

Reflection: A Literature Review of Recent Studies in  
Reminiscence Therapy

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In 1963 the first study of reminiscence therapy was published. Written by R.N. Butler, *The Life Review: An Interpretation of Reminiscence in the Aged*, provided the theoretical basis for clinical studies involving reminiscence. Butler argued that one of the important goals of tackling depressive symptoms in older adults was restoring the meaning in life, and one way of doing this was through reminiscence.

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”. The act of reminiscence, according to prominent researcher Ernst Bohlmeijer, is critical to successful aging, as it helps to form identity and build problem-solving skills. In addition to identity-forming and problem-solving, reasons people engage in reminiscence include boredom reduction, death preparation, conversation, intimacy maintenance, bitterness revival, and to teach or inform.

The eight functions of reminiscence, listed above, have been organized into four quadrants by Cappeliez et al (2008) in two dimensions: self vs. social, and reactive/loss vs. proactive/growth-oriented. Here, intimacy maintenance refers to unresolved grief, usually in the case of the death of a partner.

	<i>Reactive/Loss</i>	<i>Proactive/Growth-Oriented</i>
<i>Self</i>	Boredom Reduction Bitterness Revival	Identity-Forming Problem-Solving
<i>Social</i>	Death Preparation Intimacy Maintenance	Conversation Teach/Inform

Emphasis has been made in the literature that the greatest effect in reminiscence therapy has been the use of groups and a focus on positive memories. Studies that utilized what Wong (1995) refers to as integrative and instrumental functions (identity-forming, problem-solving, etc.) resulted in better physical and mental health, higher life satisfaction and lower distress. Integrative and instrumental reminiscence, defined by Bohlmeijer et al (2009) is “a process in which individuals attempt to accept negative events of the past, resolve past conflicts, reconcile the discrepancy between ideal and reality, identify a pattern of continuity between past and present and find meaning and worth in life as it was lived”. For maximum positive effect, Cappeliez et al (2008), suggests placing these functions within a narrative – providing context.

In contrast to the positive results of integrative and instrumental reminiscence, poor physical and mental health, lower life satisfaction and higher distress was found amongst older adults who partook in obsessive or escapist reminiscence, such as intimacy maintenance and bitterness revival. These people had a tendency to suffer from anxiety, depression, and psychological distress.

### Purpose of Studying Reminiscence Therapy

Cappeliez et al (2008) suggests that there are “direct links with positive mental health suggests that these reminiscences may be leading to longer lasting emotions in the realm of happiness”. This is one of the reasons why nearly all studies of reminiscence therapy focus on the treatment of depression in older adults. A number of these studies open with statistics on the growing elderly population, the likely increase in demand for long-term care, and the likelihood of depression. A number of factors that may trigger depression are at play here, including “deterioration of health, lack of economic or social resources, loss of established interpersonal relationships, and a sense of weakened control over one’s life”.

Another selection of studies, albeit much smaller, examine the uses of reminiscence therapy with patients suffering from Alzheimer’s disease. The theory behind these papers, which will be studied in greater detail later, is that reminiscence therapy, along with props such as photographs and music, can better stimulate the mind of Alzheimer’s patients and maintain relationships between patients, their families and health professionals.

### Current Studies of Reminiscence Therapy

Within the last five years, studies of reminiscence therapy have come from a number of places around the globe, but most prominently from Canada, the Netherlands, and Taiwan. From the University of Ottawa, Dr. Philippe Cappeliez has partnered with a number of researchers (Cappeliez & O'Rourke (2006), Cappeliez, Rivard, & Guindon (2007), Cappeliez, Guindon, & Robatille (2008), Cappeliez (2009), Cappeliez & Robatille (2010), O'Rourke, Cappeliez & Claxton (2011)) in his research on reminiscence therapy, emotion and depression in older adults. Alongside Dr. Annie M.H. Chin (Chin, 2007) who studied reminiscence therapy in Hong Kong, the two assisted in the first Iranian study of reminiscence, depression and older adults (Karimi, Dolatshahee, Momeni, Khodabakhshi, Rezaei, & Kamrani, 2010).

Second only to Dr. Cappeliez in the number of publications in the last five years is Dr. Ernst Bohlmeijer of the Netherlands. Dr. Bohlmeijer, of Twente University, completed his doctoral thesis in 2007 (Bohlmeijer (2007)), and went on to write and co-write a number of studies: (Bohlmeijer, Roemer, Cuijpers, & Smit (2007), Bohlmeijer, Westerhof, & Emmerik-de Jong, (2008), Bohlmeijer, Kramer, Smit, Onrust, & van Marwijk, (2009), Westerhof, Bohlmeijer, & Webster (2009)). Dr. Bohlmeijer is cited more often than Dr. Cappeliez by those who study depression and reminiscence therapy, although it is unclear why.

Adding to this largely western focus, also focusing on depression in older adults, there is a variety of Taiwanese researchers (Wang, J.J. (2007), Chaing, K.J., R.B. Lu, & H. Chu (2008), Chou, Y.J., Y.H. Lan & S.Y. Chao (2008), Chaing, K.J., H. Chu, H.J. Chang, M.H. Chung, C.H. Chen, H.Y. Chow, & K.R. Chou (2009), Wu, L.F. (2011).

### Use of Photos in Reminiscence Therapy

Of the various studies conducted on reminiscence therapy, only a handful suggests the use of photographs or other “props”, such as scents, foods and music. In some studies, these props were used for the purpose of stimulating group interaction (Stinson, 2009). Jones and Beck-Little (2002) used songs and the sharing of photographs that correlated with the weekly “theme”, such as “favourite holiday” or “firsts”, and encouraged the family members of participants to join in, perhaps helping to create a family tree. In a later study, Jones (2003) would attempt to use journaling as a form of “homework”, but found that the focus group (aged 72 to 96) had difficulty organizing their thoughts or lacked the concentration to maintain a journal.

Housden (2009), identified three other studies that utilized photographs: Wang (2004), Zauszniewski et al (2004) and Chao et al (2006). Housden suggests that the use of props can be used to add structure to the group therapy session, as each member can take turns. Zauszniewski et al (2004), took this structure to another level by limiting the group to photos pre-selected by the therapist, which may not have allowed participants to explore the memories important to them as individuals. As these studies only used

photographs to support group interaction, they did not go into detail as to how they were used or the reaction by the group.

Only recently has the use of photographs in reminiscence therapy expanded beyond the role of “prop”. Cohen (2000), developed “video biographies” that included interviews with family members, photographs and favourite stories. Cohen’s research found that agitation was reduced in patients with Alzheimer’s disease after viewing the “video biography”, because it filled the need for social contact, and that these feelings tended to carry over. Building on this, Yasuda et al (2009) in Japan, experimented with personalized slideshows (“photo videos”). Researchers made the connection between reminiscence therapy, its power of increasing self-esteem in dementia patients, and the enjoyment patients received from watching television.

Yasuda et al (2009) took photographs belonging to the patients, and composed individual videos. The videos were made to catch the interest of the patient: it was their own photographs, set to familiar old tunes, and narrated. In addition, to make the videos more engaging, a pan/zoom effect was added. The narrator was instructed not to ask open-ended questions such as “Where was this photograph taken?” or “Who is sitting next to you?” as patients with Alzheimer’s often lack autobiographical memories and this could potentially lead to stress. Instead, the narrator would make comments on the photos, usually praising the client and addressing them by their first name. Each video consisted of 40 photos, arranged chronologically, shown for fifteen seconds.

In this study, the patients watched their “photo video” twice, and a variety program and the news on television once. This was presented in an ABCA pattern, where A was the “photo video”, B was the variety program and C was the news. The experiment took a total of 40 minutes, and responses were measured using concentration and distraction scores to see what held the attention of the patient. No distraction scores were recorded for the 15 subjects when they viewed the “photo video”, whereas the distraction scores for the other two programs suggested that the subjects had difficulty enjoying them. The authors expand on a number of convenient ways videos can now be made, and refers to earlier studies (Yasuda et al, 2005 and Yasuda et al, 2006) that found that children enjoyed talking with their older relatives with Alzheimer’s while watching “photo videos”.

Although it was concluded that “photo videos” as a form of reminiscence therapy was promising, there does not appear to have been another study done on the subject until 2012. Crete-Nishihata et al (2012) of the University of Toronto, first developed a study with 12 subjects and “DVD-based Multimedia Biographies”, similar to Yasuda et al (2009)’s “photo videos”. The study, however, differed from that of Yasuda et al in that it studied the effects of the video for a period of six months and not a single event. Two other studies followed: one utilizing life logging and semi structured interviews, and the other taking photographs from the life logging, setting it to a narrative. Life logging, the recording of everything that is seen or done, includes the use of a new product known as the SenseCam. The SenseCam, which was used in the third study by Crete-Nishihata et al (2012), is a wide lens wearable camera that automatically captures images based on

changes in the persons' environment. In this third study, it was found that reviewing photographs from life logging "improved episodic recall for personal events" in 4 of 5 patients.

Like other forms of reminiscence, Crete-Nishihata et al (2012) encourages the use of support groups, varying from family members to group therapy, as it strengthens interpersonal relationships. Like Yasuda et al (2009), this study emphasizes the control Alzheimer's patients feel in creating collections of photos for their descendants, as a form of passing on a legacy. The descendants are stakeholders in this creation, and their narrative in addition to that of the creator allows for broader interpretation and importance of the video.

The second study by Crete-Nishihata (2012), involving life logging and semi structured interviews, was conducted with a single patient. Although it was found that the slideshows did not improve memory, it did allow the opening of conversation about memories, and story-sharing. It aided in creating identity, as it did with those who participated in the third study. As these life logging photos were not staged and were taken randomly while patients were out at locations they would not usually visit (i.e. the zoo), they were more able to attribute emotions and memories to them, rather than if they had taken the picture themselves in a staged environment. Here, the photos had acquired meaning, especially through the narrative nature in which they were displayed.

## Conclusion

It can be summarized, based on the articles of reminiscence therapy (both using photography and without), that researchers have found that utilizing groups yield the greatest results. Whether it be group therapy, or family members coming together to create “photo videos”, the building of relationships and exchange of information is critical. Also of importance is the choice of information, such as photographs, to be presented. Studies have found it best to focus on reminiscence that aids in building identity or problem-solving. Monitoring the types of photographs to be presented, such as war-time photos, may aid in avoiding bitterness revival or intimacy maintenance.

The use of photography in reminiscence therapy is fairly new, with one of the first major studies coming from the University of Toronto (Crete-Nishihata et al, 2012). These authors propose a variety of questions in their studies that may lead to further investigations, especially in the number of patients involved in their experiments. While the finding that 4 of 5 patients had improved “episodic recollection” is significant, the study as a whole had 12 participants. There is room for expansion in this field, and the results thus far seem promising.

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