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Literature Review: Combining reminiscence therapy with oral history to intervene in the lives of isolated older people

Abstract: Context and Focus: The population of the UK and Western Europe is ageing. With a more mobile workforce, the number of older people with little contact with close family is increasing. Charities working with isolated and lonely older people need interventions that facilitate contact with this population. Older people often resent the concept that they need charity and respond better to initiatives valuing their knowledge and skills, without patronising them. Oral history researchers want to reclaim the hidden voices of the elderly population before their memories are lost. These voices and memories can be recorded for the future, and shared with the rest of society. Cultural and social changes taking place over a life span are often significant. As Boden and Bielby (1986) described reminiscence: ‘these long past slices of life are frequently used interactively to contrast “the way it was” with “the way it is”’. Using such techniques bringing together isolated elderly with school children makes both groups feel included, valued and part of a community. This is supported by evidence from Duffin (1994) who found that older female participants felt validated by being viewed as social historians. Intergenerational activities designed to allow participants to share experiences and wisdom, and to discover similarities and differences across the generations, are especially rewarding. Conclusions: This interdisciplinary literature review summarises evidence indicating that intergenerational reminiscence therapy can be used to improve the wellbeing of isolated older people and suggests avenues for future study.

Keywords: reminiscence, older people, isolation, loneliness, oral history, memory, intergenerational

Introduction:

The problem addressed by this review is what the *Safeguarding the Convoy* report (2011) refers to as the ‘modern giant’ of chronic loneliness – as malign in its effects as the five giants confronted by William Beveridge in his report published in 1942. Loneliness is a psychological state, a perception of oneself distinct from the objective state of social isolation. Loneliness is strongly connected to depression: according to a 2004 study by the American Psychological Association, depressive symptoms were present in 20% of older adults studied. (Zhou et al, 2011). According to the *Promising Approaches* report (2015) in the UK, 10% of those over 65 suffer from ‘chronic loneliness’. Christina Victor has shown that this figure has been static for about sixty years and that loneliness has a u-shaped pattern, i.e. it is most prevalent in under 25 year olds and over 65s (Victor & Yang, 2012). This shows the potential for intergenerational work to combat loneliness. There are gender differences in the causes of chronic loneliness: for men a single bereavement is a common factor whereas, for women, physical ill health and environmental isolation are more common causes. Other key triggers for both genders include retirement, moving home, becoming a carer and developing care needs oneself.

Loneliness can be prevented by intervening before it takes hold. Conversation is an important ‘first contact’ tool in finding out the needs and wishes of an isolated older person. It is vital to change society’s perceptions of older people by developing ‘structural enablers’. Living longer thus becomes something to be celebrated, with the contribution of older people and their maturity and life experience benefiting the whole society. As Franco et al showed, there is an imbalance in age-related research favouring studies of disorders and increasing length of life. Less money is spent on researching healthy ageing and increasing quality of life. Quality of life in older people can be enhanced by social participation, developing and maintaining social networks, employing older people and eradicating ageism; this is one of society’s biggest challenges in the twenty-first century. (Franco et al, 2007). As the Select Committee on Public Service and Demographic Change report ‘Ready for Aging’ (2013) noted, ‘age’ is not a handicap, and ‘old’ is a subjective state of mind. Agents within the local community, from the local older population, must be targeted to prevent them from becoming isolated, and to train them to become ‘buddies’ or ‘friends’ to act for the very isolated. The burden of care often falls on the young-elderly as they care for the older-elderly and they need to be supported in this.

According to Jopling’s report ‘Promising Approaches’ (2015) there has been little evidence gathered about the long term impact of interventions on lonely individuals’ mental wellbeing. Thus far there has been little work in care homes, or with the BME community or the LGBT community. When an elderly person moves from home to long-term care facilities, feelings of loneliness increase

(Chiang et al, 2010). Care must also be taken not to treat the elderly as a single homogenous group, and also not to assume that all the needs of a single ethnic group or one delineated by sexual orientation are the same.

Reminiscence therapy:

Reminiscence therapy is a therapeutic process that promotes self-awareness and reinforces an individual's valued place in society. It emerged out of geriatric psychiatry and is defined as 'using the recall of past events, feelings and thoughts to facilitate pleasure, quality of life or adaptation to present circumstances'. (Zhou et al, 2011). Reminiscing may itself be a defence mechanism of older people because it strengthens their ego and reduces dissonance (Chiang et al, 2010). Reminiscing involves interpretation by the individual of autobiographical memories through recalling single events, sequences, key topics, or whole life (Hallford & Mellor, 2013).

The idea of reminiscence as a therapy originated with Robert Butler's talking life review (1963), but has developed in many directions in the last fifty years, with for example, Lewis and Butler (1971) using pilgrimages to important autobiographical sites and Kaminsky (1984) using acting workshops to perform memories. Watt and Wong (1991) created the six-type taxonomy of reminiscence by using conversation analysis techniques to examine 460 reminiscence interviews. They concluded that individual reminiscence had a less marked therapeutic effect than group work. Their six types were: integrative (using life

story work to create reconciliation with the past, eliminating feelings of guilt and depression); instrumental (using past experiences to solve present problems, increasing feelings of personal control); transmissive (using oral history methods to transmit values and wisdom to younger generations); narrative (factual account of key events and people encountered in the past); escapist (fantasy past to escape from a dreary present) and obsessive (preoccupation with disturbing past events). The last type is unadaptive and unhelpful, but the escapist type can have both positive and negative effects. Watt and Wong felt that escapist reminiscing could provide temporary relief, but would do little to help a subject in the longer term. However Lieberman and Tobin (1983) have shown that mythmaking about the past and casting oneself as hero did defend self-esteem. Using reminiscence therapeutically provides older people with the resources to deal with the challenges they face. They may develop an understanding of where their attitude to 'carry on regardless' comes from or how their past affects their attitudes to money or family. As the 'Managing Resources in Later Life' report (Hill, Sutton & Cox, 2008) has shown, reminiscing is also an important way for older people to understand how their community and neighbourhood have changed and this increases feelings of control and engagement while removing fear of change. Webster (1993) was concerned with applying the taxonomy of reminiscence to ecologically valid experiments. He made a distinction between the mechanics and functions of memory. Webster developed a 54-item questionnaire to find out why people reminisce. The reasons were: boredom reduction, death preparation, identity/problem solving, conversation, intimacy maintenance, bitterness revival and to teach/inform. Older people were more

likely than younger people to use reminiscence for death preparation and to teach/inform. Korte, Westerhof and Bohlmeijer (2012) developed this and explored the mechanisms of reminiscing in depressed older adults. Using Webster's categories of reminiscence, they studied 202 participants with a mean age of 63.3 years and tested the efficacy of life story work in improving symptoms of anxiety and depression. They concluded that minimising bitterness revival and boredom reduction reminiscing, and instead undertaking instrumental reminiscing was most effective, finding that reminiscing worked best by implanting positive thoughts, rather than explicitly trying to affect identity formation or problem solving.

Current evidence on efficacy:

Much of the work on the efficacy of reminiscence therapy has been undertaken in China. Evidence has been collected from both community-based and institution-based groups. Zhou et al (2011) looked at 125 older adults living in eight randomly selected communities in Changsha city, divided into experimental and control groups. The former received six weeks of reminiscence therapy on the topics of self-introduction, recalling old songs, sharing old photos, recalling happy moments growing up, recalling lifetime achievements, and future expectations. The topics chosen deliberately respected the cultural background of the elderly involved. After this their mental health was assessed using three measures: Geriatric Depression Scale, Self-Esteem Scale and the Affect Balance Scale. The study found that reminiscence therapy significantly reduced the

symptoms of depression and improved affect balance; however, there was no difference in the self-esteem of the experimental and control groups.

The results are also positive when reminiscence therapy is used with institutionalised older people (mostly men unable to read or write). Chiang et al (2009) working in Taiwan assigned 92 older people to a control or experimental group and they received reminiscence therapy eight times in two months using the life review method. Participants shared memories, discussed their feelings, identified positive relationships from the past, recalled family history/life stories, gained awareness of personal accomplishments, and identified their strengths and goals. They were assessed using the Center for Epidemiological Studies Depression Scale, the Symptoms Checklist 90-R, the Revised UCLA loneliness scale and the Mini-mental state examination (MMSE). The experimental group displayed a significant short term improvement in depression, well-being and loneliness compared to those in the control group. The group process of sharing and praising each other reduced loneliness by generating a sense of belonging.

These findings are reinforced by a study examining institutionalised older veterans in specialist veterans' homes. The subjects were all male and in a state of bad health. This group had preponderance for depression because of their exposure to combat and PTSD. 74 participants in an experimental group were studied, receiving reminiscence therapy for one hour per week for twelve weeks with pre and post tests using the Geriatric Depression scale and the Life Satisfaction Index A. The themes used in the session were: introductions, a past

photo, a memorable trip, a memorable person, a proud thing in my life, present day, one thing I can do now, one thing I hope to do in the future. The meaning of war and of being a soldier was the main focus of almost all of the discussions. (Wu, 2011) Their self-esteem and pride in belonging to an institution, and their life satisfaction due to greater togetherness and coherence increased and their depressive symptoms decreased.

Probing a little deeper into why reminiscence therapy works to enhance the wellbeing of older people, O'Leary and Nieuwstraten (2001) undertook discourse analysis on reminiscence interviews with five older people using Gestalt reminiscence therapy in a residential home in Cork, Ireland. Gestalt method specifically encourages the discussion and acknowledgement of feelings generated within the reminiscence sessions. The therapy is as much about the here and now as about the past. This study used Watt and Wong's taxonomy of reminiscence. The sessions had two purposes: first, to work through feelings of guilt, failure or distress and, second, handing on a moral lesson to someone growing up in a different era. Discourse analysis looks at the social practices and resources employed by the speaker and recognises that meaning is made through dialogue. Researchers observed memory making linked to people, places, events, past achievements, historical events in their personal life and historical public occasions but also linked to present day group bonding. They observed gender differences between report-talk (men) and rapport-talk (women).

Another type of reminiscence, gerotranscendence, was used with two reminiscence groups of four self-selecting individuals meeting for eight weekly sessions in a Swedish day centre. (Wadensten & Hagglund, 2006) This is based on the theory that it is possible to develop new perspectives and to continue developing into old age. This contrasts with the use of reminiscence simply to increase socialisation and maintain the individual's current identity. The eight sessions covered: introductions, memories of early childhood, school years, first job, enjoyments in your younger life, technical innovations, people important to you in your life and finally a summary. Participants were given a list of themes beforehand and were encouraged to prepare their reminiscences at home. Results were divided; some participants saw it as an activity like any other, and then quickly moved on to other tasks and hobbies. Others commented that the sessions made them think about their life, but did not change their perspective. A final group thought that it made them change the way that they thought about their own lives, the past and about other people. More women than men described a process towards gerotranscendence.

Reminiscence therapy sessions can have positive health benefits for the facilitators as well as the participants (Waite & Tatchell, 2005). College students from the University of Toledo were trained to conduct Transmissive Reminiscence Therapy (TMT) with thirty two older people in a community setting for five one-hour sessions. Transmissive reminiscence allows the older person to recall their memories with a specific aim of teaching future generations conveying their values and wisdom. Another group conducted informal visits

with thirty two older people and undertook activities such as playing games, watching TV and making general conversation, while a third group of students did not carry out any form of interaction with the older population. The researchers used Short Form 25 general health survey to assess student responses and found that the TMT trained group had their health impacted (especially their social functioning) in a more positive way.

In 2013, research was published suggesting that reminiscence therapy was useful for groups of the population other than older people. Hallford & Mellor (2013) showed that reminiscence was useful for reducing symptoms of depression in young and middle aged adults. Butler suggested that reminiscing was a natural part of the aging process, but Hallford & Mellor show that this sole focus on the older population is not justified. This research builds on the eight functions of reminiscing in the Reminiscence Functions Scale: RFS (Webster, 1993). The authors acknowledge that much of the research thus far has been undertaken with older populations. Three types of reminiscing are identified: simple reminiscence (unstructured, spontaneous group-based recalling); life review (systematic, detailed one to one); life-review therapy (reframe past negative memories to increase a sense of meaning and cohesion). This last approach has been centred on narrative therapy, a technique by which problems are recognised as being external to the person. Negative life events are restructured and positive ones reaffirmed. Sometimes this is undertaken in a creative way, with the use of for example, poems or drawings. Another key technique is cognitive-reattribution as reminiscence is used to find self-worth and meaning. Past and present life

goals are integrated globally and individuals develop a heightened perception of their own agency. Hallford and Mellor show that such cognitive changes are possible in a younger subject as well. Reminiscence can be viewed as an adaptive lifespan phenomenon rather than a process engaged in by older adults. In young adults it can be used to help them forge their self-concept by gathering insights from the past and emphasising the links between past, present and future. Care must be taken to avoid bitterness revival reminiscence. In adults of middle age it can help them to cope with the notion of having had more of life past than is ahead of them.

Intergenerational Reminiscence:

The efficacy of reminiscence therapy for older people in a group setting has been well-studied, especially studying sufferers of dementia and other memory problems. However, intergenerational reminiscence research projects are rarer, although the field has developed in the last ten years. The theoretical framework for intergenerational research as a whole was developed by Desouza (2007) exploring the stereotypes held by both older and younger people about the other group and showing how and why both groups changed their views following contact. Some early intergenerational work focused on working with intergenerational families, such as Newell and Beach (2005) who examined the efficacy of community-based medical programmes when delivered in an intergenerational context. Other projects focused on the impact of intergenerational work on perceptions of health: Faer (1995).

Much work done thus far on intergenerational reminiscence explores the use of technology, such as Luepker (2010) on videotaped life reviews, in which the self-esteem of thirty older participants living independently and their families was improved. Chonody and Wang (2013) used multimedia methods to allow older people to reminisce rather than face to face encounters. They reported that the participants benefited from having a forum in which to tell their stories. Research by Hind et al (2014) on loneliness among independent older people piloted a project investigating the efficacy of telephone befriending, with mixed results.

Personal face to face intergenerational reminiscing work is often used alongside other collaborative techniques. This method has been studied by Hobbs et al (2010) in Gloucestershire in which twelve secondary school children were paired with one older 'low interacting' resident of a nursing home. The children were trained and then conducted six weekly sessions of one hour each. Life story, reminiscing and looking at photographs were part of the interaction alongside other activities such as gardening. The older participants' social functioning improved and bridging the generation gap brought significant benefits to both parties. Souza (2011) looked at school-based intergenerational interventions in Brazil with over five hundred participants. This involved a variety of activities over a period of four months, including reminiscing. Souza found that adolescents and elders reported improved perceptions of relationship, health status and solidarity. Barnard (2014) brought five children in Australia into care facilities to work alongside ten older people, and she measured mental health benefits from undertaking joint art projects with a reminiscing element.

Gaggioli et al (2014) examined intergenerational reminiscence in Italy among 32 older adults and 114 students. The participants met for six hours of reminiscing in total and were measured before and after on perceived levels of loneliness, quality of life and self-esteem. The young people's attitudes to aging were measured using an ad hoc semantic differential scale. It was concluded that the older participants reported less loneliness and the children's attitudes also transformed in a positive way.

Conclusion:

Evidence gathered by reviewing existing literature shows that there is potential for the use of intergenerational reminiscence therapy interventions to improve the wellbeing of isolated elderly. This will benefit younger participants too, as shown by Hallford & Miller and Gaggioli et al. The historical information collected will be of use to the community as a whole, as collating memories of the past reinforces a sense of shared identity. These findings have important implications for practising counselling psychologists. Specific training for the psychologist in reminiscence, life story work or narrative therapy will be necessary. The method can be used in group or individual therapeutic settings but for the full method to be developed, collaboration with family members and/or local schools is essential for the intergenerational aspect, and with trained oral historians (for example, locally based students or volunteers) to analyse and present the data. Reminiscence therapy emphasising enhancing wellbeing by

allowing the patient to develop an identity as an historical authority can be adapted for use in many personalised therapeutic contexts, especially among patients for whom other types of therapy have not proved effective.

Future studies might probe further the efficacy of combining reminiscence and oral history by examining its impact on different types of participants. For example, the response of younger-elderly and older-elderly participants might be compared. The mechanism of intergenerational work might be assessed by asking whether reminiscing with and for one's own family works better than reminiscing with younger members drawn from the rest of the community. As discussed above, much of the foundational work on reminiscence therapy has been undertaken with older people who have diagnosed memory problems. An important development would be a study comparing its impact on the wellbeing of older people with and without diagnosed memory problems. Finally, another avenue of future study is to explore the efficacy of reminiscence therapy and oral history as a prevention strategy.

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