San Diego Hospice
& Palliative Care

The Value of Reminiscence in Hospice Care

Dorothy Wholihan, RN, MSN, OCN

Any professional or volunteer who has worked with dying patients can attest to the multitude of emotional problems these patients can face. The healthcare literature describes the devastating effects of such emotional difficulties as fear, loneliness, depression and anxiety.[1-4] In terminally ill patients, factors such as pain, increasing dependency, social isolation, loss of role function and altered appearance can all interact to cause emotional distress. Patients with advanced disease appear to experience these problems to a greater degree as they face their deteriorating physical condition, increasing losses and impending death.

However, many of these devastating emotional problems might be mitigated by the use of a simple tool: reminiscence.

Webster defines reminiscence as "the act or process of recalling past events or experiences." [5] No longer considered the wandering musings of the senile elderly, reminiscence has drawn steadily increasing interest within the mental health field over the past years. Erikson's developmental theory stresses the importance of reminiscing to the psychological health of the individual.[6] He describes a person's last developmental task as the reworking of one's past, resulting in either ego integrity or despair. According to Erikson, the successful resolution of this last crisis is the maintenance of ego integrity—the acceptance of one's life as it had to be, and the maintaining of respect for oneself, for what one has been. Erikson's apt phrase is: "to be—through having been."[2]

Robert Butler's work on the life review process has been the main force responsible for popularizing the concept of reminiscence within the field of geriatrics.[7] He describes life review as the universal, spontaneous process of recalling and judging past experiences, in particular unresolved conflicts that are surveyed and then reintegrated. He postulated that this review occurs most frequently in early old age and in anyone facing death.

Butler's view on the judgmental evaluation of one's life is only one of many theories about reminiscing. Gerontologist Peter Coleman believes that, in addition to the analytical role of life review, reminiscence can also lead to the passing on of knowledge

or attitudes. This phenomenon he calls *informative reminiscence.*[8] Psychiatrists McMahon and Rhudick[9] add yet another category: reminiscence, which glorifies that past or depreciates the present.

It has been speculated that each type of reminiscence can benefit different groups of people. Butler's life review has been used most as a form of psychotherapy with clinically depressed geriatric clients. He cites some of the positive results as including: a righting of old wrongs, coming to acceptance of mortal life, pride in accomplishment and a feeling of having done one's best.

Coleman hypothesizes that the teaching function of informative reminiscence benefits those facing severe role loss in old age.[8] McMahon and Rhudick support this theory by comparing the instructive reminiscer to the aged of primitive societies who passed on knowledge in pre-literate times.[9]

Simple[8] or *positive*[10] reminiscing is simply the recalling of past accomplishments and good feelings. It is this kind of remembering, performed either through direct questioning or in free-flowing conversation that is frequently seen in social interactions among hospice patients, staff and caregivers.

This positive reminiscence assists in the adaptation to multiple losses and the maintenance of self-esteem, according to Coleman.[8] He describes this kind of reminiscence as providing comfort and consolation for people facing severe loss. In a 1974 study, he measured and classified reminiscence characteristics as elicited from spontaneous conversations with elderly residents of a London housing complex. He reported that "the consoling use of the past would occur more often in the presence of considerably changed circumstances threatening sense of self-continuity." (p. 283).

The benefits of reminiscing have been supported by a substantial number of research studies.[12,13] Empirical studies include McMahon and Rhudick's study of 25 elderly men.[9] Based on content analysis of interviews, subjects were rated on frequency of reminiscence and a depression score. This score was tabulated based on affect, expressed feelings of hopelessness and evidence of self-esteem loss. The researchers found a negative correlation between frequency of reminiscence and depression.

Gerontological nurse Lappe compared the self-esteem scores of two groups of institutionalized elderly in an experimental study.[14] She hypothesized that reminiscence would allow the elder "a sense of security through recall of comforting memories…and an increased self-esteem through confirmation of uniqueness" (p. 13). The researcher compared two randomly assigned groups of nursing home residents. One group discussed current events, while the other focused on reminiscing. Her results showed that the reminiscing group scored significantly higher on the Rosenberg Self-Esteem Scale ($f=10.30$, $p<.05$).

Although reminiscence therapy has become popular in many different health professions, the focus has remained mostly within geriatrics. In examining its role in

hospice care specifically, theoretical references to the possible benefits of reminiscence for the dying are found in the literature.[18] Butler writes, “the relation of the life review process to thoughts of death is reflected in the fact that it occurs not only in the elderly, but also in younger persons who expect death—for example, the fatally ill or condemned.”[7]

In one exploratory study, nurses Simmons and Given attempted to determine what content terminal patients would most likely discuss in a free flowing interview.[16] Among their results, they found that over one-third of the 51 patients interviewed used the time to reminisce and review their lives, specifically “to point out their contributions and accomplishments.”

An experimental study conducted by this author explored the extent of self-esteem disturbance in terminally ill cancer patients and assessed the efficacy of a guided reminiscence intervention in mitigating the problem.[17] Fifty-five percent of hospice patients tested were found to suffer from self-esteem disturbance. Patients who engaged in guided reminiscence showed 16 times more improvement in self-esteem scores as compared to patients engaged in social conversation.

Reminiscence is not a new concept to hospice care. However, reminiscence therapy is often practiced on an informal basis. Healthcare personnel, volunteers and caregivers frequently engage patients in reminiscence without conscious thought to the therapeutic value of such interactions.

Reminiscence might be more fully utilized if one develops an appreciation of its potential benefits. Although intensive life review therapy may need the expertise of a trained therapist, positive reminiscence—the simple recalling of past accomplishments and good feelings—can be encouraged by all with few negative responses.

And so, one sees a wide range of theoretical and research-based work which provides support for the use of reminiscence as a clinical tool in hospice care. The following guidelines, formulated from several sources, [16,18-20] can serve to facilitate the process of reminiscence.

- **Childhood events and celebrations are among the most recalled memories.**

  These topics may provide a useful starting point for those wishing to initiate reminiscence. In their study of centenarians, psychiatrists Costa and Kastenbaum found that subjects most frequently reminisced about their childhood years.[6] Furthermore, Wholihan found that the memories discussed by hospice patients in most detail and with the most apparent enjoyment revolved around holidays and celebrations.[17]

- **Use of photographs, memorabilia and music may enhance reminiscence.**

  Lewis and Butler[22] recommend the use of scrapbooks, photo albums, old letters and other memorabilia to assist in interviewing and establishing positive rapport.

Moreover, they suggested, "even persons with moderate brain damage can remember many details through pictures and keepsakes." (p. 168).

- **Confidentiality must be respected.**

  The client must be reassured about this guarantee.

- **Supportive listening and promotion of self-expression are the goal, not in-depth psychotherapy.**

  When non-professionals such as family, auxiliary staff and volunteers are involved, resources for referral must be identified. In-house resources can then be consulted if emotional distress should develop and further counseling is needed.

  [SDHPC patient care volunteers should notify all team members and their volunteer supervisor.]

- **Reminiscing that restores a sense of identity and role should be encouraged.**

  Past jobs, accomplishments and *instructive reminiscence* are topics that can assist in this process. Table 1 provides a list of questions which might assist in a structured session or provide questions for catalysts to reminiscence.

- **Interventions should be timed according to the patient's cues.**

  It is essential to remain aware of fatigue, pain and emotional status—all of which may influence the timing and extent of your interactions.

- **Reminiscence sessions should be documented.**

  Patient response should also be noted. Successful reminiscence therapy can then become an on-going intervention used by an interdisciplinary team.

This article has examined the past work defining the therapeutic benefit of reminiscence and provided basic guidelines for its incorporation into practice. Reminiscence therapy is a simple but apparently effective tool in alleviating some of the emotional problems hospice patients face. By reaffirming a sense of identity, uniqueness, self-worth and accomplishment, reminiscence can help patients face death more peacefully.

Table 1: Suggested Questions for Guided Reminiscence

1. Tell me about what you did for work when you were well and what you liked most about your work.
2. When you were not working, what did you enjoy doing with your spare time?
3. Tell me about a past accomplishment of which you are particularly proud. (Could be related to family, work, sports and recognition by friends or work colleagues.)
4. What would you describe as *the happiest day of your life* and why?
5. Tell me about a happy memory of your childhood.
6. Tell me about a particular holiday that holds special meaning for you. How did you celebrate it?
7. Can you tell me about a *first*? (First TV, first date, first plane ride, first birth.)
8. Tell me about a time when you helped someone out in a time of need. How were you useful to them?
9. Tell me about a home or a place you once lived—the place you liked best and why.
10. Please tell me about someone whom you once thought of as a *best friend* and some of the good times you shared.

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