

Reminiscence therapy: Finding meaning in memories

By Sandy Klever, BA, RN

DWELLING IN THE PAST used to be considered a sign of senility, but reminiscing can be an important and therapeutic aspect of aging. The idea that reminiscing could be therapeutic was first proposed in the 1960s by Dr. Robert Butler, a psychiatrist who specialized in geriatric medicine. Dr. Butler proposed what many now take as a given: When approaching death, many people find it helpful to put their lives in perspective.¹

Revisiting the past

Reminiscence therapy is a non-pharmacological intervention that improves self-esteem and provides older patients with a sense of fulfillment and comfort as they look back at their lives.² Although reminiscing involves recalling past events, it encourages older patients to communicate and interact with a listener in the present.³ Reminiscence sessions may be formal, informal, one-on-one, or in a group setting.

I first heard about reminiscence therapy in nursing school. Working part time as a home-health aid, I'd finally discovered a descriptive term for the intervention I was performing every day with my 93-year-old patient. Because her short-term

memory was "shot," in her words, she liked to talk about the past. One day while I was helping her get dressed, she confided, "I like you because you listen to me."

Hard-earned wisdom

I don't know anybody who doesn't have a need to be acknowledged. Because most of us are healthy and mobile, we can usually seek out friends and family for listening support. Often, though, older patients are isolated and have trouble finding someone to validate their worth. They often feel incapacitated in the modern world if they can't figure out how to use cell phones, replay phone messages, or operate a DVD player. The wisdom they've acquired through years of experience can seem inferior in our fast-paced world. Reminiscence therapy can reaffirm the importance of their hard-earned wisdom.⁴

Engaging older patients

Reminiscence therapy is all about engaging older patients throughout the day with positive interactions during meal and bed times, bath/shower times, when assisting with walking, or when giving medications. Reminiscing takes minimal

skill, but following some guidelines can maximize a reminiscence session.

The open-ended question is the most important tool: *How are you getting along today? How long have you and your husband been married?*³ Other helpful tools include active listening, responding positively, asking follow-up questions, and allowing time for silence and emotion. If appropriate, share your own experiences as an offer of support.

If an older patient starts remembering a sad or difficult time in his or her life, it isn't necessarily a bad thing.³ My patient often cried when she talked about how her family members were killed in the Holocaust. Having an attentive listener allowed her to experience the painful memories and recall an important life-changing story, using her intact long-term memory.

Use your observational skills to detect clues about your patient's past from objects in his or her room or home. Many memories spring from mementos, keepsakes, souvenirs, and photographs. Using objects as prompts for memories is especially helpful for patients with dementia.

Reminiscing is more than simply talking about a memory, especially for

cognitively impaired patients. Sensory stimulation through sound, movement, dance, smell, vibration, and food can trigger strong memories.³

Communication is key

My 93-year-old patient lived to be over 100, and I went on to a busy career on a medical-surgical floor working with veterans. But I still enjoy reminiscing with my patients. All reminiscence therapy takes on our part is a little bit of time. Reminiscing is really just good old-fashioned communication, which in nursing, should never go out of style. ■

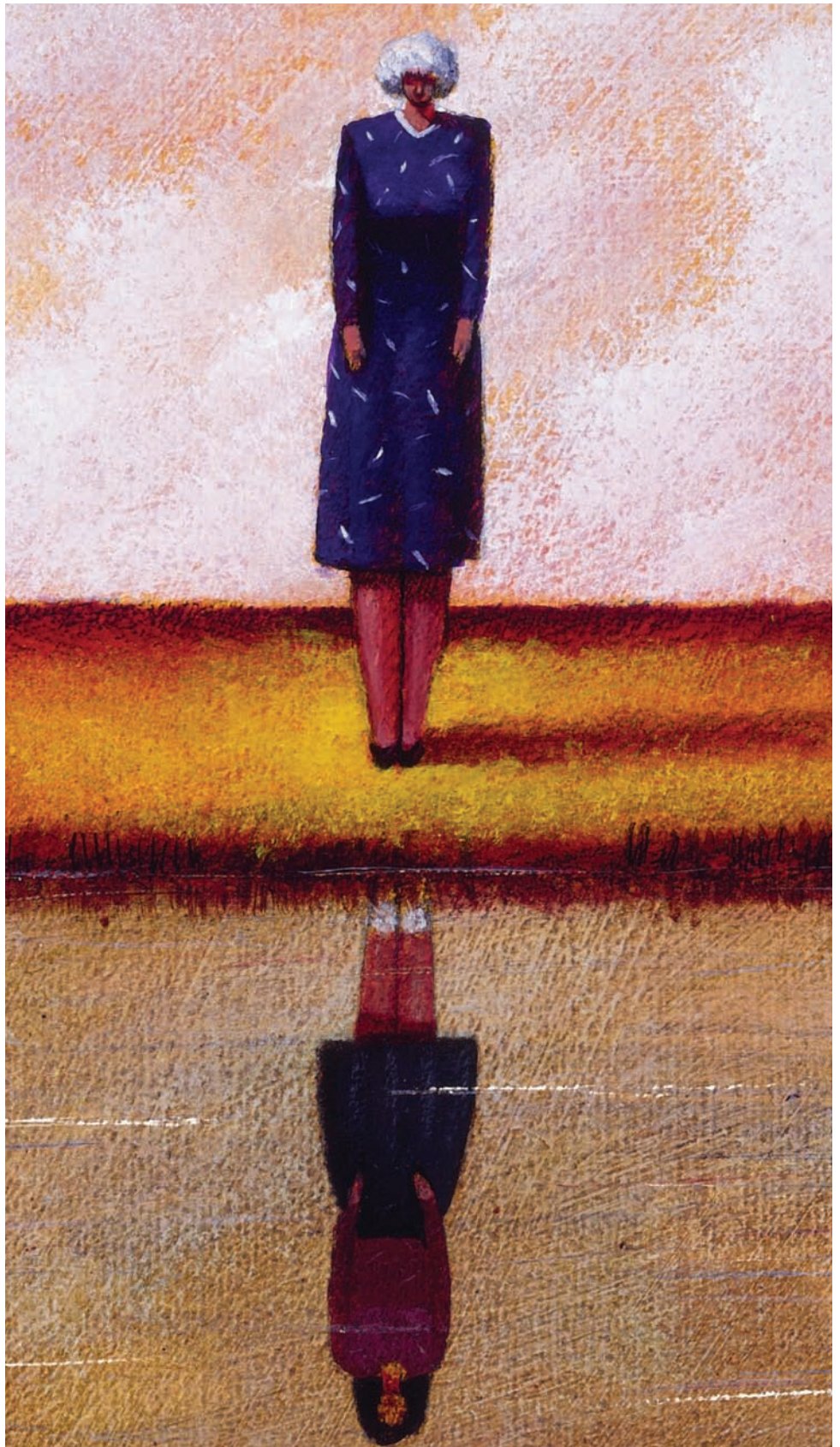
REFERENCES

1. Miller MC. Remembering as a form of therapy. Why reminiscing can be therapeutic. <http://healthyliving.msn.com/health-wellness/remembering-as-a-form-of-therapy>.
2. Jones ED. Reminiscence therapy for older women with depression. Effects of nursing intervention classification in assisted-living long-term care. *J Gerontol Nurs*. 2003;29(7):26-33.
3. The Benevolent Society. *Reminiscing Manual Version 1.2005*. <http://www.scribd.com/doc/28526151/Reminiscing-Handbook-For-Those-Working-With-Older-Adults>.
4. Reed S. Connecting the generations: why reminiscence is good for us all. <http://manyhappyreturns.org/why-reminiscence-is-good-for-us-all>.

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