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A Trip Down Memory Lane: Reminiscence Therapy

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Abstract

Published in 1963, Robert Butler's article titled "Life Review" laid the foundation for reminiscence therapy. Based on Erikson's theory of psychosocial development, which maintains that for the older people, past memories are not a negative experience; in his later years, Butler emphasized the importance of turning one's past negative emotions into positive ones to attain self-integrity. Although it originally emerged as a psychoanalytic concept, reminiscence therapy has been used as a component of nursing in long-term care institutions for older people. According to the practice standards published by the American Nurses Association in 1994 and 1995, reminiscence therapy entered the field of standard nursing practice. The Nursing Interventions Classification System stated that reminiscence therapy has an independent role as an intervention that has positive effects on the older people. In our country, reminiscence therapy is used as an intervention that nurses can apply independently, and it was defined in the Regulation on the Amendment of the Nursing Regulation dated April 19, 2011, and published in the official gazette. The benefits of reminiscence therapy, which is preferred because it is cost-effective and suitable in terms of time management and can be applied by multidisciplinary professional groups, continue to be revealed with the studies carried out, and its applicability increases gradually due to the lack of harmful results. The aim of the this review to guide nurses and other health professionals about reminiscence therapy.

Keywords: Reminiscence therapy, cognitive function, complementary therapies, aged

Introduction

As biopsychosocial beings, human beings are biologically in a life process that begins with birth and ends with death. This life process shows many changes from infancy to old age. The transition between these periods is an indication that human existence is actually an aging process from the first day. According to the health report on aging published by the World Health Organization (WHO) in 1998, aging is defined as biological, chronological, psychological, and social aging.[1] The definition of aging that emerges after various concepts of aging is "the state of being more dependent on others with increasing disabilities." The beginning of this situation is determined by WHO as 65 years of age.[2]

Although advances in medicine and technology extend life expectancy, biological aging cannot be prevented. However, psychological and sociological aging, which are other concepts that make up the life process, contain differences specific to each society and each individual who makes up society. These differences show that the individual is unique in every respect, and this is due to the difference in the development of personality. Many theories have been put forward in this direction. Although early theorists argued that development is completed at the end of childhood or adolescence, one of the theorists who suggested that personality development continues throughout life is Erik Erikson, a psychoanalyst.[3]

Erikson talked about the Psychosocial Development Theory in the 1950s and argued that personality development consists of 8 stages. He named the last stage as *despair against self-integrity* and introduced the concept of *self-integrity*. Erikson defined self-integrity as the maturation and integration of personality traits. In old age, according to Erikson, the integrity of the self consists of positive and negative experiences gained in previous life stages. People who accept, adopt and adapt to all aspects of their experiences in every period of their lives have completed their self-integrity. This

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integrity does not include regrets about the past and fears and worries about the future. Death is an inevitable end and should be expected peacefully as a natural part of life. However, if the individual has not achieved self-integrity, hopelessness is observed. The individual who lacks the sense of self-integrity will find what he/she has experienced for himself/herself and his/her family from the past to the present insufficient and will long to live his/her life all over again, and this feeling will cause the individual to experience fear of death.[3,4]

Based on Erikson's theory, the gerontologist and psychiatrist Butler published a study entitled "Life Review" in 1963 and emphasized the value of the concept of reminiscence. Butler stated that life review and reminiscence were very valuable in terms of improving psychotherapeutic relationships in old age, but some psychiatrists considered it "strange" for older people to live in the past, and therefore, reminiscence lost its importance. He argued that remembering the past is a dynamic process of adaptation, rather than seeing it as a problem, and that when older people look back on their lives and review many of their experiences, including unresolved difficulties and conflicts, the meanings they attribute to them can turn positive. He emphasized that incorporating this concept into psychotherapy for the elderly and examining the past life can help the individual develop a sense of integrity and harmony. Butler's idea and Erikson's self-integrity coincide with the late-life development stage in which the individual reflects on his/her life, does not make sense and tries to find meaning in life. Butler's work contributed to a change in professionals' perspectives toward remembering the past.[5,6]

Reminiscence Therapy

The word reminiscence is defined by the Turkish Language Association as "reminiscence of something previously learned or happened".[7] In English, the word reminiscence is used as "a verbal or written description of something one remembers about one's past life".[8] Apart from its dictionary meanings, the broadest and most descriptive definition of reminiscence conceptually was made by Bluck and Levine (1998) based on Erikson and Butler's theories, and it is "the process of voluntary or involuntary recollection of one's past memories. When forgotten or unforgotten, specific or general memories and past experiences are remembered, feelings close to reality are re-experienced, and this recollection can be one-on-one or with others".[9]

This definition emphasizes 3 important elements: first, that recollection is a "naturally occurring phenomenon" that happens to everyone in everyday life, and second, that memories can be remembered intentionally, even memories that are thought to be forgotten. The third important element is that memories are real and that the passage of time does not change the experience. Today, recollection involves not only the recall of simple events in long-term memory but also the reconstruction of memories in relation to existing schemas about the self. When memories are re-shared with others, the mode of expression can be adjusted according to the social situation at the time. Accordingly, there are 2 cornerstones of reminiscence that emerged as useful interventions: the ability to recall the memory voluntarily and the restorative nature of being able to reconstruct it according to the context, even if this makes it difficult to comprehend.[10]

The fact that older people frequently talk about their past and recount their past experiences can be considered as an expression of the tendency to think about and review the past. In the act of reviewing the past, there is not only a dimension of remembering the past but also a dimension of analyzing the past, and therefore, this is a purposeful and active process. This process involves integrating and interpreting experiences.[11] Although the process of life review can be done socially with individuals, families, or groups, it is more useful to do it with a professional guide who will give feedback in order to make sense of and interpret the past. In this direction, the life review process in which individuals review their past experiences under the guidance of a professional and evaluate their old conflicts from the very beginning is called reminiscence therapy (RT). The salient topics in the therapy are family, friendships, love, losses, successes, disappointments, and changes in the life process. Since every object, picture, music, or reminder to be used in this process can enable the reconstruction of memories and experiences, it is important to share them not only individually but also as a group with other individuals. In this process, in addition to the story taken from the elderly individual, taking a broad self-life story from family members also contributes to the memories that the elderly may have forgotten.[6,11,12]

Implementation of Reminiscence Therapy

In the past, it was thought that older people's repeated recounting of memories, especially those in distant memory, was boring, that they were constantly living in the past, and that it might even be a symptom of some diseases. However, these ideas changed dramatically after Butler, a gerontologist and psychiatrist, published his article "Review of Life" (1963). In the first attempts to apply RT, Lewis and Butler (1971) used methods such as writing autobiographies, summarizing one's life events, and examining important past events. In their different experiments, they realized that individual and group dynamics could create a renewed sense of continuity and integration. However, they also noted that for some individuals, life review led to anxiety, hopelessness, guilt, and depression.[13] In light of this information, Ebersole (1978) initiated semi-structured reminiscence sessions in which small groups of nursing home residents recalled episodes from their past. The results of this study showed that in addition to gaining more personal information, participants benefited from the development of new social relationships and a sense of connectedness.[14] These studies were later tested by many researchers in different dimensions and with various methods, and a protocol for the implementation of RT was determined.

When many studies conducted over the years are examined, RT can be applied individually or as a group and benefits individuals in these ways. However, it is important that the groups should not exceed people in terms of social interaction of older people, active participation of each elderly individual, and sufficient time. For this reason, care should be taken to ensure that the session duration does not exceed 90 minutes in order to provide equal time for individuals. The age, marital status, physical and mental capacity, and the level of agreement between individuals should be taken into consideration. In addition to individual characteristics, the other factor to be considered is environmental characteristics. The size and location of the room where the sessions will be held, lighting, silence, temperature, ventilation, and the suitability of the chairs for the elderly are important. The seating arrangement of the group should be around a circle so that they can see and hear each other. Although there are studies with 4 sessions as the duration of therapy, it is thought to be a limited time to review life, and 6-12 sessions are reported to be appropriate. In addition, it is very important that individual or group sessions

are held on the same day of the week, at the same time, and in the same place in order to encourage the participation of older people and to encourage them to participate.[4,15,16] Individualized RT can be carried out in individuals' own homes and with family members, if any. In addition to the home where they live, individual interviews can also be conducted in institutionalized places such as nursing homes and long-term or daycare homes for the elderly. However, in terms of meeting the needs of older people such as communication and socialization, it is also very positive to conduct RT as a group. In addition, it can also be applied to older people who are treated in emergency departments and clinics due to their illnesses in order to alleviate and relieve mental problems such as anxiety, hopelessness, and depression.[17]

The sessions of RT are organized in chronological order, starting with birth and progressing through the years of life by focusing on important events. In these sessions, many topics can be discussed such as the house/place where they were born and raised, childhood and school memories, childhood and school friends, childhood and school friends, teenage years, teenage friends, marriage process, birth of the first child, happy memories about children, successful events, old holidays, unforgettable people or events, happy places to visit, old meals, old items, and old songs. The use of different sensory stimuli (visual, auditory, tactile, olfactory, and gustatory) in each session, depending on the topic, also helps to trigger reminiscence. These stimuli include photographs, food, fabrics, writing, books, poems, poetry, radio, music, and many other sensory stimuli.[18,19]

Today, with the development of technology, digital stimuli have started to be used in RT sessions. However, the use of information and communication technologies shows that RT can be easily applied, and its benefits can be further increased. In a systematic review by Lazar et al[20] (2014), they mentioned various types of technology used in studies. These include remotely administering RT, detecting and visualizing daily activities, playing multimedia, monitoring the individual's brain waves during sessions, and providing speech facilitation prompts using natural language processing.

In RT, in addition to the place of application, the time of application, and the sensory stimuli used, the professional who will perform the application is also very important. This method, which has a history of about 60 years, has so far been applied by many different professional groups including nurses, physicians, social workers, occupational therapists, gerontologists, and psychologists.[21] However, it differs from simple RT in that it systematically examines the internal conflicts and negative experiences of people in the past or the individual, is mostly carried out in the form of individual psychological counseling, and includes psychoanalysis.[22] In this direction, the role of the practitioner in simple RT is very important. For this reason, the group leader should pay attention to ensure that the session topics consist of topics that will enable the recollection of positive memories. They should support and encourage individuals, empathize with them, and deal with their physical problems. They should manage and monitor the session process, ensure its continuity, and protect weak individuals. They should be able to ensure that each elderly person has the right to speak during the session and give equal time. Especially in the first session, they should introduce the individuals to each other, give information about the purpose of RT and the application process (such as session duration, how many sessions will be held, and which topics will be covered), and ask for materials according to the subject of the next session (such as photographs and objects). In the second and subsequent sessions, they should ask questions about what was done in the previous week and make a general summary about the topic of the previous week. Then, if there are materials to be shown related to the subject, these should be shown and individuals should be asked to recall their positive memories and tell about them. At the end of each session, the session should be summarized and the topic of the next session should be announced. In the last session, he/she should make a general evaluation with the participants, allow them to express their thoughts, and end the therapy process by thanking them for their participation.[4,23,24] It is also very important for the group leader to have curiosity, an accepting attitude, a good memory, a sense of humor, adaptability, imagination, self-confidence, a democratic approach, group work skills, a compassionate attitude, and practicality to ensure that individuals enjoy the process and should participate effectively throughout the therapy.[19]

The contributions of RT in different areas and the changes in the older people as a result of the results have been and continue to be demonstrated by studies. In addition to the use of RT alone, studies in which RT is combined with other non-pharmacological approaches have been increasing, especially in recent years. One of the most common applications in which art branches are integrated is music therapy. In a systematic review (2017) by Istvandity[25] (2017), it was stated that RT has predominantly positive effects on the mental well-being of older people, especially on mental well-being including stress, anxiety, and depression, but there is a gap in the application of RT alone can be sufficient for emotional and social well-being.

The Roles of the Nurse in Reminiscence Therapy

Initially emerging as a psychoanalytic concept, RT has been used as a component of nursing in long-term care facilities for older people. Nurses began using RT in the late 1960s and publishing their experiences in the 1970s. At that time, the aim of nurses' application of RT was to help older people to put their experiences into a different perspective and prepare for death. The first doctoral thesis on RT by a nurse was completed by Hibel in 1971. However, due to the difficulty of finding articles in various publications at that time, it is unclear how widely RT was used by nurses. Ebersole[14] (1978) identified some therapeutic factors of RT as identification, socialization, intergenerational sharing, memory stimulation, and self-actualization. However, if the group leader of the RT practiced at the time blended the sessions with other modalities such as music, exercise, poetry, bibliotherapy, or art, it can be difficult to see the outcomes of a "pure" RT.[26,27]

The American Nurses Association Standards of Clinical Nursing Practice for Psychiatric Mental Health (ANA, 1994) and the American Nurses Association Scope and Standards of Gerontological Nursing Practice (ANA, 1995) indicate that RT falls within the scope of standard nursing practice. The Nursing Interventions Classification System defined RT as an intervention based on recalling past events in order to increase the adaptation of individuals living in institutions to the time, quality of life, and satisfaction with the institution, and stated that the nurse has an independent role.[28,29]

In Turkey, the application of RT is not very old in the name of nursing. The reason is that it was legally included in the job description of nursing late. In the Regulation on the Amendment of the Nursing Regulation dated April 19, 2011, published in the official gazette, RT (Reminisens tedavi [şimdiki zamana uyum sağlamak için geçmiş

duygu, düşünce ve olayları hatırlatma/hatırlama]) is classified as an intervention that the nurse can apply independently.[30] With its inclusion in the job description, studies on RT have started to increase in our country and its effectiveness has been demonstrated. In particular, the first doctoral dissertation on this subject was conducted in 2014 by Duru Aşiret[31], who examined the effect of RT on cognitive status, depression, and activities of daily living in Alzheimer's patients. Subsequently, Ercan Şahin[32] (2015) examined the effect of RT applied to the elderly living in nursing homes on the quality of life of the older people; Inel Manav[33] (2018) brought the effect of RT with internet-based videos on cognitive status and apathy in older people with mild dementia to the literature as doctoral dissertations.

As in the world, studies investigating the effectiveness of RT in our country continue to increase and play an active role in the care of nurses.

Uses and Benefits of Reminiscence Therapy

Non-pharmacological interventions are person-centered and are aimed at supporting the individual rather than forcing them or focusing on their deficiencies. The most commonly used non-pharmacological intervention in Alzheimer's disease and other types of dementia is RT.[31] When the literature is examined, it is seen that RT is generally applied to older people with dementia living in institutions such as nursing homes and care homes, as well as to individuals without cognitive problems. The reason for this is that staying in a nursing home may increase the feeling of loneliness and depression. As a result, individuals with depression may experience social isolation and a decrease in quality of life if this situation is not intervened.[34]

Impact on Older People Living in Institutions

Looking at the literature, there are studies on RT applied to older people who do not have any cognitive impairment and live in institutions such as nursing homes in the world and in our country. In a study conducted in our country, it was observed that RT applied to older people living in nursing homes improved the level of hope and quality of life; however, it was not effective in cognitive functions.[35] In another study, it was reported that there was no significant difference in the total quality of life scores of RT, but there was a significant decrease in the autonomy subscale score.[32] In studies and systematic reviews conducted around the world, RT has been reported to be beneficial for depression,[36-40] finding the meaning of life,[36] loneliness,[37] psychological well-being,[37] cognitive function,[38,40] and quality of life[38]; its benefit for anxiety[39] is controversial.

Impact on Individuals with Dementia and Alzheimer's Disease

It is known that cognitive dysfunctions and symptoms of depression are common in older people with dementia and Alzheimer's disease. The number of studies examining the effectiveness of RT in these individuals is increasing and therefore meta-analysis studies are emerging. Studies and meta-analyses suggest that RT should be included in the routine care of older people with dementia and Alzheimer's disease, especially those living in institutional settings such as nursing homes and care homes, in order to reduce "behavioral and psychological symptoms of dementia"[42] and depression,[31,41-46] improve cognitive functions[31,33,41,45,46] and apathy,[33] and improve attitudes toward aging[43] and quality of life.[42-46] In addition, there are also studies that suggest that RT does not benefit activities of daily living,[31] cognitive functioning,[43] and self-esteem.[44] However, although RT has no quantitative effect on activities of daily living, it has been reported to be beneficial on communication, cooperation, socialization, and restlessness of individuals.[31]

As a result, especially in systematic reviews and meta-analyses, it has been stated that RT leads to improvements in certain indicators; however, not all indicators may improve significantly[38]; in addition, improvements in these indicators are not permanent; RT is effective in the short term.[41]

The Effect of Reminiscence Therapy on the Physiopathology of Alzheimer's Disease

Alzheimer's disease is a physiopathological disease in which cognitive function is lost over time as a result of the destruction of brain tissue. Although it has been observed over the years that cognitive status can improve in individuals to whom RT is applied, it has been a matter of curiosity whether this is possible in a physiopathological condition, and studies have gained weight in this direction. In a study by Tanaka et al[47], an 88-year-old Japanese male patient with chronic renal failure (CRF) and hypertension was admitted to a hospital by his relatives due to cognitive decline and a decrease in vitality and willpower. He was diagnosed with Alzheimer-type dementia because he had no neurologic symptoms such as Parkinsonism and hallucinations, and the decline in cognitive function was mild. Based on this diagnosis, donepezil hydrochloride was considered by the physician, but the patient's family did not want the patient to take the medication because of the risk of donepezil-induced rhabdomyolysis since the patient had CRF. As a result, individual RT was initiated, and after the sessions, cognitive function and mood as well as changes in cerebral blood flow were examined by single-photon emission computed tomography (SPECT). The patient underwent a comprehensive geriatric evaluation; the Mini-Mental State Examination (MMSE) score was 22, Geriatric Depression Scale (GDS-15) score was 10, Vitality Index (VI) was 6 (full score 10), and depression was diagnosed. At the end of therapy, cognitive function, depressed mood, and decreased vitality were significantly improved (MMSE: 29, GDS: 7, CI, 9); however, SPECT showed an increase in cerebral blood flow, especially in the frontal lobe, which is responsible for conscious thinking.[47]

Although no definitive judgment can be made with a single study, it is thought that more studies in this direction may reveal the positive contributions of RT to physiological well-being as well as mental well-being.

Conclusion

Before the emergence of RT, it was seen as negative for older people to talk about the past and tell their stories. Many studies conducted over the past 60 years have shown that RT is a personal development process that improves the mental well-being of older people, strengthens their communication, and enables them to transform the negative emotions they have experienced in the past into positive ones toward the end of life.

Today, with the increase in the older age population in the world and with the prolongation of life expectancy, it is important to increase the quality of life of older people by addressing them separately and leading an active life. Considering that the protection and promotion of health is one of the nursing roles, nurses are important health professionals at this point. The fact that RT is a cost- and time-effective application makes it a priority non-drug application that can be used by nurses wherever there are older people.

It is thought that this review may contribute to the application of RT by nurses in the future and make it a routine nursing intervention, especially as a result of the fact that RT is newly recognized in our country.

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