

Reminiscence: a Short-Guide

Introduction

This guide on reminiscence is the latest in a series of papers being published by HACT as part of its partnership with [Common Cause Consulting – Housing and Health](#). They are designed to pull together in easily digestible form the evidence available about housing related support interventions to enable housing providers to assess whether they are making use of the best evidence available and to develop the case for both internal and external investment.

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I. Understanding Reminiscence

Reminiscence is the process of recalling memorable early life events. Revisiting long-term memories, facts, people and emotions is a way of re-connecting individuals with the present. Consequently, it provides an opportunity for someone to establish and strengthen social interactions; cope with important life events and restore their sense of themselves, as memories can help them in rebuilding their self-esteem, their identity and their individuality. All of which is a step forward from the days when it was seen as part of the process of life review which applies reminiscence as a therapy to come to terms with the approach of the end of life¹.

The most often used measure of reminiscence is the *Reminiscence Functions Scale*. This is divided into eight domains i) death preparation, ii) identity, iii) problem solving, iv) teaching / informing, v) conversation, vi) boredom reduction, vii) bitterness revival, and viii) maintenance of intimacy and connectedness² and a reduced version of the *Reminiscence Functions Scale* in three broad functions - social, instrumental and integrative – is sometimes used to analyse the effects of reminiscence on mental health and wellbeing³. In this model the concept of social function describes the extent to which people know things about each other and feel connected to each other. The instrumental function relates to coping strategies and methods that help people in dealing with problems and losses, while the integrative relates to the construction of someone's identity.

Reminiscing is commonly associated with older people. However, we all reminisce throughout our life span. Evidence shows that younger people reminisce as much as older people, although the reasons and ways that they do it can be quite different. While older people tend to reminisce to share experiences and skills or to cope with the ageing process and their mortality, younger people aim, among other things, to use reminiscence as part of problem solving or constructing their identity⁴.

Other elements that are also known to have an impact on how we reminisce are⁵:

Gender	women reminisce more about emotional memories, while man recall achievements and facts;
Personality	extroverted and neurotic people tend to reminisce more often;
Context	changes in life make people reminisce more;
Culture	where more collective principles are cultivated, memories are shared more often and bonds among people are strengthened.

¹ Dempsey, L. et al (2014). Reminiscence in dementia: A concept analysis. *Dementia*, 13(2), 176-192.

Butler, R. N. (1963). The life review: An interpretation of reminiscence in the aged. *Psychiatry*, 26(1), 65–76.

² Westerhof, G.J. and Bohlmeijer, E.T. (2014). Celebrating fifty years of research and applications in reminiscence and life review: state of the art and new directions. *Journal of Ageing Studies*, 29, 107-114.

³ Sousa Marques, A. (2012). Teoria da Reminiscência: Projeto de intervenção. Master. Escola Superior de Saúde de Viseu/Instituto Politécnico de Viseu.

⁴ Westerhof, G.J. and Bohlmeijer, E.T. (2014). Celebrating fifty years of research and applications in reminiscence and life review: state of the art and new directions. *Journal of Ageing Studies*, 29, 107-114.

⁵ Westerhof, G.J. and Bohlmeijer, E.T. (2014). Celebrating fifty years of research and applications in reminiscence and life review: state of the art and new directions. *Journal of Ageing Studies*, 29, 107-114.

So, the catalysts for reminiscing are multiple. In addition to oral activities, using senses is a very effective way of assisting the act of recalling the past. Individuals who find difficult to communicate verbally, for instance, can be helped by smell, hearing, touch, taste and sight to engage in a communication. Photographs, music, objects of autobiographical meaning, food, painting or pottery, are some of the several examples of prompts and activities that rely on senses to (re) build identity and stimulate communication. In addition, each time more technology is being used as a medium in reminiscence interventions, whether through devices or software⁶.

Recalling the past can trigger both intra and inter-personal processes. The former is the natural act of thinking about yourself and your past, while the latter relates to more structured and intentional interventions. Interpersonal reminiscence is mostly applied in therapeutic settings with the aim of strengthening specific individual competencies or rehabilitating⁷.

Reminiscence is extensively applied in therapeutic treatments for people suffering from short-term memory loss, depression and social isolation. The improvement in communication allowed by reminiscence intervention is also helpful for carers as they do not have to interpret the patient's behaviour and assume what they want and need⁸. Reminiscence is also used for promoting interaction between people and groups, with a similar background or not, to facilitate the exchange of experiences and knowledge, such as in the case of community history or adult learning projects.

II. Evidence behind reminiscence

The effectiveness of reminiscence is difficult to measure due to the lack of a single definition, structure or model to allow for proper comparison and, thus, the possibility to evaluate and compare existing interventions⁹. Also, some evaluations are criticised for relying too much on self-reports of reminiscence's effects or not adopting a longitudinal approach¹⁰. In spite of these difficulties, there is increasing evidence to confirm the benefits of reminiscence and there a number of studies looking at defining a common structure and set of processes as well as measuring the effects of reminiscence¹¹.

Many studies show that reminiscence is very effective in reducing the symptoms of depression¹² and loneliness, as well as in promoting wellbeing¹³. Improvements in cognition, mood, ego-integrity and functional ability are other positive outcomes promoted by reminiscence¹⁴.

⁶ Thorgrimsen, L. et al (2003). Evaluating reminiscence in dementia care. *Journal of Dementia Care*, 11(5), 35-36.

⁷ Sousa Marques, A. (2012). *Teoria da Reminiscência: Projeto de intervenção*. Master. Escola Superior de Saúde de Viseu/Instituto Politécnico de Viseu.

⁸ Alm, N. et al (2007). A communication support system for older people with dementia. *IEEE Computer*, 40(5), 35-41.

⁹ Sousa Marques, A. (2012). *Teoria da Reminiscência: Projeto de intervenção*. Master. Escola Superior de Saúde de Viseu/Instituto Politécnico de Viseu.

¹⁰ Westerhof, G.J. and Bohlmeijer, E.T. (2014). Celebrating fifty years of research and applications in reminiscence and life review: state of the art and new directions. *Journal of Ageing Studies*, 29, 107-114.

¹¹ Woods, B. et al (2005). Reminiscence therapy for dementia. *Cochrane Database of Systematic Reviews*, Issue 2.

¹² Woods, B. et al (2005). Reminiscence therapy for dementia. *Cochrane Database of Systematic Reviews*, Issue 2.

Reminiscence is also recognised as an effective alternative to more traditional learning methods. Both wellbeing and self-esteem tend to increase when people share their own knowledge and experiences with others, which in consequence facilitates their learning process¹⁵.

In the case of people with dementia, there is some evidence to suggest improvements in cognitive functions and depressive symptoms¹⁶. Another key benefit shown is the significant enhancement in the relationship between older people with dementia and their carers. In these cases, reminiscence interventions are proven to reduce strain on carers, create the opportunity to provide a more personal and individualised care and help individuals when moving from one care environment to another¹⁷. There is also a recognition that it can increase self-esteem, improve communication and mood, as well as empowerment¹⁸.

In opposition to some of the findings mentioned above, a very comprehensive study found out that reminiscence interventions with old people had small impact on purpose in life, death preparation, mastery, mental health symptoms, wellbeing, social integration and cognitive performance¹⁹. Another research observed that there is more limited evidence on the positive effects of treating both loneliness and anxiety in older adults without dementia in long term care²⁰.

People who are more socially connected live longer and experience better health and physical health²¹. However, we also need to understand what the best interventions are to address a lack or loss of connectivity. A number of reviews have looked at what works in with older people at risk of social isolation. There is strong evidence to believe that social group activity is a vital component in

Chiang, K. et al (2010). The effects of reminiscence therapy on psychological well-being, depression and loneliness among the institutionalized aged. *International Journal of Geriatric Psychiatry*, 25(4), 380-388.

Bohlmeijer, E. et al (2007). The effects of reminiscence on psychological well-being in older adults: A meta-analysis. *Ageing & Mental Health*, 11(3), 291-300.

¹³ Chiang, K. et al (2010). The effects of reminiscence therapy on psychological well-being, depression and loneliness among the institutionalized aged. *International Journal of Geriatric Psychiatry*, 25(4), 380-388.

Bohlmeijer, E. et al (2007). The effects of reminiscence on psychological well-being in older adults: A meta-analysis. *Ageing & Mental Health*, 11(3), 291-300.

¹⁴ Piquart, M. and Forstmeier, S. (2012). Effects of reminiscence interventions on psychosocial outcomes: A meta-analysis. *Aging & Mental Health*, 16, 541-558.

¹⁵ Parker, J. (2006). 'I remember that...' - Reminiscence groups with people with dementia: A valuable site for practice learning. *Groupwork*, 16(1), 2006, pp.7-28.

¹⁶ Huang, H. et al (2015). Reminiscence therapy improves cognitive functions and reduces depressive symptoms in elderly people with dementia: A meta-analysis of randomized controlled trials. *Journal of the American Medical Directors Association*, 16(12), 1087-1094.

¹⁷ Clarke, A. et al (2003). Seeing the person behind the patient: enhancing the care of older people using a biographical approach. *Journal of Clinical Nursing*, 12, 697-706.

McKeown, J. et al (2006). Life story work in health and social care: Systematic literature review. *Journal of Advanced Nursing*, 55(2), 237-247.

Murphy, C. (2000). *Crackin' lives: an evaluation of a life story book project to assist patients from a long stay psychiatric hospital in their move to community care situations*, Stirling: Dementia Services Development Centre.

¹⁸ Heathcote, J. *Memories Are Made Of This*. London: Alzheimer's Society, 2009.

¹⁹ Piquart, M. & Forstmeier, S. (2012). Effects of reminiscence interventions on psychosocial outcomes: A meta-analysis. *Aging & Mental Health*, 16, 541-558.

²⁰ Syed Elias, S.M. and Neville, C. (2015). The effectiveness of group reminiscence therapy for loneliness, anxiety and depression in older adults in long-term care: A systematic review. *Geriatric Nursing*, 36, 372-380.

²¹ Holt-Lunstad, J. et al (2010). Social Relationships and Mortality Risk: A meta-analytic review. *PLoS Med.* 7. E1000316.

managing loneliness and isolation²². At a time of life when it can be difficult to sustain existing social groupings such loss can be countered by acquiring new social identities²³.

III. Making the best use of reminiscence

Considering the different ways in which reminiscence therapy is delivered and the factors that influence their results, it is difficult to assert that one intervention is better than the other. It is more appropriate recognising that outcomes vary according to forms of reminiscence, individual characteristics (age, gender and personality) and context and to be very clear on what the purpose of the intervention is and which outcomes are desired.

Although the positive benefits of different reminiscence interventions are increasingly becoming more reliable, mediums and activities used in interventions remain less evaluated. Traditionally, interventions make use of physical prompts to trigger the reminiscence process and depend on a trained person to provide it. However, technologies, such as multimedia platforms and devices, can be an effective substitute to prompts, as they allow the gathering of multiple tools in one place.

Usually, users can interact independently with the system or device without needing the help of other people. In the case when help is needed, tools tend to be quite simple and straightforward so carers have to go under little or no training at all. On the other hand, technology can still be challenging due to difficulties in the access to connectivity, and, in some cases, need of training.

In order to support reminiscence, technologies can either be on a one-to-one basis or through group activities. Both have positive results in recollecting personal memories and promoting good emotions, but also in helping people to record their own life stories. In addition, technologies are more and more able to reproduce sounds, smells and images to stimulate senses and use them to their best advantage in achieving the outcomes of reminiscence²⁴.

There is evidence to support the use of devices in facilitating the communication with people with dementia, being a positive contribution to improve quality of life. Devices can be very stimulating as individuals tend to easily adapt to them and quickly enjoy their benefits. They can also facilitate the opportunity to individuals with dementia to talk about a wider range of topics²⁵.

²² Haslam, C. et al (2016). *Journal of Affective Disorders*, 194, 188-195.

²³ Haslam, C. et al (2014) "The we's have it": evidence for the distinctive benefits of group engagement in enhancing cognitive health in ageing. *Social Science & Medicine*, 120, 57-66.

²⁴ Alm, N. et al (2007). A communication support system for older people with dementia. *IEEE Computer*, 40(5), 35-41.

²⁵ Thorgrimsen, L. et al (2003). Evaluating reminiscence in dementia care. *Journal of Dementia Care*, 11(5), 35-36.

IV. Potential applications of reminiscence for Housing Support and Care Providers

Reminiscence interventions are not new for housing providers and are commonly used both in care and support services and community development activities. In care and support, reminiscence is most frequently related to the adaptation of the environment (memorabilia and design) in order to make older adults comfortable and connected to their home. Community development interventions, in contrast, are more focused on establishing relationships and promoting communication.

As mentioned before, there is evidence that reminiscence connects people, facilitates the exchange of skills and promotes mental wellbeing depending on for whom, how and why it is used. Reminiscence could, thus, be a useful tool for strengthening the increasing role housing has on promoting physical and mental health, reducing hospital admissions and helping in the recovery pathway²⁶.

However, considering that prevention translates a broader understanding of health recognising cultural and social aspects as triggers for its promotion, reminiscence could achieve additional benefits than the above mentioned. It could support housing providers in understanding clients' habits and choices when recalling their memories, facts and people. Consequently, behaviours that have negative impacts on health could be identified and tackled, while good ones could be strengthened and cultivated²⁷. Being more aware of clients' habits, as well as needs and interests, can improve decisions on how to provide a better service and deliver a more person-centred care. There is also a strong argument for providing interventions in a way that maintains existing group memberships or, where this isn't possible, afford opportunities to develop new social identities.

²⁶ Molyneux, P. & Andrews, J. (2013). *Dementia - finding housing solutions*. London: National Housing Federation.

²⁷ Birren, J.E. & Svensson, C. (2013). Reminiscence, life review, and autobiography: emergence of a new era. *The International Journal of Reminiscence and Life Review*, 1(1), 1-6.

Parker, J. (2006). I remember that ...' - Reminiscence groups with people with dementia: A valuable site for practice learning. *Groupwork*, 16(1), 7-28.