

# Using reminiscence based approaches with older people

Reminiscence is the name given to the process of accessing long-term memory and recalling past events, stories and experiences. It is an increasingly popular way of engaging older people and particularly those with short-term memory problems. In this article, **Julie Heathcote** discusses the benefits of using such an approach for both older patients and their carers.

**R**eminiscence is a process that involves sharing memories and using stimulating material to prompt those memories: old objects, photographs, newspapers, old film and magazines, poetry, smells like carbolic soap and lavender polish and examples of music from the past. Reminiscing is something that we are all able to do; it is a communication technique that we often use without realising its full potential. It is a way of engaging people, and for those with dementia it is a vital tool for accessing long-term memory, valuing the memories that a person still has and emphasising their strengths as a person. There is some evidence to support the view that reminiscing can have therapeutic effects for both older people and their carers.

Butler, in his work on Life Review, showed the benefit of looking back on your life, a process which had been regarded before as 'living in the past'. He highlighted reminiscence as an important communication tool<sup>1</sup>. In care settings reminiscence can be used as a session in an activity programme. However, this approach can also be integrated into the whole caring approach and used on a one-to-one basis while performing other caring tasks such as helping a person at meal times or to walk down a corridor.

Celebrating and valuing a person's life can help to build their self-esteem. Bender suggests that reminiscence work and respect are closely related. He said: 'Respect is crucially about valuing the individual. Reminiscence work is about valuing what the individual has to tell you about their past<sup>2</sup>.'

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## Reminiscence and person-centred care

Person-centred care, as outlined by Kitwood<sup>3</sup>, involves looking at the individual, behind their illness, disability and the ageing process in general. Reminiscence fits neatly into this approach because it involves finding out more about the individual, their life and work history, their memories and ultimately their emotional needs. Reminiscing is particularly significant when working with people with dementia where the progressive decline in cognitive functioning can lead to decreased self-esteem and identity.

Reminiscing and valuing remaining memories is important in helping to promote social functioning. For people with short-term memory problems who get anxious because they cannot remember what has just happened, reminiscing allows communication by accessing the things that they can remember.

## Reminiscence-based approaches

What is essentially a reminiscence-based approach can be referred to in other ways for example as a biographical approach as in Clarke's study<sup>4</sup>. It is often seen as a therapy<sup>5</sup>; however, whether this is an appropriate term when it is an activity generally carried out by people not qualified as therapists is questionable. Much would seem to hang on how therapy is defined. Studies such as Lai<sup>6</sup> used the Life Story approach while others adopted a Life Review approach, where people work through their life chronologically and evaluate their experiences.

Sometimes reminiscing is done simply to engage and encourage communication, however it can also result in the production of a life story book<sup>7</sup>, personal memory box or file<sup>4</sup>, or a collection of mementoes important to the person. Numerous studies looking at the benefits reminiscing can have such as Kiernan who conducted one of the first studies on people with dementia<sup>8</sup> have resulted in this approach being seen by some as a 'therapeutic intervention.'

## Using reminiscence: therapeutic benefits for older people?

Wenborn emphasised the importance of older people engaging in activity to their survival,

health and well-being<sup>9</sup>. The positive outcomes of reminiscence with older people and people with dementia have been noted in several studies and concentrate on the power of reminiscence:

- To engage and stimulate
- To empower older people
- To improve mood and well-being.

Brooker and Duce compared therapeutic interventions on the well-being of 25 people with mild-moderate dementia attending three rural day hospitals. They used dementia care mapping which brings observation and the quantitative recording of data together to measure levels of well-being/ill-being (WIB values) in different conditions. Higher levels of well-being were noted for those people in the reminiscence therapy (RT) group than with a group participating in unstructured time (UT) during which people were left to do as they pleased with little staff interaction. The people participating in group activities (GA) such as craft or games showed higher levels of well-being than UT and lower indicators of well-being than RT<sup>10</sup>.

The use of an observational tool for inspectors of care homes has recently been acknowledged. The Bradford Dementia Group (who devised dementia care mapping) and the Commission for Social Care Inspection have developed a new short observation framework for inspection (SOFI) tool to be used by inspectors in the future to assess such patients<sup>11</sup>.

Woods *et al* studied the effect of reminiscing for older people with dementia and their family carers. Four randomised control trials with a total of 144 participants (mean age 55) provided extractable data on changes in cognition, behaviour, communication, mood/well-being and the impact on care-givers. They examined different types of reminiscence work; for each trial a minimum of six sessions, and found 'statistically significant' results for cognition (at follow-up) mood (at follow-up) and for a measure of general behaviour (at the end of the intervention). However, some of these trials were small-scale and of limited quality, highlighting the need for more research<sup>5</sup>.

It would be unfair to claim that reminiscing always has positive outcomes. Reminiscing is not appropriate for everyone and Clarke, Hanson and Ross found that some older people found episodes of their life upsetting and did not want

to reminisce<sup>4</sup>. Finding out about the person and possible events that might upset them before reminiscing starts and approaching subject areas in a sensitive way can help to avoid difficult moments. Most older people have experienced loss in some form, including the people they may be recalling. Dealing with upsetting reactions can be challenging for staff. Acknowledging upset and loss and working through it rather than changing the subject and also ending on a positive note rather than a negative one are ways of dealing with people upset by their memories.

### **Using reminiscence: the benefits for care providers?**

Several studies have examined reminiscence work with people with dementia, family caregivers and the impact of this work on relationships with caring staff. In an American study of two nursing homes, staff using the collection of life stories were compared to those

not using this approach.

Using an attitude scale, it was found that staff using life story approaches described residents as more autonomous and personally acceptable than those who did not. They concluded that this is a low cost approach that improves quality of life for residents and the self-esteem of caring staff<sup>7</sup>.

Woods *et al* in their study of reminiscence groups with people with dementia found that staff reported a significant improvement in their knowledge of members of the groups as a result of the process<sup>5</sup>.

Clarke, Hanson and Ross conducted a small-scale study of eight patients and their families and practitioners (nurses and support/care workers) in the field. This involved prompting older people to recall their life experiences using photographs and personal belongings (in this study referred to as a biographical approach). No formal guidelines were used for collecting

memories but colourful folders were provided to collect patient's stories, photographs and memorabilia.

Hearing life stories helped staff to see the person in the context of their whole life, not purely in terms of their medical condition and physical needs. Staff reported that collecting memories generated laughter, sharing, enjoyment and improved understanding, which had positive implications for care. Photographs were useful memory prompts in bringing people stories alive and providing a talking point between staff, older people and their families, who appreciated the time spent by care staff collecting their relatives memories.

This study concluded that using such approaches has positive effects on the attitudes of staff about the older people they were caring for and enhanced the relationship between staff and families. The interactions of those involved aided the development of 'therapeutic relationships' with one another<sup>4</sup>.

## Conclusion

Studying the effects of reminiscence and particularly on people with dementia is not straightforward. Most studies are small-scale, descriptive and observational often involving anecdotal evidence from staff and family carers. Brooker and Duce suggest that traditionally we look at changes in cognition and dependency behaviours when assessing the effect of an intervention.

Whether this is the most appropriate way is questionable, especially for people with dementia and perhaps as they suggest we should be looking at such outcomes as increased contribution, enjoyment and engagement<sup>10</sup>. We also need to be aware as Goldwasser suggested that for people with dementia the therapeutic effect of any reminiscence work is often very short lived<sup>12</sup>. Nevertheless we should not ignore the positive findings of studies. Woods *et al* identified the need for training and support for staff carrying out such work<sup>5</sup>.

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Reminiscence is an important part of activity programmes in residential and day care across the country, many care settings are establishing reminiscence rooms and the collection and use of memory prompts is growing. In the words of Woods *et al* reminiscence is one of the most popular ‘psychosocial interventions’<sup>5</sup>.

**Conflict of interest: none declared.**

**Julie Heathcote is the author of ‘Memories are Made of This: reminiscence activities for person-centred care.’ This book is available from the Alzheimer’s Society via their website: [www.alzheimers.org.uk](http://www.alzheimers.org.uk)**