

SUMMARY OF 1972 RESEARCH DATA

PRESENTED AT THE 25th ANNUAL MEETING

OF THE GERONTOLOGICAL SOCIETY

in December, 1972 in San Juan, Puerto Rico

By Naomi Feil, M.S.W. A.C.S.W.

Case Western Reserve University Graduate Students, Linda Schove and Sally Davenport were trained to lead the two groups involved in the study. They learned to record and tabulate the data, and record baseline information. Montefiore Home Psychologist and psychiatrist served as consultants, while the author, Naomi Feil, supervised the project.

Phase I: We divided the twelve group members, diagnosed "organic brain damage, senile psychotic," into two groups, meeting four times per week for approximately 25 minutes each time, for a period of six months. Our goals for group members were: 1) increase positive affect, 2) promote verbal and non-verbal interaction to bring about feelings of dignity and self-worth. Our goals outside the group were: 1) lessen demands on the staff; 2) decrease incontinence as anxiety decreases and feelings of self-worth emerge.

Goals

Phase II: We defined "interaction" and "positive" and "negative" affect in 30 variables, listing each variable on rating sheets for each group member. Miss Schove and Miss Davenport trained three Geriatric Aides to record data at four regular intervals: a) morning, b) while toiletting, c) during the group session, d) before bed-time. Rating sheets were revised once during the study to accommodate the aide's working schedule in the evening. The following variables defined positive affect:

- sitting comfortably
- attentive
- smiling
- involved (touches others, taps, claps, eyes focused)
- expresses anger without acting out
- expresses joy
- asks to go to the bathroom

The following variables defined negative affect:

sitting hunched forward
restless
pacing
unable to look at others
uses only body movements instead of speech
hits or punches, bangs, scratches, blank expression,
anxious

Negative affect: blank expression, withdrawn, always sad, cries,
swears, facial grimace "smile", completely incontinent.

The following defines Interaction: attentive, initiates comments, picks
up words of others or feeling-tones,
talks to general audience, remarks
about others, sits close to group
members or touches them, sits with
others outside the group.

Phase III: The groups were started and group leaders and Geriatric
aides charted behavior by checking "m" for "more than
last check", "l" for "less than last check", and "s"
for "same as last check".

The aides and therapists charted behavior four times
each day for six months, re-defining variables that
proved to elicit subjective ratings. The groups met
four days each week.

Phase IV: Miss Schove and Miss Davenport tabulated the data.
Scores ranged from: -3 (major decline) to 3 (major
improvement). "0" indicated baseline behavior.
Ratings were individualized. For example, "Mrs. B
typically smiles alot, but Mrs. L never smiles.
Therefore, "smiling" signifies to change for Mrs. B,
but is rated as plus 2 for Mrs. L."

RESULTS

All except one group member showed an increase
in positive affect. Eight group members showed a
decrease in negative affect. Eleven members rated
from plus 1 to 3 in Interaction. The results indicat-
ed heightened awareness of self and an increase in
feelings of self-worth, in all but one group member.
The Charge Nurse on the ward wrote: "I found the

residents less anxious on the ward as compared with those that were not included in the group - and less demanding of nursing time".

DISCUSSION OF FINDINGS

Mr. L's score was -1. He had suffered a series of strokes and his acting out behavior decreased, his verbal interaction ceased, but he still waved his hands to indicate he belonged to the group.

Documented in film, The Tuesday Group, 1972
Edward Feil Productions, 4614 Prospect Avenue
Cleveland, Ohio 44103 (216) 771-0655

