

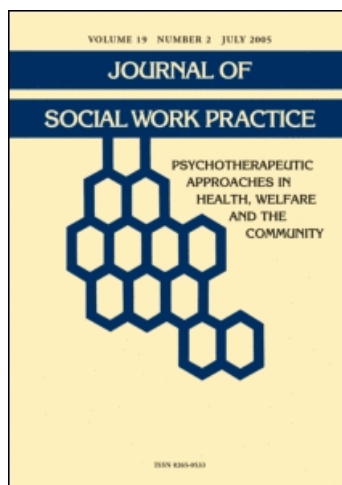
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Reminiscence therapy with older adults

ELEANOR O'LEARY & NICOLA BARRY

Summary *Reminiscence therapy is primarily focused on storytelling. Outcome variables include life satisfaction, self-esteem, positive affect and mood, happiness, well-being and socialisation. However, research relating to this approach has suffered from a number of methodological limitations. Gestalt reminiscence therapy expands reminiscence to include such aspects as dealing with unfinished business, expressing feelings, enhancing contact, focusing on the present and recognising the contextual dimensions of the lives of older adults. Members are provided with an opportunity for greater interpersonal communication and participation in a group process. The dynamic orientation of the approach supports the underlying assumption that psychological development can occur up to the point of death.*

Reminiscence theory reviewed

Although gerontological contributions abound in the social and behavioural sciences, books and articles relating to counselling and psychotherapy with older adults are limited. Woolfe and Biggs (1997) pointed out that most of the 33 articles obtained through a search of Psychlit related to problems in old age. Few publications emerged in the field from the 1930s, when Lillian Martin developed the Martin method in San Francisco, to Butler's work in reminiscence in the 1960s. Since then reminiscence therapy has become one of the most frequently used approaches.

In the past, the tendency of older adults to reminisce was associated with senility (Moody, 1988) or regression to a second childhood (Croze, 1990). Butler's (1963) approach challenged this pessimism by viewing reminiscence as an adaptive process set in motion as individuals come to terms with their mortality. Reminiscence is based on recall of the past (Haight & Burnside, 1993) and focuses on older adults enjoying their re-exploration of former events. By stressing assets rather than disabilities reminiscence contributes to feelings of self-worth (Norris, 1986). The pleasure derived from this activity serves to enhance quality of life.

The positive memories of a 90-year-old woman are illustrated in the following excerpt:

Therapist: What did your husband do?

Client: My husband was a shopkeeper and my mother had a fish business and their work was near each other. But I did not meet my husband there.

Therapist: How did it happen?

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- Client: We met at a dance in Waterford. A doctor took me there and I met my future husband. Once I went into a waltz with him that was that. I never came out.
- Therapist: What a beautiful image! And how long has the waltz lasted?
- Client: (Laughing) ... For 61 years.
- Therapist: You had a very happy life?
- Client: He treated me like a queen and still does.

The transcript highlights the client's relationship with her husband which she describes as a perpetual waltz. Acknowledging it in the group gives her an opportunity to experience a sense of affirmation of her life choices.

Reminiscence has a positive role to play in addressing identity problems (Bender, 1995). Through relating life experiences older adults express their individuality. They gradually come to acknowledge that their lives possess a structure which incorporates both historical and geographical aspects. In some cases individuals may rework certain dimensions of their experience so that a new and coherent sense of self is formed.

Reminiscence in groups

Employing a group rather than an individual approach in working with older adults is desirable as the setting enhances both communication and expression (O'Leary, 1996). The group provides a psychosocial dimension to the work. In relating recollections, members recount stories of their past to other participants thus allowing them to share in their experiences. Feeling attended to can enhance self-esteem and provide an outlet for the expression of opinions and emotions. As they listen to members disclosing their life stories, older adults develop a new awareness and knowledge of each other. Such sharing leads to the identification of common ideas, themes and experiences (Croze, 1990). Donigan and Malnati (1987) found that feelings of acceptance, worthiness and support grew as members increased communication through the exchange of feedback.

The benefits of reminiscence groups include greater interpersonal communication and the development of friendships. They also provide participants with a context within which to develop social intimacy (Gardella, 1985). Their value in building a sense of community was stressed by Burgio *et al.* (1996). The fostering of a feeling of belonging can have a number of beneficial outcomes for participants. They may experience an increased willingness to become involved in various activities and to interact with others more frequently. Shared ventures can emerge as older adults identify themselves as a group. In one nursing home in the Cork Older Adult Intervention Project, participants conducted a special service to commemorate one of the members who had died.

Reminiscence groups can provide support and emotional security for those who suffer bereavement and a loss of former roles. Membership allows participants to combat feelings of loneliness, hopelessness and depression (Singer *et al.*, 1991). Relevant comments from a number of group members can enable older adults to develop a different perspective on previously upsetting past experiences. Recalling pleasant memories can serve to balance the sadness of difficult circumstances. This is particularly true of bereavement. Some individuals may not wish to remember anything about the deceased when on their own due to the depth of the suffering they are experiencing. They can be encouraged in the group to recall those they have lost, to remember happy times they have shared, to feel the sadness and thus free themselves in time from the pain.

Although reminiscence is often used in a global sense, evidence for different types has been obtained (Romaniuk & Romaniuk, 1981; Sherman & Peak, 1991; Watt & Wong, 1991). In

a factor analytic study of 101 individuals, Romaniuk and Romaniuk identified three main kinds: self-regard/image enhancement, present problem solving and existential concerns/self-understanding. These were further explored by Sherman and Peak. In a sample of 100 older adults, they found that 70% or more considered that self-regard/image enhancement reminiscence was enjoyable. It lifted spirits and identified what was best in the past. Present problem solving was most frequently used in coping with a loss (50%) while existential self-understanding was used by 54% of individuals in order to better comprehend themselves.

Unlike Sherman and Peak (1991), Watt and Wong's (1991) category approach to reminiscence was not based on Romaniuk and Romaniuk (1981). They identified six different types: integrative (similar to Butler's (1963) concept of reminiscence which is based on recall of the past), instrumental (the use of past experience and coping strategies which aid problem solving), transmissive (an oral history of historical events which pass on one's cultural heritage and values to others), narrative (descriptive or factual accounts of the past which provide either bibliographic information or enjoyment), escapist (a glorified recall of the past which deflects from current difficulties) and obsessive (past difficulties which are not integrated and are associated with feelings of guilt and resentment). Haight and Hendrix (1995) held that the value of Watt and Wong's contribution to taxonomy would have been enhanced if their reminiscence types had been discussed relative to those identified in earlier literature.

Outcome studies in reminiscence therapy have been the focus of research by Rattenbury and Stones (1989) and Stones *et al.* (1995). In a nursing home study of 24 older adults, Rattenbury and Stones randomised participants into three groups: reminiscence, current events and a no-treatment control. The intervention involved eight sessions with two 30-minute meetings occurring weekly. Verbal participation improved over time and was found to be correlated with increases in happiness. Individuals in the reminiscence and current topics groups had greater psychological well-being scores in comparison to the control group.

In a study which involved a larger sample size ($N = 176$) and a longer intervention time (18 months), Stones *et al.* (1995) used a reminiscence group of 75 older adults while 101 formed a control group. Three assessments were carried out after 1.5 months (session 6, $N = 165$), 8.5 months (session 28, $N = 131$) and 18 months (session 55, $N = 99$). Eighty-seven residents in five nursing homes participated in all three assessments. Members of the treatment group were moderately happy when assessed on each of the three occasions whereas those in the control group were unhappy. This level of happiness was maintained in the reminiscence group over 18 months and was independent of nursing home, gender and time of testing. Three percent of the participants in the treatment group were unable to complete the second assessment (8.5 months) due to illness, while the figure for the control group was 13%. In addition, 37% of the latter group died during the intervention in comparison to 23% of the former. The benefits of reminiscence included lower mortality which was predicted by earlier measures of happiness. The study is one of the few longitudinal investigations conducted in the area and points to the potential importance of reminiscence to the well-being of participants.

Evidence from a review of studies by Kovach (1990) suggested that reminiscence may enable participants to gather self-referent knowledge which may lead to increased feelings of self-esteem. It is associated with contentment with both the past and the present and positive affect and mood. Furthermore, it has a beneficial impact on well-being and socialisation (Fielden, 1990). Reminiscence is also related to life satisfaction for older adults whose spouses are no longer with them (DeGenova, 1993).

Research studies on reminiscence suffer from a number of methodological and data

analytical problems including small subject samples, poor reliability and validity of measures, lack of use of multivariate analyses, short intervention times and the absence of comparable control groups. They also neglect to consider the impact of social context (David, 1990). The generalisability of the findings is thus restricted. However, group studies in this area tend to yield more positive results than the research on individual work as the former generally involves longer time periods (Coleman, 1995).

Although more research is obviously needed on reminiscence therapy, Watt and Wong (1991), in introducing the categories of escapist and obsessive, highlighted two hitherto neglected aspects which help to identify blocks to emotion. In doing so they bring to the fore the opportunity to choose between stagnation and growth which presents itself as individuals relate their life experiences. A particular development in a group context, gestalt reminiscence therapy, focuses on this choice.

Gestalt reminiscence therapy

Gestalt reminiscence therapy has been proposed by the main author and consists of an integration of gestalt and reminiscence therapies. Since the psychological development of the individual is a life-long endeavour, old age is seen as a dynamic time in which ongoing emotional growth can occur. It is based on an existential humanistic model of the person in which each individual is viewed as having the potential to become increasingly self-actualised. Age does not place any limits on this enriching process (O'Leary, 1996).

Storytelling in gestalt reminiscence therapy allows important events in the lives of individuals to be highlighted and shared and permits older adults to define themselves in a group context. Past circumstances can give a personal status within the group particularly if powerlessness is a feature of the present situation. Another aspect of stories relates to their unfinished nature. If an experience was interrupted in the past, individuals were left with unresolved issues. Positive and negative feelings associated with the episode were not acknowledged. A sense of closure is lacking and can preoccupy older adults. Certain behaviours are indicative of the existence of unfinished business, e.g. the expression of resentments and guilt. Through storytelling, older adults may develop an awareness of problems which still hinder their psychological development.

Completing unfinished business may be a painful task and is usually avoided. Individuals prevent closure by relying on familiar behaviours and attitudes. In one gestalt reminiscence group, an older adult deflected from anything unpleasant by bursting into song. Although it may be used spontaneously to move away from an undesirable memory, the song may be enjoyed in its own right before the therapist and other group members return to the original upsetting subject. In this manner there is a temporary bracketing off of the topic under discussion. Blocked awareness leads to a high degree of tension and the song allows a certain release.

Older adults who are experiencing dissatisfaction with the past are in a state of imbalance (Croze, 1990). In resolving unfinished business the person may be asked to relive memories in the present so that associated affect and attitudes come into the foreground of awareness. In gestalt reminiscence therapy, the non-expressed feelings are given a voice and this expression allows energy previously bound up in the past to be liberated. It is not sufficient to talk 'about' the emotions involved since this serves to distance clients through intellectualisation. Real growth in awareness occurs when the individual 'owns' a troubling event in the present and expresses the accompanying feelings. The aim is to allow full participation in events and relationships, a goal supported by Singer *et al.* (1991), who stated that the

focus of group work with older adults is on fostering an increased sense of meaning and happiness in relation to their life circumstances.

The 'here and now' focus of gestalt reminiscence therapy promotes understanding of the individual's current feelings, thoughts and experiences by naming them. This emphasis is seen in the following extract where Anna, a 92-year-old nursing home resident, shares what she can still do. "And going up, opening doors and everything myself, doing as much as I can ... It is trying to do things." Later on she states "I am no trouble to anyone—I never ring the bell."

A sense of empowerment emerges as individuals come to acknowledge that they can master different areas of their lives. Clients who view difficulties as existing outside of themselves may experience helplessness. Gestalt reminiscence therapy invites such older adults to take charge of themselves. Responsibility is developed by asking participants to recognise feelings which formerly were not considered to be a part of the self. This personal control enables older adults to lessen their dependence on environmental support (O'Leary, 1996). However, assistance from others is important for this age group once it is balanced with a sense of independence.

Contextual dimensions of the lives of individuals are also taken into consideration in gestalt reminiscence therapy reflecting a person–environment approach. Whether older adults live on their own, with their children or in nursing homes has a significant influence on their current experiencing. The transition to a nursing home setting can be particularly difficult for some older adults. In one therapy group, one of the participants maintained a sense of relative independence for herself by viewing her stay as temporary. Such transitions can be compounded by relatives pretending that it is only for 'a week or two'. The group offers a 'safe place' where such anomalies can be explored.

Constraints which exist within their present living arrangements are acknowledged as participants encounter difficulty in relation to them. In one nursing home of the Cork Older Adult Intervention Project where a couple was resident, the visiting pattern of their nine children prior to the husband entering the home involved the sons and daughters calling in turn thus ensuring that their mother had one daily visit. However when the husband became a resident, he informed them not to bother doing this as they had too much to do. The gestalt reminiscence group allowed the wife/mother to ascertain what she wanted with respect to visits and to roleplay what she would say to her children at their next meeting. The overriding concern is the empowerment of all parties as much as possible.

The group context provides members with opportunities to develop in the realm of interpersonal communication. Growth occurs when individuals' contact boundaries (i.e. the point at which they meet the environment) are flexible since a healthy interaction implies a willingness to adapt and incorporate new information and experiences. In the gestalt reminiscence approach, participants can become aware of how they can get in touch with aspects of themselves, e.g. the special contribution they make and their level of communication with others. Rather than comprising of serial dialogues between the therapist and one particular group member, the other participants are part of the process. The interactive nature of the work was illustrated in one group in the compliments participants paid each other on their powers of recall and in their encouragement of each other to express their feelings. In the case of an older adult with Alzheimer's disease, the other group members offered cues such as names and places in response to the question "Where am I?" This assistance in placing facilitated recognition and thus comforted the member.

In the gestalt reminiscence approach the therapist facilitates the efforts of participants to overcome blocks to control. Older adults examine their current experiencing and thus

develop their awareness which facilitates the emergence of a new and more complete sense of self (Black & Haight, 1992). The development of meaning in one's life and peace with the past ensue.

Conclusion

Gestalt reminiscence therapy develops reminiscence beyond mere storytelling. By attending to unfinished business, expressing emotion, enhancing contact and attending to both interpersonal and group processes, it provides a counselling/therapeutic approach appropriate for older adults. As such it fits into the needed adaptation of psychological interventions for this age group discussed by the American Psychological Association (1997). In this age of integration within psychotherapy, gestalt reminiscence therapy ensures that the past and the present are integrated in a new gestalt.

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