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# Bridging the Gap Between Adult Children and Their Aging Parents: Developing and Assessing a Life Review Education Program

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# Bridging the Gap Between Adult Children and Their Aging Parents: Developing and Assessing a Life Review Education Program

## Abstract

### **Bridging the Gap Between Adult Children and Their Aging Parents: Developing and Assessing a Life Review Education Program**

## Abstract

**Background:** The parent-child relationship is one of the most influential and integral relationships in the life of both members of the dyad. Studies show that the parent-child relationship continues to maintain a place of great importance throughout the life course. In the steadily aging population of the United States, the value of the parent-child relationship is often minimized or overlooked by shifting the focus from a role of parent/child to patient/caregiver. **Purpose:** The purpose of this mixed-methods exploratory study was to design and implement a Life Review Education (LRE) intervention to: (a) increase understanding; and, (b) facilitate communication within the aging adult/adult child dyad, thereby generating knowledge on the emotional and psychological aspect of the relationship. **Methods:** The study used a pre-post test design. Ten adult children of aging parents participated in “Bridging the Gap,” a pilot psychoeducational group that implemented Life Review Education through a structured, 75-minute, manualized intervention. The intervention group took place in a physical therapy center in Cherry Hill, New Jersey. **Measures:** The study assessed subjects’ understanding of life review using the Life Review Understanding Questionnaire (L-RUQ) and the impact of life review education on their communication via the Family Problem Solving Communication Scale (FPSC). The study employed qualitative interviews to gain a more in-depth understanding of the program’s effect on participants. **Results:** Findings supported the positive impact of the intervention on the adult child’s understanding of life review as well as the positive benefits of a psychoeducational group format. Scores on the FPSC scale did not indicate a statistically significant change in communication within the dyad. The impact of this program on family communication is in need of further examination. **Conclusion:** This exploratory study serves to integrate the concepts of life review, aging adult/adult child dyads, and psychoeducation and lays the groundwork for future exploration and implementation of life review education.

## Degree Type

Dissertation

## Degree Name

Doctor of Social Work (DSW)

## First Advisor

Zvi Gellis

## Keywords

aging, life review, adult children, psychoeducational groups

## Subject Categories

Social Work



# Bridging the Gap Between Adult Children and Their Aging Parents: Developing and Assessing a Life Review Education Program



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The University of Pennsylvania  
School of Social Policy and Practice  
Doctorate in Social Work Dissertation  
April 29, 2013

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*Keywords:* aging, life review, adult children, psychoeducational groups

## Introduction

The societal discourse on aging in America is multifaceted. With a current population of 45 million people over the age of 65, a number that is estimated to rise to 70 million by the year 2020 (US Census Bureau), the implications of an aging population that is rapidly turning adult children into caregivers continues to be a main pillar in the on-going dialogue. The parent-child relationship is typically one of the most influential and integral relationships in one's life. Studies show that the parent-child relationship continues to maintain a place of great importance throughout the life course (Umberson, 1992; Milke, 2008; Gowler and Dowling, 2008). Unfortunately, the emotional and psychological connection between an aging parent and his or her adult child is often minimized or overlooked in the shifting focus from "parent and child" to "patient and caregiver."

The process of aging carries with it psychological, physical, and practical implications that will affect a significant portion of parent/adult child dyads as the demographic shift continues. Included in the realm of psychological implications is the process of a "life review," defined as: a naturally occurring process that causes people to look back and reassess their life and evaluate the choices they have made (Butler, 1963, Woolf, 1998). A life review is expected to occur in older adults regardless of their state of physical health, and can have outcomes that clinicians and family caregivers should be aware of, including increased levels of anxiety and depression and/or positively or negatively affected familial and social relationships.

In an effort to expand the discourse on the relationship between aging parents and adult children and the concept of life review, this pilot mixed-methods study examines how education on the concept of life review can be used to increase understanding and communication within the aging adult/adult child dyad. Since life review conceptualizations vary and life review

interventions take many forms, this study develops and implements “Life Review Education” as the antecedent to further uses of life review in the aging population. Through a one-session psychoeducational group intervention, life review education is intended to foster an adult child’s understanding of the aging adult’s perspective of their past and present life situation that may positively affect the communication and relationship quality in the dyad.

### **Purpose of the Study**

The purpose of this study is to design and implement a Life Review Education (LRE) group intervention and to ascertain if the format and content of such an intervention impacts the relationship quality in an aging adult/adult child dyad. The study also seeks to assess the level of understanding of the life review process in an adult child of an aging parent, and to measure how an increased understanding affects communication and relationship quality in the dyad. Education on the life review process opens a door into the aging parent’s emotional and psychological experience. As the number of adult children with parents over the age of 65 continues to significantly increase, a substantial portion of our society is facing a possible disconnect between the adult child’s perception of his or her parent’s experience and the reality of the experience. Examining the life review, or identifying that it even exists, is one strategy to “bridge this gap” between perception and reality and conflict and understanding. Life review education can foster a mutual understanding of aging adults’ perspective of their past and present life situation, which may positively affect the communication and relationship quality in the dyad.

In contrast to an intervention that implements a life review therapy or professionally guided life review, this study is based on the assumption that a life review is a naturally



occurring process and, as such, individuals will experience it naturally and spontaneously, which may lead to their loved ones being affected by the experience. Utilizing the conceptual framework of the life course perspective, the present study explores the emotional and psychological relationship between a parent and his/her child during the later stages of the dyad relationship. While caregiving, practical, and financial support services are understood as important needs in the standard of care in our society, the specific aspect of parenting in older adulthood is given little attention.

There is a paucity of research in the ways medical, educational, and community service organizations acknowledge the life review process and adapt their interventions accordingly. Adult children are often left with feelings of frustration with regard to their lack of understanding of their parent's actual conflicts and concerns. Because the adult child's awareness of their parents' thinking and understanding is critical to the dyadic relationship, it is important to assess how "life review" is perceived by the adult child as well as the impact this perception has on the parent/child relationship.

### **Significance of the Study**

As the number of older Americans increases, so does an increase in psychological, social, and practical daily living issues and the community services needed to address the aging population, all of which have an impact on health and social services. Adult children of aging adults are frequently the first line of support and care for their aging parents, albeit informal support (Lottes, 2005). Studies show that adult children provide different levels of care for their parents, from intensive caregiving for medically ill parents to routine daily assistance—all of which can result in an increase in the adult child's psychological distress (Savla, et al. 2008,

Laditka & Laditka, 2000, Lottes, 2005). As adult children attempt to address their aging parents' health and social needs, long established familial roles begin to shift in order for aging individuals to get the care they need. The casualty of the role change is often the parent/child relationship that pre-existed the patient/caregiver one. This study is significant to aging research as it seeks to understand the parent/child relationship without a primary focus on the patient/caregiver perspective. Educating older adults and their children about the life review process may help to enhance the parent/child relationship and decrease distress among the members of the dyad.

## **Review of the Literature**

### **Aging Adults in the United States**

The American population is facing a demographic shift. In 1970, there were 20 million Americans over age 65 and 4 million American over age 85 (U.S. Census Bureau). The projected numbers for the year 2020 increase dramatically to 70 million over the age of 65 and 10 million over the age of 85 (Federal Interagency Forum on Aging Related Statistics, 2010). The number of older Americans is rapidly on the rise. With over 44 million Americans already aged 65 and over, aging in America is a significant consideration. Resources of all types (financial, healthcare, familial, caregiving, employment) are needed to continue to support the quality of life of an aging population.

Besides demographics, the impact of an aging America is significant based on the incidence and prevalence of medical and mental health problems. According to statistics from the "Older Americans 2010 Key Indicators of Well-Being Report" (Federal Interagency Forum on Aging Related Statistics, 2010), the majority of Americans over the age of 65 had serious

chronic health conditions in 2007-2008; 71% of men and 57% of women had heart disease, cancer, and/or stroke. In 2006, 10% of men and 18% of women over age 65 reported depressive symptoms, while 19% of Americans over the age of 85 reported signs of clinical depression (Federal Interagency Forum on Aging Related Statistics, 2010).

Mental disorders are common among medically ill elderly patients, but they are poorly recognized and/or treated (Gellis, 2009). Primary care physicians who treat older patients have a low rate of detecting mental distress (Prakash, 2007), despite the fact that depression is common among medically ill elderly patients (Gellis, 2006). Emotional reactions are noted in the aging process, including grief, rage, and a sense of helplessness, fixation, and regression. Such significant emotional states typically necessitate psychological intervention, yet psychotherapy is least available to depressed older patients, even though effective treatments are available (Gellis, 2010). The limited access to interventions to treat psychological distress can lead to increased and exacerbated levels of depression and anxiety, which can negatively impact both the individual and his or her family.

As people age and become less physically and mentally able to meet the standard of productivity and power, they often become marginalized and neglected. Butler and Lewis's statement "what is best for older people is usually determined by young people" (1983) speaks to the importance of communication between aging adults and the "young people," in most cases their adult children. The other implication of this comment is the tendency of market economies to emphasize individuality and measures human worth on productivity and power (Butler and Lewis, 1983).

A host of practical problems and concrete issues face the older adult population. It is difficult for providers to adequately serve the emotional and psychological needs of an older

adult without assessing the practical and physical issues concurrently. A clinician needs to be aware of the physical and social changes that an aging adult experiences. For instance, an 80 year-old woman may lack the support system of close friends that she had when she was 50 years old due to loss. Not only does loss of friends and support systems present a problem to the clinician trying to assemble social supports for the patient, but it also contributes to potential feelings of loneliness and isolation. Moreover, housing, income, employment and health are domains that are often problematic for aging adults. As the facets of an older adult's life begin to change, so does his or her need for practical assistance and emotional and support. (Butler and Lewis, 1983)

### **Positive Aspects of Aging.**

While much of the focus of aging research centers around related personal and societal problems (e.g. caregiving, medical care, financial strain, social supports, dementia and Alzheimer's disease, loss of independence), there are also positive aspects of aging and an abundance of research on successful aging (Adams, Leibbrant, and Moon, 2010; Depp, Vahia, and Jeste, 2010; Hilton, Gonzalez, Saleh, Maitoza, and Anngela-Cole, 2012; Negash, Smith, Pankratz, Aakre, Geda, Roberts, Knopman, Boeve, Ivnik, and Petersen, 2010; Parslow, Lewis, and Nay, 2011; Rowe and Kahn, 1997). In the process of Life Review Education, there is the potential for discussion of the benefits of aging and on the way aging has positively affected individuals and their relationships, as opposed to an exclusive focus on the negative ways the aging process has changed or impacted the dyadic relationship.

In Rowe and Kahn's research, they define successful aging as "including three main components: low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life (1997, p.433)." Other researchers

over the years have further refined and supplemented this definition, including Parslow, Lewis, and Nay who indicate that by arguing that “rigorous requirements, particularly regarding physical well-being, are unrealistic and exclude a large proportion of aging individuals who could be considered to be functioning well and enjoying life (2011, p. 2077).” According to Hilton (2012), successful aging can be defined through a variety of components, including a positive attitude, financial security, spirituality, having a sense of humor, appreciating what you have, quality of life, giving back, and lifelong learning (Hilton, et al, 2012).

Delineating and understanding what it means to age “successfully” is important in life review, as it provides more focused objectives for life review interventions as well as a litmus test by which adult children can gauge the current state of their parent’s mental and emotional well-being. In this study, Hilton’s definition of successful aging is most congruent to the study aims and the intervention. It is important to assess successful aging in a variety of areas as opposed to a more limited view which includes low-probability of disease and high functioning, as these optimal conditions do not always exist.

Just in the way that Life Review Education can aid adult children of aging parents in gaining a more in-depth view of their parent’s struggles with aging and the process of reconciling mistakes and regrets, Life Review Education can also bring to light parents’ positive view of their past, their life choices, and their achievements. As aging parents detail their success in life, they may also instill a sense of accomplishment, pride, and peace in their adult child.

### **Generational Focus.**

Aging in America is often discussed in terms of the “Baby Boom” generation and their transition to retirement age. Seventy-nine million children were born This post-World War II

generation saw 79 million babies born in America during the 19 year post-World War II period of 1946 to 1964 (United States Census Bureau, 2000), the largest generation in United States history. Research indicates that while the “Baby Boom” generation is aging, they are the primary caregivers for the preceding “Silent Generation” (Laditka and Laditka, 2000, Spillman and Pezzin, 2000, Rogerson and Kim, 2005).

The smaller American generation that follows the “Baby Boom,” often called the “Baby Bust” or “Generation X,” is just now emerging in the literature as a generation of caregivers for their aging parents, as the focus remains largely on the baby boom generation and their circumstances in caring for both children and parents. However, Generation X, born between 1965 and 1976, includes Americans who are nearing age 50 and have the same concerns and responsibilities of tending to aging parents as the preceding “Baby Boom” generation (Roberts and Minolis, 2000), especially since the Baby Boomers are beginning to turn 67, with two large birth cohorts behind them who are 65. As the present study explores the aging parent/adult child relationship in terms of emotional and psychological bonds instead of a purely caregiving perspective, the lens increases to include Generation X as a stakeholder in this conceptualization.

### **Life Review Conceptualizations**

Over the past 50 years, a growing body of literature on “life review” has been published (Burnside & Haight, 1992; Butler, 1963; Pot et al, 2008). However, there are many conceptualizations and varied definitions. Life review conceptualizations range from informal processes to therapeutic interventions. Life review can be confused with reminiscence or dismissed as a sign of senile dementia (Burnside & Haight, 1992). The literature does not provide an agreed-upon definition of life review. Burnside & Haight (1992), use a dictionary definition to help define each concept: “life is a vital or living being, the period of existence,

animate activity and movement; review is to take a retrospective view of, to view or see again or to give critical examination of...also the act or process of reviewing, a retrospective view or survey (as of one's life)" (p. 856). Using these literal terms as a springboard, many theorists approach the concept of life review by applying it to multiple populations (e.g. elderly, adults, terminally ill); construing it in terms of reminiscing, oral histories, or memoirs, and negotiating the therapeutic methods and outcomes. Life review can fulfill a variety of functions for individuals and more than one method (reminiscence, guided autobiography, group interventions, etc.) can be applied (Pot et al, 2008). The definition of life review that is used in this study is Robert Butler's broad definition of life review as a naturally occurring mental process. In the next section, several models of life review, including Butler's, are examined and critiqued.

### **Butler's Life Review Theory.**

As the pioneer in the concept of life review, Robert Butler's definition, implications and integration of the life review process is the starting point for my research (Figure 1). In his book titled Aging and Mental Health (1983), Butler provides background on the mental health and psychosocial issues experienced in old age. He also lays out a theoretical framework for providing mental health services to the aging population.

Butler conceptualizes life review as:

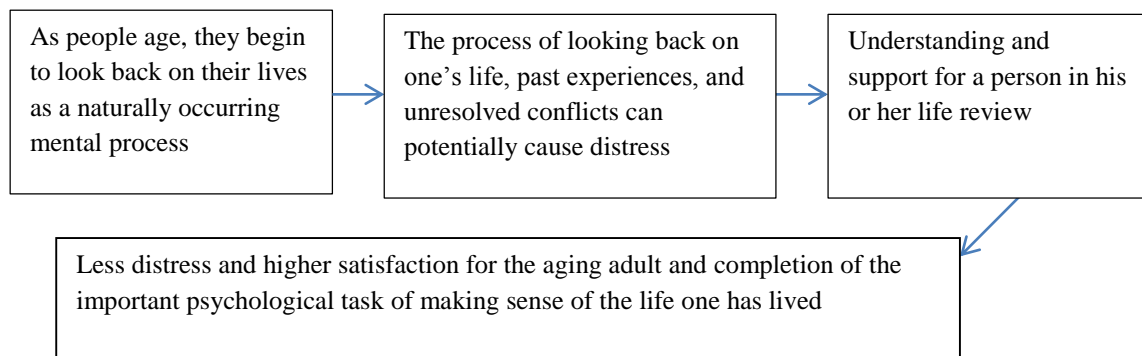
"A naturally occurring universal mental process characterized by the progressive return to consciousness of past experiences, and particularly, the resurgence of unresolved conflicts; simultaneously, and normally, these revived experiences and conflicts can be surveyed and reintegrated" (Butler, 1963, p. 66).

As Butler worked with older adult patients in individual and group therapy, he was exposed to the life review process. He observed that the life review was a normal function of an

older adult's stage of life and addressed the "important psychological task of making sense of the life one has lived" (Butler, 2002, p. 3).

According to Butler's theory, a life review process occurs universally as one faces his or her mortality. The intensity and emphasis on putting one's life in order, resolving conflicts and returning to the consciousness of past experiences is far more striking in old age. As time goes on and health begins to decline, older people lose the luxury of ignoring the issue of mortality.

*Figure 1. Illustration of Butler's Life Review Conceptualization*



### **Reminiscence.**

Memories, reminiscence and nostalgia all play a part in the life review process. Although often used interchangeably, reminiscence and life review therapy are not synonymous and can be quite different in both their execution and outcomes.

Westerhof, Bohlmeijer, and Webster provide this definition of reminiscence:

“Reminiscence is the volitional or non-volitional act or process of recollecting memories of one's self in the past. It may involve the recall of particular generic episodes that may or may not have been previously forgotten, and that are accompanied by the sense that the remembered episodes are veridical accounts of the original experiences. This recollection from autobiographical memory may be private or shared with others (2010).”

Reminiscence is not usually considered a true life review as it lacks the component of the individual evaluating the experience (Butler, 2002). Reminiscence is often linked to lower



outcomes with regard to positive effects on mental health, while life review often has a greater impact on the areas of well-being and meaning in life (Westerhof, Bohlmeijer, and Webster, 2010).

There are necessary components of life review therapy that are not integral to a reminiscing process. Reminiscent therapy does not involve a structured session length or frequency. Ideally, life review interventions take place in structured one to two hour sessions that occur weekly for a four to six week period (Butler, 2002).

### **Erik Erikson and Ego Psychology.**

Erik Erikson's contribution to ego psychology was particularly revolutionary and laid the groundwork for many theories that followed. Specifically, Erikson studied the ego as it developed across the life cycle and defined developmental tasks related to each of the eight stages of "man," each one relying on the completion of tasks from the preceding stage. (Berzoff, 2008; Goldstein, 1995). Erikson's eight stages of man created the basis of understanding the ego and its functions throughout the different phases of the life cycle (Erikson, 1959) and become increasingly important in understanding the conflicts of older adulthood.

Erickson "defined health in terms of the ways in which a person 1) masters her environment, 2) has a unified personality, and 3) perceives herself and her world accurately." (Berzoff, et al, 2008, p 100). Erickson's concept of health is exemplified through the various "crises" experienced throughout a human life.

Each of the eight stages brings with it a psychosocial "crisis" through which the individual must navigate as the ego continues to develop. The eight stages are: infancy (basic trust vs. mistrust), early childhood (autonomy vs. shame and doubt), the play stage (initiative vs. guilt), school age (industry vs. inferiority), adolescence (identity vs. confusion), young adulthood

(intimacy vs. isolation), and adulthood (generatively vs. stagnation) (Erikson, 1959). Beginning when a person experiences a sense of mortality, Erikson's eighth stage of man, old age, depicts the crisis of integrity vs. despair, which illustrates the developmental challenge that is most closely linked to the life review process. Researchers working on life review psychotherapy state: "Both Butler and Erikson believed that later life was a time to resolve the conflict between ego integrity and despair and believed that this could be accomplished through life review" (McDougall, et al, 1997, p. 278).

Butler and Erikson remain the pioneers in the initial conceptualization of life review, although literature shows it is continually being adapted and applied in a variety of ways (Martin, 1944; Birren, 1992; Burnside & Haight, 1992).

The present study on Life Review Education is theoretically based on Butler and Erikson's understanding of life review as a universal process. The notion that life review is part of the human experience is the underlying basis of research into how life review positively or negatively affects an individual's emotional state. Erikson's perspective on life review suits the present research well, but can prove to be less beneficial to practitioners who have a greater interest in practical interventions than theory.

### **The Martin Method.**

One structured form of life review therapy is the Martin Method developed by 19th century born Lillian Martin, an American psychologist trained at the University in Gottingen, Germany. As a founder of the Old Age Counseling Center in San Francisco, California, she developed the Martin Method, a life review technique used with older adults to aid them in reviewing their past and setting goals for their future (Woolf, 2010). Assessing the current mental and cognitive state of the client is the first step in the intervention's method. The first

step affords the practitioner an opportunity to obtain a baseline of client functioning. Once the baseline of mental functioning is ascertained, a second phase is launched to explore the client's past, daily routine, financial situation, and immediate and long-term objectives. Over a four-session format, the client and practitioner explore the client's past and what the client is hoping for in the future (Martin, 1944). The approach involves phases of care steps that could be easily adapted for use in modern day clinical practice settings.

The main drawback to the Martin Method is that, although the method is a structured and easy to understand, the research on it is sparse and its use in academic research or clinical studies is nonexistent. Based on the absence of the Martin Method in current clinical settings, it is unclear as to if this process, which was developed and implemented in the 1940s, would be effective with aging individuals today. Additionally, the life expectancy in the 1940's was only 58 years for men and 62 for women (Social Security Administration, 2013) which is a vastly different demographic than the current aging adults who are expected to live to age 78 (U.S. Department of Health and Human Services).

### **Birren's Guided Autobiography.**

James Birren is a pioneer in the field of geriatrics and the developer of the "Guided Autobiography" form of life review. "Guided Autobiography" is a structured intervention that focuses on a person's understanding of his or herself and the interaction of memory, personal reflection, and present perceptions based on a number of concepts about how people develop an understanding of themselves and their lives and how memory, personal reflection, and present perceptions interact" (Birren, 1992). Guided Autobiography as a form of life review uses a group setting to guide older individuals through the many stages of their lives, a process that helps them both make meaning of their lives and garner social support from others in the group.

Birren's (1992) conceptualization of life review and guided biography centers around nine "life themes" that are used to structure the guided autobiography intervention: 1) the major branching points in life; 2) family; 3) career or major life work; 4) the role of money in life; 5) health and body image; 6) loves and hates; 7) sexual identity, sex roles and sexual experiences; 8) experiences with death and ideas about death; and, 9) aspirations and life goals and the meaning of life.

Because of the comprehensive nature of Birren's life themes, the themes are also applicable not only in the guided autobiography intervention, but in life review discussions and education. The drawback, however, is that the effectiveness of using these life themes independent of the guided autobiography intervention is not yet evaluated. Using the guided autobiography as a structured intervention requires formal training, recruitment of group participants, and a higher level of planning and organization, which can make it less accessible to clinicians working in settings with financial and time restraints.

### **The Aging Parent and Adult Child Relationship**

In addition to the concepts of aging and life review, this study involves an understanding of the aging parent/adult child relationship. There is a substantial amount of research on parenting and the parent/child relationship; however, the primary focus of the bulk of the research is on parenting children or young adults (Ackard, Neumark-Sztainer, Story, and Perry, 2006; Amato, 1986; Baldwin, 1948; Parker, 1999; Serot and Teevan, 1961, Boutelle, Eisenberg, Gregory, and Neumark-Sztainer, 2009). Studies indicate that the parent/child relationship remains important to both the parent and the child throughout the life course (Umberson, 1992; Milke, 2008).

Most research on parenting in America continues to focus on the parenting of children under age 18, despite the fact that America is in a current state of demographic change with a steadily aging population. Since the majority of Americans become parents at some point in their lives, 84 percent of American men and 86 percent of American women are parents (National Health Inventory Survey, 2000), parenting at any age is a significant developmental and social component and necessitates research on strategies, resources, and support needs.

A parent/child relationship in the later stages of life is frequently defined in terms of caregiver/patient (Laditka and Laditka, 2000; Fowler and Afifi, 2011). In the life course perspective, many facets of the relationships are recognized throughout the life span, expanding the notion of the caregiver/patient to include the parent/child role, further validating the importance of the parenting relationship over the years.

Research on parent/child conflict typically emphasizes parents of teenagers (Clarke, Preston, Raksin, Bengtson, 1999) and rarely focuses on conflict in the older adult/adult child relationship. Identifying the areas for potential conflict in the aging adult/adult child dyad affords us the opportunity to make improvements and strengthen these areas as opposed to ignoring them.

According to Clark and colleagues (1999), there are six areas of conflict that arise for aging adults and their adult children, including: (1) communication and interaction style; (2) habits and lifestyle choices; (3) child-rearing practices and values; (4) politics, religion, and ideology; (5) work habits and orientations; and (6) household standards or maintenance. Utilizing the life-review education program evaluated in this study, these identified areas of conflicts, along with Birren's (1992) life themes, can provide insight into the parent's perception of the specific issues that impact the parent-child relationship. It may also set the stage for

improving communication and understanding about areas that were previously unidentified in the dyad and lead to generation of new knowledge. As social workers continue to be on the front lines of assisting aging adults and their families with both concrete and psychological challenges, having greater insight into areas of conflict as well as options for mitigating those areas of conflict will help improve outcomes and decrease psychosocial distress.

### **Theoretical Framework**

Based on the theoretical frameworks of life course theory and a psychoeducational perspective, this study assesses for the impact of LRE on the aging parent/adult child relationship, as measured specifically in terms of the effects of LRE on communication and understanding as it exists in the dyad.

#### **Life Course Perspective**

The life course perspective is “a view of human development that focuses on changes with age and life experiences in the larger social, historical, and political context” (Hooyman & Kiyak, 2011, p. 334). The perspective is also an integrative way of understanding human development as defined by events and transitions that occur over one’s lifetime; the development takes place in a fluid trajectory that can make directional shifts or “turning points” (Milkie, 2008; Alwin, 2012). There are four main principles in life course theory: “1) historical time and place (e.g. social context and cohort effects); 2) timing in lives; 3) linked lives (intergenerational transmission and shared experiences); and, 4) human agency to make choices” (Elder, 1994; 1998).

According to Elder (1997), life course theory “offers a fruitful way to think about and investigate the changing environment of the individual and its developmental implications . . . through an evolving concept of age-graded life course that is embedded in a matrix of social relationships, an active view of the individual in shaping the life course, and an approach toward understanding historical influences in lives and developmental processes” (Elder, 1997, p.968).

Elder conceptualized human development, socialization, and adaptations as life-long processes (Milkie, 2008; Alwin 2012), a concept that lends itself naturally to the focus of the changing aging parent/adult child relationship that is examined in this study. Parenting viewed through a life course perspective is a continual state of shifting demands and responsibilities but, despite the changes that occur over the life-pan and relationship, the parental role remains integral to the aging parent (Milkie, 2008).

### **Psychoeducational Framework**

A psychoeducational perspective is used in this study for several reasons. Psychoeducational groups have been widely used as effective treatment with varied populations and are cost-effective, easy to implement and replicate, and flexible in terms of program length and frequency (Turner, 2008). Psychoeducational groups provide a structured means of delivering information, while allowing for group interaction and group processing to occur and reinforcing social work values of empowerment, support, and self-determination.

There is a plethora of research on the positive outcomes of psychoeducational groups with various populations, including in oncology (Hryniuk & Hryniuk, 2004; Jenkins, Pestell, Daniel, Alberry, Patterson, & North, 2008; Jones, Cheng, Jackman, Walton, Haines, Rodin, et al, 2013), in mental health settings, (Casanas, del Val Garcia, Raya, and Romero, 2010; Duman, Yildirim, Ucok, Er, and Kanik, 2010), and in caregiving (Walker, Pomeroy, McNeil, and Franklin, 1994; White and Catania, 1982).

### **Research Question and Hypothesis**

Using life course theory, Butler's conceptualization of the life-review process, and a psychoeducational model, this study examines the feasibility and outcomes of a psychoeducational intervention to educate adult children of aging parents about the life review

process. This study also seeks to increase the knowledge base on the complex aging adult/adult-child relationship and to establish a new line of research related to life review and the aging parent/adult child relationship. The *independent variable* in this study is the participation in the Life Review Education program, “Bridging the Gap.” The *dependent variables* are the understanding of the life review process and problem-solving communication within the parent/child dyad. These two variables were used to assess the impact of the life review education program.

The research question in this study is: “Does “Life Review Education” provided to adult children of aging parents in a psychoeducational group improve communication and increase mutual understanding of the emotional and psychological effects of a life review in the aging adult/adult-child dyad?”

The main hypothesis is that “Life Review Education” will benefit adult children as they communicate with and relate to their parents.

### **Hypothesis I**

“Life Review Education” will increase the understanding of the life review process in group participants.

### **Hypothesis II**

There will be an increase in the understanding of the way life review may function in an aging adult’s psychological and emotional life.

### **Hypothesis III**

There will be an increase in adaptive problem-solving communication skills in the dyad after the Life Review Education intervention.



Through qualitative interviews, a small sample of ten adult children will provide further insight into the importance of life review, the impact of the LRE program, and the ways learning about life review has or may benefit their relationship with their aging parent.

### **Methods**

Using a pre-post intervention design, this mixed-methods exploratory study aims to explore the feasibility and utility of a psychoeducational group intervention (Bridging the Gap) implemented to provide Life Review Education for adult children of aging parents. The pre-post test design was selected for this small, pilot study in order to gain baseline information about the participant's understanding of the concept of Life Review, the impact Life Review has on his or her parents, and his or her perspective of communication and understanding in the parent-child relationship. Post-test data was collected after the program was completed to assess for changes in these areas. Additionally, qualitative interviews were completed on willing participants in order to supplement the data gathered in the pre and post-tests.

Although a pre-post test design makes it impossible to definitively attribute any changes revealed in the post-test to the intervention, this method is instrumental in assessing the feasibility of the study and illuminating areas for improvement in the study prior to pursuing a larger sample size and implementing an experimental design.

### **Study Site**

The psychoeducational "Bridging the Gap" program designed for this study was held at a physical therapy center conference room in a central and easily accessible location in Cherry Hill, New Jersey. The site was chosen based on availability and convenience. The location was handicapped accessible, had free parking, was close to public transportation, and was located on a main road near many major highways.

## Participants

Recruitment for the study took place over a five-month period (October 2012 to February 2013) in southern New Jersey and focused on adult children of aging adults who were willing to attend a one-time Life Review Education program. The inclusion criteria for the study sample were: 1) 18 years and older; (2) has a parent over the age of 64; (3) has weekly (or greater) face to face or telephone contact with the aging parent; and, (4) be willing and able to sign informed consent to participate in this study. Adult children who were adoptive, biological, and step-children were all included in this study. Excluded from the study were participants who did not meet all of the inclusion criteria as well as individuals who were non-English speaking, as this program and the measures were provided in English only.

Recruitment for the sample took place through non-probability sampling techniques using availability and snowball sampling methods. Recruitment efforts included face-to-face meetings with social workers at senior living centers and local hospitals, office staff at physician offices in Voorhees, Camden, and Cherry Hill, and church/synagogue affiliates to explain study and provide recruitment materials. Other methods used were press releases to local newspapers, the use of electronic mail to send the recruitment flyer to various community locations (senior centers, physicians' offices, senior living facilities and places of worship), and the use of the social media tool Facebook to recruit participants. The recruitment process yielded a sample consisting of 12 adults (18 years and older) in southern New Jersey who had at least one parent over the age of 65. The recruitment efforts at religious organizations (Kaign Avenue Baptist Church in Camden, New Jersey, Hope Methodist Church in Voorhees, New Jersey, and the Jewish Community Center in Cherry Hill, New Jersey) yielded no subjects. The flyers placed in physician's offices, the e-mail sent to patients of the psychological therapy practice where the

program was held, and the study information posted on social media yielded the majority of the participants.

For their time and effort in participating in the research study, participants were provided with refreshments during the psychoeducational program as well as a \$25.00 gift card to a local retail or eating establishment. This study was approved by the Institutional Review Board at the University of Pennsylvania and all participants in this study reviewed and signed a detailed consent form (see appendix for complete consent form). Participants were informed of all risks and benefits of the study and instructed that they had the ability to withdraw from the study at any time with no negative repercussions.

### **Intervention**

The program provided a one-time, 75-minute psychoeducational program titled “Bridging the Gap,” a structured psychoeducational group intervention for aging adults and their adult children. This is a manualized treatment (manual in appendix) that can be easily replicated by other clinicians interested in providing the intervention. The intervention was divided into five components as follows:

#### **Registration (15 Minutes)**

The program begins with registration and completion of the program consent forms as well as the demographic sheet, the L-RUQ form, and the Family Problem Solving Communication Scale (15 minutes).

#### **Introductions (5 Minutes)**

The introduction segment consists of an “around the room” introduction of the participants, including two short questions: “why did you come here today?” and “what do you hope to get out of this program?”

**Presentation (30 Minutes)**

A thirty-minute PowerPoint presentation is presented to the group. The presentation is broken into several easy to follow sections. The “Background” section includes an overview of the program and the intentions of the research study. The next three sections focus on “Aging Adults,” the “Aging Adult/Adult Child Relationship,” and “Life Review Process.”

In the section titled “What can I do?” participants are given practical ways they can incorporate their understanding of life review in their interactions and discussions with their parents. It is in this section that they are provided with background and information on both James Birren’s Life Themes and the SELE Sentence Completion tool. The SELE Sentence completion instrument is an open-ended questionnaire that combines survey research with a qualitative method, allowing for the respondent to discuss his or her self-concept in ways that are not pre-determined by the researcher (Dittmann-Kohli and Westerhof, 1997). The tool, which was created Dittmann-Kohli and Westerhof, is used to study an aging person’s cognitions about his or her self and life. According to the instrument’s creators, “the related theoretical construct is the personal meaning system, which encompasses different meaning domains, like ‘self’, ‘activities’ and ‘social relations’, as well as evaluations and time perspectives.”

In this study, the SELE Sentence Completion Instrument is not used as a measure, the instrument is used as a guide for adult children to discuss topics pertaining to life review with their aging parents. As opposed to closed-ended questions or an extensive life review format, the SELE questions can be used out of the context of the survey and implemented in casual conversation in an effort to create an open discussion about a person’s thought’s about his or her life. Some of the prompts in the SELE instrument are “*I am quite good at ...*,” “*I would like to...*,” and “*It is difficult for me to...*”

**Discussion (20 Minutes)**

The open discussion is structured by the following questions: Do you experience any of the areas of conflict mentioned? How do you handle that in your relationship currently? Explain how you communicate in times of stress or crisis. Do you feel like you and your parent(s) understand each other most of the time? Do you feel that life review is an important concept to understand? How do you feel that knowing more about life review will help you and your parent understand each other better?

**Closing (5 minutes)**

The program closes with distribution and instruction of post-test measures. The participants are provided the measures in stamped and addressed envelopes and instructed to complete and mail them back to the PI within two weeks. The participants are also provided their gift cards at this time.

**Procedures**

Recruitment efforts yielded telephone inquiries to the PI by potential participants. Initial phone screenings were completed by the PI in which the purpose and procedure of the study was explained, as well as the necessity of signing an informed consent in order to participate. Twelve participants were enrolled in the program.

Participants who volunteered attended the program at The Training Room Physical Therapy center located in Velocity Sport Performance facility in Cherry Hill, New Jersey. Ten out of the 12 registered participants attended the program. The program was conducted by the PI, a licensed clinical social worker with 15 years of social work experience and ten years of experience in group facilitation. As participants arrived at the 75 minute one-time psychoeducational group session, they completed a sign-in sheet and the consent form. Once the

participants were seated, the facilitator provided a brief introduction about the program and then administered the study measures: (1) demographic sheet, (2) health status questionnaire, (3) the Life Review Understanding Questionnaire (L-RUQ) and (4) Family Problem Solving Communication Scale. After the measures were completed by the participants, the PI began the intervention: an interactive and structured presentation on the life review process. At the conclusion of the presentation, the participants were instructed to complete two of the study measures again, the Life Review Understanding Questionnaire and the Family Problem Solving Communication Scale, two weeks after the program. This study utilized a hand-out, mail-back procedure along with a telephone check-in to increase the likelihood of research study participants completing the study measures. The participants were provided the measures and an addressed and stamped envelope to be mailed to the PI. To improve response rates, the PI obtained permission to call the participants in two weeks to remind them to complete and mail back the forms. The PI also received written permission from several of the group participants to contact them for a follow-up interview regarding the program in order to obtain qualitative data about the Life Review program.

### **Measures**

The measures were designed to assess the impact of Life Review Education on adult children of aging adults. The participation in the Life Review Education program, “Bridging the Gap” is the independent variable in this study. The dependent variables (understanding of the life review process and problem-solving communication within the parent/child dyad) were measured using the following:

**Demographic Characteristics.**

Participants completed a brief demographic questionnaire that provide relevant information including age, marital status, gender, living arrangement, and race.

**Heath Status Scale.**

Health status was measured by a one-item, 5-point Likert scale which rated health from 1 (excellent) to 5 (poor) (Idler, Russell, & Davis, 2000). This question was included in the demographic form. The demographic form also included a second health status question, on a 5-point Likert scale, which assessed the health status of the aging parent as perceived by the adult child attended the program. A one-one item question on health status has been found to be reliable ad valid when used with an older adult sample.

**Family Problem Solving Communication Scale.**

The Family Problem Solving Communication Scale (FPSC) was used to assess the parent/child dyad's communication when facing problems or conflicts. The FPSC is a 10-item instrument designed to measure both positive and negative patterns of family communication during hardships and catastrophes (FPSC, McCubbin, McCubbin and Thompson, 1988). This measure has been used frequently with a large variety of populations, including parents of ill children and single-parent families.

**Table 1. Family Problem Solving Communication Subscales**

Subscale	Question
Incendiary Communication Subscale	1. We yell and scream at each other. 3. We talk things through till we reach a solution. 5. We walk away from conflicts without much satisfaction. 7. We make matters more difficult by fighting and bringing up old matters. 9. We work to be calm and talk things through.
Affirming Communication Subscale	2. We are respectful of each other's feelings. 4. We work hard to be sure family members were not hurt, emotionally or physically. 6. We share with each other how much we care for one another. 8. We take the time to hear what each other has to say or feel. 10. We get upset, but we try to end our conflicts on a positive note.

The scale is comprised of two five-item subscales, Incendiary Communication and Affirming Communication (Table 1). These two communication patterns are described by McCubbin, et al in *Family Assessment: Resiliency, Coping and Adaptation*:

“Incendiary Communication is the pattern of family communication that is inflammatory in nature and tends to exacerbate a situation. Incendiary communication is measured by five items such as: *When we have conflicts, we yell and scream at each other*. Affirming communication is the pattern of family communication which conveys support and caring and exerts a calming influence. Affirming communication is measured by five items such as: *When we have conflicts, we are respectful of each other's feelings*” (McCubbin, et al, 1996, p. 640). The FPSC has a total internal reliability (Cronbach alpha) of .89, the Affirming Communication subscale has an internal reliability of .86 and the Incendiary Communication subscale has an internal reliability of .78, and excellent stability with a reported test-retest correlation of .86 (McCubbin, et al., 1988).

### **Life Review Understanding Questionnaire (L-RUC).**

The Life Review Understanding Questionnaire is a measure developed specifically for this study (see Table 2). This tool was used to assess an adult child's understanding of the life



review process and their attitudes about different aspects of the life review. This measure has 12 items. The questionnaire is a 5-point Likert scale with range from 1 (disagree) to 5 (agree). The reliability and validity of this measure is to be determined.

There were three subsets in this scale (see table 2): Subset 1 assessed the respondent’s understanding of the life review process, Subset 2 assessed the respondent’s understanding of their parent’s experience in the life review process, subset 3 assessed the respondent’s perception of the communication within the dyad as influenced by the life review process.

**Table 2. Life Review Understanding Questionnaire (L-RUQ) Subsets**

Subset	Question
Subset 1. Respondent’s understanding of the life review process	1. I am familiar with the concept of “life review”
Subset 2. Respondent’s understanding of their parent’s experience in the life review process	2. I think my parent has looked back at his/her life and evaluated the choices they have made 4. I do not think my parent has evaluated his/her life or choices 5. My parent is happy with the choices he/she has made in his/her life 6. My parent is unhappy with the choices he/she has made in his/her life 7. When my parent thinks about aging, I think he/she becomes angry or sad that he/she is unable to do things differently 8. My parent thinks I understand him/her 9. My parent thinks I do not understand him/her
Subset 3. Respondent’s perception of the communication within the dyad as influenced by the life review process	3.I feel that I am supportive and understanding as my parent evaluates his/her life 10. If I had a better understanding of my parent’s feelings about his/her life, we would have a better relationship 11. If my parent is upset, I think they will talk to me 12. If my parent told me about regrets they have from his/her life, I would be supportive

**Qualitative Interview.**

In addition to quantitative methods, a qualitative interview was also included in this study in order to obtain a more in-depth understanding of the participant’s experience with the program and the impact it had on their relationship with their parents.

## **Data Analysis**

This mixed-methods study used both quantitative and qualitative research methods. Quantitative data manipulation and routine generation of descriptive statistics of participant demographics was carried out through SPSS software and Microsoft Excel. Additionally, an analysis of variance was conducted to examine the differences in pre and post educational group self-reports of family communication styles and life review understanding. Qualitative data was analyzed using content analysis and coding. Taped interviews were transcribed verbatim and then content was coded. Themes were identified during the data analysis of the qualitative data.

## **Results**

Twelve (12) participants registered for the program, ten of whom attended the psychoeducational group, provided signed consent, and completed all pre-test measures. Two participants notified the researcher by telephone (while the program was being held) that they were unable to locate the facility. Of the ten who attended the program, one participant did not complete the pre-test Family Problem Solving Communication scale. Two weeks after completion of the program, the researcher received nine post-test measures back via mail. One participant did not mail back her post-test and did not respond to request when she was contacted. Since there is only pre-test data for that participant, the total number of subjects in the project for the quantitative portion is nine (9).

## **Sample Characteristics**

Table 3. presents the demographic characteristics of the nine subjects. The nine participants in the study ranged from age 37 to 53 with an average age of 44 and a standard deviation of 4.32. There were eight females and one male who attended the psychoeducational program. The man was married to one of the women who participated in the study (they attended

the program together to learn strategies and to gain insight into relating to his mother). Eight participants were Caucasian and one female participant indicated the demographic category “more than one race” on the form that she completed at the beginning of the study. All participants were married and lived with their spouses. The participants had a similar educational background, as they all had some college education. Six participants were college graduates and two of them had post graduate degrees.

**Table 3. Demographic Characteristics**

<b>Variable</b>	<b>Mean</b>	<b>Frequency</b>	<b>Percent</b>
Age	44		
Gender			
<i>Female</i>		8	88.9
<i>Male</i>		1	11.1
Race			
<i>Caucasian</i>		8	88.9
<i>More than one race</i>		1	11.1
Marital Status			
<i>Married</i>		9	100
Education			
<i>Some College</i>		3	33.3
<i>College Graduate</i>		4	44.4
<i>Post-Graduate</i>		2	22.2
Living Arrangement			
<i>With Spouse</i>		9	100

### **Health Status Questionnaire**

Table 4 provides the results of the health status questionnaire, a one-item Likert scale that assessed the health status of the respondents, as well as perceived health status of the respondents' parents. Over half of the sample, (55.6%) indicated on the health status questionnaire that they were in “excellent health” and 33.3% indicated that they were in “good” or “very good” health. Only one participant, (11.1%), characterized herself as being in poor health.

The respondents' view of their parents' health status differed from the health status they reported for themselves. None of the respondents reported their parents' health to be excellent, while 44.4% indicated their parents' health to be very good or good. Fifty-five percent (55.6%) of the sample perceived their parents' health status to be either fair or poor.

**Table 4. Health Status Questionnaire**

<b>Parent's Health Status</b>			
	Frequency	Percent	Valid Percent
Very Good	3	33.3	33.3
Good	1	11.1	11.1
Fair	2	22.2	22.2
Poor	3	33.3	33.3
Total		100.0	100.0
<b>Respondent's Health Status</b>			
	Frequency	Percent	Valid Percent
Excellent	5	55.6	55.6
Very Good	2	22.2	22.2
Good	1	11.1	11.1
Poor	1	11.1	11.1
Total	9	100.0	100.0

Pre and post-test means on outcome variables for the Family Problems Solving Communication Scale (FPSC) and the Life Review Understanding Questionnaire (LRUQ) are provided in Table 5. The mean and standard deviation of pretest and post-test scores for each measure are reported. A one-tailed t-test was also completed and t-values and p-values are reported in Table 5 as well. The FPSC is shown using total score and two subscales; the LRUQ is itemized by each of the 12 questions.

### **Family Problem Solving Communication Scale**

The Family Problem Solving Communication Scale total score is calculated out of possible total of 30 (when scoring the total scale, items 1, 5, and 7 are reversed as to obtain a positive score), which indicates the presence of positive communication patterns in the family. When scoring subscales, each scale has a total of 15 possible points. The higher the points in each subscale, the higher the level of the type of communication (positive or negative) the subscale is measuring. In this study, the 8 participants who provided pre and post-test data had a mean of 15.87, a standard deviation of 7.05, for the total score pre-test measure on the FPSC scale. The post-test scores on this measure had a mean of 15.11 and a standard deviation of 7.21, and a p-value of 0.45. This indicated that there was no statistically significant change in the positive communication patterns in the family after the intervention.

The pre-test of the subscale of incendiary communication (negative communication patterns) indicated a mean of 6.77 with a standard deviation of 4.40, and the post-test indicated the incendiary communication mean of 8.11 and a standard deviation of 3.84. The pre-test for affirming communication (positive communication patterns) showed a mean of 8.75 and standard deviation of 3.84, and a post-test with a mean of 8.22 and a standard deviation of 3.59. With p-values of 0.48 and 0.45, respectively, there was no statistical significance in either of these subscales.

### **Life Review Understanding Questionnaire**

The Life Review Understanding Questionnaire was developed for this study and, as such, has not been used as a measurement tool in any other research. The results on the first item of the measure, "I am familiar with the concept of 'life review'" showed a statistically significant

increase (p-value 0.01) with of a mean of 2.55 to a mean of 4.33, reporting that the program did increase understanding of life review in the participant. There was also a directional change in the mean of item 3 (3.66 to 3.88), which states “I feel that I am supportive and understanding as my parents evaluates his/her life,” however this increase was not statistically significant.

Items pertaining to an adult child’s understanding of their parent’s experience in the life review process displayed a directional increase (not statistically significant) from pretest to post test, with the exception of items 2, 8, and 9. Item 2, “I think my parent has looked back at his/her life and evaluated the choices they have made” showed a slight decrease from a mean of 3.55 to a mean of 3.33. Items 8 and 9 had identical pretest means (3.11) and both decreased slightly to identical post-test means (3.00).

**Table 5. Pre and Post Test Self Reports for FPSC (N=8) and L-RUQ (N=9)**

	Pre-Test		Post-Test		Statistical Significance	
	M	SD	M	SD	t Value	p Value
<b>FPSC</b>						
Total Score	15.87	7.05	15.11	7.21	1.76	0.45
Subscale 1	6.77	4.40	8.11	3.88	1.76	0.48
Subscale 2	8.75	3.84	8.22	3.59	1.76	0.45
<b>L-RUQ</b>						
Q1	2.55	1.50	4.33	1.32	1.75	0.01
Q2	3.55	1.42	3.33	1.11	1.75	0.36
Q3	3.66	1.22	3.88	0.78	1.76	0.46
Q4	2.77	1.71	3.00	1.32	1.75	0.38
Q5	2.66	1.41	3.22	1.09	1.75	0.18
Q6	2.77	1.30	3.22	1.30	1.75	0.24
Q7	3.77	1.39	4.00	1.22	1.75	0.36
Q8	3.11	1.45	3.00	1.32	1.75	0.43
Q9	3.11	1.45	3.00	1.32	1.75	0.43
Q10	3.66	1.22	3.77	1.09	1.75	0.42
Q11	2.22	1.48	2.88	1.36	1.75	0.17
Q12	4.33	1.00	4.55	0.52	1.78	0.28

*The likelihood of finding a statistical significance is high when doing an item by item t-test. Thus caution should be noted.*

## **Qualitative Methodology**

Four of the ten program participants agreed to participate in a taped interview to provide more information about their experience with the program and any impact it had on their understanding of the life review process relationship with their parents. All of the participants interviewed were women. Two of the women interviewed, respondents #1 and #2, were relating the Life Review Education program and the study materials to both of their parents, who are married and living independently. One woman interviewed, respondent #3, was focusing the material from the program on her mother only, as her father is alive but lives out of the country. Another interviewee, respondent #4, was relating the information to only her mother-in-law, as both of her parents are deceased.

Participants were asked questions from a structured interview guide (see table 6) in taped interviews which were completed three weeks after the intervention. The insights gained from the qualitative interviews focused around three major themes: the relevance of life review; the utility of psychoeducational groups; and, input for increased effectiveness of the program.

**Table 6. Interview Guide for Follow-up to the Bridging the Gap Program**

Category	Sample Question
Topic Focused Questions	After taking the workshop, how relevant do you think life review education is to you? What did you learn from this workshop? Did you mention to your parents that you participated in a life review education workshop? Do you think your parents would benefit from life review education? Did you apply any of the materials from the workshop in your relationships with your parents Do you feel like you would like to learn more about the topic of life review? ` Are there specific areas about life review you would like more education? Are there things you wish you could understand about your parents as they age?
Structure Focused Questions	Have you participated in a workshop like ours previously? (A psychoeducational group: a structured group that has more of a teaching focus than a support group but still encourages group interaction format)  Was it helpful? What specifically was helpful? (one or two key take-aways)  How about our program specifically- did you find the format of our workshop to be an effective way for learning about this topic? Pros of this format? Cons of this format?
Effect Focused Questions	What would you change about this program to make it more helpful to your relationship with your parent?

The grounded theory approach (Glaser & Strauss, 1967) was the qualitative analysis method chosen for this study. Glaser and Strauss’s grounded theory approach “begins with observation rather than hypotheses and seeks to discover patterns and develop theories from the ground up, with no preconceptions” (Rubin & Babbie, 2008, p. 479). In this method, the data obtained (whether through observation, in-depth interviewing, or biographical narrative) is analyzed through a process of classifying or categorizing individual pieces of data called coding (Rubin & Babbie, 2008).

The researcher hand-coded interviews from verbatim transcripts using “open coding;” these codes were then categorized into themes through the use of memoing (Rubin & Babbie, 2008). The initial first pass at open coding in the four interviews revealed 41 codes (see table 7). Memos were created to further sort the themes found in the codes (see table 8).



**Table 7. Open Codes**

Understanding	Threat	Sensitivity	Comfort Level
Progression of life	Mental Health	Average age	Passed up
Communication	Limitations	Aging process	Internet
Not only person	Workshop	Relevant	Good things
Listening	Helpful	Good about themselves	Feel better
Help	Family	Conversation	Nonverbal
Beneficial	Important	Better understanding	Children too busy
Foster communication	Kids grown	Share too much	Great tool
Appropriate	Conflict	Underlying issues	Issues in later years
Not something can bring up	No patience	Personality	Presentation
Group setting			

**Table 8. Memos**

Better understanding of parents
Good discussion ideas for improving relationships with parents
Good for both to attend
Understand more about parent’s feeling about their life
No longer caregivers to their children
Children are too busy for them
Listening to others
Online beneficial
Physical limitations of parents
Knowing you are not alone
Bringing aging parent
Strained relationships
Conflict in life and with parents
Better listening skills for children with their parents
Tools that make discussing life review easier

The key concepts revealed through the coding process (figure 2) were then examined through a process called concept mapping- a technique that aids in identifying relationships between concepts (Rubin & Babbie, 2008). The concepts used in the concept map are: relevance of life review, learning about life review, understanding aging parents, format of program, and improvements in the program.

## Feelings About the Relevance of Life Review

The first question in the structured interview guide asked participants if they felt that life review education was relevant to them and to their relationship with their parents. The respondent's answers indicated that they did think that life review education was valuable.

Respondent #1 stated:

*"I think it's important (learning about life review). I think it helps me really to better understand my parents and the way they feel about the way they lived out their life. Before the workshop, I didn't know what life review was so I learned what life review was. I think it gave good discussion ideas on enabling a good relationship with my parent."*

Another respondent (#2) stated:

*"It's very important because you have to have an overall understanding of the progression of life and aging in order to deal with your parents on a more level-minded basis because as they age they are going to change and they are going to go through physical changes, emotional changes, and mental changes and we have to be understanding of that."*

In addition to the concept of life review being thought of as important and relevant to the respondents and their relationship with their parents, the idea that it is difficult to bring up or discuss this topic also emerged. As respondent #1 said in her interview:

*"I think its relevant, my parents are approaching 70, well, my dad is 70, my mom is approaching 70, they are healthy but they are coming to the last quarter of their life and I think it is very appropriate...it's a hard subject to bring up and discuss with my parents."*

Another respondent (#2) explained this insight garnered from attending the program:

*"(I learned that) probably there is a lot of underlying, probably hidden...not issues, but you know thoughts and things, going on that my mom and dad are probably both going through that I haven't necessarily spent any time thinking about. It is probably something that I should be more considerate and aware of that they have feelings that go well beyond me and things that have happened in their lives."*

When asked if the participants utilized the information learned in the program with their parents, the respondents agreed that it was difficult to do so. Respondent #2 remarked:

*“I was thinking about it, but I’m not actually sure if I did. But when I saw my parents the next time I was thinking about the workshop and wondering if I could initiate that in conversation...but I’m not sure if it happened.”*

Respondent #3 indicated that the workshop improved her relationship with her mother, saying:

*“Well, on the phone I’m better at listening and you know, it crosses my mind what you said and even what other people said...how you bark at them on the phone, and you know it’s really not about them, or you would be a little more considerate to their feelings, and what’s going through their minds...they don’t know how busy you are or I am, and they are just trying to talk, and help and be there.”*

### **Impact and Utility of Psychoeducational Groups**

All of the interviewed participants indicated that they felt that life review education was important in some way, and they all agreed that the psychoeducational format was both appropriate and useful. The respondents indicated that the group format allowed for group interaction and encouraged participants to learn from one another which enhanced the experience and the information that was garnered. Some of the positive aspects discussed in the interviews were: *“It was nice because there were many people there and you could hear what they thought about it and their questions kind of helped initiate discussions and the thought process”* and *“(a psychoeducational group) was an effective way for learning about this topic, I think the presentation and the discussion were helpful, I think I learn well that way.”* Negative comments about the psychoeducational format included: *“I think maybe the only negative would be somebody who wouldn’t feel comfortable discussing it in a group setting, you know it might be difficult for them”* and *“I guess there were some stories I didn’t need to hear.”*

### **Input for Increased Effectiveness**

The participants also provided information about changes to the Life Review Education intervention. The primary concern was that of convenience in both learning the information and integrating the information in their relationship with their parents. They indicated that tools to take back to their parents, online presentations or webinars, or tangible tools (i.e. a manual or workbook) would be helpful. It was stated in one interview that the respondent would appreciate *“anything that helps to make the discussion easy.”* One respondent thought that multiple program would be helpful as opposed to just a one-time intervention: *“I would do more than one so that there is time for discussion and thought process and then to go back with more questions.”*

It was also agreed upon by the respondents that a format which included both the aging parents and the adult children together would be helpful. Comments included *“...then it would have made me not have to bring it up. It’s kind of a neutral party talking about it and it’s like someone starting the discussion for you,”* and *“if we are both hearing the same thing at the same time it would foster the communication between my parents and myself.”*

### **Emerging Themes**

Other themes emerged from the interviews in addition to the three main themes noted discussed above. In two interviews, it was discussed that Life Review Education was important not only for adult children to learn about their aging parents, but also as a proactive intervention for the adult child and their own children to help them relate to each other as they age. As Respondent #4 explained: *“I would (learn more about life review) for my own sake. I think it would be a good try to avoid the mistakes somebody else has already made. So maybe I would*

*just try to do it so my kids and I don't have the same problems as we get older."* Respondent #1 echoed this statement by saying: *"I think Life Review Education would be beneficial for anybody, even for myself, I can honestly say that later on down the line as I'm older and my kids are grown that I really think it is beneficial."*

Respondents indicated that they are worried that they can't help their parents or that they are not doing enough for them as they age. They also indicated an interest in learning more about their parents as they age, including: *"their feelings about being older, their feelings towards no longer being a caregiver-type parent and wanting to be with their children and their children being too busy for them."*

## **Discussion**

### **General Findings**

The primary insight achieved in this pilot study is that of Life Review Education as being useful in providing adult children of aging parents with an increased understanding of the Life Review process. The psychoeducational format is also understood as a successful mode of providing this education. Since Life Review Education is a concept created for the research, and considering there has not been a Life Review Education program developed or implemented previously, this study provided baseline data on both the impact of Life Review Education on the participant and the effect it had on their relationship with their aging parent.

While the intervention did show to have a positive effect on the participant's understanding of the concept of life review and the role life review may play in their parent's aging process, the impact of the intervention on the other areas hypothesized, including understanding of their parent's specific experience with life review and the effect "Life Review

Education” has on communication in the dyad was not supported by this research. There was no statistical significance between the pre and post-tests of the other questions of the scale.

In the Family Problem Solving Communication Scale, the results did not indicate any positive benefit in problem solving communication as a result of this intervention. There was no statistical significance in the pre-test and post-test results. One explanation for this is the limited amount of time (two weeks) between the intervention (when the pretest was administered) and the post-test. This short amount of time may have restricted the amount of opportunities the adult child had to interact with his or her parent, decreasing the opportunities for applying insight gained in the study. Another possible explanation is that the Family Problem Solving Communication Scale may not have been the most accurate measure of the interactions between the adult child and aging parent that this study was attempting to understand. Assessing the baseline communication style in the dyad, as opposed to just problem solving communication, may have demonstrated a positive correlation.

The results from the Life Review Understanding Questionnaire also failed to indicate a positive correlation between the intervention and the participants’ understanding of their parents’ life review process. It was not possible to make many generalizations as the results fluctuated by question. The only assumption that can be reasonably made from the Life Review Understanding Questionnaire pertains to the increase in knowledge about the concept of life review that was achieved through the intervention. There was an increase in posttest scores for all participants in the study.

The Life Review Understanding Questionnaire was designed for this study and, after the study activities were complete, did not appear to be sufficient in measuring the specific goals of

the program. For example, one of the goals of the program was to increase an adult child's understanding of his or her parent. The items on the Life Review Understanding Questionnaire that were initially directed to this goal were "my parent thinks I understand him/her" and "my parent thinks I do not understand him or her." After analyzing the pre and post-test data and examining the intervention, it became clear that these questions did not measure what they were intended to measure. Instead of measuring the adult child's understanding of his or her parent, those questions actually measured the adult child's perception of his or her *parent's view of their child's understanding*. Testing this measure prior to the study would have provided insight regarding the effectiveness of this tool.

The qualitative interview part of this study did provide some additional insights into the feelings of the participants about life review, "Life Review Education", and their feelings on their aging parents in general. The major drawback to this section was the small number of participants who agreed to do the interviews. Four interviews were enough to provide follow-up information but not sufficient in capturing the quantity and variety of themes which would have emerged from a larger number of interviews.

This intervention was planned and organized by an experienced Licensed Clinical Social Worker with over ten years of group planning and group facilitation experience. The actual intervention was a positive experience for the facilitator and there was positive feedback about the overall program from the attendees. From a program planning perspective, the program was an affordable, efficient method of providing this information and would be easy to integrate into a structured organization or agency where participants were readily available and recruitment would not be a barrier.

The recruitment process in this study proved to be the most difficult aspect of the study, causing multiple delays, the need for study restructuring, and an IRB modification. The study was initially designed to include both the aging parent *and* the adult child, but program planning and recruitment efforts yielded no participants. Programs were scheduled and then cancelled due to lack of registrants four separate times. Cancelling multiple programs created a strain on the library and senior center staff where the programs were being held, the researcher and research assistants, and PR outlets including local newspapers who had to publish and then republish advertisements for the programs.

It was first believed that the lack of registrants for this program was a result of the need for both parent and child involvement. Feedback from community partners indicated that many parents and children did not live in close proximity to one another and, if they did, their schedules were not conducive to attending a program together. After restructuring the program to include only the adult child, recruitment still presented a problem. Despite offering the program on a Saturday afternoon, registration was still much lower than anticipated. Even though the program information was provided to the patient list of 1,000 physical therapy patients of the center where the program was held, only one person from this list attended.

Feedback from the qualitative interviews indicated that an online format would be well-received. An on-line presentation or webinar would be a less time-consuming intervention for participants and cost-effective for the researcher. This would be a likely next step for future studies of Life Review Education implementations.



## **Implications for Social Work Practice**

As the number of older adults continues to increase, clinical social workers who provide psychosocial support to individuals and families will have continued exposure to aging individuals, regardless of the age of their primary population. It is important for social workers to continue to amass strategies and interventions that can help them in adequately providing care to the people and communities they serve. This study opens the door to social work research in a previously unknown area- "Life Review Education." By educating our clients and their family members on the life review process and the potential effects it has on an aging adult's emotional and psychological well-being, social workers can ameliorate distress and improve coping among aging parent/adult child dyads.

## **Study Limitations**

Perhaps the most limiting aspect of this study is the small sample size. While this is a pilot study on an intervention that has not yet been tested, a larger sample size would have yielded more data to both support the hypotheses as well as to better justify future exploration of this topic. Although extensive recruitment efforts were applied over a five-month period, it was still extremely difficult to garner participants for this study. Not only does the small sample size make it impossible to generalize the results to the general public, but it also may have impacted the dynamic of the psychoeducational group intervention. Had more participants been engaged in dialogue or shared experiences, it may have encouraged other participants to be more vocal or at least to feel more supported. Additionally, the difficulty by which the recruitment took place could make duplicating this study less desirable to researchers due to the amount of time and effort used to recruit a small number of participants.

Another limitation of this study is that this not a true experimental design-- there is only an intervention group, (no control group), recruited by non-probability availability and snowball sampling and thus, we cannot prove causality with regard to the results of the study. In a future study, a larger sample size and a randomly-assigned probability sample would enhance the rigor of this study design.

All of the participants in this program had some level of college education. This may have had an impact on the results. It is not known how this material would have been perceived or understood by those with a lower level of education.

This was not a diverse sample. The participants were almost exclusively White, middle-class women. Although recruitment efforts were focused on racially and economically diverse areas in order to achieve a high degree of demographic representation, the people who enrolled and completed this study did not meet that description. The group had only one non-white member and all participants were from affluent areas surrounding the study site. The town where the program took place, Cherry Hill, NJ, itself is an socioeconomically homogenous town; the estimated average household income in Cherry Hill is \$81,714 with a population of 14,000 (70% White, 12% Asian and 7% Black). If this study is replicated in a demographically diverse area, the results may be quite different.

### **Conclusion**

Life review remains an under-discussed part of aging and an ambiguous concept to the general public. Valuable insights can be gained from identifying and learning about life review. As “Life Review Education” continues to be implemented and researched, it can foster and promote an ongoing dialogue about the emotional aspects of aging related to a life review.

Additionally, further “Life Review Education” group interventions may increase support within communities as people come together to learn about life review in a group setting, as well as yield other effective tools for increasing communication and relational understanding between aging adults and adult children. The continued discovery of new ways to increase understanding in the dyad can decrease conflict and improve the well-being of family members across generations.

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## Appendix 1.

### Consent Form

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**Title of the Research Study:** Bridging the Gap- A Psychoeducational Program for Adult Children of Aging Adults: A Pilot Study.

**Protocol Number:** 816559

**Principal Investigator:**

Kathryn M. Brzozowski, MSW, LCSW, DSW(c)  
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You are being asked to take part in a research study. Your participation is voluntary which means you can choose whether or not to participate. If you decide to participate or not to participate there will be no loss of benefits to which you are otherwise entitled. Before you make a decision, you will need to know the purpose of the study, the possible risks and benefits of being in the study and what you will have to do if decide to participate. The research team is going to talk with you about the study and give you this consent document to read. You do not have to make a decision now; you can take the consent document home and share it with friends, family doctor and family.

If you do not understand what you are reading, do not sign it. Please ask the researcher to explain anything you do not understand, including any language contained in this form. If you decide to participate, you will be asked to sign this form and a copy will be given to you. Keep this form, in it you will find contact information and answers to questions about the study. You may ask to have this form read to you.

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**What is the purpose of the study?**

The purpose of the study is to learn more about the relationship between an aging adult (age 65 and over) and an adult child (age 18 and over). We are exploring the life review process and its impact on this

relationship. This study is being completed by Kathryn Brzozowski for a dissertation for the Doctorate in Social Work program at The University of Pennsylvania.

**Why was I asked to participate in the study?**

You are being asked to participate in this study because you are an adult over the age of 18 with a parent over the age of 65.

**How long will I be in the study? How many other people will be in the study?**

Recruitment for the study will take place over a period of six months. Each participant will be involved in study activities for approximately 2 weeks. We will ask you to spend one and a half consecutive hours participating in this study, with an additional hour used to complete questionnaires. You will be one of 25 people in the study.

**Where will the study take place?**

The study will take place in a physical therapy office that is handicapped accessible and convenient to your home.

**What will I be asked to do?**

You will be asked to complete a demographics form, two questionnaires, and participate in a one and a half hour educational program with other people. After the program, you will be asked to complete the questionnaires again, about two weeks later, and mail them back to the investigator in a self-addressed stamped envelope.

**What are the risks?**

The risks to you are minimal. It is possible that issues may arise during the session that may have a negative or stressful emotional or psychological impact. In this case, the primary investigator will refer study participants to outside resources for counseling if needed.

**How will I benefit from the study?**

There is no definite benefit to you. This study may help improve communication or understanding between you and your family member. Your participation could help us better understand the relationship between an aging parent and their adult child, which can benefit you indirectly.

**What happens if I do not choose to join the research study?**

You may choose to join the study or you may choose not to join the study. Your participation is completely voluntary.

There is no penalty if you choose not to join the research study. You will lose no benefits or advantages that are now coming to you, or would come to you in the future. Your therapist, social worker, nurse, doctor or will not be upset with your decision.

If you are currently receiving services and you choose not to volunteer in the research study, your services will continue.

**When is the study over? Can I leave the study before it ends?**

The study is expected to end after all participants have completed the educational sessions and all of the information has been collected. The study may be stopped without your consent for the following reasons:

- The PI feels it is best for your safety and/or health-you will be informed of the reasons why
- You have not followed the study instructions
- The PI, the sponsor or the Office of Regulatory Affairs at the University of Pennsylvania can stop the study anytime

You have the right to drop out of the research study at anytime during your participation. There is no penalty or loss of benefits to which you are otherwise entitled if you decide to do so. Withdrawal will not interfere with your future care.

If you no longer wish to be in the research study, please contact the primary researcher:  
Kathryn M. Brzozowski, MSW, LCSW, DSW(c)  
4 Tallowood Drive  
Voorhees, NJ 08043  
856-770-4631  
Katie1975@hotmail.com

**How will confidentiality be maintained and my privacy be protected?**

The research team will make every effort to keep all the information you tell us during the study strictly confidential, as required by law. The Institutional Review Board (IRB) at the University of Pennsylvania is responsible for protecting the rights and welfare of research volunteers like you. The IRB has access to study information. Any documents you sign, where you can be identified by name will be kept in a locked drawer in the researcher's office. These documents will be kept confidential. All the documents will be destroyed when the study is over.

**Will I be paid for being in this study?**

To show our gratitude for your participation in this study, you will be offered refreshments during the psychoeducational session as well as a \$25.00 gift card.

**Who can I call with questions, complaints or if I'm concerned about my rights as a research subject?**

If you have questions, concerns or complaints regarding your participation in this research study or if you have any questions about your rights as a research subject, you should speak with the Principal Investigator listed on page one of this form. If a member of the research team cannot be reached or you want to talk to someone other than those working on the study, you may contact the Office of Regulatory Affairs with any question, concerns or complaints at the University of Pennsylvania by calling (215) 898-2614.

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When you sign this document, you are agreeing to take part in this research study. If you have any questions or there is something you do not understand, please ask. You will receive a copy of this consent document.

Signature of Subject

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Print Name of Subject

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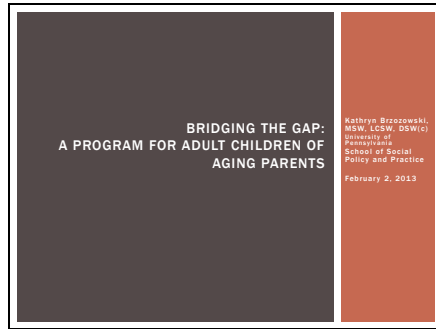
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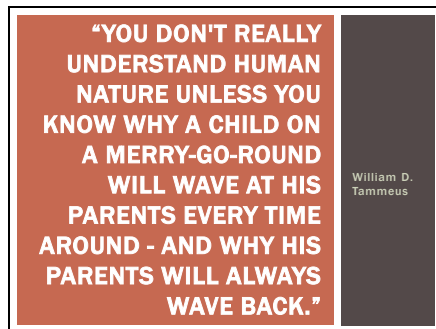
## Appendix 2.

### Manualized Bridging the Gap Intervention

Slide 1



Slide 2

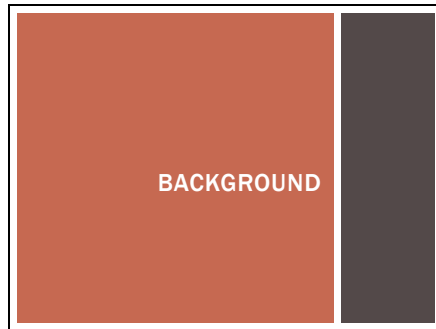


Slide 3

PROGRAM SCHEDULE	
12:45 to 1:00	Registration and completion of the program consent forms as well as the demographic sheet, the L-RUC, and the Family Problem Solving Communication Scale.
1:00 to 1:05	Introduction of the participants
1:05 to 1:35	Presentation on the life review process
1:35 to 1:55	Discussion
1:55 to 2:00	Closing, distribution and instruction of surveys that the participants will need to complete and mail back two weeks after the program

The next 5 minutes will be an “around the room” introduction of the participants, including two short questions: “why did you come here today?” and “what do you hope to get out of this program?”

Slide 4



Slide 5

BACKGROUND	
▪	Education on the life review process opens a door into the aging parent's emotional and psychological experience.
▪	As the number of Americans with parents over the age of 65 continues to increase, a substantial portion of our society is facing a possible disconnect between what they think their parents are experiencing and what their parents are actually experiencing.
▪	Examining the life review, or, in this case, identifying that it even exists, is a way to bridge this gap.
▪	Life review education can foster a mutual understanding of the aging adults perspective of their past and present life situation which may positively affect the communication and relationship quality.

The purpose of this study is to examine the understanding of the life review process in an adult child of an aging parent, and to measure how this understanding affects communication and relationship quality in the dyad.

Slide 6

**BACKGROUND**

- While caregiving, practical, and financial support services are integrated into the standard of care in our society, little attention is directed towards the specific needs of parenting in the elderly. Medical, educational, and community service organizations often fail to acknowledge the life review process and to adapt their interventions accordingly.
- Adult children are often left with feelings of frustration and impotence with regard to their lack of understanding of the patients true conflicts and concerns. Because the adult child's awareness of their parents thinking and understanding is critical to the dyad, it is important to assess how life review is perceived by the adult child as well as the impact this perception has on the relationship.

In contrast to an intervention that implements a life review therapy or professionally guided life review, this study is based on the assumption that a life review is a naturally occurring process and, as such, people will experience it naturally and spontaneously which will lead to their loved ones being affected by this experience.

Slide 7

**AGING ADULTS**

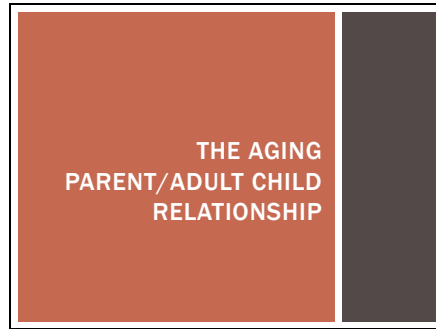
Slide 8

**OLDER ADULTS IN THE UNITED STATES**

- With over 40 million Americans 65 years and older, with a projected increase to over 70 million by 2030 (US Census Bureau), the challenges facing aging adults and their families affect a significant portion of the American population.
- According to statistics from the Older Americans 2010 Key Indicators of Well-Being Report, in 2007-2008, the majority of Americans over the age of 65 had chronic health conditions.
- Housing, income, employment and health are domains that are often problematic for aging adults.
- As these areas of an older adult's life begin to change, so does their need for practical assistance and emotional and support. (Butler and Lewis, 1983)

71% of men and 57% of women had heart disease, cancer and or stroke. In 2006, 10% of men over age 65 had depressive symptoms, while 18% of women over the age of 65 had depressive symptoms and 19% of Americans over the age of 85 reported signs of clinical depression.

Slide 9



Slide 10

A presentation slide with a dark grey header and a light green body. The header contains the title "THE AGING PARENT/ADULT CHILD RELATIONSHIP" in white, bold, uppercase letters. The body contains three bullet points in red text.

**THE AGING PARENT/ADULT CHILD RELATIONSHIP**

- The literature is inundated with studies on parenting and the parent/child relationship; however, the primary focus remains on parenting children or young adults (Amato, 1986; Baldwin, 1948; Parker, 1999; Serot & Teevan, 1961).
- As the American population continues to age, the need for information on older adults and their adult children will increase.
- The parenting role and the parent/child relationship does not end when a child turns 18. Studies have shown that the parent/child relationship remains important to both the parent and the child throughout the life course (Umberson, 1992; Milke, 2008).

Slide 11

A presentation slide with a dark grey header and a light green body. The header contains the title "THE AGING PARENT/ADULT CHILD RELATIONSHIP" in white, bold, uppercase letters. The body contains two bullet points in red text.

**THE AGING PARENT/ADULT CHILD RELATIONSHIP**

- A parent/child relationship in the later stages of life is often categorized in terms of caregiver/patient (Laditka and Laditka, 2000; Fowler and Afifi, 2011). In the life course perspective, the many facets of the relationships are recognized throughout the life course, expanding the notion of the caregiver/patient to include the parent/child. This validates what much of the research attests to with regard to the importance of the relationship over the years.
- Conflict in the older adult/adult child relationship is rarely discussed as the focus of parent/child conflict research where the emphasis is on parents of teenagers (Clarke, Preston, Rabkin, Benetton, 1999). Identifying the areas for potential conflict in the aging adult/adult child dyad affords us the opportunity to make improvements and strengthen these areas as opposed to ignoring them.



Slide 12

**THE AGING PARENT/ADULT CHILD RELATIONSHIP**

- According to Clark and colleagues (1999), there are six areas of conflict that arise for aging adults and their adult children, including:
  - (1) communication and interaction style
  - (2) habits and lifestyle choices
  - (3) child-rearing practices and values
  - (4) politics, religion, and ideology
  - (5) work habits and orientations
  - (6) household standards or maintenance.

Utilizing the life-review education program proposed in this study, these areas of conflicts, along with Birren’s (1992) life themes, can complete a picture of unanswered questions between adult children and their parents and set the stage for communication and understanding about areas that were previously unidentified in both research and in the intricacies of the dyad.

Slide 13

**WHAT IS LIFE REVIEW AND HOW DOES IT RELATE?**

Slide 14

**LIFE REVIEW CONCEPTUALIZATIONS**

- A growing body of literature on "life review" has been published over the past 50 years and there are many conceptualizations and varied definitions.
- Life review has been conceptualized as an informal process or a therapeutic intervention. It can be confused with reminiscence or dismissed as a sign of senile dementia.
- The literature does not provide an agreed upon definition of life review.
- The concept of life review has been applied to multiple populations (elderly, adults, terminally ill), and construed in terms of reminiscing, oral histories, or memoirs.

Slide 15

**LIFE REVIEW CONCEPTUALIZATIONS**

- In his book titled "Aging and Mental Health" (1983), Robert Butler provides background on the mental health and psychosocial issues experienced in old age.
- Butler conceptualizes life review as "naturally occurring universal mental process characterized by the progressive return to consciousness of past experiences, and particularly, the resurgence of unresolved conflicts; simultaneously, and normally, these revived experiences and conflicts can be surveyed and reintegrated" (Butler, 1963, pg. 66).

Slide 16

**LIFE REVIEW CONCEPTUALIZATIONS**

- As Butler worked with older adult patients in individual and group therapy, he became further exposed to the life review process. He observed that the life review was a normal function of this stage of life and addressed the "important psychological task of making sense of the life one has lived" (Butler, 2002, p. 3).
- Life review can fulfill a variety of functions for individuals and more than one method (reminiscence, guided autobiography, group interventions, etc.) can be applied.  
(Pot et al, 2008).

Slide 17

**ERIK ERIKSON AND EGO PSYCHOLOGY**

**Stages of Psychosocial Development**

Both Butler and Erikson believed that later life was a time to resolve the conflict between ego integrity and despair and believed that this could be accomplished through life review

Prepared by Erik Erikson

Erik Erikson’s contribution to ego psychology was particularly revolutionary and laid the groundwork for many theories that followed. Specifically, Erikson studied the ego as it developed across the life cycle and defined developmental tasks related to each of the eight stages of “man,” each one relying on the completion of tasks from the preceding stage. (Berzoff, 2008; Goldstein, 1995). These stages created the basis of understanding the ego and its functions throughout the different phases of the life cycle (Erikson, 1959). They become

increasingly important in understanding the conflicts of older adulthood.

Erickson “defined health in terms of the ways in which a person 1) masters her environment, 2) has a unified personality, and 3) perceives herself and her world accurately.” (Berzoff, et al, 2008, p 100). This concept of health is exemplified through the various “crises” experienced throughout a human life.

Each stage brings with it a psychosocial “crisis” through which the individual must navigate as the ego continues to develop. These basic stages include: infancy (basic trust vs. mistrust), early childhood (autonomy vs. shame and doubt), the play stage (initiative vs. guilt), school age (industry vs. inferiority), adolescence (identity vs. confusion), young adulthood (intimacy vs. isolation), and adulthood (generativity vs. stagnation) (Erikson, 1959). Beginning when a person experiences a sense of mortality, Erikson’s eighth stage of man, old age, depicts the crisis of integrity vs. despair which illustrates the developmental challenge that is most closely linked to the life review process. McDougall’s article on life review psychotherapy states: “Both Butler and Erikson believed that later life was a time to resolve the conflict between ego integrity and despair and believed that this could be accomplished through life review”

Slide 18

**POSITIVE BENEFITS OF LIFE REVIEW**

Some of the positive effects of reviewing one's life can be:

- A righting of old wrongs
- Making up with enemies
- Coming to acceptance of mortal life
- A sense of serenity
- Pride in accomplishment
- A feeling of having done one's best

Slide 19

**POSITIVE BENEFITS OF LIFE REVIEW**

- Life Review gives people an opportunity to decide what to do with the time left to them and work out emotional and material legacies.
- Possibly the qualities of serenity, philosophical development, and wisdom observable in some older people reflect a sense of resolution of their life conflicts.
- A lively capacity to live in the present is usually associated, including the direct enjoyment of elemental pleasures such as nature, children, forms, colors, warmth, love, and humor.
- One may become more capable of mutuality with a comfortable acceptance of the life cycle, the universe, and the generations.

-Robert Butler

Slide 20

**WHAT CAN I DO?**

Learning More  
About Life  
Review  
Interventions

Slide 21

**THE SELE SENTENCE COMPLETION INSTRUMENT**

- Designed to study cognitions about self and life.
- While the SELE is designed to be a carefully coded measurement tool, its prompts are useful in a life review intervention and it is something you can easily do with your parent.

Dittmann-Kohli, F., & Westerhof, G. J. (1997).

Slide 22

**THE SELE SENTENCE COMPLETION INSTRUMENT**

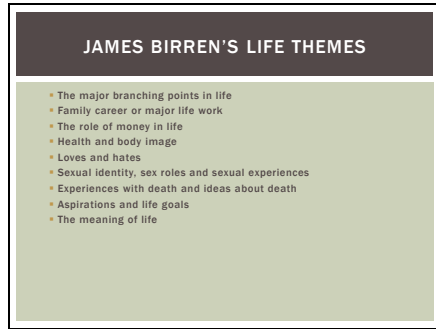
- 1 I am quite good at ...
- 2 I would like to ...
- 3 It is difficult for me ...
- 4 I am proud that ...
- 5 My weaknesses are...
- 6 Most important for me is ...
- 7 It annoys me ...
- 8 When I think about myself ...
- 9 Compared to the past ....
- 10 I often feel ...
- 11 In the next few years ...
- 12 I think, that I...
- 13 I feel really good ...
- 14 I intend to...
- 15 Later, when I am older ...
- 16 My body ...
- 17 I am afraid that I...
- 18 It would be nice if. ..
- 19 What's been bothering me recently is ...
- 20 I have noticed that I...

Slide 23

**GUIDED AUTOBIOGRAPHY**

- James Birren is a pioneer in the field of geriatrics and the developer of the "Guided Autobiography" form of life review.
- Guided autobiography is a structured intervention that focuses on a person's understanding of themselves and the interaction of memory, personal reflection, and present perceptions based on a number of concepts about how people develop an understanding of themselves and their lives and how memory, personal reflection, and present perceptions interact\* (Birren, 1992).

Slide 24

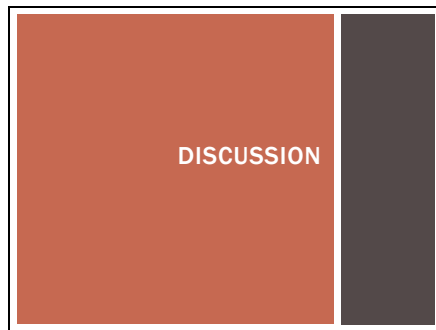


Slide 25



This form of life review uses a group setting to guide older individuals through the many stages of their life, a process which helps them both make meaning of their life and garner social support from others in the group.

Slide 26



Slide 27

**QUESTIONS TO DISCUSS**

- Do you experience any of the areas of conflict mentioned?  
How do you handle that in your relationship currently?
- Explain how you communicate in times of stress or crisis.
- Do you feel like you and your parent(s) understand each other most of the time?
- Do you feel that life review is an important concept to understand?
- How do you feel that knowing more about life review will help you and your parent understand each other better?