

Psychosociological Development of Elderly People through Nursing Guided Autobiography Writing

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Psychosociological Development of Elderly People through Nursing Guided Autobiography Writing

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Abstract

This study was conducted to determine what changes have been brought about in the psychosociological development and health of elderly people by the experience of writing an autobiography with caregivers' guidance, and to examine the significance of supporting autobiography writing groups as nursing support to help elderly people maintain healthy lives. The following conclusions were obtained.

1. It was suggested that two methods in the programs are useful to maintain healthy life for elderly people, and to support integration of their life experiences. A method of group approach is suitable for the healthy elderly people and a method of a personal interview is suitable for elderly people with health problems.

2. Through the program by a personal interview, all four participants showed a change of the psychosocial development and the improvement of health conditions.

3. As a result of comparing the total developmental task scale scores of all nine participants for each stage before and after the program, participants were divided into three groups: 1) group that showed significant increase in scores after the program, 2) group that showed medium increase in scores, and 3) group that showed no change or decrease in scores. The results revealed that there were some participants for whom the activity of writing an autobiography in a group was effective and some participants for whom personal support was needed instead of group work.

4. The group dynamics changed through the facilitator's effective involvement in the group work. In this program, the facilitator assisted individuals to recall, organize and make sense of their life experiences for autobiography writing, and for each member to share the path of his/her life. It was indicated that nursing care professionals' attentive and active listening, as well as effective support for autobiography writing-while paying attention to participants' health conditions-would be effective in promoting the psychosociological development of elderly people.

Key words

Psychosociological development, Autobiography,
E.H.Erikson's developmental task achievement scale in Japanese,
Japanese version of GHQ28, Nursing Support

I. Introduction

In the past, old age -the last stage of life- was viewed only as a period of loss and decline. However, from around the 1960s, life-span developmental perspectives have been adopted

and advocated; development has come to be considered a lifelong process in which people continue developing even in old age¹⁾. In addition, it has become necessary to take a positive and proactive approach²⁾ to discussing the issue of

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“aging.” In other words, the issue of “aging” should be discussed from the perspective of “productivity”, not only from the perspectives of “dependence,” “nursing care” and “social cost.” In Japan, where longevity has increased significantly, it is increasingly important to view support for the elderly from a positive, productive perspective. If the essence of elderly nursing care is to provide support for the elderly so as to help them live with as much independence and dignity as possible toward the integration of life, despite minor health problems, it is essential to develop effective nursing care methods from the perspectives of psychosociological development and elderly productivity.

We experience that elderly people often review their own life in any setting, not just nursing care facilities. Butler R.N. has pointed out that “life review” is a naturally occurring mental process, presenting a positive opportunity that allows the individual to reexamine and resolve conflicts in the past³. Another researcher states that the meaning of life depends entirely on the stories the person narrates, that the act of narrating is both an outward action depicting acts and events while at the same time being an introspective act that enables self-reflection and self-understanding, the “act of narrating” therefore giving meaning to life⁴. The act of looking back on and making sense of the “self” as a temporal existence is a way of giving narrative interpretation to one’s life, in the process deciding which events to tell as important life events and how to narrate those events. It is therefore expected that the act of “talking” and “writing” about one’s life in words will enhance the effect of the life review process⁵. To date, numerous studies have been conducted to examine the effects of elderly people’s activities of telling and sharing their life stories through reminiscence, life review and life story therapies, mainly in clinical psychology practice⁶⁻⁸. Recently there has been growing interest, especially among the elderly, in writing autobiography. Personal documents, including memoirs and autobiographies, are defined as “any self-revealing record that yields information regarding the structure, dynamics and

functioning of the author’s mental life”⁹. Writing about past experiences is considered important in regard to how subjectively the author reflects on and reorganizes him/herself¹⁰⁻¹². One researcher stresses that the use of autobiography is important in that it helps the individual recall and integrate what he/she has experienced in the past¹³. It is also believed that “writing an autobiography” not only contributes to maintaining cognitive function by using the cognitive pragmatics believed to be maintained even in old age¹⁴, such as crystallized intelligence and writing skills, but also promotes psychosociological development and health in the elderly, enabling them to confirm the tracks of their lives by reading the printed autobiographies over and over, to discover the “strong self”¹⁵ and enhance the sense of self-esteem. Given these positive effects of autobiography writing, it offers potential when incorporated into nursing practice.

The necessity of providing support for the elderly from a developmental aspect has been indicated in the field of nursing science, as well¹⁶. A number of overseas studies have examined elderly nursing care practices that incorporate reminiscence and life review therapies from a developmental perspective¹⁷⁻¹⁸. Various study reports have also been released regarding nursing care that supports the psychosociological development of the elderly based on the life-span developmental perspective. Such reports include: a report that clarifies the structure of nursing care promoting ego-development of the elderly¹⁹⁻²¹; a report that considers the validity of the nursing care structure²²; and a report on a study that examined the life stories and life review processes of elderly people in nursing care facilities²³. In addition, a study investigated what psychosociological developmental changes elderly people exhibited in reminiscing about their lives and writing their autobiographies, in order to explore the effects of the life review process²⁴. We feel it possible to explore the possibility of nursing care that supports the psychosociological development of elderly people, by clarifying how the elderly make sense of and integrate past events and experiences through

reminiscence and autobiography writing, and by determining what support care professionals can provide in fostering these activities.

II. Purposes of Study

The purposes of this study are to determine what changes the experience of writing an autobiography with caregivers' guidance bring about in the psychosociological development and health conditions of elderly people, and to examine the significance of supporting autobiography writing as nursing support to help elderly people maintain healthy lives.

III. Definition of Term

An "autobiography" in this study is defined as a record of a person's life, including related photographs and documents, which record the individual writes by looking back over his/her life through conversation with others. Although some studies define an autobiography as an "account of a person's life produced without direct intervention by other people"¹³, we feel that there is a great significance in the process of recalling and writing about one's own life experiences with guidance in a group. Furthermore, although some autobiographies focus on one particular period or event of the subject's life, we encouraged participants to look back on their entire lives.

IV. Method

1. Study design

This study was designed to evaluate the effect on psychosocial development and health conditions of writing an autobiography with guidance in a group.

2. Study participants

1) Interview Approach: The elderly people aged 65 years and over who stayed at two private care homes for elderly in H prefecture. These two private care homes agreed to cooperate with this study. The "Autobiography Program" which developed by the study team was explained and applications were invited for participation in the program. Although eight people joined the

guidance session of the "Autobiography Program", five participants agreed to participate in this study. Finally, four participants were subject of analysis.

2) Group Approach: The participants were elderly people aged 65 years and over attending the Literature Course of A Senior College in A City, H prefecture ("Group A") and elderly people aged 65 years and over attending the health class for welfare pensioners in K City, I prefecture ("Group K"), who were recruited through guidance sessions held at the two facilities that agreed to cooperate with the study. At the guidance sessions, the "Autobiography Program" was explained, and applications were invited for participation in the Program. In the guidance session for the Autobiography Program held in A City, a total of six people participated, of whom five expressed their intent to participate in the Program; in the session held in K City, a total of six people participated, of whom five expressed their intent to join. The participants in this study were those who voluntarily expressed their intent and agreed to cooperate with the study. The number of people who completed their autobiographies was five in Group A and four in Group K. As a result, a total of nine participants were subjected to analysis.

3. Content of "Autobiography Program":

Table 1 show the program outline.

The program content was developed by the study team, using literature^{13,25-26} as a guide. The researchers' roles in this program included: 1) Explaining and providing opportunity/place (i.e. providing explanation of the significance of autobiography writing and encouraging participation in the program); 2) Support in promoting group work (i.e. helping participants recall their life experiences and make sense of those experiences through group dialogue for autobiography writing); and 3) Support in completing the autobiography (i.e. giving advice on the writing, and performing editing and bookbinding tasks). In consideration of various factors, including writing pace and content, it was decided to hold a

Table 1: Outline of "Autobiography Program"

Guidance: 1) Outline of the Program and explanation on how to write an autobiography
Documents distributed: (1) Autobiography writing manual
(2) Autobiography creation guide
(3) My life history (chronological table)

2) Schedule adjustment

(One month later)

Interview and Group work:
A total of interview and five group work sessions are held, approximately once per month. Each participant writes his/her autobiography at home and brings it to the session. Through the process of program and individual writing activities, participants complete their autobiographies.

1) Place :
(interview)one room of institutions
(group work) Meeting room in the college to which the researcher in charge belongs

2) Time :
(interview>About ninety minutes
(group work>About two hours per session

3) Schedule:
1st session: Interview participants about their motives for participation and what types of autobiographies they want to write.
2nd – 5th session:
(1) Reminiscence and discussion in line with the theme
(2) Dialogue and discussion of the content of each participant's autobiography
(3) Dialogue and discussion of difficulties participants face in writing their autobiographies and ideas/suggestions for overcoming those difficulties
At the end of the fifth session, interview participants regarding their impressions after completing their autobiographies, and how they want to live their future lives.

Editing/Bookbinding: After receiving completed manuscripts from participants, the researchers perform editing/proofreading/bookbinding. Deliver requested number of copies to each participant.

total of five interviews or group work sessions, once per month, wherein participants recalled and discussed their life events and experiences according to the themes predetermined for each session, so as to deepen the writing content. The process of producing an autobiography consisted of 1) Guidance, 2) Interviews or group work sessions and individual autobiography writing and 3) Editing/proofreading/bookbinding. It took about one year before participants received their completed autobiographies.

4. Implementation of interview and group work

1) Interview

Interview was conducted continuously by two researchers during the "Autobiography Program" in a room of the institutions. The contents of dialogue with researchers pushed forward participants' story in keeping with a trace of their life experiences and clarified what they want to describe in their autobiography. Roles of a researcher were to listen closely, to facilitate their recollections, and to clarify their present feelings

toward their past. We accepted consultations such as how to write an autobiography and how to use photographs and materials by focusing on contents of their autobiography in dialogue.

2) Group work

(1) Themes for discussion

Reminiscence and discussion were conducted according to the themes predetermined for each group work session. Participants then wrote their reminiscences and recollections in their autobiographies. Themes for the sessions included: "My family-my father, mother and brothers/sisters," "My war experiences," "My work," "My experience of child-rearing and nursing aged parents," "Introduction of my life through photographs and documents," and "How I feel after completing my autobiography/Toward the future."

(2) Participants' responsibilities

In the first group work session, we explained and confirmed that all participants should listen attentively to each other as a responsibility to other group members ("active listening") and that they should not disclose what they heard in the

session to other people outside the group ("duty of confidentiality").

(3) Researchers' roles

We sent invitation letters for each session to the participants to encourage them to attend the sessions. Two researchers attended each group discussion as discussion facilitators. When there were participants who cannot talk in group discussion, we tried to find a common topic to facilitate all members' participation. In addition, we gave feed back to each participant and all members about their personal life experiences in order to reflect how their past life experiences influence to their current life.

We also placed fresh flowers on the table and served refreshments, to create an atmosphere and environment wherein participants could feel relaxed and comfortable.

5. Data collection methods

1) Motives for participating and impressions after the program:

To grasp the changes that occurred in participants as a result of the program, we asked the following questions at the beginning and end of the program. At the first session, we asked: "What is your motive for writing an autobiography?" and "What type of autobiography do you want to write?" At the end of the last session, we asked: "How do you feel after finishing your autobiography?" and "What do you expect for your future?"

2) Content of interview and group discussion:

All the discussions by the interviews and two group discussions were tape-recorded, with the participants' permission.

3) At each of five interviews and group work sessions, we recorded in field notebooks the physical conditions, facial expressions and willingness of each participant, the content of group discussion and a brief outline of group dynamics, in order to grasp the changes observed in participants during the program period and in group dynamics.

4) Measurement of developmental task achievement and health condition

Before and after the program, the degree of achievement of developmental tasks and health conditions of the participants were measured using the Japanese version of E.H. Erikson's developmental task achievement scale²⁷⁾ and the Japanese version of the 28-item General Health Questionnaire ("GHQ28"), respectively. The developmental task achievement scale is a yardstick for measuring the degree of achievement of a developmental task specified for each of eight stages. The scale consists of a total of 80 items, each stage consisting of 10 items. Each item is rated on a numerical scale from one to five, five being the highest level ("I think so.") and one being the lowest level ("I don't think so."). The highest score for each stage is fifty. This scale developed by Domino & Affonso²⁸⁾ was translated into Japanese by Shimonaka, et al, and the reliability and the construct validity are confirmed.

GHQ28, a questionnaire designed to assess overall health conditions, contains four factors, each scored from 0 to 7; the higher the score, the severer the condition. Individuals who score five or fewer of a total of 28 points are considered healthy.

5) Content of autobiography

The contents of the autobiographies, written by the participants and edited by the researchers, were used as data for analysis, with the permission of participants.

6. Data analysis method

1) The contents of dialogue in interviews and group discussions were recorded and transcribed, and the transcripts were closely examined to extract significant data for evaluating the effects of the program on individual participants.

2) Data that indicated changes in the attitudes of participants and group dynamics were extracted from the field notebooks for the five sessions.

3) Developmental task achievement scale and GHQ28 scores before and after the program were

Table2: Change in the developmental task achievement scale scores for each participant before and after the program (individual approach)

| | Trust | Autonomy | Initiative | Industry | Identity | Intimacy | Generativity | Integrity |
|------------------|-------|----------|------------|----------|----------|----------|--------------|-----------|
| A (Female/78) | +2 | -3 | ±0 | ±0 | -1 | -2 | ±0 | +5 |
| B (Female/88) | +3 | -3 | ±0 | +1 | +1 | +5 | +6 | -2 |
| C (Male/80) | +6 | +5 | +5 | +3 | +2 | -1 | +3 | +3 |
| D (Female/90) | +11 | +6 | +10 | +7 | -3 | -2 | -5 | +3 |

compared by group and by individual. The Wilcoxon rank-sum test was used to determine significant difference.

4) The content of individual autobiographies was closely examined, and portions describing significant life experiences and the meaning of those experiences were extracted as data for analysis.

The results of 1), 2), 3) and 4) were comprehensively evaluated by the researchers to determine what developmental changes in the participants resulted from autobiography writing activities.

7. Study period: From May 2002 to May 2004

V. Ethical Consideration

Talking or writing a life story means revealing deep inside oneself. The researchers promised to be nonjudgmental and non-critical of participants' stories, and explained to the participants that they did not have to say anything that they didn't want to. It was also explained to the participants orally and in writing (Research Request Form) that participation in this study was voluntary and that participants could withdraw from the study at any time. After ensuring full understanding of the purposes of the study, a written agreement was made with the participants. All group discussions were tape-recorded, with the permission of the participants. After thorough explanation, it was agreed by the participants that their anonymity and confidentiality would be strictly observed; that

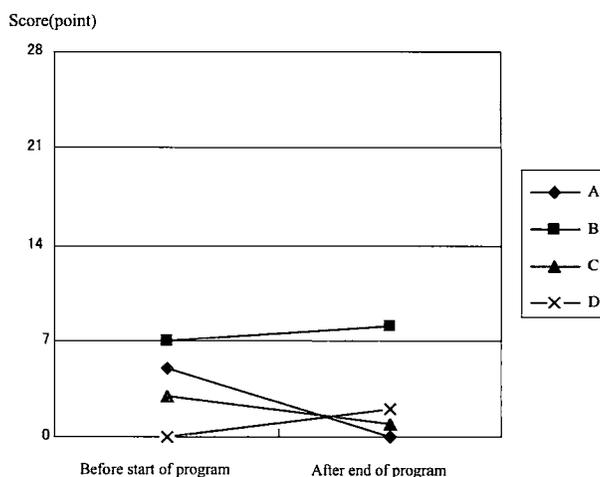


Fig.1: Changes in GHQ scores of all participants

the data obtained from this study would not be used for any purpose other than study; and that the results of this study would be publicized.

VI. Results and interpretations

1. Results and interpretations of a personal interview

1) A summary of participants

The participants who completed autobiography with our support of personal interviews were Ms. A (78 years old, female), Ms. B (88 years old, female), Mr. C (80 years old, male), and Ms. D (90 years old, female). Each of these four participants had changes of psychosocial development and improvement of health conditions as compared before and after the program. (Table2, Fig.1)

2) The developmental change of Ms. B

Ms. B was thought that it was most effective through the program, changes in scores of the developmental task achievement scale and GHQ28

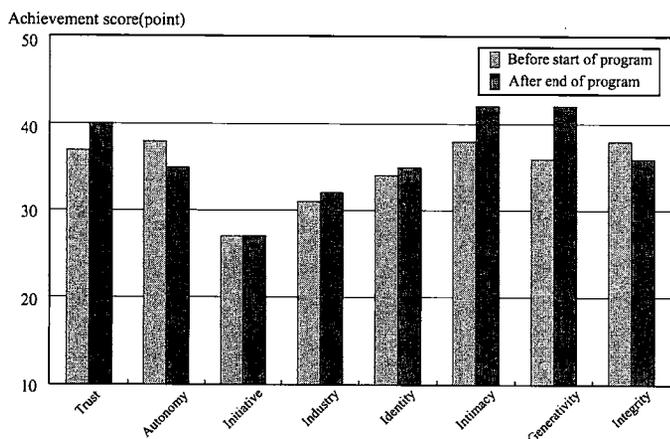


Fig.2: Changes in developmental task achievement scale scores of Ms.B

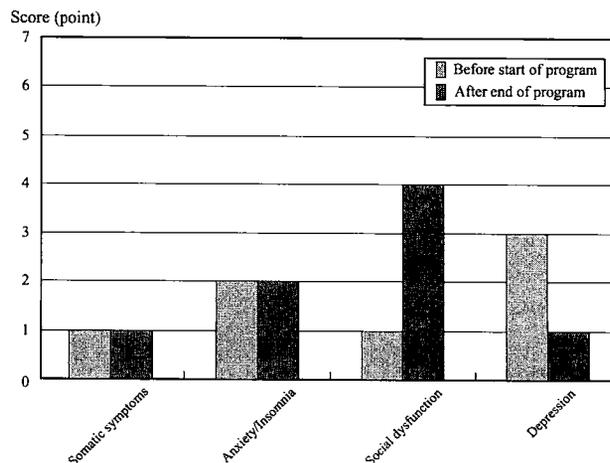


Fig.3: Changes in scores of Ms.B for each GHQ factor

of Ms. B (female, 88 years old) before and after the program are shown in Figures 2 and 3.

(1) Motive of program participation, impression after the end, and expectation with life in the future

Ms. B wanted to write it about invincible medical care over death of her husband after an operation of hernia, and how inhumanity the hospital was. She said that this was her motivation to write her autobiography. "It was really hard for me and I cannot sleep and got medicine for depression." The story continued. "I would regret until I died because I might have let my husband die." We needed to spend lots of time with her during an interview before start the program. After finish the interview, she said "I enjoyed it very much. I did not think that I could talk with teacher (researcher) of a university so familiarly." She said that she waited expectantly for conversation with us. In the program proceed, she got out of the loss experience of her husband and she talked more about her future life. "Because I lived long enough, I could die any time. I am satisfied." "I must arrange things and my life. It will take for at least 2 years." "I want to summarize my life properly. It would be regrettable, if I die without summarizing my life." Ms. B's story changed dramatically. "My husband's face in all photographs changed recently. He smiles all the time." "When I went to a porch, I saw a light began to shine into white clouds. I said

to my husband who stays over the sky that I cannot go there yet because I have to discover a meaning of my life and ascertain it".

(2) Changes in scores of the developmental task achievement scale and GHQ28

Figure 2 and 3 show changes in the scores before and after the program. The scores of "intimacy" and "generativity" increased. As for the result of GHQ28, the score for "social dysfunction" increased, but the score for "depression" decreased greatly.

(3) The evaluation that watched from interview progress and a measurement result

The story about medical distrust over death of her husband was repeated many times; however, in progress of the program, the time and the contents of the story gradually changed. In a parallel with the time when she started writing memories of her family from childhood to marriage life, she started talking about happy memories and the time she met her husband. A characteristic of Mrs. B' autobiography is to have large ratio of a description about her husband. She repeatedly talked about the episode of an encounter with her husband. She had a clear memory about the episode as if she went back to her girlhood. She described the color of the kimono which she wore at that time and details of a marriage meeting photograph. The contents about her husband gained 5 chapters in 14 chapters in spite of Ms. B's

Table 3: Change in the developmental task achievement scale scores for each participant before and after the program(group approach)

| | Trust | Autonomy | Initiative | Industry | Identity | Intimacy | Generativity | Integrity |
|-------------------|-------|----------|------------|----------|----------|----------|--------------|-----------|
| AK (Male/73) | +5 | +3 | +3 | +2 | +1 | +4 | +3 | +1 |
| AM (Female/69) | +3 | ±0 | +3 | +7 | +3 | +1 | +2 | +1 |
| KI (Female/85) | +1 | -3 | +6 | +6 | +4 | +1 | +2 | +1 |
| AU (Female/76) | ±0 | +2 | +3 | -3 | -3 | +2 | +6 | +2 |
| KT (Male/75) | -5 | +3 | -2 | +3 | +4 | +1 | +3 | ±0 |
| AN (Female/74) | -2 | -9 | +4 | +7 | -1 | -1 | +7 | -10 |
| KS (Male/73) | +2 | -2 | -4 | -2 | -4 | -1 | -1 | -2 |
| AF (Female/65) | +1 | -11 | +2 | -1 | -2 | -5 | +1 | -2 |
| KK (Female/77) | -3 | ±0 | -4 | -8 | -8 | -4 | -1 | -2 |

autobiography. In the 5 chapters, her husband job, his achievements, and the draft card were described. During interviews, we recommended that “Why don’t you write about yourself, such as the time when you worked hard after war because it is your autobiography. While she retraced and described that her husband’s experiences were her own history, Ms. B overcame a process of grief. At the time of the program started, sometimes her physical condition turned worse in the process of the loss experience of her husband, and she could not make any progress in writing. However, it was healed while looking forward to talking with a researcher in an interview and recollecting and systematizing the time when she spent with her husband through the process of completing autobiography. The fact that she overcame grief contributed to improve “depression” of mental health and the achievement degree of “intimacy” and “generativity” in the developmental task.

2. Results and interpretations of group approach

1) Brief overview of study participants

Age of participants: Group A : 65 to 76 years old (average age: 71.4 years), Group K : 73 to 85 years old (average age: 77.5 years)

Gender: Group A : 1 male; 4 females, Group K : 2 males; 2 females

2) Overall change

Table 3 shows changes in the developmental task achievement scale scores for each participant (nine in total) before and after the program. Table 4 shows changes in the average score of all participants for each developmental task stage before and after the program. Close examination disclosed a significant difference in “generativity.”

3) Changes by group

Table 4 show changes in the average scores of Group A and K, respectively, for each developmental task stage before and after the program. Examination of Group A data revealed a significant difference in “generativity.”

Group work went smoothly, in a relaxing atmosphere, from the first session in both Groups A and K, since the members were acquaintances through senior college and health class for elderly people. All members of Group A were attending senior college; their average age was younger than Group K. There was only one absence due to cold during the program. The members enjoyed coming to the college for the group session. One

Table 4: Changes in average scores for each developmental task stage

| | | Trust | Autonomy | Initiative | Industry | Identity | Intimacy | Generativity | Integrity |
|------------------|----------------|-------|----------|------------|----------|----------|----------|--------------|-----------|
| All participants | Before program | 36.0 | 41.1 | 36.0 | 40.3 | 35.8 | 39.7 | 43.6 | 43.8 |
| | After program | 36.2 | 39.2 | 36.1 | 41.5 | 35.1 | 39.4 | 46.1 | 42.6 |
| Group A | Before program | 36.0 | 39.0 | 34.8 | 36.6 | 34.2 | 37.8 | 39.8 | 41.8 |
| | After program | 37.4 | 36.0 | 35.8 | 39.0 | 33.8 | 38.0 | 43.8 | 40.2 |
| Group K | Before program | 36.0 | 43.8 | 37.5 | 45.0 | 37.8 | 42.0 | 48.3 | 46.3 |
| | After program | 34.8 | 43.3 | 36.5 | 44.8 | 36.8 | 41.3 | 49.0 | 45.5 |

* : $p < 0.05$

member said, "I enjoy coming to a nice clean college. Coming to "real" college is a great encouragement for me to write an autobiography."

Another member said, "I feel comfortable tension in the session, and it's really refreshing to me to come to a different place once a month." Also, each session seemed to serve as an "intermediate deadline" in the process of writing an autobiography. Although all members knew each other well, there was a unique relationship in the group session that was different from that in College A; they talked mainly about their pleasant memories at first. However, after a couple of sessions, one of the members talked about her difficult, painful experiences, and other members listened to her stories and accepted her painful feelings. Her revelation deepened the relationship of trust among group members, and greatly changed the content of each member's storytelling. The members became more self-disclosing and began to talk about significant persons and experiences that have influenced their lives.

Regarding Group K, the average age is six years older than that of Group A. Group K included one very elderly individual (85 years), and there were many absences due to illness and accident. The third session was the first time in which all members of Group K were in attendance. Group work ended with superficial and partial reminiscence without a profound dialogue taking place.

It is thought that the difference in the relationship-building process between the two

groups affected the developmental changes in individual participants, leading to the difference between Group A and Group K in average scores of the developmental task achievement scale.

4) Changes by participant

Table 3 shows significant variations among participants in level of change in the eight-stage developmental task achievement scale scores, before and after the program. Depending on the level of change, the participants can be grouped into three: 1) group that showed a significant increase in scores after the program; 2) group that showed a medium degree of change; and 3) group that showed no change or a decrease in scores. The following sections describe the process of change for three participants they showed a significant increase in scores after the program and its interpretation, including score changes in GHQ28, remarks in the sessions and autobiography content.

Changes in scores of the developmental task achievement scale and GHQ28 of Mr. AK (male, 73 years old) before and after the program are shown in [Figures 4 and 5](#). The scores for all stages of the developmental task achievement scale increased after the program; in particular, the scores for the early stages of development, such as "trust," "autonomy" and "initiative," showed a large increase. As for GHQ28, improvement was observed in the "anxiety/insomnia" score. In the preface of his

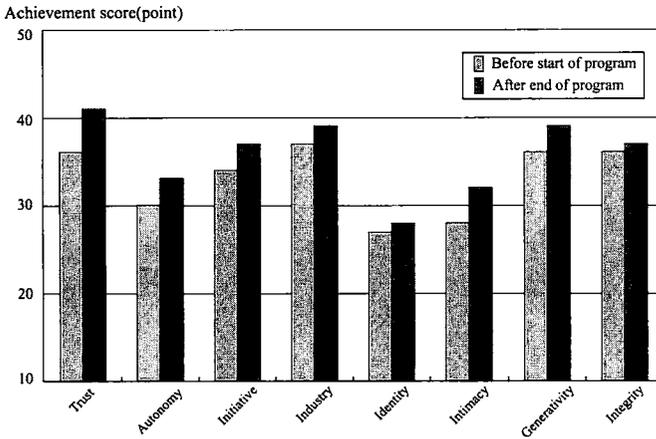


Fig.4: Changes in developmental task achievement scale scores of Mr. AK

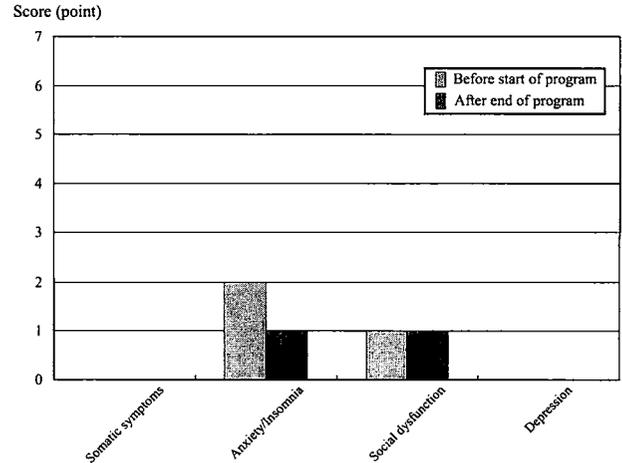


Fig.5: Changes in scores of Mr. AK for each GHQ factor

autobiography, Mr. AK described his motive for participating in the program: "I have lived a varied life, and I feel sad and disappointed that all my life stories and experiences might vanish with my death. I want my children and relatives to read my life." He titled his autobiography "My life with six "Ns" from the words by which he expressed his life-"luck" ("un" in Japanese), "slowness" ("don") and "tenacity" ("konjo"), and from the name of the mountain in his hometown "Tonpintan." He recalled his childhood memories with nostalgia; he was born as the youngest of seven children and raised in a loving home with parents - who were already quite old when he was born - and with affectionate brothers and sisters. He spent his impressionable boyhood in the war, and started his career as a mechanic. He said that he had achieved satisfactory results in his long career and was satisfied with it. He described his childhood memories and career in great detail in his autobiography. Mr. AK was the only male member in Group A, but talked with other female members in a natural way, although he rated himself a "poor talker." He served as a driver for other group members and took them to the college where group sessions were held. In the course of the program, he gradually held his own position and played his own role in the group. In the postface of his autobiography, he wrote: "Although I did not like looking back to the past, I have come to realize that I long for past days," "I felt 'saved' by talking about what I didn't want to talk about,

and by admitting what I didn't want to admit," and "I have realized that I met so many people who were kind and helpful to me." A characteristic of the life review process of Mr. AK lies in the title of the autobiography that symbolically represents his life. Although he did not achieve great success, he was lucky to meet many kind and nice people, and lived honestly and tenaciously, although he was not good at speaking. Through the life review and autobiography writing process, he found the meaning of his life. It is thought that his successful life review process, through group dialogue and resulting acceptance of what he is now, are reflected in the overall increase in the developmental task achievement scale scores.

Changes in scores of the developmental task achievement scale and GHQ28 of Ms. AM (female, 69 years old) before and after the program are shown in Figures 6 and 7. The scores for all stages of the developmental task achievement scale increased after the program; in particular, the scores for "industry" and "identity" showed large increases. As for GHQ28, improvement was observed in the scores for "somatic symptoms" and "anxiety/insomnia." Ms. AM wrote about her motives for participating in the program in the introduction, titled "Autobiography for reviewing myself": "When I turned sixty, my life began to change. Since then, I have wanted to write about my life to review myself." She also wrote, "I have had ups and downs and 'hells' in my life. I want

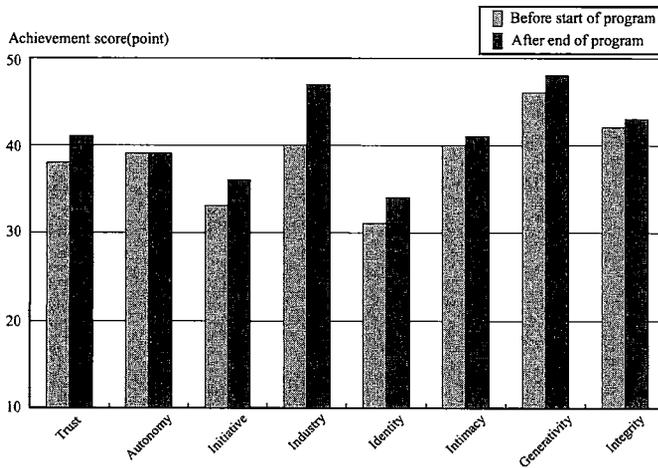


Fig.6: Changes in developmental task achievement scale scores of Ms. AM

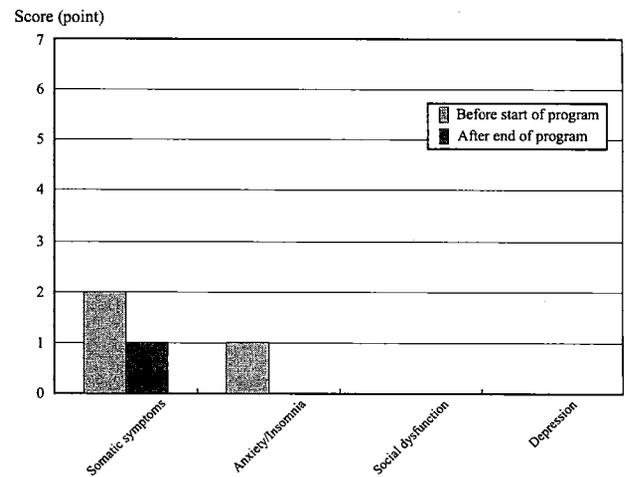


Fig.7: Changes in scores of Ms. AM for each GHQ factor

to write about my struggle to get through a long tunnel.” The title of her autobiography is “Going with the flow.” The title reflects the fact that she moved from place to place all around the country due to her father’s and husband’s job transfers, and her regret at having made important life decisions for the good of other people, rather than for herself. The first half of the autobiography, which comprises the chapters: “Roots,” “Birth” and “Drifting,” describes her childhood; she was born the eldest daughter in Abashiri, Hokkaido. She was a premature baby, brought up by loving parents and grandparents. She was educated in the chaotic period after the war, but moved from place to place in Hokkaido and Chiba. In the chapter titled “My younger days in the blink of an eye,” she wrote about her brief experience as a teacher with a provisional license and her days in Nagoya, where she worked as a civil servant. She then wrote that she decided to marry her husband at the wish of her parents, but against her own will. She wished to live a happy family life, but her life with an alcoholic husband was full of anguish. Her long, painful married life was titled “Despair-Marriage is the tomb of life.” But thirty years after her marriage, she learned the name of her husband’s illness – “alcohol dependence disorder.” Having realized that she was codependent, she decided to start a new life. She tried to free herself and change herself, and began to think about how she wanted to live her life. Through meeting with

a doctor and other alcoholic families, she gradually regained self-awareness. Her husband passed away; she feels she is free and now is the happiest time in her life. She is now living “the most fulfilling years” of her life. She has established a good, close relationship with her children, whom she raised through hard times, and with her grandchildren. She is leading an active life, enjoying music, traveling, hiking and studying at senior college. At the beginning of the program, Ms. AM was one of the members who didn’t speak often in the session, but she disclosed her painful married life with her alcoholic husband at the third session, by which time a trusting relationship seemed to have been gradually developed and strengthened. Other members attentively listened to her story. Until then the main topic of conversation in the session was pleasant childhood memories, but her revelation changed the atmosphere of the session dramatically; in subsequent sessions, more self-disclosure storytelling about hardships of life, such as nursing of aged parents, problems connected with children’s marriage, illness and marital problems, took place in a trusting atmosphere. Through the process of looking back on her married life, Ms. AM overcame her resentment toward her husband, and by writing about the experience of raising and educating her children through numerous hardships and the memories of seasonal events and experiences in various places where she had

moved for her husband's job, she gave new significance and meaning to her life. It can be said that her successful life review has led to a significant change in her developmental task achievement scale scores. Ms. AM described her impressions after completing her autobiography: "In group work I was able to release painful memories and experiences buried deep in my heart." Also, in the interview at the last session, she said, "I feel as if I have finally achieved my aim by enrolling in Senior College A and completing my autobiography." Of all group members, Ms. AM composed her life history in the most well-organized manner. It can be concluded that her enhanced psychological state led to the change in her GHQ28 scores.

Changes in scores of the developmental task achievement scale and GHQ28 of Ms. KI (female, 85 years old) before and after the program are shown in Figures 8 and 9. The scores for all stages (except "autonomy") of the developmental task achievement scale increased after the program; in particular, the scores for "initiative" and "industry" showed large increases. Regarding GHQ28, the score for "somatic symptoms" increased. Ms. KI had been interested in autobiography for some time and thought "I want to write an autobiography some day." Group K consisted of three males and two females. When asked about motives for participating in the program, one male member

answered, "I want to trace my family line and pass it down to my descendants." Another male member said, "I want to recall my preparatory flying student experiences." Unlike them, Ms. KI said clearly with determination, "I want to write about my long life. I want to write the history of myself." She wrote in her autobiography that she was born the eldest child in a family of three brothers and five sisters and brought up affectionately by her parents and grandparents. She also wrote about the memories of her mother, as well as how she has lived her life with a strong will. As the eldest daughter, she was not only taken good care of, but also was trained and treated strictly by her mother; she was made to help with the family business as well as with childcare and household chores. But thanks to her mother's understanding and permission, she was able to enter a teacher's school for women, to study to become a teacher, a long-cherished wish. To reduce the economic burden on her family, Ms. KI took an examination for a scholarship and successfully passed. This episode shows her strength; she carried out her original intention in times when people had negative attitudes toward working women. She vividly describes her happy days as an elementary school teacher, including her teaching life and friendly relations with women teachers working at the same school. Descriptions of her dedication to education and attitudes toward her students account for 20 percent of the chapter

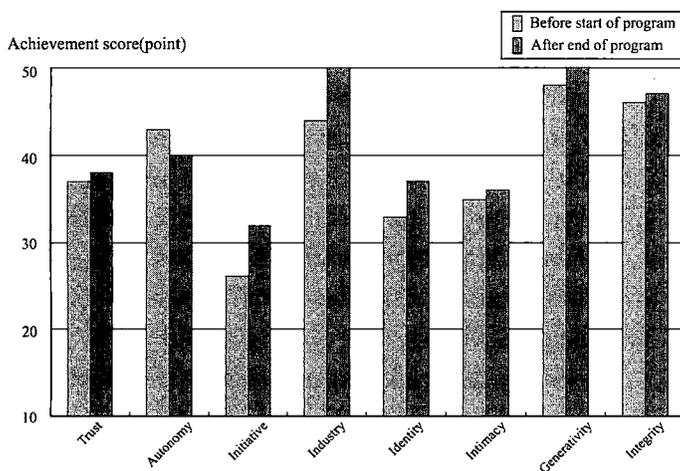


Fig.8: Changes in developmental task achievement scale scores of Ms. KI

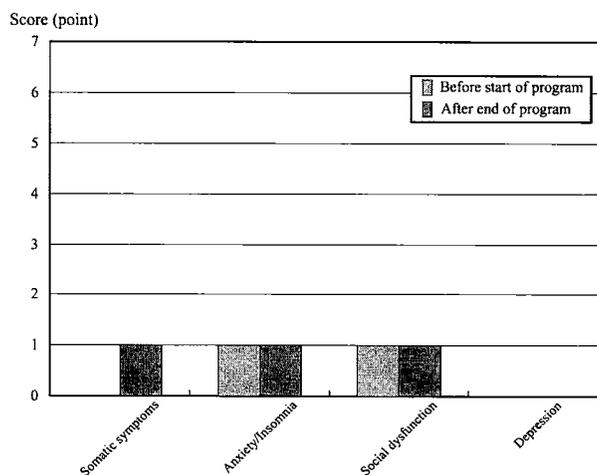


Fig.9: Changes in scores of Ms. KI for each GHQ factor

of her teacher days. She is proud of having sent half of her salary to her mother to help her family. In the last half of her autobiography, she wrote in detail about her marriage just before the war, her husband's going to war, her raising of two sons and two daughters, and her children's marriages. Numerous family photographs were included in her autobiography. The main characteristics of her storytelling and autobiography are that a belief in education, passed down to her from her mother, is reflected throughout her life—her teaching career, childrearing and education of her grandchildren, and that she herself is satisfied with the outcome of her way of life. She wrote in the postface: "My mother was an educator. Did I discipline my children as properly as my mother?" and "I am so happy and proud to hear praise for my daughter from her mother-in-law." She realizes that her family is closely connected by sharing values and beliefs passed down through generations in the family, from her mother to her, and from her to her children and grandchildren. She also wrote, "Considering my poor, hectic childhood, life now is like heaven to me. My happiness now is thanks to my mother, who allowed me to do what I wanted to do. I thank my mother." As is clear from this description, she is satisfied with what she is now. It can be concluded that such positive evaluation, achieved through the program, leads to improved scores on the developmental task achievement scale. Ms. KI is 85 years old, and during the program period she fell down on the street on her way home from her new year's visit to a shrine. Although her physical health seems to have begun deteriorating little by little, she is still socially active, as evidenced in her participation in health class and handicraft workshop. It is thought that her active lifestyle is reflected in the change in her GHQ scores.

Of all participants in this program, Mr. KS (male, 73 years old) recorded a decrease in developmental task achievement scale scores after the program. However, GHQ28 scores decreased. Ms. KK (female, 77 years old) showed a decrease in

developmental task achievement task and GHQ28 scores increased after the program. Mr. KS was the "leader" of Group K, respectively; he showed careful consideration for other group members. Mr. KS, who is a facilitator of the health class, actively cooperated with the researchers in participant gathering by encouraging fellow members of the health class to join the program. At first, he said "I don't intend to write an autobiography. I only cooperate in participant gathering," but while encouraging other people to participate in the program, he came to feel like doing so himself. His direct motive for participation is the fact that thirty years ago his father wrote a memoir, spending about two years, when he was the same age as Mr. KS is now (73 years old). He felt some curious coincidence and came to think that he wanted to write and leave something to his children and grandchildren. Using his father's memoir as reference, he wrote an autobiography titled "History of S Family and myself." The first half describes the origin of the S Family and the linkage between his grandfather, father and himself. By tracing the family origins and history, he gained a sense of self-identity and of self-esteem. When Mr. KS was in the second grade at elementary school, his mother died. He lost his wife and infant eldest daughter in a traffic accident. There are a few lines of description about memories of his mother, but there is no description about the death of his wife. Despite having lost his most beloved ones, these experiences were hardly described in either group sessions or in the autobiography. This is probably because Mr. KS has not yet been able to overcome the loss. It is thought that his psychological state resulting from life review led to the decrease in his developmental task achievement scale scores.

Lastly, changes in the scores of Ms. KK are analyzed here. Ms. KK was the first person to respond to our solicitation and express her intention to participate in the program. She is an active and sociable person who dresses in a young style. She not only participated in the health class, but also organized a dance circle. Due to a cervical

spine injury that she had sustained in a traffic accident before the start of the program, she was absent from the first and second sessions. At the third session, when she attended for the first time, she expressed a lack of confidence, saying "I am worried whether I can write a well-organized autobiography." But she also said, "Having seen my group members, I feel very encouraged to write." "What I want to write about is memories from my childhood to adolescence, and my life after reaching old age. I want to write about my happy life after I moved to K City. I don't want to write about marriage and child-rearing," she continued. She was absent from the fourth session since she was hospitalized due to influenza. At the fifth session, she revealed that there had been a man she loved when she was young and that she had been married against her will; these things were included in her biography. She said in the interview conducted at the last session of the program, "Having listened to your stories, it becomes clear what I want to write. I was happy to reminisce about various past memories," but it took considerable time before she finished writing a manuscript. The researchers had to call her several times to encourage her to write. On the telephone, she often complained that she couldn't write because she didn't feel well due to bad physical condition and that it was difficult to organize her thoughts into cohesive, clear writing. It was five months after the final group session when she submitted her completed manuscript. Her autobiography started with her childhood, in particular fond memories of her grandmother, followed by reminiscence about "a man whom she met and loved before her marriage," a brief description about her two children and a description about "aging herself." However, her autobiography, which has no headings, is somewhat fragmented, incohesive and poorly coordinated. Before the start of the program, Ms. KK was involved in an accident, and during the program, she contracted a disease. She decided and worked on autobiography writing in a situation in which she was disturbed by poor health and felt pressured to restructure her life for

the future. It seemed that she found it difficult to write a coherent, organized essay due to her fragmented memories. Also, Ms. KK lost reference materials and an autobiography writing manual that we had distributed to all participants. Furthermore, she often forgot to do her homework for the session. Although we did not sense anything wrong with her communication or storytelling in the session, it seems that she had some difficulty in remembering what she had recalled during the session and in organizing her thoughts and memories into writing. Given that she hastily filled in the questionnaire before the session, with insufficient understanding of the meaning of the questions, her developmental task achievement scale scores before the program are not credible. It is thought that the decrease in her scores after the program is a result of her increased understanding of the meanings of the questions. Her GHQ28 score increase in "anxiety/insomnia" after the program can be similarly interpreted.

VII. Discussion

1. Reminiscing/writing life stories and psychosociological development

When the scores before and after the interview approach program of four participants were compared, there were changes in the psychosocial development and improvement of health conditions. It was considered that these changes happened by two functions of the program, namely "an effect by completing an autobiography" and "an effect of interviews through the program."

Ms. B had the loss experience of her husband several years ago, and the direct motive of participation in this program was that she wanted to write the medical distrust over death of her husband. Ms. B could be in the way of "Moaning work"²⁹⁾ at the time when the program started. It was important support to listen her distrust of medical care over death of her husband repeatedly and her feeling of anger in sympathy. We drew a topic to concern about her husband while we interviewed her many times and showed our feeling of empathy. By reflecting a great time with

her husband, she retraced her whole life and wrote it on her autobiography. While she repeatedly retraced and described it, she was able to pay more attention to herself to "live in here now." This process leads to overcome the grief process, and leads to increase the scores of "intimacy" and "generativity" of the developmental task.

Ms. AM is probably one of the most successful cases in the group approach program. After completing her autobiography, she said, "In group work I could release painful memories and experiences buried deep in my heart" and "I feel as if I have finally achieved my aim by enrolling in Senior College A and completing my autobiography." From the night of her honeymoon until her husband was diagnosed as an alcoholic, Ms. AM was an "abused wife"⁶⁾ who "worked hard to survive and support the family and endured many pains and hardships." However, after her husband was diagnosed as an alcoholic, she began to participate in alcoholic family gatherings and tried to review her relationship with her husband and live her own life. With her husband now deceased, she is living with her child and grandchildren, and feels freedom and happiness, freed from all the burdens of life. Through meeting with the doctor who diagnosed her husband's illness and with other alcoholic families, she gradually regained self-awareness. Presumably, she had already started to review her life through new experiences and encounters at College A and self-expression activities such as poem-making and tanka-making. It is considered that the program provided an opportunity for Ms. AM to make sense of past events and experiences in her own way, and to gain energy for living through her remaining years. Regarding story-telling and writing autobiography in a group, Okamoto⁵⁾ said, quoting Bruner: "Although the autobiography itself is a "cluster of linguistic signs," the "act of confirming existential significance" through language is inherent in oral narrative and writing," and "Remembering self" is more important than "remembered self." What is important is what the person who is trying to reminisce needs now and what he/she is trying to take out of the past.

It is thought that Ms. AM confirmed the significance of her existence and found hope for the future life through the process of the program - expressing her intention to participating in the program and her determination to write an autobiography, and writing and telling her life story in a group. Using the program of this study as a guide, there are plans to establish the "Autobiography Club" at College A to encourage seniors to write their autobiographies; Ms. AM will participate in the club as a facilitator to help club members in autobiography writing. The active attitude of Ms. AM is also reflected in her developmental change.

2. Effects of two methods of support for writing autobiography

There are many elderly people who say that "I want to write an autobiography, but I do not know how to write it" or "I tried to write it, but I gave up on the way to writing." Although writing itself is difficult, it is more difficult to retrace their life experiences and give them a deep meaning by themselves. It is necessary to have a partner who can dialogue with elderly people with a great interest in their life experiences. The partner should be a listener as a supporter. All the participants of the interview program were elderly people in the latter period with various health conditions. They had plural difficulties by aging, such as having a hearing loss, using a wheelchair, and experiencing physical health changes and memory obstacles. In order to support each participant with different health conditions, it is important to help each participant's writing in detail and coordinate their pace of writing by conducting regular interviews. Ms. B sometimes regretted that she could not write as she expected because of her physical conditions. However, she was able to retrace her own life while she looked forward to have a dialogue with a researcher. It is considered that support of arranging many documents such as photographs or newspaper articles was effective. Therefore, a method of a personal interview was effective support for elderly people in the latter period.

Group work went smoothly in a relaxing atmosphere from the first session in both Groups A and K, since members were acquaintances through the lifelong learning course. In each group one person served as leader, and members were considerate to each other. In particular, Group A was a closed group⁷⁾ consisting of people who had been close friends through various activities at College A. At the beginning of the program, the Group already had a certain degree of "cohesiveness," one of the therapeutic factors of group work.³⁰⁾ And while discussing common topics such as war experiences and family conflicts, members gained a sense of comfort that they were not alone in having had such experiences – "universality," and by sharing common problems and helping each other, they also developed a sense of "altruism." Furthermore, in the third session, in which Ms. AM talked about her hard life with her alcoholic husband, members were felt to have experienced "catharsis." Ms. AM's revelation dramatically changed the group process and discussion content; in subsequent sessions, members became more self-disclosing and talked about their difficult and painful experiences in mutual trust. It is considered that all these experiences in the group sessions sensitized members, primed their memories of the details of their lives and helped them organize those details when they actually wrote their autobiographies, thereby enhancing the quality of their activities in making sense of the lives they had lived. In other words, the combination of group discussion and individual writing produced a synergetic effect. In addition, all Group A members were members of the literature course and were familiar with writing. Each other's advice regarding organization, title, chapter headings of autobiography is also thought to have been effective.

On the other hand, there were some participants who showed no clear effects of writing autobiography in a group. Mr. KS could not talk or write sufficiently about his experiencing the loss of significant others. It was felt that he did not reach the mental state in which he could disclose himself

to group members due to several factors, including delayed formation of group cohesiveness resulting from illness and accident among group members and his leadership role in the group. Ms. KK was also not able to disclose herself to group members. Instead, she revealed her feelings and complained about her bad health in a setting in which personal communication with the researcher was ensured, such as after group sessions and on the telephone. What these two people had in common was that they tried to be efficient and steadfast. For this type of person, personal interview-based autobiography writing is considered more suitable, as is presented in the previous study reports of the authors²⁴⁾. By providing personal support, it is considered possible to help them overcome the experience of loss and organize confused memories for writing, thereby enabling them to make sense of and integrate what they have experienced.

VIII. Implication from Study Results to Nursing Practice

The results suggest that the programs could be an effective support for elderly people in helping them maintain healthy lives and integrate the life they have lived. In the interview and the group work process, the facilitator's role is extremely important. Facilitators are required to maintain an active interest in each participant's personal history, to ensure effective and proper intervention. It is also necessary for them to make various efforts to ensure that the interview and the group work continues and evolves, including encouraging continuous participation and establishing an environment for active discussion. Group facilitators are the ages of participants' children and grandchildren. Group work, in which participants talk about their life experiences, is an opportunity for facilitators to learn and understand the lives of elderly people. This participant-facilitator relationship provides a "place and opportunity for the continuity of generations," leading to improvement in "generativity" in the developmental stage of old age. In addition, this approach to understanding the lives of elderly people in a historical context can be applied to nursing care. It should also be

noted that, since many elderly people find it difficult to do well-organized writing, concrete guidance on "how to write and organize an autobiography" and support in editing and bookbinding are major determinants of the success or failure of the program. It is clear from the results of this study that participants can be divided into two types: 1) individuals for whom autobiography writing in a group was effective, and 2) individuals for whom personal interview is likely to be effective. To enhance the effect of the program, it is considered important to conduct interviews in advance, so as to ask participants about their motives for participation and check their writing skills, psychological health conditions and degree of memory impairment, and depending on their individual conditions, it is necessary to judge which approach would be more appropriate for each participant: group work or personal interview.

The results of this study have shown that autobiography writing is an effective way of supporting integration in old age and to reminisce, reorganize and reconstruct life experiences. Therefore, there is a promising possibility that the autobiography program will be offered in various settings, including lifelong learning programs for senior citizens living in communities. At College A, where the authors held a briefing session to invite participation in the program, the "Autobiography Club" will be introduced as an extracurricular activity. We believe that the autobiography program can be offered in day-care centers and rehabilitation facilities for elderly people.

IX. Conclusion

This study was conducted to determine what changes have been brought about in the psychosociological development and health of elderly people by the experience of writing an autobiography with caregivers' guidance, and to examine the significance of supporting autobiography writing groups as nursing support to help elderly people maintain healthy lives. The following conclusions were obtained.

1. It was suggested that two methods in the

programs are useful to maintain healthy life for elderly people, and to support integration of their life experiences. A method of group approach is suitable for the healthy elderly people and a method of a personal interview is suitable for elderly people with health problems.

2. Through the program by a personal interview, all four participants showed a change of the psychosocial development and the improvement of health conditions.

3. As a result of comparing the total developmental task scale scores of all nine participants for each stage before and after the program, participants were divided into three groups: 1) group that showed significant increase in scores after the program, 2) group that showed medium increase in scores, and 3) group that showed no change or decrease in scores. The results revealed that there were some participants for whom the activity of writing an autobiography in a group was effective and some participants for whom personal support was needed instead of group work.

4. The group dynamics changed through the facilitator's effective involvement in the group work. In this program, the facilitator assisted individuals to recall, organize and make sense of their life experiences for autobiography writing, and for each member to share the path of his/her life. It was indicated that nursing care professionals' attentive and active listening, as well as effective support for autobiography writing-while paying attention to participants' health conditions-would be effective in promoting the psychosociological development of elderly people.

X. Limitation of the Study

It is said that studies have just begun to offer evidence that the activities of reminiscing, telling and writing life stories contribute positively to the life integration process in old age. There is also little accumulation of research knowledge in the field of nursing science. In conjunction with this study, it is necessary to examine methods for measuring the effectiveness of the program. Given that the number of participants in this study was

nine, further studies are required, involving various age groups and those with various health conditions, to verify the program's effectiveness.

Acknowledgments

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References

- 1) Erikson EH: *Childhood and Society I*. Nishina Y (Trans.), Misuzu Shobo, 317-353, 1977.
- 2) Butler RN, Gleason HP (ed.): *Productive Aging*. Okamoto Y (Trans.), Nippon Hyoronsha, 1998.
- 3) Butler RN: The life review: An interpretation of reminiscence in the aged. *Psychiatry*. 1963; 26: 65-76.
- 4) Greenhalgh T, Hurwitz B: *Narrative Based Medicine*. Saito S, et. (Ed./Trans.). Kongo Shuppan. 3-17. 1998.
- 5) Okamoto N, Yamagami M (Ed.): *Imi no keisei to hattatsu*. [Formation and Development of Meaning] Kyoto: Minerva Publishing. 1-28. 2000.
- 6) Freed AO: *The Changing Worlds of Older Women in Japan*. Kurokawa Y et. (Trans.), Tokyo: Seishinshobo. 11-149. 1998.
- 7) Nomura T: *Reminiscence Therapy and Life Review*. Chuohoki Publishers. 2-197. 1998.
- 8) Yamaguchi T: *Jinsei no katari no hattatsu rinsyoku shinri*. [Storytelling and Developmental Clinical Psychology] Nakanishiya Shuppan. 2004.
- 9) Yamada Y: *Jinsei wo monogataru*. [Personal Document Method for Lifelong Development] Kyoto: Minerva Publishing. 2000.
- 10) Harrienger M: The role of discourse in composing. *Journal of aging studies*. 1998; 12(2): 129-135.
- 11) Shuster E: A community bound by words: Reflection on a Nursing Home Writing Group. *Journal of aging studies* 1998; 12 (2): 137-147.
- 12) Cheryl A. Dellasega: Using Structured Writing Experiences to promote mental health. *Journal of Psychosocial Nursing* 2001; 39(2): 14-23.
- 13) Kobayashi T: Lifehistory kenkyu no shiten kara mita jibunshi. [Autobiography from Perspective of Life-history Studies] Yoshizawa T(Ed.), *Gendai-no Esprit*. Shibundo. 1995; No.338: 29-41.
- 14) Nakazato K: Koureiki no tinou, souzousei, tie no hattatsu. [Intelligence, Creativity and Wisdom Development in the Aged] Shimonaka Y et. (Written /Ed.) *Koureisya shinrigaku*. Kenpakusha, Tokyo, 2004: 81-90.
- 15) Kinoshita Y: *Roujin care no syakaigaku*. [Sociology for Elderly Care] Tokyo: Igaku Shoin, 1993: 113-145.
- 16) Noguchi M: Roujinkangogaku saikou-jigahattatsu no kanten kara. [Reconsideration of Gerontological Nursing-From the perspective of ego development] *Quality Nursing*. 1997; 3(10): 972-977.
- 17) Clarke A: Using biography to enhance the nursing care of older people. *BRITISH JOURNAL of NURSING*. 2000; 9(7): 429-433.
- 18) Broadbent I: Using the biographical approach. *Nursing Times*. 1999; 95(39): 52-54.
- 19) Ono S: Koureisya no kangohouhou ni kansuru kenkyu. [Study on Elderly Nursing Methodology] *Journal of the Chiba Academy of Nursing Science*. 1997; 3(1): 32-38.
- 20) Ono S: Kangoenjo niyoru koureisya no jigahattatsu no keika. [Process of Ego Developmental of the Elderly through Nursing Support] *Journal of the Chiba Academy of Nursing Science*. 1997; 3(2): 50-59.
- 21) Ono S: Rounensya no jigahattatsu wo unagasu kangoenjo. [Nursing Support for Promoting Ego Development of the Elderly] *Quality Nursing*. 1997; 3(10): 982-988.
- 22) Ono S: "Koureisya no jigahattatsu wo unagasu kangoenjo no kouzou" no yuukousei. [Efficacy of "Structure of Nursing Support for Promoting Ego Development of the Elderly"] *Journal of the Japan Academy of Gerontological Nursing*. 2001; 6(1): 85-91.
- 23) Hara S, Numoto K: Oi wo ikiru hito no life stories. [Life Stories of Old Adults] *Journal of the Japan Academy of Gerontological Nursing*. 2004; 8 (2): 35-43.
- 24) Numoto K, Hara S, Asai S, et al.: Koureisya ga sien wo ukete jibunshi wo kijutu suru koto no shinrisyakaiteki hattatsu heno eikyou. [Effects of Guided Autobiography Writing on Psychosociological Development of Older People] *Journal of the Japan Academy of Gerontological Nursing*. 2004; 9(1): 54-64.
- 25) Nomura T (representative author): *Kaisouhou handbook*. [Reminiscence Therapy Handbook] Chuohoki Publishers. 2000.
- 26) Fukuyama T: Kinyusiki "jibunshi note" (BOOKgata). ["Autobiography Notebook" (fill-in type) (BOOK type)] Tokyo: Shinpu Shobo, 1984.
- 27) Shimonaka Y, Nakazato K, Takayama M, et al.: Erikson E no hattatsukadaitasseisyakudo no kentou [Study on E. Erikson's developmental task achievement scale] *Clinical Psychology Research*. 2000; 17 (6): 525-537.

- 28) Domino G, Affonso D D: Personality measure of Erikson's life stages: The inventory of psychosocial balance. *Journal of Personality Assesment*. 1999; 54(3&4): 576-588.
- 29) Okonogi K: *Taisyou souchitsu*. [Object Loss] Tokyo: Tyukou Shinsyo, 59-96. 1979.
- 30) Vinogradov S, Yalom I D, Yu Kawamuro (Trans.): *Concise Guide to Group Psychotherapy*. Tokyo: Kongo Shuppan, 1991.

看護支援を受けて自分史を記述することによる 高齢者の心理社会的発達

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要 旨

本研究は、高齢者が看護者の支援を受け、「自分史」を記述することにより、どのような心理社会的発達と健康状態の変化を示しているのかを明らかにし、看護援助として自分史記述を支援する意義について検討することを目的とした。その結果、以下の結論を得た。

1. 二つ方法によるプログラムは高齢者にとって健康生活を維持し、人生の統合を支える有効な支援になりうる可能性が示唆された。個人面談の方法を用いたプログラムは、障害をもつ後期高齢者に、またグループアプローチによるプログラムは、前期高齢者など健康状態のよい人に適している。

2. 個人面談によるプログラムでは、4名の参加者全員が発達の変化と健康状態の改善を示した。

3. グループアプローチの参加者9名の発達課題達成尺度合計得点の変化を、各段階ごとにプログラム開始前と終了後で比較した結果、得点変化が大きく上昇した群、中程度上昇した群、変化しなかった、または低下した群に分かれた。この結果から、グループで自分史を書くことが効果的であった人と、個人面談の方法を用いて支援することが必要であった人がいることが明らかになった。

4. グループにおけるファシリテーターが語られる内容を意味づけ、自分史に記述することを支援し、参加者個々の人生の軌跡を相互に共有できるように関わることによってグループダイナミクスが変化した。看護職者として参加者の語りに関心を持って傾聴すること、毎回のグループを維持しながら高齢の参加者の体調に配慮して自分史記述の支援をすることは高齢者の心理社会的発達を促す看護実践として活用可能であることが示唆された。