

# Structured Group Reminiscence: An Intervention for Older Adults

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## abstract

Group reminiscence is an intervention recommended for care of older adults in structured and unstructured settings. One problem experienced by nurses is how to organize, facilitate, and evaluate reminiscence groups for older people. Hence, there is a need for further research on reminiscence to determine how to use this as an intervention to improve the well-being of older adults. There is also a need for continuing education to provide nurses with education on this intervention for older persons. This article provides an overview of qualitative and quantitative research on group reminiscence and offers a suggested evidence-based protocol for a 6-week group intervention based on this research.

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This article provides an overview of qualitative and quantitative research on group reminiscence and offers a suggested protocol for a 6-week group intervention based on this review to help reduce depression in the older population. According to the Nursing Interventions Classification (NIC) system, reminiscence therapy is an intervention using recall of past events, feelings, and thoughts to facilitate pleasure, quality of life, or adaptation to the present (Bulechek, Butcher, & Dochterman, 2008). There is an emerging evidence base (evidence-based reviews, meta-analyses, and expert consensus statements) supporting the use of mental health interventions for older adults (Bartels et al., 2002). According to the National Guideline Clearinghouse, reminiscence can facilitate patients' adjustment to the aging process by helping older individuals rethink and clarify previous experiences, and several research studies have shown an improvement in psychological well-being after

reminiscence interventions (National Guideline Clearinghouse, 2008). Reminiscing is an independent nursing intervention used in a variety of settings, including long-term care, assisted living, and independent living (Buchanan et al., 2002; Fry, 1983; Lin, Dai, & Hwang, 2003). Reminiscing is a technique employed to help patients think and talk about their lives. This technique can be implemented in a structured group, in an unstructured group, or on an individual basis. Reminiscing is a process of recall of events or experiences (Buchanan et al.; Soltys & Coats, 1995). However, implementation and evaluation of this intervention has been difficult to attain and document. Reminiscence has been studied to determine its effect on depression (Cully, La Voie, & Gfeller, 2001; Haight & Burnside, 1993; Rentz, 1995; Stinson, 2007; Stinson & Kirk, 2006); stress (Puentes, 2002); life satisfaction (Norris, 2001); psychological well-being (Haight, 1988); fatigue; isolation (McDougall, Blixen, & Suen, 1997); language acquisition (Harris, 1997); and cognitive functioning (Goldwasser, Auerbach, & Harkins, 1987; Hopper et al., 2006; Pittiglio, 2000).

## VALUE OF REMINISCENCE FOR NURSING PRACTICE

Depression is a major health problem in the older population (Snowden, Steinman, & Frederick, 2008). The

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problem of depression in older adults takes on greater importance because the population of individuals older than 60 years is projected to increase by 34% in the coming two decades (National Vital Statistics Report, 2008). Social factors may influence the risk of depression. The major social and demographic risk factors identified for depression in the older population are female gender, single status, stressful life events, and lack of supportive social network (Serby & Yu, 2003). Additionally, in the United States, there is a 15% depression rate in older people living in the community and a 30% to 40% depression rate among those living in nursing homes (Katz & Coyne, 2000).

One of the primary modalities used for the treatment of depression in older adults is antidepressant medication. A study by Aparasu, Mort, and Brandt (2003) found that 19% of community-dwelling older adults used psychotropic medications in 1996, primarily antidepressants and anti-anxiety agents. Nearly one fourth of this group were taking two or more psychotropic drugs, with antidepressants (9.1%) being the most frequently used medication. Antidepressant medications are sometimes expensive, frequently have numerous side effects, and may not alleviate the disorder.

Given the expense and potential for side effects, other alternatives to treat depression must be considered. Research indicates that structured reminiscence may be beneficial in treating depression in older persons (Cully et al., 2001; Haight & Burnside, 1993; Rentz, 1995; Stinson, 2007; Stinson & Kirk, 2006).

One problem experienced by nurses is how to organize, facilitate, and evaluate reminiscence groups for older people. Hence, there is a need for further research on reminiscence to determine how to use this intervention to improve the well-being of older adults. There is also a need for continuing education to provide nurses with education on this intervention for older persons.

## LITERATURE REVIEW OF THE REMINISCENCE GROUP PROCESS

To initiate this literature review, a computer search of online databases, including Cumulative Index to Nursing and Allied Health Literature (CINAHL), MEDLINE, PsychoINFO, First Search, and the Cochrane Database, was conducted. Key words used as identifiers, searched individually or in combination, included reminiscence, depression, and older adults. Articles reviewed covered a wide range of disciplines, including nursing, medicine, social sciences, education, and theology. Furthermore, several dissertations (Norris, 2001; Stinson, 2007; Taylor-Price, 1995) and systematic reviews (Bohlmeijer, Roemer, Cuijpers, & Smit, 2007; Buchanan et al.,

2002; Hsieh & Wang, 2002; Leng, 1985; Lin et al., 2003) referring to reminiscence, depression, older adults, and process were analyzed to provide an overview of the topic. References noted at the end of articles were hand-searched and also used as sources. Additionally, an on-site review of literature at several libraries was conducted for information not found in databases. Articles included in this review focused on the process of organizing, facilitating, and evaluating reminiscence groups for older people to decrease depression.

A wide variety of formats and topics on reminiscence group intervention is available in the literature reviewed (Norris, 2001; Taylor-Price, 1995). Therefore, recommendations were summarized to provide a framework for a structured reminiscence protocol. These recommendations center on four areas: getting started, tools to support the process, themes, and closure.

The first strategy, getting started, focuses on foundational support for the reminiscence group process and organization of the process. Haight and Burnside (1993) stress that reminiscence has three distinguishing characteristics: life review, which includes spontaneity; focus on pleasurable memories; and the group process.

Several studies offer specific guidelines to enhance group interaction and encourage positive outcomes. Recommendations for "getting started" include using the nursing process as the basis (Daly, McCloskey, & Bulechek, 1994; Haight, 1992; Jones & Beck-Little, 2002; Stinson, 2007; Stinson & Kirk, 2006). An assessment of each potential group member for sensory deficits, level of cognition, and ability to verbalize should occur at the beginning of the group intervention. Second, groups should be planned with attention given to goals, setting, group size, group format, and leaders. Participants may have memory or cognitive disorders, so one technique used to encourage participation is reminding participants of each meeting time and place with telephone calls and letters the day before the group meeting. Groups should not exceed 1 hour (Haight; Hamilton, 1992; Stinson; Stinson & Kirk). Implementation must include knowing something about each member, giving members individual attention to limit attrition, expecting to share a few memories, encouraging discussion, reminding members of confidentiality, and reminding members of the termination date.

Jones (2003) investigated the use of the NIC reminiscence therapy intervention. This nursing intervention lists 18 activities suitable for all older patient populations residing in long-term care. Suggestions for those in long-term care include allowing adequate time for reminiscence, using scrapbooks, involving family, and repeating sessions weekly (Daly et al., 1994). The NIC

TABLE 1  
**REMINISCENCE GROUP PROCESS BASED ON THE NURSING PROCESS**

Assessment	<p>Facilitator will remind the group of the reminiscence meeting through a telephone call and a personal card one day before the scheduled meeting.</p> <p>Work is done with staff (activity directors) to provide reminders for the reminiscence groups.</p> <p>Assessment of each potential member for sensory deficits, level of cognition, and ability to verbalize will occur before the first meeting by the facilitator.</p>
Planning	<p>Sessions will meet at the same time and in the same place each week.</p> <p>Sessions will meet for 60 minutes twice weekly for 6 weeks.</p> <p>Goals will be set for groups.</p> <p>Group size will be no more than 15 members.</p> <p>Researcher will facilitate group interaction.</p> <p>Sessions will be structured with specific themes.</p>
Implementation	<p>Give participants individual attention to limit attrition.</p> <p>Expect to share a few memories.</p> <p>Encourage discussion.</p> <p>Remind members of confidentiality.</p> <p>Remind members of the termination date.</p>
Evaluation	<p>Evaluate for benefits.</p> <p>Offer feedback to the facility.</p> <p>Make recommendations for future groups.</p>

*Note.* Data from Haight, 1992; Daly et al., 1994; Stinson, 2007; Stinson & Kirk, 2006.

reminiscence intervention was derived inductively from a wide range of nursing texts, care planning guides, and nursing information systems. After a review of the literature, hierarchical cluster analysis was used to construct the organizing structure for the reminiscence intervention classification. To test the content validity of the intervention, surveys of nurse experts in various specialties and focus group reviews were conducted and substantiated the findings. Refinement and re-evaluation of the intervention was conducted in a long-term care facility. In the Jones study (2003), older women who participated in the NIC reminiscence therapy group sessions ( $n = 15$ ) and had mild to moderate depression on the Geriatric Depression Scale pretest showed significantly lower posttest scores when compared with participants who received the facility's customary reminiscence intervention ( $n = 15$ ).

A review of the literature showed that tools to support the process, or to facilitate the group process, focus on setting the mood and providing a positive atmosphere for the group intervention. To provide an optimal atmosphere for the group process, attention must be focused on room size, location, accessibility, acoustics, lighting, temperature, and seating (Harrand & Bollstetter, 2000).

As the leader of the group, the nurse should keep the group intact, prevent attrition, monitor the group process, protect the weakest members, and use group pro-

cess skills (Haight & Burnside, 1993; Parsons, 1986). The nurse should not reframe, probe, or push for insight, but should serve as an informal, supportive, ego-enhancing leader. In this role, the nurse should not ask the group members to evaluate shared memories (Haight & Burnside).

Props, including scents, foods, music, pictures, scrapbooks, magazines, and old radio programs, provide stimulation for group interaction (Cook, 1991; Harrand & Bollstetter, 2000; Jones & Beck-Little, 2002; Parsons, 1986; Stinson, 2007; Stinson & Kirk, 2006; Youssef, 1990). Jonsdottir, Jonsdottir, Steingrimsdottir, and Tryggvadottir (2001) initiated group reminiscence meetings with 5 minutes of relaxation and music. After this, short excerpts from selected writings of well-known biographers were read.

Several studies attempted to use journaling to help participants focus on reminiscence, with positive and negative results (Cook, 1991; Jones & Beck-Little, 2002; Stevens-Ratchford, 1993; Stinson & Kirk, 2006). In Cook's study, participants were asked to keep a journal to record memories between scheduled sessions. The journals were discussed during subsequent scheduled sessions. Participants were not compliant in keeping journals, and the researcher did not recommend this strategy for future studies. Stinson and Kirk (2006) asked participants to keep journals during the reminiscence

TABLE 2  
**STINSON'S PROTOCOL FOR STRUCTURED REMINISCENCE**

Week	Themes/Activities
Week 1	
Session 1	<p>Introduction of leaders and members.</p> <p>Concentrate on personal background.</p> <p>Encourage members to bring a picture of an animal or a stuffed animal that represents them.</p> <p>Have them introduce themselves and tell why the animal reminds them of themselves.</p> <p>Have extra stuffed animals available.</p>
Session 2	<p>Remembering the past through songs from the 1920s to 1960s.</p> <p>Play different songs in chronological order.</p> <p>See if members recognize songs, and discuss any special memories associated with the songs.</p> <p>Have members talk about a song that might have special meaning to them and explain why it has special meaning.</p> <p>Encourage clapping and singing.</p>
Week 2	
Session 3	<p>Sharing photographs.</p> <p>Have a show-and-tell session of personal memorabilia.</p> <p>Give members time to explain the attachment associated with pictures.</p> <p>Discuss families.</p> <p>Discuss friends.</p> <p>Talk about fun times.</p>
Session 4	<p>Discussing work/home life or volunteer activities/first job.</p> <p>Pass around picture cards showing specific occupations.</p> <p>Discuss children/volunteer activities from the 1920s to 1960s.</p> <p>Specifically ask questions to get people to talk about "paths not taken."</p> <p>Encourage participants to bring memorabilia from their career or occupation (badges, pictures, etc.).</p>
Week 3	
Session 5	<p>Remembering a favorite holiday.</p> <p>Discuss holidays.</p> <p>Bring scents and cues associated with the past.</p> <p>Sing songs about holidays.</p> <p>Talk about foods associated with holidays.</p> <p>Talk about clothes worn on holidays.</p> <p>Talk about traditions associated with holidays.</p>
Session 6	<p>Remembering school days.</p> <p>Discuss the first day of school.</p> <p>Have participants talk about school days.</p> <p>Show pictures of schools from the 1920s to 1960s.</p> <p>Discuss teachers and clothing styles.</p>
Week 4	
Session 7	<p>Remembering toys from childhood.</p> <p>Bring toys from the past.</p> <p>Discuss first toys.</p> <p>Discuss unusual toys.</p> <p>Discuss favorite toys.</p> <p>Discuss toys made at home.</p> <p>Show pictures of toys.</p>

Session 8	Remember first date/spouse/wedding/marriage. Discuss first dates. Discuss proposals. Discuss weddings. Discuss marriages. Play songs from the past. Show a short clip of an old movie that includes “courting.” Have members bring wedding pictures.
Week 5	
Session 9	Remembering family/pets. Discuss children, pets, and family. Encourage members to show pictures of their family and pets.
Session 10	Remembering foods. Discuss favorite foods of childhood, favorite foods at holidays, and favorite smells. Discuss recipes. Have participants bring recipes and discuss memories associated with recipes.
Week 6	
Session 11	Remembering friends. Talk about friends. Encourage participants to bring pictures of friends. Describe the friends in the pictures. Discuss fun times with friends. Discuss fun memories. Discuss friends in the assisted living facility.
Session 12	Closure. Have participants talk about their experiences in the group. Share any last thoughts about the topics discussed previously. Serve refreshments. Give certificates.
<p><i>Note.</i> Data from Burnside, 1993; Haight, 1992; Hamilton, 1992; Harrand &amp; Bollstetter, 2000; Jones, 2003; Jones &amp; Beck-Little, 2002; Stinson, 2007; Stinson &amp; Kirk, 2006.</p>	

sessions. Participants, ranging in age from 72 to 96 years, had problems organizing thoughts and with concentration for this activity. Several participants had physiological conditions contributing to difficulties with journaling, such as tremors and decreased vision. The older age of the participants was a possible deterrent to journaling in this study.

There is not a consensus on “themes” for reminiscence intervention. However, a majority of studies reviewed recommend reminiscence focusing on positive memories (Burnside, 1993; Cook, 1991; Fry, 1983; Parsons, 1986; Stinson, 2007; Stinson & Kirk, 2006; Taylor-Price, 1995). A qualitative analysis by Burnside showed that the most popular theme for reminiscence among older women ( $N = 67$ ) was “favorite holiday.” This was followed by themes the participants identified as firsts, such as first pet, job, day of school, date, toy, playmate, and memory. The study identifies the importance of “firsts” and the

ability of study participants to recall autobiographical memories. Four quantitative studies focus on these important “firsts,” including childhood experiences, marriage, family life, and jobs (Burnside; Cook; Stinson; Stinson & Kirk).

Two studies that were reviewed recommend allowing participants to choose “themes” for sessions. (Parsons, 1986; Youssef, 1990). The Parsons study, involving six moderately depressed women, consisted of six sessions. The first three sessions of group reminiscence used discussion topics suggested by the primary researcher, who acted as group leader, and the last three sessions focused on topics that group members discussed at earlier sessions. In Youssef’s study with 60 older women, the researcher determined topics for the reminiscence group from the first two sessions with the groups. The remaining four sessions focused on topics the group had mentioned at earlier meetings. Themes included cars they

owned and neighborhoods or cities where they grew up. Early meetings discussed food preparation, social pleasures, holidays, and church activities. Families and friends were discussed in later sessions.

Stevens-Ratchford's (1993) study focused on life review activities. This strategy included two 15-minute slide-tape presentations with classical and period music of the 1920s, 1930s, and 1940s. The life review reminiscence groups each lasted 2 hours, and the historical periods were presented in chronological order. Each session focused on objects, people, and events of the particular period. During the sessions, both pleasant and unpleasant memories were discussed. The leader initiated a discussion for the remainder of the session, allowing participants to converse voluntarily.

Cappeliez and O'Rourke (2002) used two reminiscence groups, an integrative and an instrumental group, and a control group. Themes for both of these reminiscence groups focused on family history, life accomplishments, major life turning points, history of loves and hates, stress experiences, and life meaning. The integrative reminiscence group encouraged the recall of experiences providing a sense of meaning or purpose in life; involving coming to terms with or accepting past negative experiences; engaging a positive evaluation of how one measures up to one's ideals; and demonstrating some continuity between participants' sense of self in the past and their self-beliefs now. The instrumental reminiscence group was encouraged to focus on experiences that included past problem-solving, memories of past plans, goal-directed activities, the attainment of goals, helping others solve their problems, past attempts to overcome difficulties, and drawing on past experience to solve current problems.

Topics in Jones and Beck-Little's research (2002) centered on six areas and allowed individuals in the study to recall meaningful events from their past. The topics were as follows: introduction of the leader and members, concentrating on personal background; remembering the past through songs from the 1920s through 1950s; discussing past leisure activities; sharing personal photographs and memorabilia; discussing past work or volunteer activities; and remembering John Glenn's first rocket launch. The final session provided closure to the group activities.

Studies recommend closure of reminiscence sessions, with specific suggestions for data collection and analysis. An important part of the closure process is evaluation of the process by the participants. Therefore, closure of the sessions should include discussion of previous sessions and refreshments at the last meeting (Jones & Beck-Little, 2002; Parsons, 1986; Stinson, 2007; Stinson & Kirk, 2006; Youssef, 1990).

## RECOMMENDATIONS BASED ON REVIEW OF THE LITERATURE

Recommendations for a structured reminiscence group process for older adults, based on a literature review, are summarized in Table 1. This table helps to organize the group process and gives suggestions for how to facilitate the reminiscence group. Organization and facilitation of the group process is important in the success of the structured reminiscence protocol recommended in Table 2. From the literature it was determined that a problem encountered in earlier studies was attrition rate and difficulty in getting participants to continue in the reminiscence group. Therefore, activity directors at assisted living facilities are instrumental in helping to ensure that participants are reminded of the times and locations of reminiscence sessions. It is important for the sessions to be held in the same place, at the same time, and on the same day each week to encourage attendance of participants. Table 1 suggests that the facilitator of the group should assess each participant during the assessment phase. This assessment should include potential memory sensory deficits, level of cognition, and ability to verbalize, and should occur before the first group reminiscence session to help facilitate each member's participation.

## PROTOCOL FOR STRUCTURED REMINISCENCE

In 2007, Bohlmeijer et al., in a meta-analysis of 15 controlled outcome studies, concluded that reminiscence can have potentially effective outcomes for psychological well-being in older adults. The recommendation, after review of these outcome studies, was that there was a need to develop well-defined protocols. A review of both qualitative and quantitative studies on reminiscence and its effect on the well-being of older persons determined that no standardized protocol existed for group reminiscence and that it was difficult to determine the strength of studies because the studies are not replicated. After synthesis of the literature, a protocol for structured group reminiscence was developed (Table 2) as a suggested intervention for older persons. One of the strengths of this protocol is that it was developed based on research from earlier studies, the nursing process, and NIC recommendations. The protocol is detailed to expedite replication in future studies and to enhance use in the clinical setting. The themes focus on important "firsts," such as first job, first day of school, and first toy. The protocol also stresses positive memories, such as favorite foods, favorite holidays, and favorite friends. Each session has a specific theme, with the last session focusing on "closure" through evaluation of previous sessions and the provision of refreshments. In 2006 and

2007, the protocol was implemented in research studies to determine whether there was a decrease in depression after structured reminiscence sessions. The sessions were implemented twice weekly for 6 weeks with women older than 60 years in assisted living facilities. Each session lasted 1 hour, and props were used, as suggested in Table 2.

## EVALUATION OF THE PROTOCOL

Stinson's Protocol for Reminiscence was implemented and evaluated in two studies. As reported by Stinson and Kirk (2006), the reminiscence group had a decrease in depression, and according to Stinson (2007), the reminiscence group had significantly lower self-reported depression scores than the usual care group at 3 weeks and at 6 weeks. It is important that evaluation of this protocol be implemented to continue to refine and document outcomes using this protocol.

An important component of using the protocol recommended in Table 2 is the evaluation phase, as recommended in Table 1. In the evaluation phase, the facilitator should look for benefits obtained in the reminiscence group. Screening should be conducted before and after the conclusion of reminiscence groups to evaluate the benefits of intervention. The facility should also be given feedback about the benefits of the intervention. Finally, participants in the reminiscence group should be given an opportunity to reflect on sessions and have closure to sessions. Only through evaluation can nurses document and refine protocols to improve the quality of life for older adults.

## CONTINUING EDUCATION FOR NURSES

Continuing education focusing on structured reminiscence as an intervention for nurses caring for older adults could be offered in a 2-hour class or practicum. During this class, nurses should have time for both didactic discussion and practice to role-play facilitation of structured reminiscence. Education could also include the process outlined in Table 1 and the protocol described in Table 2.

Nurses, as professional caregivers, have the education and responsibility to design programs for the older population, enhancing quality of life. It is imperative that nurses, as the primary caregivers for older adults in the health care setting, take the lead in providing innovative evidence-based interventions. Therefore, continuing education for nurses should include the following areas:

1. Content review of the literature to show nurses the positive effects of a structured reminiscence intervention for older persons.
2. Content stressing the importance of collecting

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## key points

### Group Reminiscence

Stinson, C. K. (2009). **Structured Group Reminiscence: An Intervention for Older Adults.** *The Journal of Continuing Education in Nursing, 40*(11), 521-528.

- 1 Group reminiscence is a recommended intervention for older adults in structured and unstructured settings.
- 2 An evidence-based protocol for a 6-week group intervention for older adults is presented.
- 3 Continuing education is offered on how to organize, facilitate, and evaluate group reminiscence sessions for older adults.

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data to facilitate evaluation and quality improvement of structured group reminiscence for older persons.

3. Content stressing the importance of using an evidence-based structured protocol to facilitate the group reminiscence intervention.

4. Content stressing the importance of evaluating evidence-based structured reminiscence protocols to determine their feasibility in clinical areas.

## CONCLUSION

Structured group reminiscence has implications for improving the well-being of older persons. There is growing evidence that a structured protocol is beneficial. However, there is a need to provide continuing education for nurses on how to organize, facilitate, and evaluate this intervention. Based on a review of the literature, there is also a need for more research on this topic as well as a need to develop evidence-based protocols so that group reminiscence can be replicated in future studies.

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