping skills	27	Nurturing	16	Reduce Boredom
24	Gain sense of self	28	Socializing	17	Recall unfairness
26	Define self	30	Legacy	19	Relieve Depression
29	Prepare for death	34	Voice	21	Mental stimulation
31	Gain perspective			25	Mourn the deceased
32	Understand self			37	Something to do
33	Reduce fear of death			40	Rekindle bitterness
35	Affirm life experience			41	Mourn lost loves
36	Self-exploration			43	Remember betrayals
38	Affirm coping skills				
39	Affirm strengths				
42	Avoid repeat mistakes				
Sum of Scores	Self-Positive		Pro-Social		Self-Negative

Rationale for Statistical Measures

After receiving complete data for twenty-six participants in each group, I used the spreadsheet in Table 5 to calculate self-positive and self-negative reminiscence. I then imported the data into version 25 of Statistical Software for Social Sciences (SPSS). To create change variables, I used SPSS transformation functions to calculate the differences between pretest and posttest data within the intervention and control groups (Laerd Statistics, 2015). Thereafter, I used SPSS and Laerd Statistics (2015) to select and perform appropriate statistical tests, as explained below.

To test the null hypothesis that there would be no significant difference between the intervention and control group in terms of the number of participants that completed the two-week period of self-directed life reviews, I performed a crosstabs procedure to determine whether to use the Chi-square test of homogeneity. The crosstab results showed that five intervention group and six control participants withdrew from the study, failing to meet the minimum sample for the Chi-square that was calculated as 5.5. This required me to use the Fisher's Exact Test.

To test the null hypotheses that there would be no significant difference between the intervention and control group in terms of any change in the frequencies of self-positive or self-negative reminiscence, I calculated change variables to perform tests for normality, as required, determining if the data met criteria for using the Paired T-Test. The results of the histograms (Appendix E) and the Kolmogorov Smirnov test (Appendix F) recommended by Ghasemi & Zahedias (2012), revealed that I could use the Paired T-Test to examine difference between groups in terms of self-positive reminiscence.

When the tests for normality found that the distribution of differences within and between both groups, in terms of changes in self-negative reminiscence were not normal, as required for using the Paired T-Test, I performed a test for symmetry, as required for use of the alternative Wilcoxon Ranked Sign Test. This involved using the standard error of skewness and kurtosis (Zaiontz, 2018) statistic. Based upon the assumption that symmetry would be determined by both horizontal skewness and vertical kurtosis as respectively less than twice the error of skewness or kurtosis (Appendix G), I concluded that the distribution of differences within and between groups, in terms of changes in self-negative reminiscence, were asymmetrical. This required that I use the Exact Sign Test.

Statistical Delimitations and Limitations

Despite having been able to reject the null hypotheses, associating changes in reminiscence functions with Transformative Reminiscence Training, these results could not be used to conclude any direct cause and effect relationships, nor were the results generalizable. There were several delimitations and limitations in the study threatening both internal and external validity. First, although I attempted to generate a random sample, those responding to my flyer had all been exposed to the idea of life reviews, thereby able to understand my flyer. Others may not have understood what the training was for, and therefore were inadvertently excluded. Second, the use of a pretest-posttest design involves inherent threats to internal validity (Martin, Epitropaki, & O'Broin, 2017). Informed by pretests of the dependent measures and goals of the study, some participants may have also been influenced to either help prove the effectiveness of the training, or prove its ineffectiveness, regardless of being asked to be as authentic as possible for the integrity of the study. I could therefore not determine if any changes in scores were due to the training itself, or to some other uncontrolled confounding factor.

Given limited time, the absence of funding, ethical concerns involved in including participants who may be considered vulnerable and my lack of credentials to include a potentially psychotherapeutic facilitated life review or standard interactive adult learning interventions, the design of the training differed from typical life review practices. Standard life review education is further recommended to take place over a six to eight-week period (Cappeliez & Robitaille, 2010; Korte, 2012). I could therefore not directly compare the outcomes of this study to other life review research. Ideally, reminiscence functions would also be measured at least a six-month later, to determine whether behavior changes were sustainable.

Another limitation to this study related to a lack of funding, which prevented me from generating a larger and more representative sample. I was able to recruit only 52 participants. This may have been the cause for non-normal and skewed distributions, smaller effects than those of prior studies, and a non-representative and therefore non-generalizable sample.

One of the limitations that I had not anticipated was that I, as a facilitator, tended to alter my presentation according to the questions and feedback of several smaller groups. The group interactions and questions therefore essentially resulted in more than one independent variable, with groups 1-3 remaining more of a lecture format, and groups 4 and 5 involving impromptu discussions of self-negative and maladaptive reminiscence or oppression. There were further differences between initial and later sampling techniques, drawing first from the public, and then through professional networks consisting of those more familiar with and perhaps holding biased opinions about the life review process. This prompted me to engage in a post-hoc analysis which showed nearly opposite results between the two samples (Appendix H), despite having assigned those with life review experience equally to both groups.

Statistical Analysis

Research Question 1

Will Transformative Reminiscence Training for older adults impact self-directed life review completion, compared to the control group? To answer to this question, I used a Cross Tabulations for Chi Square Test and The Fisher's Exact Test (Table 6). This test showed no statistically significant association between Transformative Reminiscence Training and completed self-directed life reviews, over a two-week period (N=52, $p = .5$, for $\alpha = .05$). Based upon these results, I retained the null hypothesis that there would be no difference between groups for completing self-directed life reviews.

Table 6

Cross Tabulations for Chi Square Test and The Fisher's Exact Test

TRT Group * Completion Rate Crosstabulation

Completion	Yes	No	Total
TRT Group	21	5	26
Control Group	20	6	26
Total	41	11	52

	Value	df	Asymptotic Significance (2-Sided)	Exact Significance (2-Sided)	Exact Significance (1-Sided)
Pearson Chi-Square	.115[a]	1	.734		
Continuity Correction	.000	1	1.000		
Likelihood Ratio	.115	1	.734		
Fisher's Exact Test				1.000	.500
Linear-by-Linear Association	.113	1	.737		
N of Valid Cases	52				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 5.50.

b. Computed only for a 2 X 2 table.

Research Question 2

Will Transformative Reminiscence Training for older adults increase the use of self-positive reminiscence, compared to the control group? As noted in Table 7, Transformative Reminiscence Training resulted in a significant increase in self-positive reminiscence functions, increasing the pooled means from 53.08 to 65.62 (n= 26, p= .028 for α =.05). There were no significant differences between the pretest and posttest self-positive means from 52.31 to 51.81 for the control group (n=26, p=.807 for α-.05). The results of the Paired T-Test further demonstrated significant differences between changes in the control and intervention self-positive functions (N=52, p= .033 for α = .05).

Based on the results of the Paired T-Test (N=52, p= .033 for α = .05), I rejected the null hypothesis that there would be no significant difference between the intervention and control group, in terms changes in the frequencies of self-positive reminiscence over a two-week period. These results indicate a less than a 3.3% probability that the differences between the groups occurred at random. There was also a large Glass's Delta effect size of 1.76699 (Glass, McGaw, & Smith, 1981); a standard deviation higher than the null hypothesis of zero (Glass et al., 1981).

The results of the Paired T-Test for changes in self-positive reminiscence, comparing an intervention group to a control group, indicated that those provided with Transformative Reminiscence Training experienced an increase in the use of reminiscence for adaptive functions, such as consolidating identity, solving problems, future planning , preparing for death, increasing coping skills, and defining life meaning and purpose. Those in the control group had markedly fewer increases in these forms of adaptive reminiscence.

Table 7

Paired T-Test Results for Within and Between Groups Changes in Self-Positive Reminiscences

Self Positive Reminiscence	Means Pre-Posttest Differences	Standard Deviation	T Score	Df	Sig. (2-Tailed)
Control Group	-.500	10.300	-.248	25	.807
N=26	(51.81 Posttest- 52.31 Pretest)				
Intervention Group	12.62	27.415	2.331	25	.028
N=26	(65.62 Posttest- 53.08 Pretest)				
Between Groups	**-13.115**	**29.689**	**-2.253**	**51**	**.033**
N=52					

Research Question 3 Will Transformative Reminiscence Training for older adults decrease the use of self-negative reminiscence when compared to the control group?   Using an Exact Sign Test with a continuity correction to compare the differences in self-negative reminiscence between the intervention and control group, there was a significant decrease in self-negative reminiscence, compared to the control group (N= 52, p= .015[b] for α = .05).   As noted in Table 8, there were no significant median decreases in self-negative reminiscence within the control group (n= 26, p= .424 for α = .05), despite mean decreases from 42.92 to 42.65, nor were there significant median decreases in self-negative reminiscence within the intervention group (n

= 26, p=.096 for α = .05). Nineteen intervention participants however reported a decrease in

self-negative reminiscence, compared to only 6 control group participants. Despite less than a

1.5% probability that the differences between the groups occurred random, the small Glass's

Delta effect size of .297963 (Glass, McGaw, & Smith, 1981), indicated a low magnitude.

Table 8

Sign Results for Within and Between Groups Changes in Self-Negative Reminiscence

Self Negative Reminiscence	Means Pre-Posttest Differences	Standard Deviation	T Score	Df	Sig.
Control Group N=26	-.269 (42.65 Posttest- 42.92 Pretest)	16.394	-.084	25	.424
Intervention Group N=26	-5.154 (37.27 Posttest- 42.42 Pretest)	15.175	-1.732	25	.096
Between Groups N=52	**-4.8846**	**21.83085**	**-1.141**	**51**	**.015**

Summary

This study explored whether Transformative Reminiscence Training for older adults would result in their completion of a two-week self-directed life review, increasing self-positive reminiscence, and reducing self-negative reminiscence. Using a randomized pre-posttest quantitative experimental design, I tested the null hypotheses that there would be no significant difference between the intervention and control group, in terms of the number of participants who (a) completed a two-week period of self-directed life reviews, (b) reported an increase in the frequency of self-positive reminiscence, and (c) reported a decrease in the frequencies of self-negative reminiscence. To measure changes in reminiscence functions, I used the Reminiscence Functions Scale (Webster, 1991), which demonstrated internal consistency (identity: $\alpha=.85$, problem-solving: $\alpha=.79$, bitterness revival: $\alpha=.83$, boredom reduction: $\alpha=.86$) in prior studies (Korte, 2012), as a pre-posttest measure of these constructs.

Using cluster and stratified sampling techniques, I targeted a representatively diverse sample of non-vulnerable, independent community dwelling seniors (65+), residing in Pima County, Arizona. Distributing 6200 flyers, I specifically reached out to a representative number of 300 Black residents, 2600 Hispanic/Latino residents, and 400 other non-White residents. The final sample population consisted of 52 older adults, matched by race, gender, and prior life review experience. After replacing those who withdrew with participants from clustered alternate groups, the final sample included two Black women, two Black men, two Latinas, two Latinos, two multiracial women, 14 White men, 26 White women, and 2 Native women. This underrepresented non-White Pima County populations.

After sorting the groups by random stratified assignment, I provided Transformative Reminiscence Training to the intervention group, along with a bound curriculum containing

instructions on how to conduct a self-directed life review; PowerPoint notes pages, and journal

pages. I provided both groups with verbal and written informed consent, orientation, and

information about who to contact and coping skills to employ in the event of distress. All

participants completed the Reminiscence Functions Scale (Webster, 1993;1997) pretest upon

informed consent, and as a posttest fourteen days later. Upon examining the normality and

symmetry of differences of distributions between pre-posttests within and between the

intervention group and control group, and based upon additional sample size criteria related to

the choice of statistical measures, I chose the Fisher's Test to examine the dichotomous

proportions of participants completing or not completing a two-week self-directed life review,

the Paired T-Test to examine the relative increases in normal distributions of changes in self-

positive reminiscence, and the Exact Sign Test to examine the relative decreases in non-normal

and asymmetrical distributions of changes in self-negative reminiscence.

The results of Fisher's Exact test found that there was no statistically significant

association between Transformative Reminiscence Training and self-directed life reviews, over a

two-week period (N=52, $p = 1.0$ for $\alpha = .05$). The Paired T-Test showed that there was a

significant difference between changes in control and intervention self-positive functions (N=52,

$p= .033$ for $\alpha = .05$). The Exact Sign Test showed that there was a significant difference between

the control and intervention group in terms of decreases in self-negative reminiscence (N = 52, p

$= .015^b$ for $\alpha = .05$). These outcomes suggest that Transformative Reminiscence Training may

be associated with an increase in self-positive and adaptive reminiscence, though more research

is needed to generalize these findings.

Chapter 5: Discussion and Conclusion

This study examined the potential benefits of Transformative Reminiscence Training for older adults. The training was designed to increase self-positive reminiscence, offering older adults an alternative to facilitated life reviews, and teaching older adults how to reclaim their narrative identity and reject ageist stereotypes (Breen & McClean, 2017; Swift et al., 2017). Transformative Reminiscence Training was further designed to empower older adults to confront ageism while expanding their self-understanding beyond role or group identities, consistent with critical consciousness theory (Freire, 2000). Integrating critical consciousness theory, transformational education theory, and empowerment models, transformative reminiscence entails the use of autobiographical memories to (a) define continuous values, strengths, and personality traits across an individual's lifetime, (b) identify coping and problem-solving skills, and (c) assign purpose and meaning to life stories, which strengthens ego integrity (Kunz & Soltys, 2007; McWhirter, 1994; Mezirow, 1991). Transformative Reminiscence Training was also designed to divert older adults from (a) reviving bitterness, (b) avoiding present concerns by focusing on a glamorized past, or (c) prolonging grief over lost intimate relationships (Kunz & Soltys, 2007; Mezirow, 1991). The purpose of this study was also to curtail the detrimental effects of internalized ageist stereotypes upon cognitive, emotional, and physical functioning (Nelson, 2016). The study therefore framed self-positive functions of reminiscence for ego integrity as a means by which to deconstruct stereotype embodiment, as a significant public health issue (WHO, 2004). The following chapter will outline the purpose and foundations of the study, the results of statistical analyses, comparisons of both theoretical and statistical findings with current and prior research, the implications of the study's findings, recommendations for future research, and conclusions drawn from the literature and results.

Purpose and Foundations of Transformative Reminiscence Training

The purpose of this study was to address the increasing risks of ageism that pose a threat to the wellbeing of older adults and thereby to the U.S. economy (Swift et al., 2017; WHO, 2004). These risks are indicated by correlations between stereotype embodiment and inevitable declines in social, emotional, occupational, and physical functioning (Nelson, 2016; WHO, 2004). Such stereotype embodiment and associated avoidance of stereotype threats have been found to limit access to and engagement in adult education, preventative integrated healthcare, physical activities, physical and environmental safety, income, and social stimulation (Swift et al., 2017; WHO, 2004). The critical consciousness, transformational education, and empowerment model theoretical foundations of Transformative Reminiscence Training share the purpose of enriching America's increasingly diverse community (Cappeliez & Webster 2018), tapping into lifespan wisdom to develop a legacy narrative that infuses meaning into later life (Lohr, 2018). Transformative Reminiscence Training further capitalizes upon later life problem-solving capacities, tacit knowledge, and the propensity for authentic, servant leadership (Biassoni, Cassina, & Balzarotti, 2017; Timmerman, 2013).

Discussion of the Results

This study was designed to answer three research questions. The first of these pertained to whether Transformative Reminiscence Training would result in the completion of emancipatory self-directed life reviews. The second research question asked whether self-directed life reviews, like those that are facilitated by trained professionals, would result in increased identity, problem-solving, and meaning-making self- positive reminiscence. In the third research question, I sought to determine if increasing self-positive reminiscence would result in reduced self-negative reminiscence, as shown in other studies.

Hypothesis 1: Transformative Reminiscence Training and Self-Directed Life Reviews.

To test the null hypothesis that there would be no significant difference between the intervention and control group, in terms completing self-directed life reviews, I used the Fisher's Exact Test. This test was chosen because when there were too few participants to use the Chi Square for Homogeneity. The nonparametric Fisher's test for dichotomous variables showed that there was no significant difference between the intervention and control group, in terms of the number of participants that completed the two-week period of self-directed life reviews (N=52, p = .5, for α =.05). I therefore retained this null hypothesis. The percentages of those withdrawing from the study differed from prior research. The 19% withdrawal rate of the intervention group was lower than the average 20% withdrawal rate in prior studies. The 23% control group withdrawal rate was higher than the 20% average. While this may be indicative of an inadvertently select sample, the training appears to have motivated self-directed action.

Hypothesis 2: Transformative Reminiscence Training and Self-Positive Reminiscence.

To test the null hypothesis that there would be no significant difference between the intervention and control group, in terms of changes in the frequencies of self-positive reminiscence, I used the Paired T-Test. This test showed significant increases in self-positive reminiscence functions within the intervention group, (n = 26, p= .028 for α =.05), increasing mean scores from 53.08 to 65.62. There were no significant differences between the pretest and posttest self-positive means from 52.31 to 51.81 for the control group (n=26, p=.807 for α-.05). The results of the Paired T-Test further demonstrated significant differences between changes in the control and intervention self-positive functions (N=52, p= .033 for α = .05). There was also a large Glass's Delta effect size of 1.76699 (Glass, McGaw, & Smith, 1981), demonstrating strong associations between Transformative Reminiscence Training and self-positive reminiscence.

Based upon the results of the Paired T-Test, (N=52, p= .033 for α = .05), I rejected the

null hypothesis that there would be no significant difference between the intervention and control

group, in terms of changes in the frequencies of self-positive reminiscence. While it is tempting

to conclude a cause and effect relationship from the results, increases in self-positive

reminiscence within the intervention group may have been the result of other factors. Possible

explanations for increases in self-positive reminiscence within the intervention group could be

that participants with more awareness of self-positive reminiscence functions intentionally

engaged in self-positive reminiscence, regardless of the quality of training. The results may

therefore show that awareness, not training, results in more adaptive reminiscence. Despite

having been asked to provide authentic responses to the posttests, participants may have also just

wanted to be supportive by reporting increased self-reminiscence, aware of the training goals.

Hypothesis 3: Transformative Reminiscence Training and Self-Negative Reminiscence.

To test the null hypothesis that there would be no significant difference between the

intervention and control group, in terms of changes in the frequencies of self-negative

reminiscence, I used the Exact Sign Test. I selected this test upon being unable to establish a

normal distribution for the Paired T-Test or both horizontal and vertical symmetry as required for

the Wilcoxon Signed Rank Test. The Exact Sign Test showed significant differences between

the control and intervention group, in terms of changes in self-negative reminiscence (N =52,

p=.015 for α= .05). Although there were significant differences between the intervention and

control group, the Paired T-test results for the Intervention group (n = 26, p=.096 for α= .05), and

the Sign Test for the Control group (n = 26, p= .424 for α= .05), failed to reach .05 significance,

and the Glass's Delta effect size was small .297963 (Glass, McGaw, & Smith, 1981). These

results may have been stronger with a larger, more representative sample and better controls.

Based upon the results of the Exact Sign Test with a continuity correction statistic for changes in self-negative reminiscence (N = 52, p=.015 for α= .05), Transformative Reminiscence Training appears to be associated with decreasing the frequency of self-negative reminisncence during self-directed life reviews. The results showed that 73% of intervention participants reported a greater decrease in self-negative reminiscence than their control group counterparts. The results also showed that only 23% of the intervention participants reported an undesired greater increase in self-negative reminiscence than control group counterparts. These results allowed me to reject the null hypothesis that there were would no significant difference between the intervention and control groups, in terms of any change in the frequencies of self-negative reminiscence. Given the small sample size and statistical measures for this study, the results could not be used to conclude a cause and effect relationship. The Exact Sign Test is also not sensitive to confounds, or to sampling or probability errors (Corder & Foreman, 2014).

Discussion of the Results in Relation to the Literature

The results of this study affirm that theoretically raising consciousness of adaptive reminiscence through transformational education and empowerment "can create thinking that is self-directed, self-disciplined, self-motivated, and self-corrective" (Kunz & Soltys, 2007, p. 46). The results further affirm the covariance of self-positive and self-negative reminiscence functions, suggesting that merely increasing self-positive reminiscence can reduce self-negative reminiscence and its negative impact upon health and wellbeing (King, Cappeliez, Canham & O'Rourke, 2017). The results of the study further affirm the theory that "by consciously focusing on specific and positively charged memories, negative memories are likely to be pushed further to the background, while other positive memories will be retrieved more easily" (Korte et al., 2009, p. 68).

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Self-positive reminiscence. Congruent with critical consciousness, transformational education, and empowerment theories, the findings of this study affirm that Transformative Reminiscence Training fosters psychosocial development, perspective transformation, and self-directed learning. The results showed that raising awareness of the reminiscence functions that are helpful in building ego strength, such as integrative identity reminiscence, instrumental problem-solving reminiscence, and meaning making reminiscence, increase self-positive reminiscence, as necessary to combat ageism (Nelson, 2016; Swift et al., 2017). Supporting critical consciousness, transformational education, and empowerment theories, these reminiscence functions were also impactful in terms of enhancing the self-directed and introspective process that raises consciousness of the ecological, cultural, familial, and social factors influencing identity development (Kunz & Soltys, 2007; McAdams, 1993).

Upon comparing psychosocial life reviews with perspective transformation, the primary difference was that perspective transformation involves utilizing adverse experiences as catalysts for reconsidering presuppositions that may be problematic, such as stereotype embodiment. This process also involves revisiting developmental milestones, yet within the context of identifying internalized negative schema, examining their contextual roots, and focusing upon paradigm shifts, epiphanies, or moments of clarity and psycho-spiritual metamorphosis (Moon, 2011). The research confirms that when such problematic memories arise, older adults who intentionally engage in identity reminiscence can deflect ageism and other forms of negative stereotypes with life review evidence to the contrary (Kreber, 2012; Mezirow, 1991). Transformative Reminiscence Training may therefore lead to associated reinforcements of positive narrative identity, values clarification, self-mastery in coping and problem solving, and the ability to deflect ageism through the establishment of a consolidated and continuous positive self-identity.

Reminiscence triggers. Life review theory posits that the specific mechanisms for combating ageism by strengthening ego integrity are defined as self-positive reminiscence, which is an organic adaptive process (Butler, 1963). Yet, the results of this study affirm prior notions that reminiscence is triggered by environmental cues (Markowitsch, 2013). New studies reaffirm that reminiscence functions are also likely triggered by contextual factors, and moderated by age, cultural background, socio-economic and socio-political capital, psychosocial history, and moreover the internal locus of control associated with self-determination (Cappeliez, & Webster, 2018). The results of this study affirm these theoretical perspectives, highlighting the importance of examining ways in which to foster adaptive reminiscence, discouraging maladaptive reminiscence, and empowering older adults by raising their awareness and self-efficacy to self-direct memories toward a life affirming continuous narrative identity. By encouraging an internal locus of control and reclaimed narrative identity through self-directed life reviews, this study was further consistent with prior research by demonstrating that older adults can learn to engage in more adaptive reminiscence without direct and ongoing facilitation.

Self-negative reminiscence. While this study focused upon triggering positive or transformative memories, focusing on the positive outcomes of even adverse life experiences, there is unfortunately evidence that allowing the February group to discuss more traumatic forms of stereotyping and oppression, such as abuse, may have also triggered negative reminiscence. This is suspected due to the small effect size of changes in self-negative reminiscence. The decreases in self-positive reminiscence for February participants further suggest that self-negative reminiscence was primed (Appendix H). Self-negative reminiscence may have also been triggered for those who withdrew from the study upon informed consent, and for control group members whose self-negative reminiscence changes appear skewed.

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Having noted indicators of self-negative reminiscence triggers, I performed a post-hoc analysis, comparing February groups who engaged in impromptu discussions of traumatic oppression with January groups who only viewed a lecture. The results of this analysis demonstrated significant differences between the January and February groups, as shown by the Wilcoxon Signed Rank Test (N=52, p=.005, for α= .05) in Appendix H. These findings support reminiscence and life review theories related to the importance of psychotherapeutic intervention for those engaging in trauma narrative work, redirecting more vulnerable older adults from self-negative reminiscence triggers, such as discussing particularly abuse related oppression and discrimination in too much personal detail during training alone (Brinker, 2013; Korte, 2012). While it appeared that self-negative reminiscence triggers were present in the February group, however, critical consciousness theory, transformational education, and empowerment models theorize that reminiscence triggers may be transformative in the long run (Davison et al., 2016). Perhaps longitudinal analysis may have therefore produced more positive results.

Another explanation for differences between January and February groups may be that the February group initiated discussion of intimacy maintenance as self-positive. Considering this possibility, I reviewed cases showing skewness and kurtosis, noting that self-negative scores were most elevated by intimacy maintenance. The skewness in self-negative scores within the control group may therefore have been a function of culture. Self-negative reminiscence nevertheless may have also been primed by the handout on coping skills for distressful memories. Such patterns therefore affirm prior assertions that delving into particularly distressful or traumatic memories requires internal coping skills and may require at least coordinated adjunctive therapy (Cappeliez & Robitaille, 2010).

Self-directed life reviews. Consistent with theories of critical consciousness, transformational education, and empowerment, which promote self-directed learning, this study affirmed the theory that conscious self-directed life reviews enhance self-mastery, while reducing pessimism (James & Bhar, 2016). The completion of self-directed life reviews further adds to critical consciousness, transformational education, and empowerment, theories that self-directed learning enhances autonomy, judgment, and reasoning (Biassoni, Cassina, & Balzarotti, 2017; Brown, 2004). The results of this study are also consistent with evidence-based theories that self-narratives, deconstructing adverse events to illuminate the wisdom of lifespan experiences, enhance well-being by increasing the use of autobiographical memory for self-positive functions (Biassoni, Cassina, & Balzarotti, 2017; Brown, 2004). Research suggests that these gains in self-positive reminiscence may further be sustained over time, and associated with physical and psychological wellbeing (King, Cappeliez, Canham, & O'Rourke, 2017).

One of the largest meta-analyses, synthesizing one hundred and twenty-eight life review studies, further confirmed that an awareness of reminiscence functions, facilitated by the Tripartite Model of Reminiscence Functions (O'Rourke, King, & Cappeliez, 2017) and Reminiscence Functions Scale (Webster, 1993; 1997), increased the use of reminiscence for consolidating identity, problem-solving skills, and life purpose and meaning, enhancing ego integrity and associated resilience (Pinquart, & Forstmeier, 2012). Other findings that were congruent with the results of this study include those involving the creation of an ethical will, as a Hebrew legacy narrative tradition, shown to increase self-positive reminiscence by infusing life purpose and meaning into later life (Lohr, 2018). Like in this study, Lohr (2018) combined life review methods with developmental narrative identity frameworks. The unifying principle of self-directed life reviews is therefore to reclaim narrative identity (Ibarra & Barbulescu, 2010).

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Reminiscence functions.   Considering the theoretical foundations of psychosocial development theory, the original purpose of life reviews was to build ego integrity and alleviate despair. Ego integrity was defined as working through the existential crises of aging, related to (a) transitions in role identity, (b) the need to consolidate continuous identity themes for reclaiming dignity and purpose, (c) the need to take stock of the wisdom gained through experience for reclaiming value and meaning, and (d) the need to come to terms with past experiences that might otherwise promote bitterness and regret (Erikson, 1959; Sokol, 2014). Erikson (1959) also acknowledged that this personality and identity development occurs within the context of socializing familial, cultural, and societal norms (Butler, 1963; Erikson, 1959; Sokol, 2014). These reminiscence functions served to refute ageist notions that reminiscence was tied to senility (Butler, 1963). While several models have emerged to define reminiscence functions, the constructs of reminiscence functions that align with psychosocial theory are best defined by the Tripartite Model of Reminiscence Functions (O'Rourke, King, & Cappeliez, 2017) and Reminiscence Functions Scale (Webster, 1993; 1997).   These scholars have established construct validity by utilizing the same functions of identity, problem-solving, and meaning making reminiscence that Erikson (1959) regarded as necessary for building ego integrity. These constructs are also congruent with transformational education theories that the cognitions and self-schema that support resilience can lead to post-traumatic growth, and resistance to more severe forms of depression, anxiety, or grief (Bailey, Stevens, La Rocca, & Scogin, 2016; Gonzalez et al., 2015; Hallford & Meller, 2015). These constructs further align with critical consciousness and perspective transformation theory by emancipating people from constraining self-views that are "tainted with bias, prejudices, or other misconceptions," referred to by Goleman (As cited in Mezirow, 1991) as "blind spots" (p.18).

Contextualized life reviews. The results of this study affirm the critical consciousness and transformational education theory that bridge reminiscence and life review work with a growing trend toward contextualized therapy and services. Though several disciplines have moved in this direction for decades, more recent studies are specifically acknowledging the central importance of context in assessing the needs of older adults (Bodner, Palgi, & Wyman, 2018). Research shows that such contextualized narratives promote post-traumatic growth, a growth mindset, personal transformation, and the level of self-awareness that is necessary for true cultural competence (Robb, Chen, & Haley, 2002; Davison et al., 2016; Mezirow, 1991; Poston, Hanson, & Schwiebert, 2012). In addition to expanding upon life review research by promoting critically conscious and transformative emancipatory reminiscence functions, positive reminiscence triggers, and self-directed learning, the results of this study support these trends toward contextualizing life reviews by incorporating perspective transformation into life review education. Consistent with critically conscious and transformative contextualized therapy and narrative identity research, Transformative Reminiscence Training also includes education that more specifically entails teaching older adults how to deconstruct discrimination-based stress, using educational strategies that dispel the myths and stereotypes or stigma related to ageism, as well as to trauma and complicated loss (Blanco, Blanco, & Diaz, 2016; Kahana & Kahana, 2017). Transformative Reminiscence Training also adds credence to critically conscious and transformative theories that self-directed learning and life reviews can produce the same results as facilitated life reviews. Additionally, the results of this study affirm theories that identity development occurs within familial, cultural, and social contexts, fostering self-determination (Bohlmeijer et al., 2009; Cappeliez, & Robitaille, 2010; Dattilo, Mogle, Lorek, Freed, & Frysinger, 2018; McAdams, 1993).

Culturally specific life reviews. The purpose of contextualized life reviews is to acknowledge and honor cultural factors as a central aspect of narrative identity. The critically conscious and transformative theory underlying this purpose is existential. According to existential theories, exploring the psychosocial virtues in life stories of cultural relevance can enhance life purpose and meaning (Biassoni, Cassina, & Balzarotti, 2017; Dewey, 2007; Erikson, 1988). Cappeliez & Webster (2018) recently described this cultural relevance in finding that the "meaning and the value attributed to the various ways of reminiscing are powerfully influenced by culture" (p .46), that some cultures value individuation while others may value collectivism, and that other cultural factors may moderate outcomes. These findings may explain why this study failed to generate a representative sample, and why some participants resisted introspection and preferred prosocial reminiscence above all.   New research further suggests that the results of sampling methods and some skewed responses to Transformative Reminiscence Training might have also been caused by language barriers, cross-cultural mistrust, and conflicts between the need for social belonging, social acceptance, and on the contrary individual identity, freedom, and privacy (Cappeliez & Webster, 2018). Another important point supported by this research, congruent with the findings by Cappeliez & Webster (2018), included acknowledging that not all memories are factual, and that memories can be reconstructed to reinforce ego integrity and highlight strengths. The results of this theoretical and experimental research, in terms of completing self-directed life reviews for self-positive reminiscence, thereby support the psychosocial, critically conscious, transformational education, and empowerment theory that constructing a personal narrative is central to developing an internal sense of self that is differentiated from and yet inclusive of social identity (Ibarra & Barbulescu, 2010).

Study Limitations

While this study demonstrated a significant difference between the outcomes of the control and intervention groups, in terms of changes in self-positive and self-negative reminiscence, threats to the validity and reliability of the study should be considered when evaluating these results. First, I lacked the time and funding to generate a larger and more representative sample, recruiting only fifty-two participants. This precluded more robust statistical analyses, which may have been more sensitive to probability errors. Despite having planned to generate a representative random sample, my flyers and or screening methods did not seem to appeal to the Hispanic/Latino population, Native American Population, or Asian Population in Pima County, resulting in a predominantly White sample. Upon consultation with cultural competency trainers, Blanca Canez, Martha Cruz, Araceli Gonzales, Rosa Garza, Martha Garcia, and Julia Guyer, it was surmised that this may have been due to over utilizing direct mail and flyer distribution rather than engaging people face to face, or by triggering mistrust by engaging in the somewhat diagnostic screening process. They further noted that the language in the flyers may have sounded too elitist, using jargon that may have dissuaded some cultures.

Originally, this study was designed to measure degrees of stereotype embodiment, in addition to reminiscence functions. Upon discussion with the dissertation committee, I realized that this may have however required eliciting sensitive information, recruiting perhaps vulnerable populations, and generating too great a risk to human subjects without therapeutic intervention. I therefore approximated this variable by comparing underlying neurocognitive processes with those of negative schema, associated with self-negative reminiscence. Other threats to construct validity relate to intimacy maintenance, which new research suggests may be viewed by some cultures as self-positive (Cappeliez & Webster 2018; Lohr, 2018).

Implications of the Results for Practice, Policy, and Theory

This dissertation examined the merits of Transformative Reminiscence Training for older adults, teaching them to conduct self-directed life reviews for self-positive reminiscence. The primary objective of life reviews is to impart structure to reminiscence, for a more efficient and consistent process of building ego integrity (Butler, 1963; Erikson, 1988). Erikson defined ego-integrity as a developmental milestone that results in (a) consolidating identity, (b) recognizing the wisdom of experience to face challenges in later life, and (c) preparing for death by coming to terms with the past (Butler, 1963). Drawing from evidence-based critical consciousness, psychosocial, transformational education, and empowerment theories, increasing associated self-positive reminiscence functions builds ego-integrity, which helps older adults to cope with change (Pasupathi, Mansour, & Brubaker, 2007), address problems and challenges in later life (Prebble, Addis, & Tippett, 2013), and to use the past as a resource "to determine who they are and who they are becoming, and to give meaning to later lives" (Staudinger, Schindler, 2002, as cited by Cierpka, 2012, p. 237).

According to Erikson's (1959) and Butler's(1963) psychosocial development theory, older adults who fail to achieve ego integrity tend to focus upon regrets or betrayals. Brinker (2013) asserts that reminiscing with this ruminative style of thinking is detrimental to successful development and well-being. Transformative Reminiscence Training can therefore potentially prevent or alleviate despair by teaching older adults to utilize autobiographical memories more adaptively. Applying the transformative critical consciousness theory of reframing (Kroger, 2015), Transformative Reminiscence Training can thereby reduce the impact of ageism and internalized negative stereotypes.

The results of this study have several implications for practice, policy, and theory. If Transformative Reminiscence is associated with increased self-positive reminiscence, and numerous studies have found that self-positive reminiscence is associated with enhanced wellbeing (Lejzerowicz, 2017; Perry, Harp, & Oser, 2013; Westerhof, Bohlmeijer, & McAdams, 2017), then Transformative Reminiscence Training may be a mechanism by which to enhance wellbeing among older adults. Psychosocial life review theory further supports that teaching older adults to practice instrumental reminiscence, identifying strengths, coping skills, and problem-solving capacities, can further increase a sense of autonomy and control to protect them from abuse (Bullen, 2015; Tappan, 2016), while helping them to "put their energy into more realistic goals, then more willing to let go of those no longer feasible" (Cappeliez & Robitaille, 2010, p. 809). Aligned with critical consciousness theory, teaching older adults to conduct their own life reviews further acknowledges their capacity to define their own worth and value, consolidating their sense of self, virtues, and wisdom, reclaiming their narrative identity to create more meaningful and productive lives, and curtailing the risks of ageism (Turner, Wildschut, & Sedikides, 2018). By increasing self-positive reminiscence, associated with ego integrity, Transformative Reminiscence Training may also help older adults to develop encore careers for self-sufficiency and fulfillment, repurposing their strengths, talents, and skills to enhance existential wellbeing (Perry, Harp, & Oser, 2013). Life reviews are also helpful in coming to terms with loss, seeking forgiveness, and generating self-compassion, while embracing the freedom in authenticity and accountability (Freire, 2000). Establishing and maintaining principles or virtues is also a part of resilient identity development, enhancing executive and overall functioning by building upon the foundations for critical decision making (Kroger, 2015; Nelson, 2016; Whitehead & Whitehead, 2015).

Recommendations for Further Research

As a training that is designed to emancipate older adults from stereotype embodiment, and moreover to encourage them to reclaim narrative identity, Transformative Reminiscence Training provides a means by which to clarify and redefine otherwise discounted and misunderstood post-modern interventions and therapy. By preventing the unintentional imposition of master narrative or collective identities, and focusing upon emancipation, individuation, empowerment, and reclaimed narrative identity, the notion of indoctrinating older adults with liberal bias is refuted. Other implications for practice, policy, and theory involve redefining the purpose of the life review as a moral imperative, reexamining the way we view others in our society. Becoming aware of ourselves is the first step toward becoming more aware of others, confronting ageism and its detrimental effects upon society (Freire, 2000). With an increasing number of older adults experiencing declines in occupational, social, physical, and cognitive functioning due to ageism, we cannot afford to reinforce it. Transformative Reminiscence Training, raising awareness of and engagement in self-positive reminiscence, has the potential to prevent our doing so.

Transformative Reminiscence Training expands upon existing theoretical perspectives of reminiscence and life review therapy, intervention, coaching, advocacy, and research. It adds components of transformational learning and empowerment to the process of the life review. The results of the study support this paradigm by demonstrating that training alone may promote more adaptive reminiscence among older adults while reducing self-negative reminiscence. However, further research is needed to explore whether this training mediates the risks of ageism, such as stereotype embodiment or avoidance of stereotype threats.

The first recommendation for further research that emerged from this study is to expand the taxonomy of reminiscence functions, adding constructs such as emancipatory reminiscence or perspective transformation. This might include exploring whether these narrative processes are organic or part of the development ego-integrity. Considering the similarities between cognitive symptoms of stereotype embodiment and mental disorders (Pelts, Hrostowski, Cardin, & Swindle, 2018), research is also needed to differentiate socially constructed cognitive distortions of oppression from those caused by depression, anxiety, grief, or other impairments. Such research would clarify and broaden diagnostic and evaluative practices for older adults (Nelson, 2016).

In consideration of those unable to access facilitated life reviews due to vision, hearing, or memory concerns, future studies may require modifications such as incorporating multi-modal training (Kunz & Soltys, 2007). This involves using cues such as music, movement, art, photography, tactile and olfactory stimulation, and audio-visual forms of reminiscence. These cues would be used to create life review productions and publications for generativity, encore career presentations, and family legacy projects (Lohr, 2018). Such publications and productions may serve to (a) bring older adults back into the collective efforts of social change initiatives, (b) validate their life experiences as critical to the future of American society, politics, and ecology, and (c) affirm their worth in the American economy (Jeste & Childers, 2017). Life reviews may also be promoted as part of end of life rituals, traditions, and planning, which might enrich intergenerational and family relationships. These applications may also shift our views of death and dying, reducing the underlying fears of getting old, becoming obsolete, and suffering alone.

Self-Directed Life Reviews

Considering that self-directed learning enhances autonomy, judgment, and reasoning (Biassoni, Cassina, & Balzarotti, 2017; Brown, 2004), examining correlations between self-directed learning, critical thinking skills, and wellbeing seem pertinent to reminiscence and life review research. Autonomy is a determinant of health, enhancing engagement in informed self-care and preventative measures (Northwood, Ploeg, Markle, Reid, & Sherifali, 2018). The literature also supports examining the mechanisms by which autobiographical memory may be improved through self-directed daily life review activities, given that life reviews improve memory specificity, mood, problem solving abilities, and overall functioning (Leahy, Ridout, Mushtaq, & Holland, 2018).

Emancipatory Reminiscence

Adult education curricula to promote self-directed reminiscence and life review are primarily intended to emancipate older adults from stereotype embodiment and other harmful imposed definitions of self (Phillips, 2018). While there are many studies emerging from the critical pedagogy of Paulo Freire (2000), Mezirow's perspective transformation (Mezirow, 1991), and in narrative therapy (McAdams, 1993), more research is needed to specifically and concretely define emancipatory reminiscence. Upon examination of narrative identity frameworks, this process has long been utilized by members of marginalized groups to cope with racism and sexism, resulting in empowerment (McWhirter, 1994; Phillips, 2018). Emancipatory reminiscence may also be examined as a prosocial reminiscence function, along with being part of a collective of anti-ageism alliances. It may further be helpful to learn how emancipatory reminiscence is best initiated and supported.

Differentiating Stereotype Embodiment from Psychopathology

Recent literature has found that diagnoses of mental illness can be stigmatizing and reinforce internalized oppression (Martinez & Hinshaw, 2016; Pepin and Segal 2013). The avoidance of these stereotype threats is often viewed as an indication of personality flaws or physiological disorders, which reinforces self-neglect (Cockersell et al., 2017). Symptoms of stereotype embodiment are further often seen as a form of psychopathology, reinforcing self-recrimination (Bodner, Palgi, & Wyman, 2018; Musolf &Denzin 2017; Pratt 2018).

While there have been great strides to address these issues in the behavioral health field by becoming cognizant of cultural and contextual factors during biopsychosocial evaluations, few evaluation tools include assessments of stereotype embodiment. Meanwhile, the research suggests that incorporating life reviews into these evaluations may enhance wellbeing and engagement in treatment, active aging, and better physical and mental health maintenance (Cockersell, 2017; Nelson, 2016; Poston, Hanson, & Schwiebert, 2012; Quinn, Laidlaw, & Murray, 2009). Engaging people in their own evaluations may further shift notions of psychopathology (Bodner, Palgi, & Wyman, 2018; Davison et al., 2016), by highlighting the compensatory and reparative nature of so-called "maladaptive" symptoms. As gleaned from qualitative research, evaluations informed by participatory action are also more sensitive to intersectional or historical oppression and trauma (Denham, 2008). Viewing people as experts of their own lives may further help them to reframe mental illness symptoms as adaptive survival skills, coping, compensatory reactions, or existential crises, enabling them to establish the internal locus of control that is necessary to combat oppression (Kreber, 2012; McAdams, 1993; Pasupathi, Mansour, and Brubaker, 2007).

Summary and Conclusions

As members of the Baby Boom generation, born between 1946 and 1964, reach the age of 65 and, increasingly, 85 and beyond (Ortman, Velkoff, & Hogan, 2014), older adults will soon represent 18% of the American population. Due to experiences of forced retirement (Hopkins, 2014); abuse, neglect, and exploitation (Bullen, 2015; McCausland, Knight, Page, & Trevillion, 2016); and increasing incidences of ageism in the workplace, many older adults are displaying Discrimination-Based Stress Syndrome and Stereotype Embodiment (Dong & Simon, 2008; Dong, 2017; Nelson, 2016; Swift et al., 2017). These adverse effects of ageism are associated with bitterness revival, or rumination about similar past experiences (Brinker, 2013). This in turn fuels other types of self-negative reminiscence such as escapism and prolonged bereavement (Brinker, 2013; Korte, 2012). Having witnessed age-related discrimination throughout their lives and becoming aware that they may now become a target of discrimination themselves (Blanco et al., 2016; Swift et al., 2017), older adults also increasingly engage in self-neglect by retreating from society (Dong, 2017; McCausland, Knight, Page, & Trevillion, 2016), avoiding situations that may reinforce negative stereotypes (Swift et al., 2017).

While some older adults respond to ageism by internalizing negative stereotypes or giving into despair, those with the skills to build ego integrity, who thereby refuse to endorse negative stereotypes about themselves, can rise above ageism and experience the equivalent of post-traumatic growth (Post, Hanson, & Schwiebert, 2012). Through such a process, crises become catalysts for manifesting and sharing wisdom, creating later lives of new purpose and meaning (Robb, Chen, & Haley, 2002). Life reviews that foster this ego integrity are therefore gaining popularity as a tool for personal and social transformation in the fields of critical gerontology, transformational leadership, and emancipatory education.

Reminiscence and life review story work is a vast and complex interdisciplinary field. Therapists use reminiscence to treat depression, anxiety, post-traumatic stress, and complex bereavement (Boyd, et al., 2014; Perry, Harp & Oser, 2013; Quiros & Berger, 2015). Advocates use life reviews and reminiscence to refute negative stereotypes and help members of oppressed groups to redefine their worth (Bullen, 2015; Tappan, 2016). Educators use reminiscence and life reviews for perspective transformation (Mezirow, 1991). Altogether, these reminiscence and life review disciplines are transforming society, raising awareness of and embracing the wisdom and healing of storytelling (Kunz & Soltys, 2007).

As shown by recent publications of the American Psychological Association (Blanco et al., 2016; Nelson, 2016; Swift et al., 2017), the field of behavioral health is also focusing on a stereotype embodiment, in the form of Discrimination-Based Stress Syndrome, promoting the concept of contextualized psychotherapy (Blanco et al., 2016). A review of the literature on the effects of discrimination demonstrated that the symptoms of Discrimination-Based Stress Syndrome and associated self-negative reminiscence mirror those of Post-Traumatic Stress Disorder, such as internalized stigma, negative self-schema, depression, anxiety, complex bereavement, despair, and self-recrimination. Like stereotype embodiment, Discrimination Based Stress Syndrome is associated with disparities in health, education, economic stability, and other determinants of active aging (Murray, Crowe, & Akers, 2016; Nelson, 2016; Rosenwasser, 2002; Swift et al., 2017; WHO, 2004). New studies have found that stereotype embodiment and discrimination-based stress also manifest neurocognitive symptoms equal to those from traumatic events (Thompson, Cox, & Stevenson, 2017). If ageism becomes more normalized by fears of scarcity with the growing senior population, more older adults will likely suffer from the effects of stereotype embodiment (Applewhite, 2016).

In response to the increasing prevalence of Discrimination-Based Stress Syndrome, the practice of trauma-informed, culturally specific contextualized psychotherapy is becoming more mainstream within the counseling professions. Like emancipatory reminiscence, contextualized psychotherapy addresses distortions of self-concept manifested by internalized stigma, shame, recrimination, and negative stereotypes. Contextualized psychotherapy evokes the same types of reminiscence that are taught in Transformative Reminiscence Training, deconstructing false notions of self and reconstructing a sense of self that provides a new storyline of redemption, healing, and transformation. This in turn may further heal society, deconstructing ageism.

By achieving the same outcomes as contextualized psychotherapy, the foremost conclusion of this experimental study is that older adults can be empowered to reclaim their narrative identity through self-directed life reviews. For decades, stereotype embodiment has been mistaken for a symptom of psychopathology (Bodner, Palgi, & Wyman, 2018), when in fact it is rooted in repeated exposure to pejorative master identity narratives (McClean & Syed, 2015). When internalized, these narratives have been shown to be toxic and destructive. Many subsequent behaviors that seem maladaptive—just as reminiscence was once believed to be—are likely to be in fact ways of coping with impositions of self-negative stigma and subsequent self-negative reminiscence.

For the past thirty years, this theoretical perspective, and emancipatory reminiscence have been the core process for working with victims of domestic violence (Bullen, 2015). While utilizing the curriculum in Appendix A, I have witnessed people diagnosed with personality disorders, bipolar disorder, and even psychosis discover that their symptoms were at least in part caused by stereotype embodiment. Even those diagnosed with dementia became more lucid once they were able to cope with the trauma of discrimination and internalized oppression.

My conclusion from these thirty years of observations, along with this affirming literature review and study, is that self-directed life reviews, in the form of self-positive reminiscence, combined with perspective transformation and counseling for empowerment, have the potential to mediate the effects of internalized oppression, differentiate oppression from mental illnesses, and thereby assist those fragmented by incomplete diagnoses in becoming once again whole. There is a saying that when the only tool you have is a hammer, everything becomes a nail. I believe this is true for therapists, advocates, coaches, and teachers. The lens through which we observe behaviors determines our impressions and the tools we use to modify them. Perhaps by empowering ourselves and others to reclaim our narrative identities, we can all gain insight and perspective of ourselves and others. Based upon this study, this would manifest a more authentic and mature society. It may also afford us all the opportunity to achieve our greatest potential, no longer restrained by internalizations of negative judgments or stereotypes.

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Appendix A: Transformative Reminiscence Training PowerPoint & Script

Welcome to Transformative Reminiscence Training. My name is Deena Hitzke, and I am the principle investigator for this study, as a doctoral student at Concordia University. I very much appreciate your willingness to commit your time to testing the effectiveness of this training and making sure that it is safe and effective before we further develop it to help seniors in our community. Before we begin, I would like to introduce you to a colleague of mine who will be here to answer any questions during the presentation. As I mentioned in the informed consent process, reminiscence and life reviews can cause us to remember things that we may find stressful, and I want to be sure you take good care of yourselves during this process should that occur. Again, you are not obligated to engage in any part of this study that you may find distressing. I have also passed out a resource list, so that if you discover that there are some issues you may need to address with a therapist, or if you feel you need to talk to someone, you can contact them without having to tell us any private information.

Please keep in mind that, while we will protect your confidentiality, we cannot guarantee that other group members will do so. You will not be required to share any personal information, and we encourage you to refrain from doing so if you might experience distress were it to be shared. The bathrooms and another conference room are located across the hall, if you need to use the bathroom, take a phone call, or take a break. But, we do ask that you keep your electronic devices on vibrate, so that everyone can hear us. If you do experience distress because of this presentation, please contact Concordia to let them know so that we can modify the study to prevent further distress for anyone.

SLIDE 2

(Click) EGO INTEGRITY VS. DESPAIR

During this training, we are going to be talking about the 8th of Erik Erikson's (1959) psychosocial phases of life span development. One of the primary tasks of this phase is to utilize autobiographical memories to strengthen ego integrity, while working through those memories that cause us despair. Ego integrity can be defined as a sense of self-continuity that helps us cope with change (Pasupathi, Mansour, & Brubaker, 2007), a sense of problem solving capacity that helps us cope (Prebble, Addis, & Tippett, 2013), or the ability to accept the past as a resource "to determine who we are and who we are becoming, and to give meaning to this stage of our lives" (Staudinger, Schindler, 2002, as cited by Cierpka, 2012, p. 237).   According to Erikson (1959) and Butler (1963) older people engage in reminiscence to achieve ego integrity, but when they fail to accept and integrate their identity, skills, and sense of meaning and purpose, and focus upon regrets or betrayals, they can fall into despair. Brinker (2013) also found that when we engage in reminiscing with a ruminative style of thinking, brooding over regrets or unresolved conflicts, it may be detrimental to successful development and well-being. Engaging in life reviews therefore is an important task for becoming more aware of how we are utilizing autobiographical memories, to manage despair and prevent its more severe forms, such as depression, anxiety, complicated bereavement or grief, and discrimination-based stress such as ageism and internalized negative stereotypes based upon age, gender, race, or other cultural identities.

Transformative Reminiscence Training PowerPoint & Script (Continued)

 (Click) INTEGRATIVE According to Erikson (1950, 1975), the life review process involves primarily three types of reminiscence. The first of these is identity reminiscence, referred to in the literature as integrative reminiscence. Integrative identity reminiscence involves identifying the core principles, or virtues that have been the basis of your decisions and actions throughout your lifespan, while identifying the strengths, talents, insights, perspectives, and accomplishments that form your continuous and consolidated sense of self. This process can also help you to reclaim or reconstruct your identity, by examining how it came to be, and then rewriting your script or the story you created about your past, present, and future for redemption, dignity, and healing. The research shows that a lot of us tend to have more memories about adolescence and then mid-life, calling these times in our lives "reminiscence bumps" (Kroger, 2015).   This is because it was during those times in our lives that we experienced transitions that forced us to clarify our values and sense of who we were, what we wanted, and how we were going to adjust to new roles and responsibilities in our lives. In later life, we return to a time of transition, which again requires us to reinvent ourselves to meet new demands and rise above new challenges. (Click) INSTRUMENTAL Another way to build ego integrity and work through despair is to engage in instrumental or problem-solving reminiscence, drawing from past success in coping and problem solving to address current issues. This not only restores a sense of autonomy and control, but "helps seniors to put their energy into more realistic goals, then more willing to let go of those no longer feasible" (Cappeliez & Robitaille, 2010, p. 809).   Looking back at how you have solved similar problems or coped with similar situations helps build ego-integrity by transforming your perspective of the past as a resource for facing the challenges that lie ahead, confident in your ability to adapt and grow, (O'Rourke, King, & Cappeliez, 2017).

Transformative Reminiscence Training PowerPoint & Script (Continued)

(Click) EGO INTEGRITY OR MEANING MAKING REMINISCENCE

The third way of reminiscing for strengthening ego integrity and managing despair is to redefine the purpose and meaning of past experiences, and to integrate the past, present, and future of our existence, exploring spiritual or philosophical views of ourselves and others, while becoming more open and accountable. This is accomplished by engaging in a review of the virtues, insights, and wisdom gained from the entire lifespan of experiences.

This type of reminiscence therefore fits well with perspective transformation, examining turning points or landmarks in our lives when we experienced epiphanies or sudden insights and changes in perspective. Looking back at times when we opened our minds to and considered others' perspectives, we can reconstruct false notions of ourselves adopted from those with prejudices or misconceptions of who we were and are, challenging our assumptions or presuppositions about ourselves and the world as we consider the socio-political contexts of our experience, productively shifting constraining or despairing paradigms (Biassoni, Cassina, & Balzarotti, 2017; McLean & Syed, 2015). This form of reminiscence further involves working through the 8 phases of Erikson's psychosocial development to examine the meaning and purpose of each associated virtue or existential task, which we will explore in more detail later (Erikson, 1994).

SLIDE 3

Now that we have reviewed the tasks of Erikson's ego integrity vs. despair phase, we are going to discuss more specific examples of reminiscence that help us to achieve it.

(Click) VIRTUES OF CHARACTER First, let's consider that the purpose of integrative reminiscence is to examine the virtues by which you base important decisions.   By revisiting the phases of psychosocial development, one of the things that we are asking that you to do is to utilize autobiographical memories to discover the virtues that you have relied upon when faced with difficulties or hard choices. While we will be presenting Erikson's theory of what these virtues may be, we want you to consider whether they fit with your own cultural or spiritual beliefs, and to come up with some of your own. The virtues that Erikson named as the virtues of ego integrity include what are considered universal virtues such as hope, volition, purpose, competence, fidelity, care, and wisdom. Each of these virtues corresponds to a developmental milestone, which we will discuss later. During your two-week self-directed life review, we will ask that you revisit memories of achieved psychosocial development milestones, remembering times when these or your own set of virtues evolved from the process of achieving them, grounding you as you faced life's challenges.

(Use Pointer) For example, perhaps you struggled to trust someone, and the virtue of **hope** allowed you to take the risk. Virtues can also help us to justify decisions that we have made, trading off financial or political gains for self-esteem and self-respect, making a mistake that you can later forgive yourself for because it was made in alignment with maintaining a virtue, as more important to your sense of meaning, purpose, and value. Establishing and maintaining principles or virtues is part of resilient identity development, but primarily serves as the foundation for critical decision making throughout the life span (Kroger, 2015; Whitehead & Whitehead, 2015).

(Click) STRENGTHS:

All of us have certain strengths that help us to overcome life's challenges. Some are good listeners. Others are innovative and take the initiative to mobilize others, and others are quiet and contemplative, providing a crystal vision for the future. As you revisit your milestones of psychosocial development, we expect you will be able to identify what strengths helped you to achieve them.

(Click) TALENTS/PURPOSE:

As you revisit developmental milestones in your life, you may also benefit from taking inventory of the talents you possess, the central purpose of those talents, and how they can be utilized today. Many of us find ourselves attracted to certain kinds of work, hobbies, or endeavors, often because they challenge us to pursue knowledge that is of interest to us, or develop skills doing things that we enjoy. Those activities to which we are drawn tell us a lot about how we view ourselves as valuable members of our families and communities. Many of us then conclude that wherever our talents lie, so does our purpose (Kroger, 2015; Whitehead & Whitehead, 2015). Think about how we often hear people referring to someone who ended up becoming a therapist as always having been a good listener or someone who people went to for help in resolving conflicts. What about the mechanic you knew as a child who was always good with their hands and taking things apart. As you look back at your developmental experiences, you may come to realize that they played a big part in decisions about relationships, education, and jobs that you pursued. This process is not unlike those our teachers encouraged in our teen years, as we explored what we wanted to do for a living. Now, it's time to go through that process again.

Transformative Reminiscence Training PowerPoint & Script (Continued)

(Click) WISDOM:

Every experience is a teacher. As you revisit life experiences, you can either become bitter and obsess on how you've been damaged or betrayed, leading to despair, or you can re-integrate those negative experiences by looking at how they resulted in wisdom or new insights that may have prevented you from making similar mistakes or led to improved future strategies. This is the basic tenet of resilience and for self-actualization and a sense of wholeness or continuity of identity in later life (Kroger, 2015; Whitehead & Whitehead, 2015).

(Click) AUTHENTICITY:

One of the gifts of living a long life is the process of self-actualization or self-realization, during which we identify and integrate the true characteristics of our better selves (Biassoni, Cassina, & Balzarotti, 2017; McLean & Syed, 2015). To do so, however, requires a new level of accountability and emotional control, often more attainable when we have time for self-reflection.   The more honest we are with ourselves and others, the more we stand to gain in esteem and continuity of self (Kroger, 2015; McAdams & Zapata-Gietl, 2015). Just as during our teen years, we individuate from those in power or authority to discover our true unadulterated nature (Bugajska, 2017).

Becoming authentic is like cutting the puppet strings so that no one can pull them anymore. Through perspective transformation and accountability, taking inventory of shortcomings, forgiving yourself and others, and being genuine liberate us from social constructions of identity to find our own deeper story within (McLean & Syed, 2015).

(Click) RESILIENCE:

Once again, by revisiting prior milestones, you can discover times when you achieved something you thought you could never achieve, or when you overcame a tragedy you would have imagined would beat you for certain. But, you persevered, overcame obstacles in your path, and like a caterpillar or alchemist, witnessed a metamorphosis or transformation. This is resilience-not just accepting and dealing with problems but using them as catalysts for growth and expanded consciousness or awareness. This form of resilience then is a shield against oppression, as well as the impetus for transcending or coping with all of life's challenges (Kroger, 2015; McLean & Syed, 2015; Whitehead & Whitehead, 2015).

SLIDE 4

Considering its impact upon resilience, when we have a strong sense of who we are, it is less likely that discrimination or adverse experiences will set us back. Those who succeed in consolidating a continuous self-identity are more able to counter stereotypes that could otherwise be internalized and self-fulfilling, like not bothering to work out because you are going to fall apart anyway or failing to look for work because you feel washed up or incapable of keeping up with technology. When we know who we really are, and we resist the myths about ourselves related to ageism or other widespread misconceptions, it is easier to be around others and socialize, and we experience fewer episodes of self-doubt or lack of confidence to try new things (McLean & Syed, 2015). We are also more able to take risks, because failure and loss are just part of life, rather than an affront to our sense of purpose for being (Kroger, 2015; Whitehead & Whitehead, 2015). Finally, when we are insightfully aware of and love ourselves, we know that we deserve respect. We will therefore be more inclined to assert ourselves when necessary, and make strong, confident arguments in advocacy for ourselves. By engaging in instrumental reminiscence, …. **(Click and Read 4 Times)**

SLIDE 5
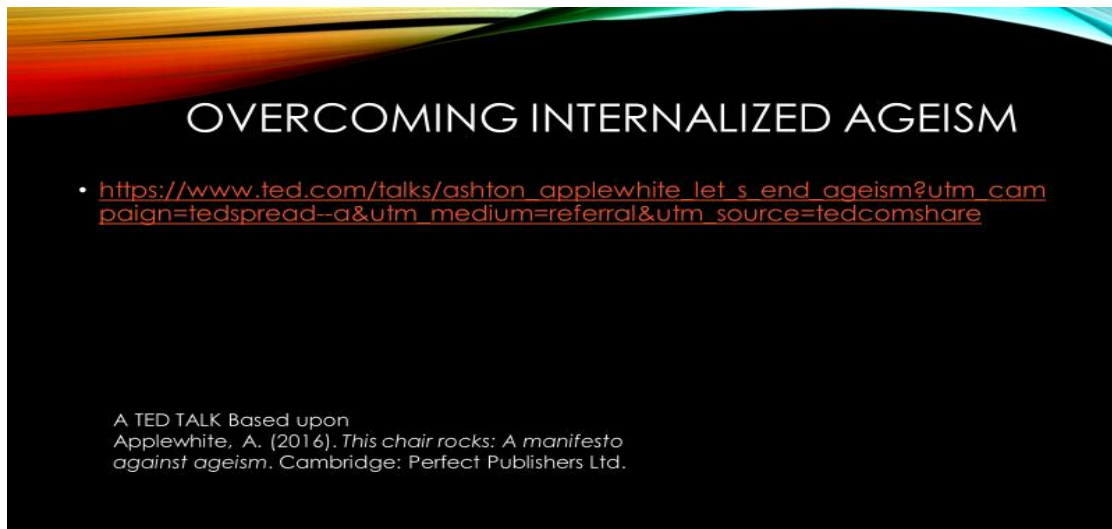
The next topic that we would like you to consider in your self-directed life review has to do with perspective transformation of your identity as an older person. Throughout our life span, we are bombarded with myths about aging, and those myths can affect our identity and subsequent functioning as we get older (Applewhite, 2016; O'Rourke, King, & Cappeliez, 2017). Let's look at a Ted Talk to learn more about this. **(Click on Link)**

As noted in the video, ageism and the way we internalize it can hinder our ability to establish ego-integrity by instilling false notions about who we are, our ability to solve problems, and the meaning and purpose of our lives as we get older (Applewhite, 2016; Bugajska, 2017; O'Rourke, King, & Cappeliez, 2017 Whitehead & Whitehead, 2015). This is one of the main reasons why we are calling this transformative reminiscence, asking you to look back at how you were set up to deal with aging, how your view of aging affects your actions and self-care, and how you will dismantle ageism to further your psychosocial development. Considering how ageism affects our behavior, this is perhaps one of the most important tasks of life reviews, recognizing ageism, and debunking related myths from your past and in the present pertaining to your self-identity, abilities, and value.

SLIDE 6:
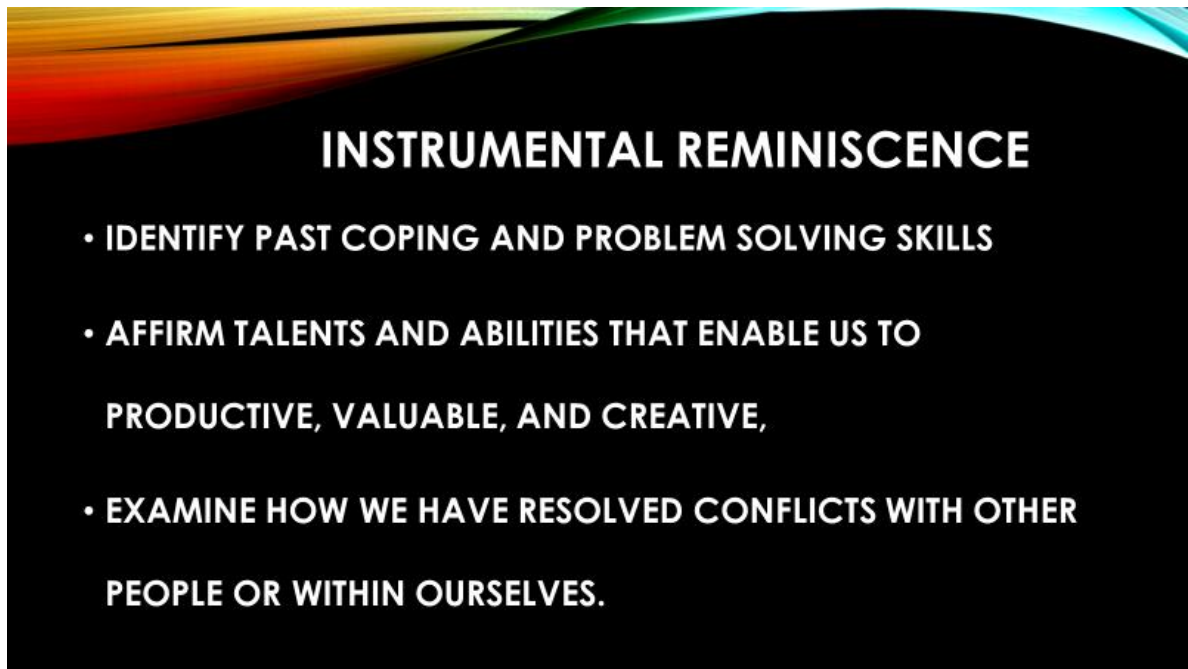
Now that we have seen how identity is essential to our wellbeing and can be consolidated through life reviews, AND how ageism affects our identity, it is time to consider how to engage in instrumental or problem-solving reminiscence to tackle conflicts or problems in your life. This process entails looking back at the way that you have been able to achieve developmental milestones, resolve conflicts with others, or solve problems before. People who are good at solving problems first recognize that they have developed a life-long collection of problem-solving skills and abilities.   By engaging in instrumental reminiscence, we remind ourselves that we have the tools to fix the problems of today, or at least to accept what is and find ways to cope with challenges and enjoy life regardless. This helps us avoid the despair caused by focusing on things we cannot change or control or focusing upon on how unfair life can be. The specific goals you may consider with respect to instrumental reminiscence may be to:

- IDENTIFY PAST COPING AND PROBLEM-SOLVING SKILLS, //AFFIRM TALENTS AND ABILITIES THAT ENABLE US TO PRODUCTIVE, VALUABLE, AND CREATIVE// and EXAMINE HOW WE HAVE RESOLVED CONFLICTS WITH OTHER PEOPLE OR WITHIN OURSELVES.

SLIDE 7

Those who master instrumental reminiscence can: …**(Click 4 Times)**

SLIDE 8

Transformative Reminiscence Training PowerPoint & Script (Continued)

Looking at this table, you can see the eight stages of Erik Erikson's psychosocial development, adapted from a high school textbook by Russel Dewey in 2007.

According to Erikson's life review theory, each phase includes a conflict between two poles of a psychosocial crisis and lesson. To achieve each milestone, Erikson (1994) theorized that one would find a balance between the poles but were they to be on a weight and measures scale, that scale would be a bit heavier on the left. In other words, successful achievement of trust verses mistrust would mean that you are more trusting than not, as mistrust can sometimes be adaptive.

(Click) VIRTUES (Use Pointer)

The weight and balance theory applies to all phases of Erikson's life span psychosocial development, toward developing corresponding virtues. When you can balance trusting others with a bit of mistrust for safety, this results in hope. When you can be independent or autonomous in anticipation of shame and doubt, you develop will or volition. When you take the initiative in anticipation of guilt, you find purpose. When you are industrious in anticipation of feeling inferior, you develop competence. When you develop a sense of yourself, you experience fidelity or self-continuity. When you can be intimate, psychologically or physically, you experience love. When you can generate compassion for yourself and others, you develop the virtue of care, and finally, as you integrate these skills and virtues, you develop a sense of and appreciation for your wisdom, giving life more meaning to mediate feelings of despair in later life.

(Click) LIFE REVIEW OR EGO INTEGRITY OBJECTIVES (Use Pointer)

What was so unique about Erikson's theory was that he considered the context of psychological development, adding social and cultural influences in the theory that opened doors for what we now consider narrative identity theory-integrating self and social identity, and refuting negative stereotypes or labels and shedding false or constraining points of view about ourselves and others. This emerged into life review therapy, revisiting these stages toward the existential or meaning making objectives.

As this table shows,

Trust and Hope Lead to Accepting Interdependence,

Autonomy and Volition Lead to Perseverance,

Initiative and Purpose Lead to Social Engagement,

Industry and Competence Lead to Innovation,

Identity and Fidelity or Continuity of Self to Individuation or Emancipation from Negative Stereotypes or Assumptions,

Intimacy and Love to Connection and Belonging,

Generativity and Care Lead to Compassion for Self and Others,

And Ego Integrity and Wisdom Lead to An Existential Identity, Culminating in A Sense of Continuous Identity, Mastery in Problem Solving and Coping, and a Sense of Meaning, Purpose in Life.

SLIDE 9

During infancy (0-3), our ability to trust was developed when our parents or caregivers met our needs for a comfort, and affection. This process resulted in secure attachments. Of course, our parents or caregivers did not likely respond immediately to our every cry for food, affection, warmth, or to get our diapers changed.

Parents are fallible at times. So, we also had to learn to regain trust when our needs were not met. Babies are great about this-very forgiving. They are also persistent in getting our attention and protesting when their needs aren't met. As we get older, we are not quite so clear with our expectations. Instead of voicing our needs and disappointments, we sometimes brood and fuel our anger.   (Click) By trusting others or giving them a chance when it is safe to regain our trust, we form attachments that help prepare us for times when we need a hand. In turn, it enables us to have the compassion and mindfulness to be trustworthy ourselves.

Despair during revisiting this phase is caused when we engage in maladaptive reminiscence by finding evidence in the past that no one can be trusted, keeping a running list in our heads of all the people who violated our trust over the years. We think that when we do this that we are protecting ourselves from trusting the wrong person again, as it is harder to bounce back from begin taken advantage of as we get older. But, it turns out that focusing upon how many times we have been wronged or lied to is not good for our health. In fact, it can make us depressed, anxious, and rigid in our thinking. It makes us feel hopeless.   (Click) Those with ego integrity therefore focus on memories of connection that lend themselves to feelings of hope. As they do, they notice that there are indeed people who they can trust and depend upon, and there are ways to build trust by expressing needs and reasonable expectations.

SLIDE 10

During our early childhood (1-3), our autonomy was developed when we learned how to walk, talk, manipulate objects, play alone, eat and drink on our own, and use the potty in good time. No matter how much we needed help to achieve these tasks, we had the tenacity to achieve them through the cycles of autonomy. Those with ego integrity can accept when they need help without fear of losing control or autonomy, because they know they will find ways to sustain as much independence as they can. Those who fall into despair instead frighten themselves with thoughts of vulnerability or powerlessness, either in the past or present.

(Click) Building confidence in your ability to compensate for limitations or changes in roles or functioning is the key to maintaining volition, which is a strong will to sustain and add to your skills and abilities as a lifelong learner. If we can learn to control our bodily functions, we can learn pretty much anything, right?

During the play stages of development (3-6), we had to develop the initiative to engage peers in fair play, such as taking turns negotiating the rules of the games we played and using humor and empathy to cope with power struggles and conflicts. **(Click)** This process taught us to be resilient in knowing that we were able to serve the purposes of parallel play and social interaction. When we acted out or struggled to engage in play or social interactions, we experienced guilt or isolation. **(Click)** Those who have ego integrity find ways to connect with others to collaborate and communicate about issues, rather than avoiding them. They can identify the skills they bring to the table-whether it is research, bringing forth a fresh perspective, or expressing concerns or observations in a sensitive manner. Everyone approaches conflict differently, and has their own strengths, coping skills, or problem-solving skills for doing so. Those who fall into despair have lost touch with their own strengths and abilities when it comes to resolving conflicts or may need to reframe the way that they view themselves to engage socially, building upon the prior tasks of trust and autonomy. **(Click)** Reminiscing about experiences during which we achieved a social purpose helps us take the initiative to resolve conflicts and assert our boundaries and needs.

During Elementary school years (6-12), we developed industry when we were encouraged to learn to apply our skills and knowledge, commended for completing tasks or skills learned during attempts to achieve them. **(Click)** Gaining reinforcements for our accomplishments instilled a sense of competence. Those with ego integrity can appreciate the skills gained in even those goals they did not achieve, taking stock of their skills and abilities, and valuing themselves regardless of how others perceive them. If they lack competence, they seek help and training. Those who fall into despair take on the negative appraisals of their competitors, brood over disadvantages and missed opportunities, and accept that they are inferior, rather than compensating for their weaknesses or accepting limitations as a signal to change course.

(Click) Reminiscing about experiences of acknowledgement for our achievements or the skills we developed, helps us to accept that we gain competence simply by trying to achieve goals.

Transformative Reminiscence Training PowerPoint & Script (Continued)

SLIDE 13
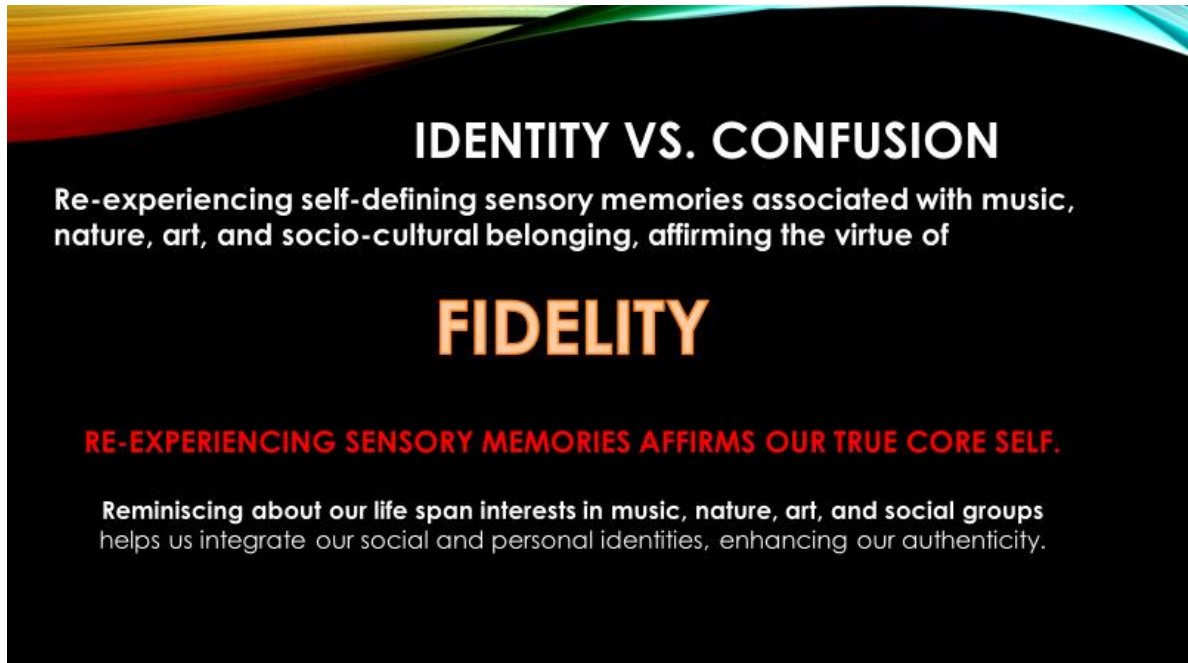
During adolescence (13-19), we developed our identity by struggling to differentiate between the values, beliefs, and familial, social, and cultural expectations of our personhood from our emerging core self or authentic self. **(Click)** Authenticity leads to a sense of fidelity or loyalty to our real selves. **(Click)** We developed our individuality and found our real selves by exploring music, nature, art, and social events from which we identified with ideals and traits that resonated with us. **(Click)** Those with ego integrity can enjoy memories of youth without mourning their younger selves, embracing the arts, nature, and music just as they once enjoyed, and finding meaning and purpose in their continuity of authentic self-expression.

SLIDE 14
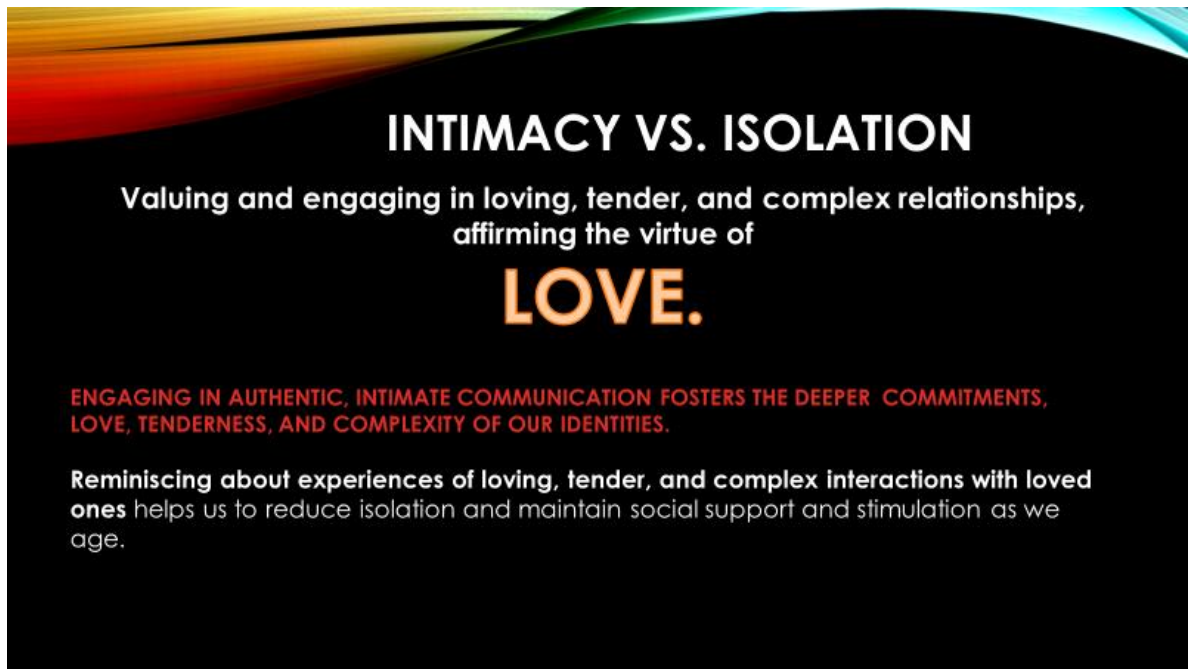
During early adulthood (20-25), we revisited the milestones of trust and attachment, establishing deeper commitments to and connections with others.

(Click) Having developed a more authentic sense of ourselves, we were able to share who we were in a more meaningful way, forging deeper bonds or LOVE.

(Click) Those with ego integrity can be authentic and communicate clearly with love and tenderness, while those who cannot interact on deeper levels feel alone and unloved. By becoming authentic, we remove barriers to communication and closeness. Reminiscing about experiences of loving, tender, and complex interactions with loved ones also helps us to reduce isolation and maintain social support and stimulation as we age.

SLIDE 15

During adulthood (26-64), we became less self-absorbed and more focused upon community and future generations, striving to make a difference in and contribute to our communities. In a lasting way. **(Click)** We became aware during this stage that our sense of self-worth and value is tied to our ability to take stock of and share our wisdom, leaving a legacy of virtues and compassion or CARE. **(Click)** Those who have developed self-compassion and compassion for others are more able to construct a life affirming story of their past, present, and future, as one that attracts others to revisit trust and attachment, co-creating a culture of care.

     (Click) Those unable to connect to future generations in this way or across other barriers of culture or age, are unable to find the sense of purpose that comes from caring for self and others. Reminiscing about experiences in sharing wisdom and passing on our legacy, building trust, attachments, and interdependent relationships helps us to reclaim or sustain a sense of purpose.

SLIDE 16

During our senior years (65+), we begin to consolidate our identity, gathering evidence that we have lived a meaningful, purposeful, and satisfying life, and making peace with ourselves and others to accept the past, gain contentment in the present, and prepare for our final years of life. This is accomplished through adaptive reminiscence or the life review.

   (Click) The life review affirms the value of our experience or wisdom.

   (Click) It also helps us assign new meaning to life span experiences.

   (Click) Reminiscing about experiences in building existential identity or defining the purpose and meaning of our lives helps us to reclaim or sustain our value in our communities.

   We will review this process as we review the lecture summary in more detail after a 15-minute break.

Appendix B: Script for Screening Participants

Hi. My name is Deena Hitzke, and I am conducting a study to evaluate training on how to engage in transformative reminiscence, using autobiographical memories to enhance ego integrity and manage despair in later life. May I ask you three questions to see if you meet the study's criteria?

- o   Great, first, do you live in your own home or apartment in the community?

- o   Are you over the age of 65?

- o   Do you have transportation or live within 25 miles from Tucson?

- o   Do we have any prior personal, business, or professional relationship?

Okay, well it appears you qualify for the study. Now, I would like to quickly go over the informed consent form that you will be asked to sign so that you can decide if it's right for you. (Review Consent Form).

As I mentioned, while we will be teaching you how to prevent or alleviate despair through transformative reminiscence, re-visiting the past may elicit mild to moderate discomfort, especially for those with moderate or severe depression, anxiety, or grief. After hearing about the risks of engaging in this study, and considering the time commitment of about 6 hours over a two-week period, can I schedule your class?

Great, well the next step then is to schedule you for a brief orientation, when we will again go over the informed consent form, review the risks and benefits of participation, go over our confidentiality policies, review the ethical standards we must meet, and what you are being asked to do in more detail, without pressure or obligation for you to participate.

Appendix C: Consent Form

Research Study Title: Transformative Reminiscence Training
Principal Investigator: Deena Gayle Hitzke
Research Institution: Concordia University, Portland
Faculty Advisor: Floralba Arbelo-Marrero

Purpose:
　　　The purpose of this study is to evaluate the effectiveness of two forms of Transformative Reminiscence Training. These trainings are designed to teach you how to utilize autobiographical memories to enhance ego-integrity and reduce feelings of despair by conducting a self-directed life review. You will not be required to share your life review. Once you decide to participate, you will be randomly assigned to one of two forms of training, until we have at least 52 participants assigned.

　　　By agreeing to participate in this study, you are making a commitment to the following:
1. Reporting frequencies of various types of reminiscence before and after your training.
2. Completing a 4-hour Transformative Reminiscence Training on how to conduct a transformative life review on either (Dates varied).
3. Conducting a self-directed life review for at least 2 hours over a two-week period.

Research Integrity:
　　　For this study to be a reliable and valid source of facts, I am unable to provide compensation or incentives that may be construed as influencing its outcomes. I can further not market any products or services, accept compensation, or utilize participants with whom I have any prior conflicting personal, business, or professional relationship. <u>My goal is to inform best practices, which I will accomplish whether the training is effective or not.</u> So, please answer all questions with complete honesty and as objectively as possible.

Risks:
　　　The possible risks of this study include experiencing stress from recalling your history/experience. If you experience distress, contact information for confidential counseling services will be provided to everyone, and a behavioral health professional will be on site to answer questions or provide support. You can also call **1-800-796-6762.** Please also send anonymous report of any concerns to the address below, so that we can modify the study as needed.

Benefits:
　　　Since we are testing the course to learn about its benefits, we cannot guarantee the exact benefits. But, our hope is that you will learn how to conduct your own life review. We will share the results of the study to let you know about the benefits we found. The training being provided to you is being provided at no cost to you. Some counseling or consulting companies would charge approximately $300 for this type of training. As the Principal Investigator, I will not be paid for providing this training. As a benefit to me (as the Principal Investigator), I do however hope to learn from this research in a way that I might be able to later provide this type of training as part of my future work.

Confidentiality:

This is a lecture style training that does not require for you to share information that you feel is private. When you are in the training, please be careful to not say things that you worry that other people participating in the group might later talk about using your name or other identifying information. I can promise to hold information you give to me in private, but please limit your discussion in groups if you do not want other people to have the specific private information. While the information that you share will not be distributed to any other agency and will be kept private and confidential, there are some limits to confidentiality:

1. Mandates to report the abuse or neglect of anyone under 18 or under 20 and reporting child abuse to the Department of Child Safety at 1-888-SOS-CHILD.

2. Mandates to report the abuse or neglect of anyone considered a vulnerable adult to Adult Protective Services at 1-877-SOS-ADULT.

3. Mandates to report your expressed and specific intent to harm yourself or others to 911 or the Crisis Response Center Mobile Team at 1-800-796-6762.

Data Security:

When reporting data, we will not report any information that could reasonably result in identifying you, your name, or other personal identifying characteristics. Any data you provide will be coded so people who are not the investigator cannot link your information to you. Any name or identifying information you give will be kept securely via electronic encryption on my password protected computer locked inside the cabinet in my office. When anyone evaluating the study looks at the data, none of the data will be tied to your name or identifying information. I will also not identify you in any publication or report. Your information will always be kept private and all study documents will be destroyed in 3 years.

Right to Withdraw:

As mentioned, the risks of this study include experiencing stress from recalling your history/experience. So, it is important to me that you understand that you may withdraw from this study at any time. You are not required to share any personal information during training, and do not have to engage in reminiscence if you find it too distressing. This study is not required and there is no penalty for choosing not to engage with or to stop the study. You can also discontinue your participation without having to disclose your reasons for withdrawal. To withdraw from the study, or to report of any concerns, you can send an email or call me, or send an anonymous letter to the address below. But, please do report any concerns about the study, so that we can modify it as necessary.

Contact Information:

You will receive a copy of this consent form. If you have questions you can talk to or write the principal investigator, at XXX@mail2.cu-portland.edu. If you want to talk with a participant advocate other than the investigator, you can write or call the director of our institutional review board, Dr. Ora Lee Branch (email obranch@cu-portland.edu or call 503-493-6390).

Your Statement of Consent:

I have read the above information. I asked questions if I had them, and my questions were answered. I volunteer my consent for this study.

_____   _____
Participant Name   Date

_____   _____
Participant Signature   Date

_____   _____
Investigator Name   Date
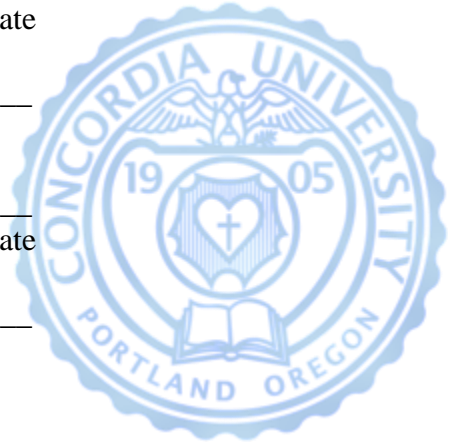
_____   _____
Investigator Signature   Date

Investigator: __Deena Hitzke email: XXX@outlook.com.
c/o: Professor Floralba Arbelo-Marrero
Concordia University – Portland
2811 NE Holman Street
Portland, Oregon 97221

Appendix D: How to Conduct a Self-Directed Life Review

I. Deliberate and Goal-Oriented Reminiscence

Reminiscence, or remembering the past, is a natural part of the process of working through current issues or reflecting upon our lives and our futures. When we engage in reminiscence, it is usually therefore an adaptive behavior, helping us to answer questions about our identity, how to solve problems, how to resolve conflicts with others or within ourselves, or how to prepare for transitions or cope with change and loss. Sometimes, however, reminiscence can have a negative impact on our health and wellbeing, such as when we brood over disappointments, failures, or betrayals, keeping ourselves from being able to adjust to current limitations or circumstances that are bothering us. By conducting a self-directed life review, we become more aware of how we are using reminiscence and can therefore set goals for reminiscence that enable us to utilize our autobiographical memories in more productive ways.

Your first step toward conducting a self-directed life review is therefore to set life review goals. You may choose to set new goals every night before a morning 20-minute writing session, or you might set your goals for an entire week or two-week period. Each person will have different goals, depending upon their circumstances, personality, and past writing experiences. For now, simply write out some thoughts about the things you might learn from your past, in terms of virtues, strengths, beliefs, perspectives of yourself, and worldviews, and other aspects of identity, problem solving, and meaning making, for transformative reminiscence.

II. Preparing for Distress During Reminiscence

As mentioned before, reminiscence can at times be maladaptive, such as when we focus upon embittering recollections and have a hard time letting go of resentments, anger, or grief.

How to Conduct a Self-Directed Life Review (Continued)

Some memories can also trigger feelings of fear, helplessness, or sadness by causing us to re-experience trauma or loss. While it is best to explore such memories with a trauma informed professional counselor, coach, or therapist, such memories may catch us off guard. To prepare for such occurrences, The National Traumatic Stress Network (Mannarino, Cohen, & Deblinger, 2014) suggests three core coping skills.

A. Abdominal Breathing

The first coping skill to practice, getting us into a reflective mode and preparing for memories that may cause us distress, is abdominal breathing. Abdominal breathing is the kind of breathing people often learn in yoga or meditation, during which the abdomen fills with air as we breathe in through our nose and mouth simultaneously. When we are breathing abdominally, our abdomen will expand. Abdominal breathing further involves holding our breath for 3-5 seconds, and then breathing out slowly. Trauma therapists teach children often teach children this technique by having them lie on their back and placing a Dixie cup on their abdomen for them to make rise and fall without tipping over. Another method for teaching this to children is to blow the biggest bubbles they can through a small bubble wand. When anxious, the natural tendency is to hold our breath. Slow abdominal breathing helps us prevent this tendency.

B. Progressive Relaxation

Believe it or not, even when we are unaware of the tension in our bodies, tension can be very distracting, blocking out memories or even distorting them in negative ways. When we become distressed over certain memories, our bodies tend to further react as if we are experiencing the event. Trauma therapists teach their patients to utilize progressive relaxation to bring them back into their present bodies, gaining control of muscular responses to memories.

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How to Conduct a Self-Directed Life Review (Continued)

In this sense, progressive relaxation restores mastery of our own bodies, which in turn reduces fear and anxiety of losing control of ourselves as we have in the past. It is kind of like reminding our bodies who is in charge. Those who practice this regularly often report being able to stop themselves from yelling or crying, simply by telling themselves. "STOP." Progressive relaxation combines abdominal breathing with visualization and tightening and release of our muscles, starting in our feet and working up to our heads. Trauma therapists often have their child patients lie on their backs and imagine that their muscles are made of play dough. As they breath in, they imagine the muscle of focus as solid and a bit hard, while tightening the muscles as hard as they can. As they slowly breath out, they visualize kneading or pressing on the play dough to soften it, relaxing their muscles until they feel soft and pliable again. Practicing this skill before writing prepares the body to be less reactive to distressing memories and enables us to gain control over our physical memories, to delay or work through them as we see fit.

C. Cognitive Coping

The third skill recommended by the National Traumatic Stress Network is a form of mindfulness or meta-cognition, which is a process of remaining aware of and examining how our perceptions influence our experiences of stress. Therapists teach cognitive coping by showing patients how to therapeutically disassociate from their experiences of stress, talking about themselves in the third person, visualizing themselves from the corner ceiling of a room or observing themselves on a movie screen. When we take the emotion out of them, even distressing memories can be reframed into something from which we emerged with strength and skill. During facilitated life reviews, therapists therefore often ask, "What did you learn from that situation," to shift the focus from re-experiencing trauma to reframing it.

How to Conduct a Self-Directed Life Review (Continued)

III. Reflective Practices and the Self-Directed Life Review

As mentioned, self-directed life reviews come with the risk of re-experiencing negative events, which may instead require professional guidance. To reduce this likelihood, we ask that you set aside a regular time to first reflect upon what you plan to accomplish with your life review session, and then focus upon that goal. The most common strategy for constructing a self-directed life review is to engage in reflective practices every evening, jotting down what you need or want to gain from your life review experience. The next morning, after a good night's sleep and while still undistracted by daily hassles and obligations, take about 20 minutes to write or record your life review toward meeting the goals set the night beforehand.

To avoid maladaptive reminiscence or distress, think about themes or topics that are likely to generate more positive, life affirming memories, turning points and enlightening moments, or cherished memories with family, friends, in your career, or in school.

IV. Structuring the Self-Directed Life Review Process.

To review the above steps for conducting a self-directed life review,

1. Set goals and a consistent schedule for reminiscence.
2. Prepare for distressing reminiscence by practicing coping skills.
3. Engage in reflective practices to elicit life affirming memories
4. Practice reframing situations toward achieving your reminiscence goals.

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Appendix E: Histograms for Assessing the Normality of Distributions

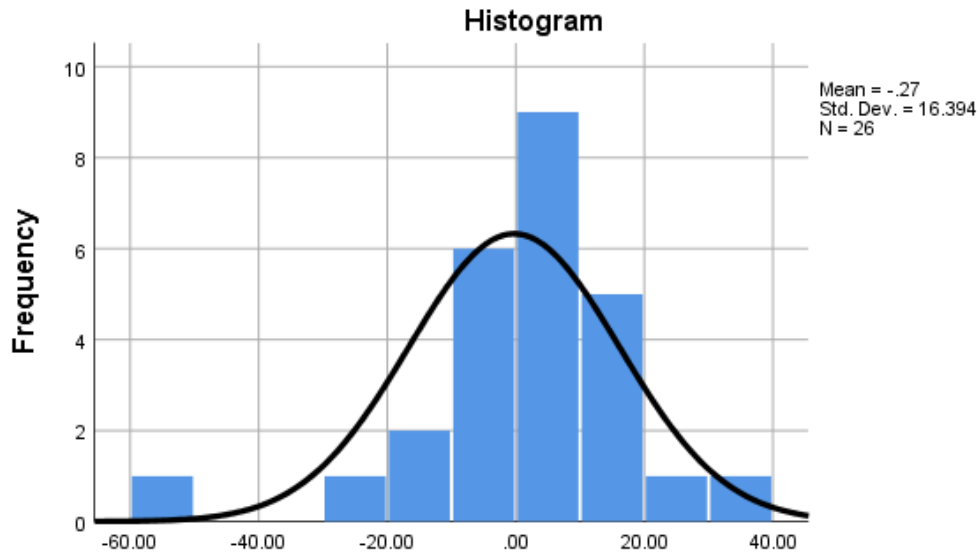Normality of Differences in Self-Positive Reminisce for the Control Group
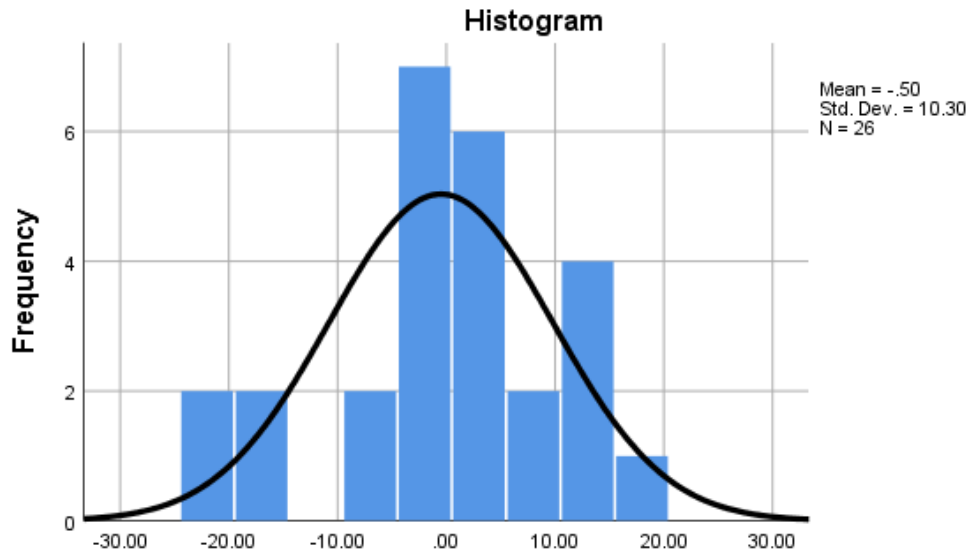
Normality of Differences in Self-Positive Reminisce for the Intervention Group
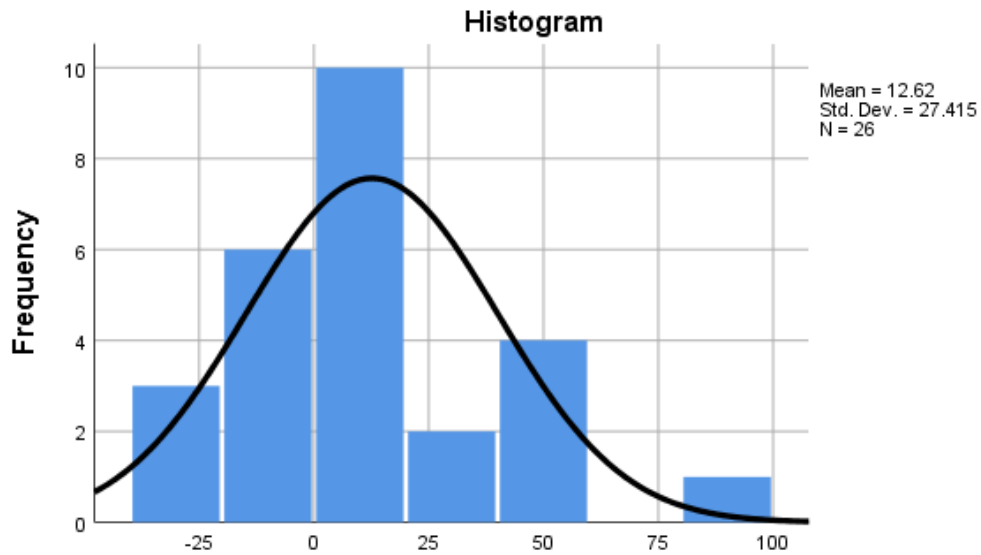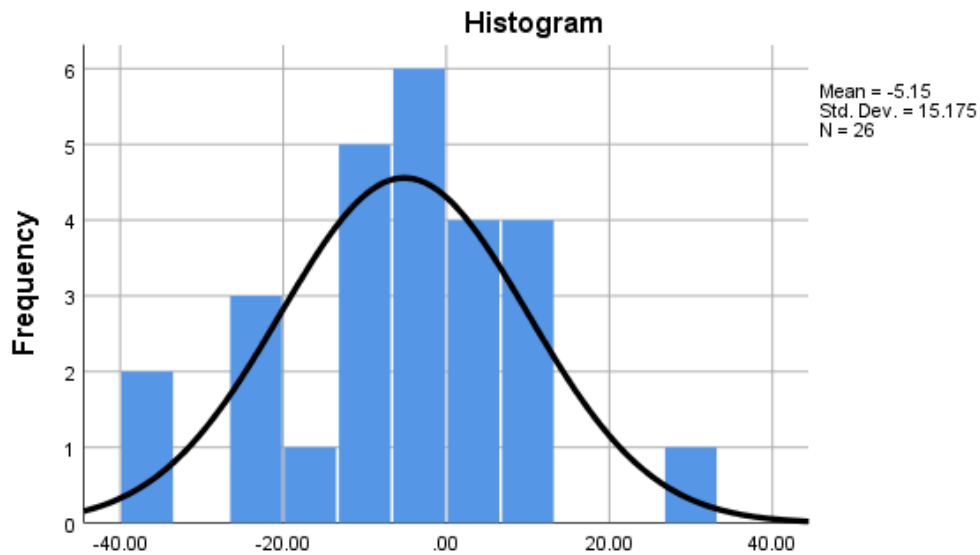
Histograms for Assessing the Normality of Distributions (Continued)

Normality of Differences in Self-Negative Reminisce for the Control Group

Normality of Differences in Self-Negative Reminisce for the Intervention Group

Appendix F: Kolmogorov Smirnov Test for Normality of Distributions

Null Hypothesis: There is no difference between the distributions of differences in the

frequencies of reminiscence and a normal distribution (N=26, for α = .05).

Retained for all but Control Group Self-Negative Reminiscence.

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Intervention Group Self-Positive	.167	26	.059	.956	26	.323
Control Group-Self Positive	.136	26	.200[*]	.933	26	.092
Control Group Self-Negative	.165	26	.068	.918	26	.041
Intervention Group Self-Negative	.144	26	.176	.965	26	.507

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Appendix G: SPSS Results of Tests for Skewness and Kurtosis

Assuming Approximate Normal Distributions

have absolute statistical values of Skewness or Kurtosis

That Are Less Than 2x Respective Standard Errors (Zaiontz, 2018).

Descriptive Statistics

	N	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
Intervention Group-Self-Positive	26	12.62	27.415	.640	.456	.520	.887
Control Group-Self-Positive	26	-.5000	10.30049	-.515	.456	.038	.887
Intervention Group-Self-Negative	26	-5.1538	15.17549	-.264	.456	.622	.887
Control Group-Self-Negative	26	-.2692	16.39404	-1.126	.456	3.377	.887
Valid N (listwise)	26						

Appendix H: Comparisons Between January and February Sample Intervention Groups

February group allowed discussions and diverged from PowerPoint script.

Descriptive Statistics

	N	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
JPOSPRE	13	47.77	16.310	-.274	.616	-1.056	1.191
JPOSPOST	13	74.85	20.489	-1.010	.616	.556	1.191
SELF_POSITIVE_CHANGE_JAN	13	27.0769	17.34196	.861	.616	-1.082	1.191
FPOSPRE	13	58.38	23.418	-.055	.616	-1.138	1.191
FPOSPOST	13	56.38	25.092	.320	.616	.075	1.191
SELF_POSITIVE_CHANGE_FEB	13	-2.0000	28.42534	2.266	.616	7.007	1.191
JNEGPRE	13	39.62	17.993	1.280	.616	2.041	1.191
JNEGPOST	13	33.23	14.090	.779	.616	.083	1.191
SELF_NEGATIVE_CHANGE_JAN	13	-6.3846	14.72265	-.604	.616	-.423	1.191
FNEGPRE	13	45.23	14.760	-.417	.616	-.065	1.191
FNEGPOST	13	41.31	14.562	1.472	.616	2.219	1.191
SELF_NEGATIVE_CHANGE_FEB	13	-3.9231	16.11656	-.085	.616	1.929	1.191
Valid N (listwise)	13						

Null Hypothesis	Test	Sig.	Decision
The median of differences between FEBGRP_POS_CHANGE and JANGRP_POS_CHANGE equals 0.	Related-Samples Wilcoxon Signed Rank Test	.005	Reject the null hypothesis.

Null Hypothesis	Test	Sig.	Decision
The median of differences between FEBGRP_NEG_CHANGE and JANGRP_NEG_CHANGE equals 0.	Related-Samples Wilcoxon Signed Rank Test	.675	Retain the null hypothesis.

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Appendix I: Statement of Original Work

The Concordia University Doctor of Education Program is a collaborative community of scholar-practitioners, who seek to transform society by pursuing ethically-informed, rigorously-researched, inquiry-based projects that benefit professional, institutional, and local educational contexts. Each member of the community affirms throughout their program of study, adherence to the principles and standards outlined in the Concordia University Academic Integrity Policy. This policy states the following:

Statement of academic integrity. As a member of the Concordia University community, I will neither engage in fraudulent or unauthorized behaviors in the presentation and completion of my work, nor will I provide unauthorized assistance to others.

Explanations:

What does "fraudulent" mean? "Fraudulent" work is any material submitted for evaluation that is falsely or improperly presented as one's own. This includes, but is not limited to texts, graphics and other multi-media files appropriated from any source, including another individual, that are intentionally presented as all or part of a candidate's final work without full and complete documentation.

What is "unauthorized" assistance? "Unauthorized assistance" refers to any support candidates solicit in the completion of their work, that has not been either explicitly specified as appropriate by the instructor, or any assistance that is understood in the class context as inappropriate. This can include but is not limited to:
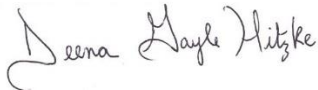
- Use of unauthorized notes or another's work during an online test
- Use of unauthorized notes or personal assistance in an online exam setting
- Inappropriate collaboration in preparation and/or completion of a project
- Unauthorized solicitation of professional resources for the completion of the work.

Statement of Original Work (Continued)

I attest that:

1. I have read, understood, and complied with all aspects of the Concordia University- Portland Academic Integrity Policy during the development and writing of this dissertation.

2. Where information and/or materials from outside sources has been used in the production of this dissertation, all information and/or materials from outside sources has been properly referenced and all permissions required for use of the information and/or materials have been obtained, in accordance with research standards outlined in the Publication Manual of The American Psychological Association

Deena Gayle Hitzke