

Evaluating the Impact of Reminiscence on the Quality of Life of Older People

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Reminiscence has been defined as 'the vocal or silent recall of events in a person's life, either alone, or with another person or group of people'. Anecdotal evidence suggests that reminiscence can improve the well-being of older people, but there have been very few substantial studies. In our study, 142 older people living in care settings participated in an evaluation of the impact of reminiscence on quality of life. We assessed our participants' quality of life before and after the intervention, and changes in their quality of life over the period of the intervention were compared with those found in a group of older people who were not involved in any reminiscence intervention (the control group). We also carried out interviews and focus groups with care staff, older people, and family carers of older people, to establish their views and feelings on reminiscence.

Summary of key findings

- Reminiscence activity results in psychological benefit for older people.
- Older people in our study who participated in activities were found at the end of the period of intervention to have better psychological morale and less psychological morbidity, and show more positive emotion and less negative emotion, than older people in our study who had not participated in our activities.
- The level of psychological benefits obtained through involvement in activities did not differ significantly due to the nature, context, and form of the activities; this suggests that the benefit obtained is related more to the process of engagement in meaningful activity than to specific aspects of that activity, such as thinking or talking about the past.
- Older people's cognitive impairment was neither a barrier to involvement in reminiscence-type activities, nor an influence on benefiting from that involvement.
- Interviews and focus groups with older people and formal and informal carers indicated that reminiscence helped in 'building identities and sharing lives'.
- However, reminiscence could also highlight 'discontinuities' for the older person, e.g. that the present was not a world to which they belonged. Engagement with feelings of discontinuity might be more beneficial for older people than reminiscence work by itself.
- Care staff expressed concern that social care (talking, listening, sharing) with older people is not recognised as 'real work' within care organisations.

☞ If potentially difficult interactions focusing on meaningful issues are to occur between carers and older people, there must be organisational and managerial recognition that 'just talking' is an important component of social care, and a commitment to and investment in adequate staff training.

Background

There has been a growing interest in the benefits of reminiscence for older people's quality of life (QoL). Reminiscence has been defined as 'the vocal or silent recall of events in a person's life, either alone or with another person or group of people' (Woods, Portnoy, Head and Jones, 1992, p.138). A special form of reminiscence, life review, has been defined as 'the process of reviewing, organising and evaluating the overall picture of one's life' (Woods et al., 1992, p.138). As yet, the evidence that these forms of activity have positive effects on the well-being of older people is still slight (Spector, Orrell, Davies and Woods, 2002).

Both reminiscence and life review might be considered special examples of a general process known as disclosure, the process whereby thoughts and feelings about stressors and meaningful events are expressed. The benefits of this process to the individual have been comprehensively demonstrated by Pennebaker and his colleagues across an impressive range of outcomes and contexts (Traue and Pennebaker, 1993). There was therefore sufficient research to justify our study, which evaluates how reminiscence-type activities impact upon older people's QoL, and how the conditions under which reminiscence occurs influences that impact.

Results

Most of our participants enjoyed everyday reminiscing. The enjoyment of reminiscence was associated with a higher level of participation in activities, a preference for the company of others, a higher level of contact with friends, and lower levels of psychological problems. Older people who enjoyed reminiscing tended to report having engaged in reminiscence recently; however, older people who reported regrets (nearly half of our

participants) also reported having reminisced recently, and such people had lower morale and lower levels of positive displayed emotion. A picture emerges of two sub-groups of older people: one group enjoys reminiscence as a pleasant, sociable activity; while the other group reminisces primarily in relation to the regrets they have about their lives.

Following involvement in our activities, based on the principles of reminiscence, life review, or disclosure, our participants displayed significantly improved levels of several aspects of QoL, relative to our control group. Specifically, over the period of assessment, intervention participants had higher morale and reduced psychological morbidity relative to control participants, and more positive affect and less negative affect relative to control participants. Figure 1 displays the change in levels of negative affect over the period of the intervention as displayed by our participants. Both intervention and control participants showed a decrease in levels of negative affect across the assessment period. However, this decrease was only significant in the intervention participants ($t(89)=-2.73, p=.004$). The association between condition membership and change in negative affect was also significant, such that relative to the control participants, the intervention participants showed a significant decrease in levels of negative affect ($sr(106)=-.19, p=.023$).

We found relatively little evidence that the exact nature of the intervention -reminiscence, life review, or disclosure; in groups or one-to-one; using talk or writing – had any significant effect on QoL outcomes. While our participants' cognitive impairment was not significantly improved by our activities, people with lower levels of cognitive impairment were just as beneficially affected by involvement in our activities as those with higher levels.

We carried out an exploratory study of using a writing-based form of reminiscence activity with older people who were required to work alone. While few older people felt able to work in this way, those who did participate ($n=5$) responded enthusiastically, suggesting several benefits of this process for the participant.

The views expressed by older people and their carers in focus groups and interviews indicate that reminiscence can give identity and significance to the older person. The key themes that emerged from the analyses of the focus group transcripts were found to operate at three different levels. Level one themes demonstrated how both past and present talk are key in constructing who we are, and in getting to know others – sharing lives is a central theme in building relationships. At the second level, everyday talk concerning the past appears to offer overlapping but unique benefits, including intergenerational benefits such as preserving family folklore, which offers a sense of significance and identity to older people, families and carers. Listening to someone's past can give a sense of significance in the present – a feeling of being valued and that you really matter. Interviews with some of the oldest old participants in our study indicated that the value placed by older people on reminiscence shared with family members (and younger generations) may differ from that placed on reminiscence with same-aged peers. This is due to the importance for older people of family relationship maintenance and the continuity of one's life history across family generations. This needs to be considered when planning reminiscence activities.

At the third level, whilst past and present talk help people to share lives and feel valued, there are tensions that can impede this process. Staff recognise that the past can be distressing and they may not have the skills or time to address sensitive memories confidently. Having the time to listen and talk requires organisational commitment to value social care and not to dismiss social care as 'just chatting'. With regard to older people, there were indications of unhappiness with their current lives, with older people often feeling displaced or cut off in their present world. Listening to concerns in the present might be more meaningful to some older people than a focus on the past. Activities encouraging meaningful linkage of the past with the present are essential in challenging feelings of a discontinuity with present life that were expressed by our participants.

Conclusions

After involvement in our activities the intervention participants had higher morale and more positive displayed emotion, and reduced psychological problems and less negative displayed emotion, relative to the control participants who had not taken part in our activities.

There was little evidence that the type, context, or form of our activities substantially affected the benefits our participants obtained. Most importantly participants engaged in reminiscence or life review did not benefit to any greater extent than those participants engaged in disclosure.

Reminiscence as an activity differs from reminiscence as therapy. Activities should recognise diversity – reminiscence may not be appropriate for all older people. To maximise psychological benefits, activities should form part of an individualised ongoing programme of care.

A positive emphasis on social care should make explicit the skills and functions involved in 'just talking'. Promoting the use of 'just talking' as a legitimate form of social care may encourage carers to harness potential benefits of everyday interactions relating to both the past and the present. However, care staff and family members should be additionally encouraged to address discontinuities of the self in the present in older people, rather than place too much emphasis on the past.

Writing may be a challenging activity for older people and care staff. However, writing helps maintain important skills, and the work produced can give the older person a sense of achievement and help facilitate relationships with residents, care staff and family members.

How we carried out our study

One hundred and forty two older people, living in a number of residential and nursing homes, took part in our study. After participants had consented to be involved in our study, we assessed indicators of their QoL, such as psychological morale and morbidity, and observed negative and positive affect (emotion). After two weeks, we went back and provided them with an hour-long, once-weekly

reminiscence-based activity over a four week period. We then assessed our participants' QoL at the end of our final activity session, and returned a month later to assess QoL one last time.

Our activities were designed so that the 'intervention' participants (n=118) received either a reminiscence, life review, or disclosure activity. These activities occurred in either a group context with other participants, or in a one-to-one context with the researcher. Finally, the activities were either in a talk-based format, or primarily involved writing in booklets (see Table 1). The reminiscence and life review activity sessions followed a standard format adapted from Bornat (1994) and Haight (1992) respectively, while the disclosure activity sessions were developed within Pennebaker's

(Traue and Pennebaker, 1993) theoretical framework through a period of pilot work. The disclosure sessions were differentiated most clearly from the reminiscence and life review sessions by the formers' focus on the present and future. A schedule of questions and verbal prompts was developed for each session, and objects, photographs, poems and extracts from local history documents were employed as props and guides. In all three activities a programme of topics covered the four weeks of the activity (see Table 2). Materials were adapted so as to be applicable whether the sessions were being run in one-to-one or group contexts, or employing a verbal or written format.

With some participants (our 'control' group, n=24), we only assessed QoL – no activity was provided. This was because we wanted to see how QoL changed in older people who received an activity compared with older people who did not receive an activity.

We carried out seven focus groups with care staff, older people, and relatives of our participants. We also carried out interviews with 18 older people. The focus groups and interviews were to help us understand the barriers, benefits and opportunities to reminiscence that existed in everyday interactions between older people and their carers.

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