The PGC morale scale and the "Perceived Benefits of Reminiscence" Scale in Recovered Hansen's Disease Patients

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Abstract : Forty one recovered Hansen's Disease patients (HD patients) completed the Philadelphia Geriatric Center (PGC) morale scales and "perceived benefits of reminiscence" scale in order to examine usefulness and validity of reminiscence therapy for them. Scores and patterns of these scales in HD patients were compared with those in 69 elders dwelling in a rural area. In the PGC morale scale results, HD patients rated "Aging", lowest, followed by "Loneliness" and "Agitation." However, there was no significant difference among these in the case of rural dwelling elders. The "perceived benefits of reminiscence" scale in HD patients showed that, although overall scores were lower than rural dwelling elders, they perceived "reminiscence therapy" as useful or beneficial. There was a significant correlation ($r=0.26$, $p<.05$) between the scores of the PGC morale scale and those of the "perceived benefits of reminiscence" in rural dwelling elders, however, there was no significant correlation in HD patients. These results suggest that special care is needed concerning aging, and loneliness and general life dissatisfaction of the HD patients, and, although they perceive reminiscence to be useful in terms of providing topics of conversation, since it's relation to life satisfaction is complex, reopening their wounded memories in reminiscence therapy should be done with great caution.

Key words : Hansen's Disease, reminiscence therapy, morale scale

The recent history of Hansen's Disease (HD), also known as "Leprosy", has been very complicated in Japan. HD patients have suffered from various kind of stigmatization. Most HD patients are now old. Their past lives have been disrupted by their illness. They have been in public facilities for most of their lives and still have to be there. Moreover, in the facilities, many of them experienced depression caused by various kinds of psychological stresses. For example, they could not communicate suitably with the care worker taking care of them. So psychological intervention to cope with these stresses seems to be needed.

The reminiscence therapy was developed by Butler[1], providing psychological help for the elderly to encourage their reminiscence. A participant reviews his or her life from 4 to 6 times, individually or in a group, with the help of a specially trained interviewer. This intervention has shown substantial positive effects, promoting feelings of accomplishment, the sense of a job well done, and the desire to make the time left for them more fulfilling [2) 3)]. Empirical research shows that reminiscence therapy increases life satisfaction, self-esteem, and psychological well-being, and decreases depression[4) 5) 6) 7)].

From these findings, however, we could not clearly predict how HD patients would react to reminiscence therapy. The subjects in these investigations have mostly spent their younger years in a normal domestic setting. By contrast, HD patients have usually been

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forced to spend most of their lives in a sanatorium and many have bitter memories that could be classified as traumatizing. Therefore "reminiscence therapy" itself could be traumatizing for HD patients and inappropriate tool for psychological help. In order to throw further light on this problem, the present study investigated the possibility of reminiscence therapy as a means of psychological help for HD patients. We measured how they feel about "reminiscence of their past" by the "perceived benefits of reminiscence" scale. And to measure the satisfaction with their current life and the quality of social adaptation, the PGC (Philadelphia Geriatric Center) morale scales[8] were employed. The PGC scores in HD patients and those in rural dwelling elders was compared in order to understand what kind of help is needed for HD patients.

Method

Participants: The HD participants consisted of 76 patients (mean age 73 years) in a sanatorium for Hansen's Disease in Japan (Table 1). These HD patients get some medical treatment, but they were not in hospitals. The other participants consisted of sixty-nine rural-dwelling elderly. They were participants who attended a lecture about mental health. Thus, they were healthy, energetic, be interested in various events in the village, and had intimate human relation each other in the community. Their mean age was 67 years. All participants' communication ability was normal.

Questionnaires: The scale used to measure the perceived benefits of reminiscence, developed by Havighurst and Glasser [9], was adapted for use in Japan by Osada & Osada [10]. It consists of 9 items. Participants rated each item on a scale from 1 (not at all) to 4 (very much so), the highest possible cumulative score thus being 36. High scores represent a positive perception of reminiscence. The PGC morale scale[8] measures 3 factors - agitation (6 items), attitudes toward one's own aging (5 items), and loneliness or dissatisfaction (6 items) - referred to as Agitation, Aging, and Loneliness. Agitation items are measures of psychological calmness: for example, "I get upset easily". An example of an Aging item is: "Things keep getting worse as I get older". An example of a Loneliness item: "I have a lot to be sad about". Participants respond either "Yes" (score=0) or "No" (score=1) to each question. Mean scores for each factor are employed because of the different numbers of sub-scale items. The scores for Items number 2, 9, and 14 are reversed. Low scores indicate low life satisfaction or low morale.

Table 1 Number HD patients separated by age

Age	HD patients	rural dwelling elders
50 ~ 59	3	12
60 ~ 69	17	14
70 ~ 79	39	27
80 ~ 89	17	4
unsigned	0	12
Total	76	69

Procedure: With the help of the department of social welfare at the sanatorium, all HD patients were informed of the study by radio one month in advance. She and a clinical psychologist visited the participants in the Dependent Houses, following the announcement of a visiting schedule, and after obtaining their consent. The interviewer again explained the purpose of the investigation. They were informed that result of each participant' questionnaire would be analyzed in sum and protected strictly. After ensuring these matters, interviews were conducted in order to complete the questionnaire. The interviews were conducted individually and lasted from 20 to 50 minutes. The interview procedure took about a month to complete. In the Independent Houses, the same interviewer visited each House and explained the purpose of the study, again making sure that the patients understood what was involved. Consent was obtained and then the questionnaires were left with the patients. One week later, the interviewer collected the questionnaires. In accordance with ethical requirements, participation was voluntary, privacy was strictly protected, and the patients completed the questionnaires anonymously. They were in no way

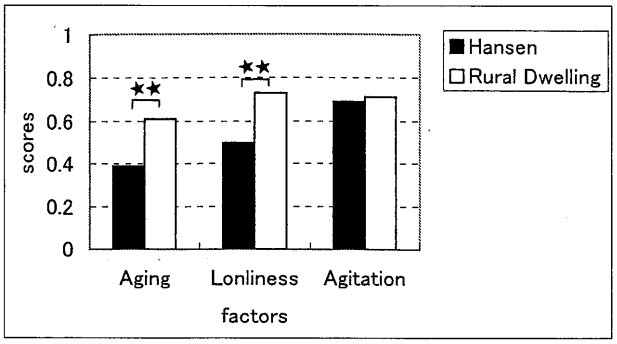
disadvantaged if they declined to participate.

At a community meeting periodicalty held in Okayama, Japan, rural dwelling elderly attendees participated. The purpose of the study and the method of statistic analysis by which data would be analyzed were explained to them, and among them, only persons who expressed interest completed the questionnaires. To meet ethical requirements, participants answered the questionnaires anonymously, and those who declined to participate suffered no disadvantage.

Results

PGC Morale Scale

To investigate present levels of life satisfaction, a two-way repeated measures analysis of variance, 2 (kinds of participants: HD patients, rural dwelling elders) ×3 (PGC factors: Agitation, Lonely dissatisfaction, Aging), in which kinds of participants were the "between" variables, and PGC factors were the "within" variables, was conducted (see Figure 1). The main effect of the kinds of participants was statistically significant (F (1, 143) = 23.03, p<.001), with the mean score of the former Hansen's disease patients lower. The main effect of PGC factors was also significant (F (2, 286) =36.9, p<.001), with the mean score of "Aging" the lowest (0.50) of the three factors, followed by "Loneliness (0.62)", and "Agitation (0.70)". Moreover, the interaction was also significant (F (2,286) =12.58, p<001). After performing a sub-test using the Ryan method, simple main effects were observed in the categories of "Aging" and "Lonely dissatisfaction", with scores of the former Hansen' disease patients lower in both.



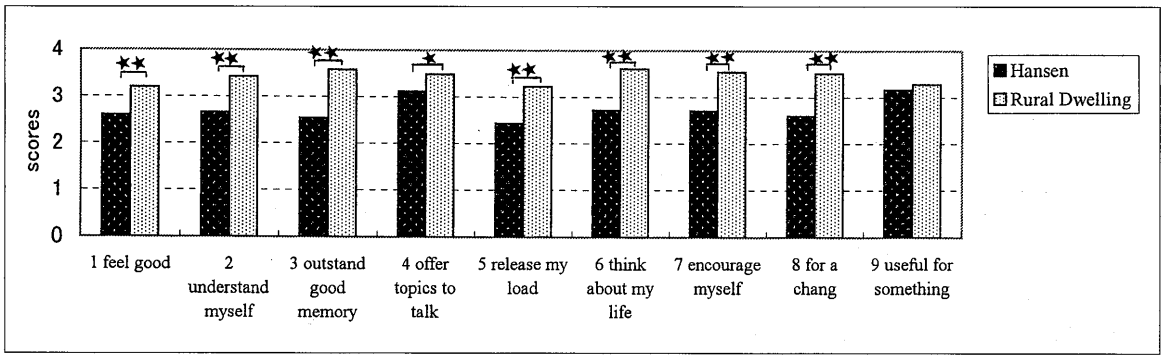
＊＊ p <.001

Figure 1 Scores of PGC of former Hansen's disease patients and rural dwelling elders

Perceived Benefits of Reminiscence

To examine the perceived benefits of reminiscence, a two way repeated measures analysis of variance, 2 (kinds of participants: HD patients, rural dwelling elders) × 9 (various items about perception of reminiscence), in which kinds of participants were the "between" variables, and items of reminiscence were the "within" variables, was conducted on the ratings of recognition (see Figure 2). The main effects of kinds of participants was significant (F (1,143) =32.96, p<.001), with the mean score of former Hansen's disease patients lower. The main effect of items concerning perception of reminiscence was statistically significant (F (8, 1144) = 4.76, p<.001). Scores for Item number 4 ("reminiscence provides topics to talk about") and item number 9 ("reminiscence is somewhat useful") were higher than those of item number 1(When I remember old days, I feel good") or item number 5 ("Reminiscence releases my load").

The interaction was also significant (F (8, 1144) =



＊ p <.05 ＊＊ p <.001

Figure 2 Scores of recognition of reminiscence by former Hansen's disease patients and rural dwelling elders

4.69, $p<.001$. After performing a sub-test using the Ryan method, the simple main effect of kinds of participants was statistically significant for all of the items for the HD patients except item number 9 ("reminiscence is somewhat helpful"). That is, although the HD patients have bitter memories, and in most categories differ from the rural dwellers, they still agree with the rural dwelling elders that reminiscence is somewhat useful. Moreover, after a multiple comparison of each kind of participant, although there was no significant difference among 9 items for rural dwelling elders, scores for items 9 and 4 were higher than those of other items.

Next, we examined the relation between PCG morale scale and those of perceived benefits of reminiscence, conducting a correlation analysis. For the HD patients, there was no significant relation between them. On the other hand, for rural dwelling elders, the correlation was significant ($r=.26$, $p<.05$). That is, though there was not a linear relation between the two variables for the HD patients, there was for rural dwelling elders; that is, rural dwelling elders who perceive benefits of reminiscence as useful have high life satisfaction.

Discussion

With regard to current life satisfaction, total PGC scores for the HD patients were lower than those of rural dwelling elders. In other words, in addition to dissatisfaction with their past lives because of the disease, they are not satisfied with their present lives vis-à-vis those of ordinary elders. Particularly, scores in "aging" and "loneliness or dissatisfaction" of the HD patients were lower than those of rural dwelling elders. Regarding "aging", many of them had trouble with joint pain caused by rheumatism or aging. That is, in addition to a decrease in physical strength, they had some troubles caused by HD. Moreover, their range of communication is small because of stigmatization and discrimination throughout their social lives, and the additional limitations caused by aging makes their range of communication even smaller. A women said, "I do not want to meet anyone because I do not want someone see my deformed body". We should consider the relation between aging, range of movement of the body, and limitation of range of communication, as well as other factors.

In addition, some of them are worried about their futures because the law suit has finished so they wonder if the government will continue to take care of them. Practical help to maintain their ADL (medical, rehabilitation, or daily lives) and assurance of the availability of continuing help will be needed. As the HD patients are so old (mean age was 73), care for their low PGC will be needed before it is too late.

As for "loneliness and dissatisfaction," most of the HD patients had no children because of laws in the facilities, and they feel lonely. Moreover, they sometimes refuse to meet their family in order to protect their families from discrimination. On the other hand, rural dwelling elders derive great pleasure from their children or grandchildren, according to their free descriptions in the questionnaires. Such chances to freely meet with relatives should also be available to the HD patients.

Next, with regard to perception of the effects of reminiscence, there was no difference between the HD patients and the rural dwelling elders for item number 9 ("reminiscence is somewhat useful"). And the score for item number 4 ("reminiscence provide topics to talk about") was higher. This means that the HD patients perceive their reminiscences as somewhat useful in providing topics to talk about. This means that reminiscence therapy has possibility for HD patients of psychological help. However, in other items, since there were differences between the kinds of participants, the scores for perception of the HD patients being lower than those of rural dwelling elders, developing a way to adapt it to fit the needs of each HD patient will be needed in the future.

With regard to the relation between PGC morale and perceived benefits of reminiscence, since rural dwelling elders spend their lives in typical ways, results show a relationship between reminiscence and life satisfaction. This supports research by Erikson [12] on life stages: integrating their lives leads to wisdom. However, as there are various patterns that emerged between life satisfaction and perceived benefits of reminiscence for the HD patient, there is no linear relation. There seems to be some of the patterns are as following. 1) They are not satisfied with their current lives, and they also deny the importance of

their reminiscence. 2) They are satisfied with their current lives because they are being taking care of by the government, but, they deny the importance of their reminiscence. 3) They are satisfied with their current lives, moreover, they recognize some positive aspects of reminiscence. No one perceives their reminiscence positively and wholly. These facts also suggest that other kinds of reminiscence therapy different from usual pattern will be needed.

This research suggests that we can use reminiscence therapy considering HD patients' need not to harm their bitter memory[12)13)].

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