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<CN>Chapter 13</CN>

<CT>Remembering in Later Life: Generating Individual and Social Change</CT>

<CA>Joanna Bornat</CA>

BOTH ORAL history and what has come to be known as “reminiscence work” acquired a public profile around the same time, during the 1970s and early 1980s, in Europe and North America. Though each only made rare references to the other as they developed, they shared a focus: older people’s remembering.¹ For oral history, remembering is seen as a means to an end. By contrast, reminiscence work fixes on the process, the social interactions and changes brought about by engaging in remembering. This is not to say that oral historians have not also been aware of the impact of their activity on the older people, often remarking on how interviewees spontaneously reflect positively on the process or appear to be physically changed as they enjoy the recall. However, those responses are viewed as an interesting by-product, rather than the purpose or planned outcome of the interview.

In considering the emergence of reminiscence work, a case study from the United Kingdom will serve as a useful example to explore the origins of the turn to reminiscence and the debates concerning its role as an intervention in work with older people. Reminiscence work continues to be discovered and applied by practitioners and researchers without much awareness of its history and origins. Looking back with the UK experience may suggest why this particular intervention, which is sometimes described as a therapeutic approach, persists in inspiring succeeding generations of care workers and others involved in the lives of frail older people.

<1>Reminiscence Emerges</1>

The many manuals providing basic instruction for reminiscence work with older adults and training opportunities (Googling “reminiscence training” brings up copious examples) rarely include any kind of reflective investigation as to its contextual and theoretical origins.² With a focus on practical know-how, these publications are less interested in exploring the emergence of what is now an established intervention and activity. Applying a historical framework for reminiscence activity leads to the identification of when and how the practice first grabbed the attention of care workers, researchers, and scholars. Knowing something of those first and early developments may help to explain why reminiscence as an activity continues to provoke excitement and result in re-invention. It also helps to provide an understanding of how reminiscence work has persisted, how it has adapted, and been adapted, as provision and practice have changed in care work, and to what extent practice has responded to more recent research and writing.

No account of the origins of reminiscence work is complete without citing the American gerontologist Rose Dobrof’s story of her experience of the impact of the recognition of life review as a basis for communicating with older people in the 1960s. Indeed most of the key texts debating the provenance and nature of reminiscence and life review include some or all of the quotation which follows as part of their discussion:³

<EXT>Perhaps tape recorders and word-processing machines are to the spoken word what the phonograph is to music: they make it possible for us to preserve the voices of our mothers and fathers telling us the history of their times.</EXT><AU: is this the end of the quotation? OR does it end at n4 below?>

Ends at n4

Technology expands the possibilities, and interest rises with the dawning recognition of the possibilities. In the field of aging, interest began with the publication in 1963 of a seminal paper by Dr. Robert Butler ...It is not often that one paper has so important and immediate an effect. I was then a very junior social worker on the staff of a home for the aged. I remember well being taught by our consulting psychiatrists and the senior social work staff about the tendency of our residents to talk about childhood in the shtetls of East Europe or arrival at Ellis Island or early years on the Lower East Side of New York.

At best, this tendency was seen as an understandable, although not entirely healthy preoccupation with happier times, understandable because these old and infirm people walked daily in the shadow of death. At worst “living in the past” was viewed as pathology—regression to the dependency of the child, denial of the passage of time and the reality of the present, or evidence of organic impairment of the intellect.

It was even said that “remembrance of things past” could cause or deepen depression among our residents, and God forgive us, we were to divert the old from reminiscing through activities like bingo and arts and crafts.

And then the Butler paper came out and was read and talked about, and our world changed. The Life Review became not only a normal activity; it was seen as a therapeutic tool. In a profound sense, Butler’s writings

liberated both the old and the nurses, doctors and social workers; the old were free to remember, to regret, to look reflectively at the past and try to understand it. And we were free to listen and to treat rememberers and remembrances with the respect they deserved, instead of trivializing them by diversion to a bingo game.⁴</EXT?>

Rose Dobrof was writing twenty years after “the Butler paper came out.” At the time she was a junior member of staff in a very much hands-on care setting. In highlighting “the Butler paper,” she contrasts it strikingly with existing thinking on old age. Given the context in which she was writing this was understandable but perhaps takes some explaining, now that time has created distance from what she describes with such drama. By 1984 when her account was published, she had been editor-in-chief of the *Journal of Gerontological Social Work* for five years and co-director of the Brookdale Center on Aging with Robert Butler. In 1984 she was therefore writing with experience and an established reputation as an innovator in teaching and learning about old age. Looking back, as an academic and as a former care worker she was highlighting the practical significance of what she signals as a minor scientific revolution.

“The Butler paper” was indeed seminal as a search through citation lists illustrates.⁵ With five hundred academic journal references alone, by 2005 it was still being referred to and incorporated into discussions relating to life review and reminiscence. Its own early history shows that the article had become part of the literature of both psychiatry and gerontology within a very few years of first publication with its argument identified as having practical significance. For example, in 1970 it was being cited in an article on the implications of reminiscence for social work practice.⁶ In the process, reminiscence had shifted from being studied by

psychologists for its function, pattern and content in inner life, to becoming an activity that was deliberately encouraged and established as beneficial.

As a principal investigator into the mental health of older people living in the community in the late 1950s, Butler argued that he was challenging the received understanding among psychiatrists and psychologists that talk of the past—reminiscence—was a sign of pathology, of mental deterioration. During this research he describes encountering older people whose accounts of their past lives were “often fascinating and in no sense reflected pathology.” From this he developed the idea that life review could have a positive role. As he later explained, he had no notion that a paper, published to a biomedical audience would be understood and taken up so widely across so many different professions and disciplines within such a short space of time.⁷

Butler was writing from the perspective of someone who had close experience with older people in clinical settings. He wrote with conviction and knowledge, and with the benefit of professional observation. Moreover, he was evenhanded. He could point to examples of “certain adaptive and defensive aspects” of life review, arguing that “Some of the aged have illusions of the ‘good past’; some fantasy the past rather than the future in the service of avoiding the realities of the present; some maintain a characteristic detachment from others and themselves.”⁸

In contrast with prevailing negative stereotypes of aging and old age, he suggests the need for a new focus, a positive psychology of old age which that the benefits of reflection and moves away from a framework of solely negative thinking about late life. What was also new was his emphasis on listening to what older people were saying about their experience of aging:

<EXT>It is . . . of interest to notice the positive, affirmative changes reported by

the aged themselves as part of their life experience, and to find constructive alterations in character, possibly as a consequence of the life review. . . . It is necessary to study the changes wrought in life by experience, eventful or uneventful, by brief or enduring relationships with other human beings, or even through images evoked by hearing or reading of the experiences or efforts of others.⁹

In his own study of reminiscence in community settings in the UK, Peter Coleman traced this period of change and acceptance farther back to an earlier period. Though he acknowledged the significance of Butler's paper, he pointed out that Charlotte Bühler, a Viennese developmental psychologist, had highlighted the role of reminiscence in ageing in 1933.¹⁰ Nevertheless, it was to be Erik Erikson's work that provided the framework for much of the theorizing of reminiscence in the period following Butler's 1963 paper. Erikson's concept of eight life stages, including old age as a developmental stage, indicated changing perspectives toward late life among some psychologists like Butler.¹¹ With Erikson's framework there could be a role for life review and reminiscence, given his eighth stage of "integrity" in which the older person seeks a way to accept the life lived. Coleman found Erikson's model ideal, making no reference to the types of conflicting experience and generational dislocation that can threaten perceptions of past life in old age.¹² Still, the notion that in late life development and reflection are both positive and necessary was an encouraging counter to Freudian psychiatry in which older people appeared only as negative reference points for younger people in a developmental model that allowed for little change beyond early adulthood.

Reevaluation of life review as an unavoidable activity that might contribute to successful aging was an aspect of Butler's argument, one that other research psychologists were also taking

up around the time his paper was published. A study of Spanish American war veterans by A. W. McMahon and P. J. Rhudick found a well-adjusted group of men who reminisced freely.¹³ They went on to argue, on the basis of what they observed among this particular group, that reminiscence could make a positive contribution in late life at a time when loss of identity and a sense of social value might be a common experience. This more positive construction of the role of recall in late life contrasted with the dominant gerontological discourse at this time: disengagement theory.¹⁴ Disengagement theory had developed in the United States during the late 1950s among sociologists who were seeking ways to explain what they saw as decline in late life, from having interviewed older people living in middle America. Central to the theory was the idea that as people age they withdraw from society to concentrate on their inner life, becoming more contemplative and less active.¹⁵

The theory was criticized for its convenient assumption that withdrawal from active participation in the labor market was an acceptable state for older people. It was challenged by older people themselves, as well as some gerontologists, who saw the theory as justifying marginalization and exclusion on grounds of age, and who took a more political, deliberately engaged position.¹⁶

The appeal of Butler's paper was amplified by his reputation as an outspoken critic of agist policies in U.S. health care and social policy. His critique of government policies drew on evidence as to the social, political, and psychological determinants of late life marginalization, and indeed his *Why Survive? Being Old in America* won a Pulitzer Prize for nonfiction within a year of its publication in 1975. The chapter on "Growing Old Absurd" includes "the tendency toward life review" among ten "special characteristics of later life" that prevent "placing the old .

...in prescribed roles.”¹⁷

The background to these developments suggests that a positive role for life review and reminiscence was supported theoretically and politically by changing perspectives of old age in American society. The late 1970s also saw the beginning of the popularization of remembering in late life, when Barbara Myerhoff completed a film (1977) and a book (1979) both titled *Number Our Days*, which was later also adapted as a stage play. Drawing on the memories of a group of members of a Jewish older people’s care center in Venice, California, the book was listed as one of the ten best social science texts in 1979. About this time, Myerhoff began teaching life history workshops at the Brookdale Center in New York, where Rose Dobrof was director. The appeal of Myerhoff’s book lay in its engagement with memories of an earlier Jewish life of family and community in a context where everything seemed to be changing around them. Reminiscence and life review, as an active and popular form of intervention, had begun to interest a wider audience than psychologists and gerontologists.

The terms “life review” and “reminiscence” tend to be used interchangeably, and yet they have different meanings and uses. Life review involves the recall and evaluation of a life with the purpose of making sense, accepting, and “taking stock.” Live review may be a deliberate undertaking at the end of a life or may follow some major change. By contrast, reminiscence is viewed more as a natural process, remembering and recall not being attached to any particular stage of life. Though reminiscence may be private, it can also arise in social settings, prompted by other people or by aspects of a particular context that evokes meanings and memories.¹⁸

As with oral history, life review is essentially a one-to-one process in which narratives, stories, and accounts are elicited for a purpose, perhaps to answer the questions of an

interviewer, to construct a life story, or to engage with another in some kind of therapeutic exchange. By contrast, reminiscence may have less defined outcomes and is open to sharing of experience and to more social forms of engaging with the past. The distinction has significance for the ways in which reminiscence has developed as an intervention, with outcomes that are therapeutic in the broadest sense.

It might be tempting to assume that the dramatic elements in Rose Dobrof's account support a post hoc argument in defense of reminiscence, and that effective networking and positioning may also have played a part. This may be so, but a case study drawn from a different context, the U.K. Reminiscence Aids Project, provides illuminating corroboration for her claim about the theoretical and political underpinnings of the turn to reminiscence as an intervention in work with older people.

<1>From Life Review to Reminiscence Aids</1>

In the UK, reminiscence as an intervention emerged and developed rather differently. While between 1969 and 1972 the psychologist Peter Coleman had carried out his doctoral research into the adaptive function of reminiscence and had published work from it, the context for his findings was clinical and psychological—at least until he broadened his treatment of the topic in a book published in 1986. Here he developed themes that demonstrated the significance of paying attention to the social and historical aspects of older people's reminiscing. His study remains unique, not only because he combined psychological tests with taped interviews, a multimethod approach, but because he returned to a small surviving group of his original interviewees after an interval of ten years.¹⁹ Time, in his study, therefore had many dimensions,

and his data was undoubtedly the richer from this.

Cohort experiences of wars and unemployment were given significance in Coleman's study, along with the fact that all his group lived in sheltered accommodations and were making a transition in late life in response to their changed personal circumstances. Reminiscence processes, as he explained them, were historically and socially shaped, and temporally constructed. In drawing up his four categories of high and low morale of those who reminisced and those who did not, he noted that people had different attitudes toward the past, and different uses of it as they reflected on their lives.²⁰ When he wrote up the different cases, he included details of those past lives within the context of a social history of the first half of the twentieth century, as experienced by a group of working-class Londoners. Coleman's shift from clinical and research psychology in 1974 to a broader social psychological perspective in 1986 was paralleled by the way in which reminiscence had emerged in the UK.

This more socially oriented role for reminiscence was to distinguish developments in the UK, where the breakthrough for reminiscence work came from a commitment to change contexts and provision for older people, and focused less on the rewards of one-to-one life review approaches. Readers of the U.K.'s national press and radio in 1978 and 1979 would already have heard of a new idea, "Reminiscence Aids."²¹ Images and recordings were being used to illustrate articles that pointed to the rewards of "an audio-visual method of stimulating reminiscence in elderly people including those with mental infirmity."

Reminiscence had also been given a start by an architect working in a government department, the Department of Health and Social Security (DHSS) in London, who persuaded his employers that they might fund a project to explore the possibility that aids to reminiscence

might effectively help “elderly confused patients.”²² The initiator of this idea, Mick Kemp, was an “adviser on accommodation for the Elderly Mentally Infirm.” His job was to design and prescribe the layout and planning of environments provided by the state. As a result of his many visits to institutions such as hospitals and Local Authority old people’s homes, Kemp had observed how many older people tended to talk about the past.

The need for a facility of this kind grew out of the increasing isolation of old people in various institutions, and in particular, their isolation from younger members of the community to whom, traditionally, old people would, for one reason or another, relate their memories. The process of talking about the past is a means of retaining memory and hence a sense of identity and status. It is also a very practical and pleasant means of mental exercise. Today, with so much changing around them, and the increasing nucleation of the family, the old person is deprived of both the stimuli to memory of familiar surroundings and younger people to talk to. Removal to an old people’s home, or a geriatric ward makes this deprivation total.²³

As Kemp recalled in an interview with Pam Schweitzer in 1999, it was not only the bricks and mortar, the design of the accommodation that necessarily contributed to the depressing settings he encountered:

<EXT>I spent some time going round the country looking at these appalling old institutions and finding in some of them sweetness and light and quite an atmosphere of hope, and others, something out of Dante. I realised that you can have a ball going on in the worst of Victorian buildings. . . . I realised that it was the regime, it was the way people behaved towards people that mattered, and that started me thinking about how we behave towards elderly people and how our

behaviour affects them. . . . However, there was a point at which I said to myself, “Well you’re an architect first of all! Where’s the architecture?” And it was one of those moments of truth. . . . I thought, “Well I wonder if there is a stimulus from the actual environment?”²⁴</EXT>

In the interview he described how the DHSS was then “a rather free-thinking, anarchical organisation.”²⁵ That environment enabled him to carry out a study in a since-demolished hospital to find out what would happen if the environment was changed to look like something that patients might remember from their past lives. They bought “antique furniture” and decorated spaces to look like late Victorian and early-twentieth-century interiors. Patients with dementia were then left to walk freely while nurses observed how they used the space. Even though Kemp judged the experiment a failure, as it did not appear to change residents’ preferences for sitting near to toilets, a comment by a senior nurse made him realize that the environment might not be everything. She commented:

<EXT>I know that it worked. . . . If for no better reason than that, for this period of time, the nurses have been coming in and seeing these people . . . in a nicer setting, and a setting that relates to their age and suddenly they’ve been talking to them like human beings.²⁶</EXT>

Awareness that the behavior and attitudes of staff might play a part in stimulating a more humanistic, individualized care environment was not to feature prominently in the subsequent development of what became known as “reminiscence work.” However, that these were key factors is beyond dispute.

During his interview, Kemp mentioned “doing a bit of research” and coming across the

work of Robert Butler, which provided him with the theory he needed to show that: “as elderly people came near to death, they would go through the business of reviewing their life and it seemed to him to be a very natural thing.” The link with Butler’s work was to be significant for further developments in the UK, but what was to provide the distinction British and American. work in the area of reminiscence and life review was the direction taken by Kemp, and those who further developed his work.²⁷ The project that developed in the UK had two distinctive features: engagement with older people’s memories, and a creative base in the arts. Kemp justified his approach by contrasting it with “the versions of history that photographers, reporters and historians considered important. . . . They weren’t really picking up what ordinary people remembered. So what I wanted to do was go a level below that—what does this famous photograph which was created for spectacular purposes or for its newsworthiness, what did that remind you of, little old lady in East Cheam?”²⁸

This key issue came to be, not so much the factual truth of sounds and images from the past, but what they enabled people to share among themselves. Presentation and the creation of the means to facilitate this process thus became a distinctive aspect of reminiscence work as it was to develop in the UK.

Alongside this creative approach was Kemp’s other commitment: the involvement of older people themselves in the process. As he explained in the report he subsequently wrote for the DHSS:

<EXT> . . . to rely totally on published material to evoke the personal past in old people would be to miss the central target of their true reminiscence. It was decided . . . to draw on the recollections of elderly people themselves for the

subject matter of our presentations.²⁹</EXT>

Kemp employed a multimethod strategy for the collection and selection of material. Photographs from decades corresponding to the life spans of older people were shown in hospitals and care homes to groups of older people with mental infirmity. Radio broadcasts, both local (BBC Radio London) and national (Woman's Hour) and international (World Service), as well as articles in magazines and newspapers, included appeals for information and also helped to publicize the project. Books of photographic collections were searched for relevant images. Finally, and perhaps most critically, he created a multidisciplinary advisory committee comprising a geriatrician, a psychiatrist, a psychologist, print and radio journalists, an archivist and sound adviser from the BBC, a nurse, a hospital volunteer organizer and voluntary workers, and a pensioner, who joined the team after hearing a radio broadcast.

The project team included Mick Kemp, a psychologist, and a number of artists, including a musician and a photographer. Together, they assembled Reminiscence Aids, which they defined as “audio visual method of stimulating reminiscence in elderly people, including those with mental infirmity.”³⁰ From the start they agreed to adopt a “ground level” approach to the past. Historical events would be included not for any epoch-making reason, “but because we were more concerned with the archaeology of human memory rather than an historical analysis of society.”³¹ For example, the royal abdication of 1937, still very much a point of reference and debate among older people in the 1970s and 1980s, was seen as important for what it evoked at a personal level, and not for reasons of the historical record. Indeed, in later evaluations the team questioned whether major events were always so salient in people's experiences as later generations might assume.

Showing sequences of sounds and images in London care homes demonstrated the success of the project. Staff reported to the team:

<EXT>In discussions held with residents following the first showing, a lady from one of the homes, talked at length and in great detail of her memories of that period and in particular of the air raids. Staff commented that she had never talked about this period in her life, until she saw the sequence. She continued to “reminisce” for about another twenty-four hours, before reverting to her “old self.” A similar incident occurred in the other home where a lady chatted happily about war-time incidents, and what she would do to Hitler should she ever meet him in the street. It was discovered later that contrary to the impression given, this lady normally never spoke from the moment she got up to the time she went to bed.³²</EXT>

By 1979 several sequences had been assembled, and a formal testing program with the World War II program was carried out, attempting strict control conditions. The sequence was shown to people individually and to groups of older people in four care homes. Using various tools but principally questionnaires, which were administered during viewing of the sequences, attempts were made to measure the increase in reminiscing. However, statistical analysis of the results showed no definite causal link between showing the sequence and amount of reminiscing. Moreover, the environments for carrying out the tests were found not to be helpful, and practical difficulties made the results difficult to assess. Although this was disappointing, more anecdotal observation of foot-tapping, nodding, and smiling confirmed people’s engagement and interest.³³

The Reminiscence Aids project stirred up a great deal of interest, and as Mick Kemp

explained, his manager at the time was beginning to express uneasiness explaining what an architect might be doing, “swanning around being a quack psychologist or a sociologist.”³⁴ So even before the budget cuts in public services imposed by the Thatcher government, the project’s future had become uncertain. By then, only two young artist researchers were still working on the sequences. In order to prevent the whole idea from being extinguished, Mick Kemp approached the charity Help the Aged for help with additional funding.

The national charity Help the Aged had an education department that was publishing materials on age and aging. The idea of reminiscence aids fit well with the ideas of its director, Susanna Johnston, who persuaded the charity to fund the project. The charity took on the two researchers with a view to transforming the sequences into materials for care workers and groups of older people to use independently.³⁵ This was something of a gamble. Although the idea and the sequences themselves had captured the interest not just of the media but also care workers who had been involved in developing and testing the images and sounds, it was not yet obvious that “reminiscence aids,” or *Recall* as the published version came to be called, were something that people might want to buy and use for themselves.

The simplicity and immediacy of the six tape/slide programs that made up *Recall* led to instant recognition of an activity that care workers and older people had wanted, even needed, to take part in. Rose Dobrof took Robert Butler’s 1963 paper as the catalyst and inspiration of change in the United States, and that paper’s influence had indeed spread to the UK, too. The Reminiscence Aids Project and *Recall* also played a more public role. *Recall*’s tape/slide programs was produced in manageable packs, with each sequence timed to last twelve minutes, accompanied by an explanatory guide. It placed the doing of oral history in the hands of people

who had neither expertise in history as a discipline, nor any experience as practicing psychologists. And it made expert witnesses out of the older people who took part. The six sequences covered the first eighty years of the 20th century, more or less paralleling the lives of older people who took part in the 1980s. Illustrations of childhood were located in the pre–World War I years, and the final sequence covered the building of postwar Britain. The images were selected from personal and commercial archives, together with music of the times, the words of older people, and recordings from street life and newsreels. Showings of *Recall* broke down traditional boundaries and led to an enthusiastic new recognition of the value of past lives. At the time it, everyone felt like taking part in a social movement.³⁶

How did *Recall* work and why was its success so immediate? In the first few years after 1981, hundreds of copies of the packs were sold. Although hardly anyone now will remember *Recall*, its spirit and form live on in many other subsequent examples, versions and formats having been marketed over the years.³⁷ There were two reasons for *Recall's* immediate success. First, its format as a package of sounds and images meant that it could be presented in almost any setting and did not require presenters to be experts in modern history. Care staff, who might not be expected to have a background in historical research, were able to explore the past through technologically simple means. All that was required to show the six sequences was a cassette player, slide projector, and a white wall or screen. Now technologically superseded, tapes and slides still had advantages over video and DVD formats. It allowed for larger, clearer, images and could easily be interrupted to show a clear and still image if people wanted to linger over a particular picture.

The second reason for *Recall's* success was that it offered legitimation of an activity that

previously had been ignored or treated as a pathology, as Dobrof suggests. Her recollection of the impact of the original Butler paper was evident as care workers and family members learned more about the older people they dealt with. More than that, roles were reversed as older people became experts, eyewitnesses whose testimony care workers and others found themselves responding to. People who had been described in terms of their deficits came to be known by what they had experienced in life, the roles they had played, the jobs they had held, and the achievements they had accomplished. Without the encouragement for them to talk, none of this would have been known. This extended to people who were not so able to communicate their reactions verbally. Staff reported how they became intrigued at the responses of people with dementia, and they began following up with questions to relatives. In some cases, they even did research themselves into the life histories of people for whom they cared.³⁸

Recall and similar programs developed around the assumption that the deliberate stimulation of reminiscence was a compensatory intervention, geared to deficits in the lives of older people living in institutions. There was a tendency to assume that such activities would have outcomes that would be positive for those so engaged.

<1>Changing Practice</1>

Rose Dobrof's recall of the original impact of "the Butler paper" accurately emphasized how care staff were changed by what they witnessed. Research evidence as well as anecdotal observations have subsequently illustrated how participation in reminiscence-based activities could influence attitudes and practice among staff working in residential, day care, domiciliary, and nursing home settings. Caregivers describe, and have been observed to adopt, a more

personal and individualized style after they became aware of the biographical details of residents' and service users' lives.³⁹ Opportunities to talk about past lives and to include biographical details in care planning tend to be welcomed by care staff, older people, and their relatives and friends—admittedly at a fairly basic level—and have come to be included in assessments and care planning. Such approaches have helped to embed in care practice a more holistic and responsive approach to the assessment of need. They also prevent the exclusion in various service settings of older people, irrespective of frailty.⁴⁰ It had positive outcomes for carers too.⁴¹ Yet this side of recall is rarely studied and, although the practice is encouraged and well embedded into activities programs, often routinized in the same way as bingo and dominoes, the skills associated with engaging and supporting people in remembering are still not part of any officially recognized training, at least in the UK.

This omission may be due to concerns as to unwanted or unexpected outcomes from interventions uncertainly positioned between therapy and diversion. Although Susanna Johnston wrote a guide to its use, *Recall*'s development was left very much in the hands of those who bought it. Early on, people began to point out how *Recall* could evoke painful emotions. This was known but was scarcely acknowledged or accounted for, since it had been associated with positive outcomes. Johnston's handbook for users made only a brief reference to sadness among *Recall* audience members:

<EXT>While in most cases people have come to terms with the sad episodes in their lives some may weep, perhaps for the first time, remembering a past grief which they have suppressed for years. One woman wrote of the "blessed relief" in releasing this emotion. She added however that the staff around her became very

concerned when she cried.⁴²</EXT>

In the years since that was written, the debate about “trauma” in reminiscing has taken on greater dimensions. Staff and relatives have expressed concern, and it has become a key emphasis for trainers. The focus on protection from exposure to what might be uncontrollable emotion, both of the older people and of those caring for them, has resulted in more cautious use of reminiscence aids and renewed emphasis on what is positive and diversionary. This is not necessarily a development to be welcomed.⁴³ Indeed Johnston went on to point out in the original *Recall* handbook how younger people may misguidedly seek to shield people from emotional upset. There is strength to be gained from the sharing of emotions, she argued, and people “take a pride or sombre satisfaction in recalling the dangers and emotional upheavals which they have survived.”⁴⁴

While not disregarding the range of emotions that recall of the past may stimulate, Faith Gibson, in her “practical guide” helpfully selects “people who are depressed” for specific attention.⁴⁵ Her approach comes close to normalizing depression as a state of mind in many older people. Sometimes this may be in response to the loss of a partner or a home. She also points out that depression may be a quite understandable response to awareness of developing dementia. She argues that some mental health problems are “intractable,” and in such cases specialist life review and reminiscence is probably most appropriate. Echoing Dobrof, she concludes that in general it is more cruel to exclude and protect people from remembering: “the greater risk is doing nothing, in leaving older, isolated people unstimulated and unsupported.”⁴⁶ With others, she emphasizes the need for supervision and support for reminiscence workers.⁴⁷

As in an oral history interview or any activity where memories are evoked, the process is

never a one-way street. Outcomes may be unexpected on both sides. The oral historian and reminiscence theater director Pam Schweitzer gave an account of the effect of acting one woman's story through reminiscence drama, which she describes as a "medical miracle":

<EXT>This depressed, rather sickly woman just came to life when she saw her own memories being acted out before her. When she saw our representation of the story, she remembered the whole event much more clearly than when we interviewed her first, and added many details she had not recollected for fifty years . . . the interchange with the actors and the development of the story had an extraordinary physical effect on this woman. She sparked to life and became the "star" of the place.⁴⁸

People's agency in their reminiscence is a reminder that it is quite a natural activity, and has a number of purposes. Researchers have identified six predominant types of reminiscence: "integrative, instrumental, transmissive, narrative, escapist, and obsessive."⁴⁹ This is not a definitive list; others have added "death preparation," "intimacy," and "problem solving."⁵⁰ Without entering into debates as to the salience of any one of these types it is worth noting that observations of reminiscence suggest that the agendas of those taking part may be varied, may conflict, and may or may not be social in intent or impulse. The significance in the findings lies in their ability to identify how reminiscence may be further used and developed, as well as in the extent to which they introduce awareness of the range and variety of subjectivities involved in a reminiscence session. As in oral history, there are many layers to what might appear to be an apparently simple act of recall.

<1>Evaluations</1>

Important as attitudinal change among staff may be, the pressure to demonstrate positive outcomes from participation in reminiscence, on either an individual or group basis, has persisted over the years. Barbara Haight and Shirley Hendricks's useful reviews of studies illustrate the range of types of discussion and of forms of measurement and intervention.⁵¹ The review is divided under headings such as "Scholarly Discussion" and "Methods" and also includes forty-six papers under "Research." Thirteen report positive changes in participants, who vary from older people who are depressed and have been diagnosed with dementia living in care settings to older people living independently in a community. Of the thirteen, only one appears to have used a control group, and none adopted the type of longitudinal study used by Coleman, with the result that evidence for change tends to be limited to the period of the study or shortly afterwards. In the main, studies tend to be descriptive of small-scale interventions illustrating how people made sense of their recall or life review, often in relation to specific life events or change, such as parenting, in searches for sources of continuity or helpful processes. Although decreases in depression and increases in sociability were found among certain groups, changes were not dramatic, and the size of the groups and the generality of the qualities being investigated make the findings difficult to replicate.

Subsequently, a systematic review of the literature relating to reminiscence among people with dementia, carried out by Woods et al., found "promising indications." But the small number of random control studies they were able to track down, and the highly varied nature of the interventions and the variables they were measuring, meant that they could only conclude that more research was needed. A more recent study using controls has pinned down some exact

measures and positive outcomes for people with dementia and for their carers too⁵². <AU: is

this what you mean? The sentence is a bit long and convoluted, so please see edits and let me know if we can work something out here>.

<1>LConclusion</1>

The search for an evidence base for interventions have costs attached to them, such as staff time, resources, training, and the possibility of changes in practice and policy. All of this has tended to take over the nature of evaluations and outcomes of reminiscence and life review. This is perhaps itself a measure of how public and professional attitudes and understandings of reminiscence have changed over the last half century. What was claimed as a normal activity, in danger of being disregarded and pathologized, much as older people may be distanced and problematized, is now looking for justifications that rest on the measurement of outcomes for specific groups. In a twenty-first century where value for money and quality measures seem to dominate many interpersonal activities, this may not be surprising. It would be a pity if such proofs and forms of evaluation were to determine the direction in which reminiscence-based activities develop in the future. Looking back, what was achieved by the pioneers in the United States and the UK, and their later followers, has been less about modifying aspects of the aging process and more about the humanizing of social care practices through the recognition and celebration of individuality and life experience in old age.

<N1>Notes</N1>

<N>1. Joanna Born, “Reminiscence and Oral History: Parallel Universes or Shared Endeavour?” *Ageing and Society* 21 (2001), 219, 241.

2. See for example, *Help the Aged, Recall—A Handbook* (London: Help the Aged Education Department, 1981); Andrew Norris, *Reminiscence with Elderly People* (Bicester: Winslow Press, 1986); James E. Birren and Donna E. Deutchman, *Guiding Autobiography Groups for Older People: Exploring the Fabric of Life* (Baltimore, Md.: Johns Hopkins University Press, 1991); Patricia Duffin, *Then and Now: A Training Pack for Reminiscence Work* (Manchester: Gatehouse Press, 1992); Irene Burnside and Mary Gwynne Schmidt, eds., *Working with the Elderly: Group Process and Techniques* (Boston: Jones and Bartlett Publishers, 1994); Caroline Osborn, *The Reminiscence Handbook* (London: Age Exchange, 1994); Valerie R. Yow, *Recording Oral History: A Practical Guide for the Social Sciences* (New York: Sage, 1994); Ruth Martin, *Oral History in Social Work* (New York: Sage, 1995); Roger Sim, *Reminiscence: Social and Creative Activities with Older People in Care* (Bicester: Winslow Press, 1997); Michael P. Bender, Paulette Bauckham, and Andrew Norris, *The Therapeutic Purposes of Reminiscence* (London: Sage, 1999); Errolyn Bruce, Sarah Hodgson, and Pam Schweitzer, *Reminiscing with People with Dementia* (London: Age Exchange, 1999); Jeff Garland and Christina Garland, *Life Review in Health and Social Care: A Practitioner’s Guide* (Hove: Brunner-Routledge, 2001); A. Burke and M Corbett, *Looking at Life: Learning in Groups Through Oral History—A Toolkit* (Warboys: University of Hertfordshire, 2004); Pam

Schweitzer, ed., *Mapping Memoires: Reminiscence with Ethnic Minority Elders* (London: Age Exchange, 2004); and Faith Gibson, *Reminiscence and Recall: A Practical Guide to Reminiscence Work* (London: Age Concern), 2006.

3. See for example Peter G. Coleman, *Ageing and Reminiscence Processes: Social and Clinical Implications* (Chichester: Wiley, 1986), 9; Jeff Garland, "What Splendour It All Coheres: Life Review Therapy with Older People," in *Reminiscence Reviewed: Perspectives, Evaluations, Achievements*, ed. Joanna Bornat, 21-31 (Buckingham: Open University Press, 1994); Bender et al, 1999, *Therapeutic Purposes of Reminiscence*, 200; Garland and Garland,(2001), *Life Review in Health and Social Care*, 57–58; Gibson (2004), *Reminiscence and Recall*, 43.

4. Rose Dobrof, "Introduction: A Time for Reclaiming the Past," in *The Uses of Reminiscence: New Ways of Working with Older Adults*, in Marc Kaminsky, ed., xvii (New York: Haworth Press,)1984).

5. Robert N. Butler, "The Life Review: An Interpretation of Reminiscence in the Aged," *Psychiatry* 26 (1963): 65–76.

6. Allan Pincus, "Reminiscence in Aging and its Implications for Social Work Practice," *Social Work* 15, no. 3 (1970): 47–53.

7. Robert N. Butler, "Foreword," in *The Art and Science of Reminiscing: Theory, Research, Methods and Applications*, in. Barbara K. Haight and Jeffrey Dean Webster, eds., xix (Washington, D.C.: Taylor and Francis, 1995).

8. Butler, "The Life Review," 69.

9. *Ibid.*, 75.

10. Coleman, *Ageing and Reminiscence Processes*, 10.

11. Erik Erikson, *Childhood and Society* (New York, Norton 1950).
12. Coleman, *Ageing and Reminiscence Processes*, 8.
13. A. W. McMahon, and P. J. Rhudick, "Reminiscencing: Adaptational Significance in the Aged," *Archives of General Psychiatry* 10 (1964), 292–98.
14. Coleman, *Ageing and Reminiscence Processes*, 9–10.
15. Cumming, Elaine and Henry, William, *Growing Old: the process of disengagement*, New York, Basic Books, <AU: I need more info here, name of article?> (1961), discussed in Chris Phillipson, *Reconstructing Old Age: New Agendas in Social Theory and Practice* (London: Sage. 1998).
16. Ibid, 16–17.
17. Robert N. Butler, *Why Survive: Being Old in America* (New York, Harper and Row, 1975), 409.
18. Faith Gibson, *The Past in the Present: Using Reminiscence in Health and Social Care* (Baltimore: The Health Professions Press, 2004), 6.
19. Coleman, *Ageing and Reminiscence Processes*, 20–21.
20. Ibid., 37.
21. Articles and features appeared in *Community Care* 8 (1978); *Observer*, Nov. 12, 1978; *Daily Mail*, Mar. 29, 1978, *Woman's Hour*, Jan. 1979 and *Getting On* (ATV) July 8, 1979 as well as in the *Toronto Star*, Mar. 10, 1979, *Washington Post*, Mar. 1979, *Doctor Magazine*, Mar. 22, 1979, *London Police Pensioner*, Nov. 6, 1979, and *Radio London*, June 1978 (Help the Aged, *Recall—A Handbook*, 46). The author visited the project herself following the publication of an article in the *Observer*.

22. Department of Health and Social Services, *Reminiscence Aids: The Use of Audio-Visual Presentations to Stimulate Memories in Old People with Mental Infirmity* (London: DHSS, 1979), 3.
23. Ibid., 3–4.
24. Mick Kemp, interview by Pam Schweitzer, 1999, 3.
25. Ibid.
26. Ibid, 4.
27. Ibid, 4–5.
28. Ibid., 5.
29. DHSS, *Reminiscence Aids*, 5.
30. Ibid, 10.
31. Ibid, 19.
32. Ibid., 31.
33. Ibid.
34. Kemp interview, 1999, 6
35. Help the Aged, *Recall—A Handbook*.
36. Joanna Bornat, “Oral History as a Social Movement; Reminiscence and Older People,” *Oral History* 17, no. 2 (1989): 16–24.
37. See among many examples: “*The Memory Box’s* guidebook and 120 discussion cards to facilitate general reminiscence, produce memory diaries, put together autobiographies or facilitate life reviews . . . divided into twelve themes . . . etc.” (<AU: location please?>Speechmark Publishing Limited, Milton Keynes, 2006).

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40. J. Adams, "A Fair Hearing: Life-Review in a Hospital Setting," in Bornat, *Reminiscence Reviewed*.
41. Pam Schweitzer and Errollyn Bruce, *Remembering Yesterday, Caring Today: Reminiscence in Dementia Care—A Guide to Good Practice* (London: Jessica Kingsley, 2008).
42. Help the Aged, *Recall—A Handbook*, 11.

43. Frank Furedi, *The Therapy Culture: Cultivating Vulnerability in an Uncertain Age* (London: Routledge, 2004).
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45. Gibson, *Reminiscence and Recall*.
46. Ibid., 203.
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