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The act of giving: a pilot and feasibility study of the *My Life Story* programme designed to foster positive mental health and well-being in adolescents and older adults

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Twelve pairs of adolescent students were linked to an older adult in aged care in this pilot study on intergenerational interaction. Triads met weekly for eight weeks with the aim of writing a Life Review Book for the older adult. At the conclusion of the study, participants were interviewed to gain an understanding of their experiences and meaning of the programme. Thematic analysis of the interviews revealed four major themes: breaking down the stereotypes, recognition of heterogeneity, satisfaction from ‘making the effort’ and personal gain through making a contribution. Measures of psychological well-being were also administered pre- and post-delivery of the programme. This revealed that both age groups could and would complete all aspects of the programme. It was concluded from the findings that the intergenerational programme is feasible in the context of adolescent and older adult intergenerational relationships, and a potential influence on well-being for those who take part.

**Keywords:** intergenerational relationships; life review; well-being; giving

Community-based reminiscence programmes (Wadensten & Hägglund, 2006), and reminiscence therapy used with isolated older adults (Perese, Simon, & Ryan, 2008) and those with early dementia (Chung, 2009), have provided powerful tools to connect older adults to their past and impact positively on depressive symptoms. Developmentally, older adults’ lives can gain meaning and value from passing on knowledge and learned wisdom to younger generations (Erikson, 1959; Erikson, Erikson, & Kivnick, 1986; Tornstram, 1997). Adolescents, in contrast, focus on developing their own identity and sense of self in the world (Erikson, 1959, 1968). Enhancing this development, school curriculums often include a service project component in secondary education to encourage students to develop self-esteem, a community focus and pro-social behaviour (Kaplan, 2001; Kessler & Staudinger, 2007).

In contrast to encouraging pro-social behaviour, older adults in care are treated solely as receivers of help, even though giving help has been found to be more beneficial to their well-being and longevity than receiving help alone (Brown, Nesse, Vinokur, & Smith, 2003; Post & Neimark, 2007). Reviews of intergenerational programmes have noted that when giving is a part of doing an activity with or for someone else, there are inherent benefits for the giver, such as feeling good (Morrow-Howell, Hong, & Tang, 2009) and creating reciprocity in the act of giving (Kaplan, 2001; Pennington & Knight, 2008).

Engaging in pro-social behaviour and feeling valued can lead to personal benefits, such as increased self-worth, through a sense of mastery (Kaplan, 2001). Environmental
mastery has been defined as having a sense of being able to manage the environment, control external activities, make use of opportunities and establish or choose situations according to personal contexts (Ryff, 1989). Ryff has identified environmental mastery and social connectedness, through positive relationships, as important factors contributing to psychological well-being. Such protective factors to poor psychological health are of primary importance to health-care providers and researchers in this area.

World depression rates are rising across all age groups (Australian Bureau of Statistics, 2009; Boyd, Kostanski, Gullone, Ollendick, & Shek, 2000; Cosgrave et al., 2008; Davison et al., 2007; World Health Organization, 2008). Positive intergenerational interactions may be effective in reducing depressive symptoms, providing protective factors for people without depression and encouraging social support between adolescents and older adults – two age groups where depressive symptoms often go unrecognised.

**Environmental mastery and social connectedness**

Research on environmental mastery during adolescence is limited, yet having a sense of control and mastery over one’s life is important during that developmental period, when the young person’s identity is forming and the individuation process dominates (Conger, Williams, Little, Masyn, & Shebloski, 2009; Erikson, 1959, 1968). Being able to act independently and responsibly provides adolescents with a sense of mastery and increased self-esteem (Kaplan, 2001). The benefits are similar for older adults, yet in spite of its importance to health and well-being, those in residential care, in particular, are rarely afforded control over their environment. A recent study of older adults in care showed that environmental mastery was the mediating factor in the relationship between physical health and depression (Knight, Davison, McCabe, & Mellor, 2011). In community-dwelling older adults, higher levels of mastery over environment, including physical ability to manage living independently, had a positive effect on depression (Jang, Haley, Small, & Mortimer, 2002).

Compromised social connectedness is also common to adolescents and older adults. Adolescents look to peers for support and rely on social connectedness as a protective factor for loneliness and isolation. This connectedness can be compromised, as many adolescents are ostracised or excluded from peer groups (Andersson, 1998). For older adults, meaningful social connectedness can also be at risk. In an aged care context, while social connectedness was recognised as an important factor, the construct was often misunderstood and interpreted as activity-based inclusion rather than relationship-based inclusion, with emphasis on the former often resulting in older adults feeling isolated (Knight & Mellor, 2007). However, for community-dwelling older adults, access to social networks provides support, which has a direct positive effect on depression (Jang et al., 2002). Generative activity is a characteristic of social connectedness that impacts positively on well-being, has meaning and value to others and has greater depth than social interaction alone (Kleiber & Nimrod, 2008; Leffel, 2008).

**Generative activity and reciprocal giving**

The term generative activity reflects Erikson’s (1959, 1963) theory of psychosocial development. Generativity involves contributing to the world in a meaningful and lasting manner, through family, work or creative endeavours, with stagnation the alternative. While Erikson’s theory posits generativity as the specific focus of middle adulthood, the desire to make a meaningful contribution to the world may begin much earlier, even in adolescence, and extend into older adulthood (Kleiber & Nimrod, 2008).
Adolescents have as their main task of psychological growth the formation of identity (Erikson, 1959, 1968). This task is undertaken in a world that is, from the adolescent’s perspective, expanding and opening up. Growth of identity incorporates the establishment of life values, attitude development and the determination of what meaning the adolescent will attribute to his/her life (Knafo & Schwartz, 2004). In contrast, for the older adult, developmental struggle relates to the need to maintain their sense of self and consolidate their sense of integrity in a world that may seem to be diminishing and closing in. Tornstram (1997) recognised that, like adolescence, this late-stage adult development incorporates positive and progressive changes in an individual’s values, attitudes and the meaning they retrospectively attribute to their life – a process he called gerotranscendence.

Erikson et al. (1986) later revisited the concept of generativity, using the term grand-generativity, identifying older adults’ ongoing contribution to family and community, desire to share learned wisdom and also accept help when needed. As people live healthier lives for longer, Villar (2012) suggests a reframing of generativity in older adulthood, which involves generative activity in caring for others, personal development, managing change and losses, and the acceptance of help. This combination of giving care and help to future generations in generative behaviour and acceptance of help when needed during the process of ageing provides an opportunity for reciprocal giving.

Giving correlates positively with health, happiness, lower depressive symptoms, enhanced meaningfulness and living a longer life (Post & Neimark, 2007). Examining both giving and receiving in older married adult couples, Brown et al. (2003) found that giving was associated with a reduced risk of dying over a five-year period. While this finding is encouraging for older adults living in the community, it is of concern for those placed in residential care facilities, where the capacity to give is greatly reduced and often removed entirely for administrative expedience. Pennington and Knight (2008) highlighted this concern with their finding that reciprocity, where the opportunity to give is afforded to each party, is a key component of a meaningful relationship.

Intergenerational interactions

There has been considerable research investigating the educational benefits for tertiary students using the intergenerational service-learning framework and student/older adult dyads, particularly in the areas of gerontology (Karasik, Maddox, & Wallingford, 2004; Krout et al., 2010), nursing (Karasik et al., 2004), psychiatric nursing (Perese et al., 2008), physical education and health promotion (Flora & Faulkner, 2006; Hernandez & Gonzalez, 2008; Krout et al., 2010) and occupational therapy (Horowitz, Wong, & Dechello, 2010; Karasik et al., 2004; Krout et al., 2010). The concept of giving is not usually explicit in these intergenerational relationships, but students are giving services to older adults, such as physical activity or involvement in meaningful community projects. Similarly, although not stated explicitly, older adults are also giving to the tertiary students through their participation, time and commitment to the students and the project. Whether giving is explicit or implicit, intergenerational service-learning relationships are an example of reciprocal giving.

In addition to the educational benefits, considerable research provides evidence that intergenerational interaction, whereby older and younger people undertake a project together, results in decreased depression for the older member of the dyad (Litwin, 2004). This reduction in depression particularly occurs when reminiscence is included in the activity (Chung, 2009; Hernandez & Gonzalez, 2008; Perese et al., 2008). Chung points
out that, by utilising a reminiscence paradigm, intergenerational interaction is likely to serve as a therapeutic activity that capitalises on the cognitive strength of older adults – that of being able to recall the past. Wadensten and Hägglund (2006) also outlined many therapeutic benefits of reminiscence, including socialisation, the maintenance and stabilisation of identity in terms of continuity theory and the continuance of psychological development within Erikson’s (1959) psychodynamic perspective.

There has been less research emphasis on investigating the benefits of intergenerational interaction utilising an intervention project specifically designed to promote reciprocal collaboration, whereby both members of the dyad actively give to the other (Kessler & Staudinger, 2007). The current study was designed to address this gap in the intergenerational research, using the known benefits of reminiscence on mental health and well-being for older adults, and the educational benefits of service-learning activities for younger adults.

The aim of this exploratory study was to pilot and test the feasibility of an innovative intergenerational intervention programme, My Life Story. The programme links the benefits of reminiscence for older adults to the benefits of service projects for adolescents, in an intergenerational interaction based on reciprocal giving – an aspect that has not been investigated previously. A mixed methodology of qualitative and quantitative analyses was used to ascertain the benefits of this intergenerational programme from the perspectives of the adolescent and older adult participants. Furthermore, its feasibility for a large randomised controlled trial to establish the impact of the programme on measures of psychological well-being was sought.

Method

Research design

A mixed-method design was used for this study. The qualitative component used thematic analysis of transcripts recorded from semi-structured interviews in which six older and six younger participants were asked to reflect on their experience of the project and its meaning for them. For the quantitative component, data regarding environmental mastery, social connectedness, depressive symptoms, life satisfaction and attitudes to aging were collected to ensure that both students and older adults could and would complete questionnaires. Analysis of the quantitative data using paired t-tests was conducted to determine the possibility of change on those measures.

Participants

Twenty-four 14- and 15-year-old adolescent secondary school students with a mean age of 14.56 (SD = 0.50) years participated in the study. The school they attended had an educational focus emphasising care of the environment, contribution to the community, the development of self and relationships with others.

The older sample of participants comprised 12 adults from a local aged low-care residential facility, ranging in age from 66 to 96 years with a mean age of 88.5 (SD = 7.87) years. Removing the 66-year-old, who was a resident of the facility due to blindness, resulted in a mean age of 90.58 (SD = 3.59) years.

Materials

The Age Attitude Scale (Braithwaite, Lynd-Stevenson, & Pigram, 1993), consisting of 24 items, formed the first subscale in the questionnaire battery administered. Example items
were ‘In my old age I will be as enthusiastic about life as I am now’ and ‘I’m afraid that old age could present problems that could make life unbearable’. A six-point Likert scale was used ranging from (1) strongly agree to (6) strongly disagree. Braithwaite et al. (1993) reported the internal reliability for this subscale, measured by Cronbach’s alpha, as 0.86. Convergent validity was evident through the positive and significant correlations with other measures of attitude to ageing scales, with coefficients ranging from 0.30 to 0.41.

Environmental mastery (e.g. ‘In general, I feel I am in charge of the situation in which I live’), positive relationships (e.g. ‘Maintaining close relationships has been difficult and frustrating for me’) and purpose in life (e.g. ‘I live life one day at a time and don’t really think about the future’) were all components of the 27-item Ryff Multidimensional Measure of Psychological Well-Being (Ryff & Keyes, 1995) incorporated into the test battery. For uniformity, a six-point Likert scale ranging from (1) strongly agree to (6) strongly disagree was used.

The 15-item version of the Social Connectedness Scale-Revised (Lee, Dean, & Jung, 2008) assessed participants’ general level of felt connection with others (e.g. ‘I feel understood by the people I know’). Again for consistency with the rest of the questionnaire, each item was rated on a six-point scale ranging from (1) strongly agree to (6) strongly disagree. Cronbach’s alpha has been cited at 0.94.

The Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985) comprised five questions (e.g. ‘In most ways my life is close to my ideal’ and ‘I am satisfied with life’). The original seven-point scale was altered to a six-point scale ranging from (1) strongly agree to (6) strongly disagree, so that scoring of each item remained consistent for participants with the rest of the questionnaire. This scale has a reported coefficient alpha of 0.87 and two-month interval test–retest correlation coefficient of 0.82.

The questionnaire for the students also contained the Short Mood and Feelings Questionnaire (SMFQ; Angold, Costello, Messer, & Pickles, 1995). The 13 items focus on affective and cognitive symptoms, including one item pertaining to low mood (‘I felt miserable or unhappy’) and one item addressing anhedonia (‘I didn’t enjoy anything at all’). The original SMFQ asks respondents to rate each statement on a three-point scale, yielding a maximum total score of 26. Good internal reliability and criterion validity for this scale have been reported (Rhew et al., 2010). For this study, to maintain consistency in the rating scales and direction of responses throughout the questionnaire, participants were asked to rate each statement as (1) true, (2) sometimes true or (3) not true over the past two weeks, yielding a maximum total score of 39. A low score indicated depression, and a score of 39 indicated no depressive symptoms.

The questionnaire for the older adults also contained the brief version of the Geriatric Depression Scale (GDS; Sheikh & Yesavage, 1986). The GDS contains 15 items, which have previously been validated for use with an aged care population (Blank, Gruman, & Robison, 2004; Gerety et al., 1994; McCabe et al., 2006), with moderate to good psychometrics typically reported. Example items include ‘Are you in good spirits most of the time?’ and ‘Do you feel that your situation is hopeless?’ Participants responded with either yes or no to each item.

**Procedure**

Approval was gained for the study from the Deakin University Human Research Ethics Committee. Two weeks prior to commencement of the programme, the principal and English coordinator of the secondary school involved in the study identified which
24 students had expressed interest in participating in the Intergenerational Connectedness Project. The students had a choice of participating in one of four community projects for the third term of their ninth year. The options available to them were the Intergenerational Connectedness Project, Cross Age Tutoring, a Dairy Farm Project and a Land Care Project. The students ranked each project in the order of their preference. All students were successful in participating in either their first or second preference.

The Supervisor of the aged-care facility approached 12 residents whom she believed had the cognitive capacity to participate in the programme. All these residents agreed initially, but two withdrew (one due to illness and the other to bereavement) and were replaced with two others who wished to take part.

Plain language statements and consent forms were distributed and collected by the teachers at the school and by the supervisor of the residential facility, prior to commencement of the initial programme training. The plain language statement explained that the programme involved an activity whereby the students visited their older adult partner and interviewed them to gain material to write the older adult’s life story. The act of reciprocal giving was made explicit to both generations participating in the study. Older adults were asked to help adolescent students complete their English assignment, by sharing their life story with the students. The students were told that the Life Review Book they would produce and give to the older adult was a means of helping the older adult remember and share their life story with others. It was explained that the resultant Life Review Book would be published and the students would present the book to the older adult as a memento of the programme. Each student would also keep a copy of the book they compiled. The steps involved in the process of the My Life Story intervention programme are presented in the Appendix.

At the conclusion of the interactive component of the programme (the end of the eighth week), all participants were readministered the same battery of tests they had completed prior to the commencement of the programme. Furthermore, six older adults who were randomly selected, and one of the students assigned to them, were interviewed by the researcher to ascertain their experience of the programme and what it meant to them. The interviews were semi-structured and adopted a recursive style allowing exploration of the themes relevant to the research question, without being prescriptive. This style is indicative of a deeper engagement with the topic for both the researcher and the respondent. The interviews ranged from 20 to 60 minutes, and with the consent of the participant were audio-taped for later transcription.

Results

Analysis of qualitative data

The audio-recorded interviews were transcribed and read by two of the researchers several times in order for each of them to achieve what Giorgi (1997) described as an overall feel for the data. This process formed the basis for identifying themes relevant to the experience and meaning of the programme to the participants. The themes extracted represented meanings embedded in the participants’ dialogue, and were reached through consensus of the two researchers who reviewed the transcripts. In this way, it was ensured that concepts were well identified and explored. The main theme to emerge was the opportunity for understanding and growth to occur. The themes, breaking down stereotypes, recognising individual differences, making an effort and personal gain through contribution, were indicative of such growth and understanding.
Analysis of quantitative data

Students and older adults were asked to complete a battery of questionnaires to establish the feasibility of this study. Results indicated that the My Life Story programme appears to be feasible as all participants (adolescents and older adults) completed the questionnaires both pre- and post-programme delivery with no missing data resulting. Recruitment was successful, with students and older adults receptive to participate, and high retention resulted. Only two older adults who had agreed to participate dropped out of the programme before its commencement, the reasons being illness and bereavement, respectively. Two other adults in the residential facility were eager to take the place of those who were unable to continue, indicating further interest in the programme. All adolescents who began the programme continued to its completion.

Although the sample size in this study was low and hence not powered to detect differences in the outcome measures, paired t-tests were conducted to determine how individuals responded pre- and post-delivery of the programme. For this sample of students, scores on depressive symptoms, purpose in life and attitude to aging seemed to improve. For the sample of older adults, scores on positive relationships, purpose in life and social connectedness showed an improvement. Inferences cannot be drawn from these findings; however, they do suggest that a larger more rigorous randomised controlled trial would be feasible.

Discussion

This pilot study provided valuable information about the expected benefits of the My Life Story programme for the students and the older adults. All participants responded to questionnaire items both pre- and post-delivery of the programme. Interpretation of quantitative data related to the outcome measures was limited due to the small numbers participating in this pilot study. However, results do suggest that the programme has the potential to influence a positive shift in attitude to ageing, depressive symptoms, social connectedness and purpose in life, and that My Life Story, from a pilot perspective, is a programme that could be implemented in schools.

Qualitatively, the dominant theme to emerge from the participant interviews was that the My Life Story programme had provided an opportunity for growth and understanding between two diverse cohorts. Within this overarching theme, the most prominent sub-themes were: breaking down the stereotypes, they are not all the same, it was worth the effort and personal gain through making a contribution.

Breaking down the stereotypes

Consistent with past intergenerational research, where stereotypes have been challenged when younger and older people spend meaningful time getting to know each other (Chowdhary, 2002; Desouza, 2007), both the students and the older adults who were interviewed spoke of the surprise they experienced as they came to know those with whom they interacted. This surprise was largely a function of negating previously held stereotypes of the other generation. For the older adults, adolescents were previously mostly seen as getting out of hand, troublesome and lacking in manners. What they found was that these students were polite, respectful, had good manners and proved fun to be with. The students were equally surprised to find that old people are not grumpy or scary, but that they are more active than they ever expected them to be and are quite smart. They saw them as friendly, talkative and not slow, and were very interested in listening to their
stories. Even the stereotypes that were upheld to some degree, such as being repetitive, were taken more jovially rather than considering the older adult to be boring as they had done in the past.

**They are not all the same**

Stereotypes about a group of people, such as a specific generation, inevitably lead to myths about that group. The myth of homogeneity reflects a focus on the general rather than the individual elements of a group. Adolescence and old age are two developmental stages that have often attracted views of homogeneity. Recognising the heterogeneity within a group requires delving into individual lives. One young participant noted that, when considering older adults, he did not see them in the same way as he saw younger people because ‘you see younger people as you know them, as individuals, you don’t stereotype them’. Meeting regularly with an older adult allowed the students to recognise differences that exist, that they are different people so they each have different stories to tell.

Similarly, tertiary students participating in intergenerational service-learning projects discovered, after working directly with older adults, that this cohort was not all the same (Karasik et al., 2004; Krout et al., 2010), but individuals they liked working with (Perese et al., 2008). In the current study, students arriving at the realisation that not all older people are the same mirrored the realisation older adults had in respect to adolescents. One older adult remarked: ‘I listen to the radio and hear all of these things that are happening, teenagers getting out of hand and so forth. Now having met with these students... I was most impressed, and that has changed my thinking’.

**It was worth the effort**

Making the effort to get to know a person and taking the time to build a relationship is at the basis of really connecting. Similar to the comments of university-aged youth volunteers creating a personalised Life Story Book for early dementia patients (Chung, 2009), for the students in the current study, the most difficult aspect of the programme was organising and writing up the book review. This task was perceived as quite burdensome and harder than I expected. Yet, reflecting on the process of writing the book, the students also saw the benefits in completing that task. From a personal view, they spoke about feeling pride in achieving something like that, and being pleased to have worked at it. They were also very aware of the joy that the book would bring the older adults when they were presented with their stories. One student commented that the books might also be a way to further social connections as the older adults engage with others and show them their books. It would become a point of conversation and they would enjoy sharing their story with family and friends.

Another aspect the students thought effortful was the first meeting. This meeting was described as awkward as they struggled to initially find something to say to someone they had only just met. They managed to get through this stage and were pleased to have put that effort in. They commented on the way in which the meetings became much easier and enjoyable, and that neither party seemed lost for words once that initial meeting was overcome. Thinking about future students who might embark on a similar project, one student’s advice was: ‘when you first meet them, really put yourself out there – don’t just sit there and be really quiet coz it makes it really awkward. And just get to know them and talk heaps’.
Personal gain through making a contribution

Both generations became aware of the contribution that each was making to the other and their personal gains. Reflecting on each of their gains, one student concluded:

I think I learned more. I really kind of grew up a little when I did this ... but for [the older adult], he was able to share his life with someone ... being able to share all that information I think he really enjoyed; it’s just like he passed it on, you know.

This awareness of reciprocal giving in the intervention programme makes explicit similar perceptions expressed in intergenerational service-learning projects where tertiary students acknowledge helping older adults, but also benefiting from developing their own skills and confidence while working with this cohort (Chung, 2009; Horowitz et al., 2010; Karasik et al., 2004).

All of the participants who took part in the interviews spoke of the positive changes they had noticed in themselves through taking part in the programme. Reflecting on whether her view of older adults had changed, one student said:

I think it did coz I have started working at Vinnies [St Vincent de Paul Society, a voluntary association] just after I started doing the ex-gen project ... and I don’t think I was as nervous ... coz they’re just like us the old people.

Another student was also moved by her experience of the programme and consequently began volunteering at the aged-care residential facility where the programme took place.

While many of the older adults took part in the project for the children rather than for themselves, they recognised how much the social contact with the younger generation had brought them pleasure and how heartening it was to see that the students were interested in their stories. It was described as being quite exciting to think that someone was going to tell my life story – a story that had meaning to them but had not, until now, seemed meaningful to others. It had, after all, been an ordinary life. The students’ response to the stories was often wow, as they empathised with difficult times and recognised the wisdom the older adults were sharing through relating their experiences. One student was particularly struck by how accepting her older generation partner was of his life experiences. Participants from both age groups saw the benefit of broadening their experiences and understanding through perspective taking. In a way I guess it opens up the other person’s eyes to other people out there: and it’s not just about people our age.

For some of the older adult participants, the project gave them a sense of purpose, as they realised that life is not finished yet, that they still had a role to play in society and that regardless of age there is still something you can do. They also realised how much they enjoyed visiting with younger people and talked about wanting the programme to go on for longer and for the students to pop in occasionally because I really enjoyed it – I really, really enjoyed it ... I looked forward to their visits. Even the short time during which the programme took place evidenced the development of relationships. As one student said, almost in surprise, ‘you know we got to know each other more and more, and it was actually really, really enjoyable to do’.

Study limitations

Although the intention of this study was to pilot test its feasibility for a larger study to be undertaken, the study was limited by the small sample size. Statistical analyses to determine change in outcomes pre- and post-delivery of the programme were not possible. Furthermore, it was not possible to determine the impact of reminiscence over reciprocal giving. For the older adults, reminiscence occurred when sharing their life story, which
past research has shown has positive effects on reducing depression (Chung, 2009; Hernandez & Gonzalez, 2008; Perese et al., 2008). The unique aspect of this programme was emphasising reciprocal giving to participants. Further evaluations of the intervention need to include specific measures to clearly distinguish the impact of reminiscence and the impact of reciprocal giving on the older adult participants.

**Conclusion**
Overall the results from this exploratory pilot study found that the *My Life Story* is a feasible intervention programme for a large scale study to determine its effectiveness in influencing positive change in psychological well-being, social connectedness, attitudes to ageing and purpose in life in both adolescents and older adults.

Themes that emerged from the qualitative interviews supported and provided deeper understanding of participants’ experience of the programme. The breaking down of stereotypes and recognition of heterogeneity for both cohorts emphasised participants’ positive change in attitude through their participation in the programme. Participants’ acknowledgement that their involvement had been worth the effort, and that they had gained personally from making a contribution to another person, emphasised the importance of highlighting the reciprocity of giving in the programme’s design. Two students were so changed in their attitude to ageing that, as a consequence of having been involved in the programme, they now volunteer to work with older adults. Similarly, older adult participants talked about awaiting students’ visits each week, preparing the stories they would tell them, surprise at the students’ interest in their lives, but also feeling a sense of achievement.

The programme now needs to be extended and used with a larger sample of participants. Further studies need to examine the benefits of the programme for older adults in different settings, including older adults living alone but independently in the community, living in aged high-care residential facilities, with and without familial support, and diagnosed with mild depressive symptoms. A longitudinal design, repeating the battery of tests and a qualitative interview with participants 12 months after the programme’s completion, is also needed. In addition to ascertaining the long-term benefits of the intergenerational programme on depressive symptoms and well-being for both cohorts, the follow-up could explore whether the Life Review Book helped older adults build links with other people, and if the programme helped the adolescents develop increased self-esteem and maintain an ongoing sense of purpose for their lives. This pilot study has confirmed that the *My Life Story* programme promotes intergenerational activity and encourages reciprocal giving, which has the potential to enhance well-being, meaning and purpose for all involved.

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**Note**
1. Permission to use this scale was given by the author, R.M. Lee.
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Appendix: Summary of the My Life Story intervention programme

Week 1

Training sessions for the students took place at their school. Students explored possible topics of conversation relevant to the life review, such as early family of origin experiences, school years, career, marriage and family, and technological developments. A timeline outlining key historical periods that the older adults would have lived through was explored by the students in a group setting, facilitated by their teacher and the researchers. The process of compiling a Life Review Book was discussed. The books were to contain 20 pages, divided into four to five chapters, and include scanned photographs illustrating the older person’s life experiences and photographs of the intergenerational interaction that took place throughout the project.

Students were placed into dyads by their teacher in a way that minimised the number of weeks in which neither student could undertake the visit due to other curricula activities. Matching the student dyad with an older adult participant was undertaken randomly, after ensuring there was no familial relationship or prior friendship link between the students and the older participant.

Participating older adults undertook a training session at their residential facility. Further explanation of the project was given, emphasising that the older adults’ contribution in telling their life story would help students complete their English assignment. Examples of possible topics the older adults might like to share with the students were given. There was the opportunity to voice any issues they might like to explore in relation to intergenerational connectedness and the life review process. They were also encouraged to show the students photographs and memorabilia to enhance their stories.

All participants completed a battery of tests to assess their depressive symptoms, psychological well-being, social connectedness, life satisfaction and attitude to ageing.

Week 2

The students’ teacher, along with the first author, research assistant and photographer, accompanied the students on their visit to the aged care facility to meet with their assigned older adult. The students conducted the interviews in the resident’s room or a quiet place in the facility. The researchers monitored and supported the students in the process, until their confidence was established. The interviews lasted for one and a half hours. All photographs shown were scanned on site for inclusion in the Life Review Book.

Weeks 3–8

Students continued to visit and interview the older adult, focusing on a different topic each week. After each visit, students returned to their school and wrote up the interview. The research photographer attended for four of the eight weeks, capturing the intergenerational interactions on film for inclusion in the Life Review Books. (The format of week 4 was altered to allow the older adults to visit the students at their school. The students prepared and served afternoon tea to their guests, showed them around the school and gathered information for the ‘school years’ chapter in the Life Review Book.)