

A Critical Review and Synthesis of Literature on Reminiscing With Older Adults

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Le récit de souvenirs est une intervention qui a été utilisée indépendamment auprès de différentes populations depuis plusieurs années, dans le cadre des soins infirmiers. Une analyse critique de la documentation portant sur l'approche du récit de souvenirs a été réalisée en trois étapes : l'identification des études devant faire l'objet de la recherche, l'examen de ces études pour assurer qu'elles soient fondées sur des recherches et une évaluation critique de celles-ci. L'analyse a permis de clarifier les définitions opérationnelles de l'approche fondée sur le récit de souvenirs et le récit de vie. Un examen de nombreuses études a révélé que seules quelques-unes d'entre elles s'appuyaient sur un processus de recherche. Les autres études présentaient aussi un intérêt sur d'autres plans. Par exemple, certaines offraient des pistes pour la conception de programmes d'intervention axée sur le récit de souvenirs et le récit de vie faisant appel à la créativité et ciblant des groupes d'âges spécifiques.

Reminiscing is an intervention that has been used independently in nursing with different populations for many years. A critical analysis of the literature on reminiscing was carried out in 3 stages: identification of the studies to be included, review of the studies to ensure that they were research-based, and critical appraisal of the studies. The analysis resulted in clarity regarding the operational definitions of reminiscing and life review. Of the many studies reviewed, only a handful were research-based. The others were valuable in other respects, such as providing guidance for the design of imaginative and age-related reminiscing and life-review programs.

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Reminiscing as an intervention has been used independently in nursing with different populations for many years. Butler (1963) defines it as the "act or habit of thinking about or relating past experiences, especially those considered personally most significant," Hammer (1984) as a "method of holding onto the self while letting go of some personal situation." In other words, through remembering the past, persons may come to terms with their regrets and realize their achievements.

There is general agreement among health-care professionals that reminiscing has benefits for residents of long-term-care (LTC) facilities. Consequently, there is a trend to introduce more reminiscing programs in LTC facilities both in group settings and on a one-to-one basis. However, other terms have also been used to describe the process of reminiscing, and this has resulted in confusion about what actually constitutes reminiscing. The most commonly used alternative term is "life review." Life review is actually a subset of reminiscing and involves a structured approach to searching for and reviewing meaning in one's life.

The Relationship Centred Care Research Group of the Collaborative Research Program – Rehabilitation and Long Term Care is dedicated to the study of ways to develop and support caring relationships between nurses and residents of LTC facilities. Given the growth of reminiscing in LTC and the need for evidence-based practice, the Research Group decided to focus on the development and evaluation of reminiscing programs in LTC facilities. This article describes the findings of a review of the literature on reminiscing and life review, as used with older adults, in order to clarify the meaning and usage of the terms "reminiscing" and "life review" and to identify and describe the manifestations of reminiscing, how it is used in LTC facilities, and factors that support or discourage reminiscing in LTC facilities.

Method

The literature includes several theoretical articles describing the manifestations and implementation of reminiscing (Burnside & Haight, 1992; Haight, 1991; Haight & Webster, 1995; Kovach, 1991a, 1991b; Parker, 1995). In order to develop a program for the implementation of reminiscing in an LTC environment, it is important to appraise the quality of studies that have tested the theoretical underpinnings of reminiscing as an intervention. The literature review was carried out in three stages: (1) identification of the key studies to be included in the review, (2) review of the articles to ensure they were research-based, and (3) critical appraisal of the research studies.

Stage 1

Stage 1 consisted of an online search of the following health and social-science databases from January 1990 to December 1997: CINAHL, MEDLINE, and PsychINFO. Studies were included in the review if they: (a) were research-based as opposed to descriptive, (b) involved persons aged 65 and over, (c) focused on reminiscing or life review, and (d) were published in English. A total of 105 books and journal articles that met these criteria were retrieved.

Stage 2

A detailed review of the studies was conducted using standards adapted from a tool developed by Forbes and Strang (Forbes, 1998; Forbes & Strang, 1997). Their study examined a variety of interventions and offered a detailed process for literature review. Our study was more focused in terms of population, location, and intervention. The Forbes and Strang Validity Rating Tool ranks research as pass, moderate, or fail. For our study, it was necessary to modify their criteria as noted in Table 1. The Forbes and Strang pass-moderate-fail ratings were changed to pass-fail ratings when the reminiscing studies would not have met their complete criteria for pass. For the design and inclusion criteria, there was insufficient information to meet the highest pass rating. The typical confounders did not appear to be well controlled. In terms of data collection and statistical analysis, no study met all criteria of well described, pre-testing and investigators blinded. Likewise, multivariate statistics were not universally used so again the higher pass rating used by Forbes and Strang was not met.

We used a Relevance Tool to add the criteria of older adults in LTC facilities and each study's operational definition of reminiscing or life review to strengthen the design. After screening of the 105 articles using the research process, 67 studies remained.

Stage 3

The final stage consisted of a critical appraisal of the 67 studies and a synthesis of the findings. The synthesis integrated the quantitative and/or qualitative findings across studies. The data from Stage 2 were used to critique the screened studies and, based on their strength as research studies on reminiscing or life review, we categorized the studies as strong, moderate, or "insufficient documentation." The outcome of this Stage 3 process was seven studies rated as strong, four studies rated as moderate, and four studies with insufficient data to rate

Table 1 *Summary of Key Differences in Rating*

Forbes & Strang Validity Rating Tool	Reminiscing Validity Rating Tool
Design – pass moderate fail	Design – pass fail
Inclusion – pass moderate fail	Inclusion – pass fail
Consent – pass moderate fail	Consent – pass moderate fail
Attrition – pass moderate fail	Attrition – pass moderate fail
Confounders control – pass moderate fail	Confounders control – pass fail
Data collection – pass moderate fail	Data collection – pass fail
Statistical analysis – pass moderate fail	Statistical analysis – pass fail
	Location – LTC/community – pass moderate fail
	Operational description of REM/LIFE REVIEW – pass moderate fail
Overall Assessment	Overall Assessment
Strong – no fail rating and no more than 2 moderate ratings	Strong – no fail rating and no more than 2 moderate ratings
Moderate – no fail rating and more than 2 moderate ratings	Moderate – no fail ratings and all other scores must be pass or moderate
Weak – 2 or less fail ratings	Insufficient data – below the moderate rating
Poor – more than 2 fail ratings	

them as strong or moderate. The following sections provide an overview of the insufficient data, strong, or moderate studies. The synthesis complemented the critical appraisal by integrating the quantitative and/or qualitative findings across studies.

Overview of Relevant Studies

Among the excluded studies were several that were primarily about instrument research (Bramlett & Gueldner, 1993; Habegger & Blieszner, 1990; Kovak, 1993; Merriam, 1993; Webster, 1993; Wong & Watt, 1991) and the majority of studies that lacked sufficient information to complete most of the categories of the Validity Rating Tool — that is, they lacked sufficient information related to the research process to rate them. There remained 11 studies rated strong or moderate (Table 2), which are discussed below.

Table 1 Reminiscing Studies With Older Adults					
Study	Participants/ Setting	Operational Term / Method	Research Design and Data Analysis	Outcomes	Generalizability in LTC and Usable Factors
S1 – Haight (1992): Long-term effects of a structured life review process	N = 51 randomly selected community elders	Method clearly described — three groups: experimental life review, friendly visit group, no-treatment group for 6 weeks	Pre-test/post-test, and retest at 1 year: life satisfaction, ADLs psychological well-being, and depression	No significant change in four dependent variables between post-test and retest	All living at home
S2 – Haight & Dias (1992): Examining key variables in selected reminiscing modalities	N = 240 randomly selected from nursing homes (71) and community (117)	Life review clearly described: 10 different reminiscing modalities (five group and five individual) for 6–8 weeks	Pre- and post-test on four outcome measures	Structured life review most therapeutic for one-on-one. Group reminiscing best for social support.	Mostly white, middle-class; however, could replicate study and outcomes provide useful suggestions
S3 – Haight, Coleman, & Lord (1995): The linchpins of a successful life review: structure, evaluation, and individuality	N = 18 (three groups of six) community women	Life review clearly described — three groups: life review group, attention control group, and no-contact control group for 6 weeks	Pre- and post-test measures on self-esteem, morale	Life review had impact on self-esteem but not morale. Themes: losses, unresolved issues, happiness, sadness, and fear re: losses	Provides suggestions for group leaders

Table 1 (cont'd)						
Study	Participants/ Setting	Operational Term / Method	Research Design and Data Analysis	Outcomes	Generalizability in LTC and Usable Factors	
S4 – Habegger & Blieszner (1990): Personal and social aspects of reminiscence: An exploratory study of neglected dimensions	N = 50 male and female community seniors	Measured oral (inter-views) and silent (self-administered questionnaire) reminiscence for frequency and attitudes towards thinking and talking about the past	Questionnaire piloted. Measures of oral and silent reminiscence compared using T-tests and Pearson correlation.	Silent reminiscing occurred more often than oral. Appropriateness correlates with usefulness, early experiences, and opportunities to reminisce. Some gender differences.	Suggestions made for facilitators and for type of reminiscence based on participants' past experiences and gender	
S5 – Sherman (1995): Differential effects of oral and written reminiscence in the elderly	N = 74 voluntary community elders: eight groups	Method described — three types of groups: oral/journal reminiscence, oral reminiscence, and autobiography	Pre- and post-test using scales to measure psychological well-being and late-life adjustment and frequency of types of reminiscing	Findings indicated reminiscing through the journal is beneficial	Community group; physical and cognitive changes may limit journal use in LTC	
S6 – Cook (1991): The effects of reminiscence on psychological measures of ego integrity in elderly nursing home residents	N = 54 randomly selected residents from three nursing homes	Method described — life review, current events group, and no-treatment control group hourly for 16 weeks	Pre- and post-test measures on self-esteem scale, life satisfaction, and depression	Slight trend with reminiscence group rating higher life satisfaction score	Relevant to LTC participants: offered suggestions for replicating study. Anecdotal data: reminiscing contributes to socializing.	

<p>S7 – Fry (1991): Individual differences in reminiscence among older adults</p>	<p>N = 140 randomly selected elders, 70 from four nursing homes and 70 from community, matched for gender and age</p>	<p>Method clearly described — reminiscence explored subjective indices of life satisfaction, daily functioning personality characteristics, and goals and purposes in life</p>	<p>Multiple regression used to analyze personality, psychological well-being, and meaning of life as predictors of frequency and pleasantness of reminiscence</p>	<p>No significant difference in frequency of reminiscence between groups. Findings suggest individuals have positive perceptions of psychological well-being, and engage in a number of daily activities.</p>	<p>Relevant to LTC: individuals struggling to find meaning to life in the naturalistic environment may resort to reminiscing</p>
<p>M1 – Beaton (1991): Styles of reminiscence and ego development of older women residing in long-term care settings</p>	<p>N = 75 white women, from six LTC facilities</p>	<p>Method not specified — reminiscing: sentence completion and telling life story through one interview</p>	<p>No control group. Investigators and rater methods controlled. Assessed ego development.</p>	<p>Ego development – associated with reminiscing styles: related to years of education & religious affiliation</p>	<p>Relevant to LTC: “affirming” women had higher levels of ego development; probably best candidates for life review and reminiscence</p>
<p>M2 – Yang & Rehm (1993): A study of autobiographical memories in depressed and nondepressed elderly individuals</p>	<p>N = 27 depressed and 27 not depressed community elders</p>	<p>Method described — reminiscing done through autobiographical memory task to study memory process and depression</p>	<p>Procedure clearly explained. Measure for depression and types of memories.</p>	<p>More pleasant than unpleasant memories recalled</p>	<p>Community elders. Participants, whether or not depressed, recalled more positive than negative events.</p>

Table 1 (cont'd)	Study	Participants/ Setting	Operational Term/ Method	Research Design and Data Analysis	Outcomes	Generalizability in LTC and Usable Factors
M3 – Burnside (1993): Themes in reminiscence groups with older women	N = 67 convenience women living in the community	Method described — reminiscence guided by eight gender-specific themes selected from literature to elicit simple reminiscence and non-threatening memories	Qualitative data analysis clearly described. Used deductive and inductive methods.	Three most discussed themes that elicited reminiscence: (1) favourite holiday (2) first pet (3) first job	Community women, but process and findings seem relevant to LTC and to replication. Nine specific guidelines offered for group leaders planning to implement an all-women's group.	
M4 – Dhooper, Green, Huff, & Austin-Murphy (1993): Efficacy of a group approach to reducing depression in nursing home elderly residents	N = 16 randomly selected depressed nursing-home residents	Twenty-four tape recordings. Details of sessions not clearly described — reminiscing and problem-solving groups to decrease mild to moderate depression for 9 weeks.	Pre- and post-test on depression – loss of control subjects – comparison problem	Three-fourths of reminiscing group were free of depression after 9 weeks; depression level was less in control group	Findings suggest that an eclectic approach to reducing depression may be effective	

Strong Studies

The Validity Tool identified seven studies as strongly supporting the value of using reminiscing with an older adult population (Table 2). All were relevant, had an adequate sample size, and produced reliable data. In all studies, the participants were capable of completing one or more tests regarding their mental status, mood, and quality of life. Not all articles discussed the matter of whether the participants were capable of consent; however, given their inclusion in the study and the difficulty of the tests, consent is assumed. The participants were recruited from institutions and the community and included more women than men. Each study is summarized below, followed by summary remarks. Three of the articles are co-authored by Haight, a leading investigator in the study of reminiscing. The first four strong studies used the reminiscing process referred to as life review. The other three used a broader, more generic version of reminiscing.

(S1) In "The long-term effects of a structured life review process," Haight (1992) examines the effects of a structured reminiscing process through a pre- and post-intervention design in which each participant completed four tests: Life Satisfaction Index, Bradburn's Affect Balance Scale, Zung's Depression Scale, and the Activities of Daily Living Instrument. Re-tests completed 1 year after the intervention showed no significant change in the scores. Haight concludes that life review may help participants to maintain ego integrity. However, she warns that the lasting effects may be attributable to not only life review but myriad factors, including the ageing process.

(S2) In "Examining key variables in selected reminiscing modalities" (Haight & Dias, 1992), the subjects participated in one of 10 reminiscing modalities during an 8-week period and completed pre- and post-measures of life satisfaction, psychological well-being, self-esteem, and depression. This study highlights the different ways of conducting reminiscing sessions and life review. The authors define life review as a structured, evaluative reminiscing process that is most effective when used on a one-to-one basis. They define reminiscing as the random recall of the past that is performed most effectively when engaged with peers in a group format. They suggest life review is of therapeutic value for persons dealing with depression and grief, while reminiscing is of value in promoting socializing and peer support.

(S3) In "The linchpins of successful life review: Structure, evaluation and individuality," Haight, Coleman, and Lord (1995) make a major contribution to scholarship on life review. They point out that the "indi-

vidually structured" life-review process is the only life-review process systematically evaluated. They tested the effectiveness of life review employing the methods used in the Haight and Dias (1992) study. Of three groups, a life-review group and two control groups, the life-review group showed the most significant increase in self-esteem scores.

Based on the findings from studies S2 and S3, the authors argue that three elements are needed. First, the intervention must be structured to cover the entire life; activities such as writing an autobiography or writing about major life themes are recommended. The second element is an evaluation or valuation of the life lived by the participant; the goal of evaluation is to reach the stage of ego integration. The third requirement is one-to-one reminiscing with an active listener skilled in life review and capable of helping the participant to reintegrate his or her memories.

(S4) In "Personal and social aspects of reminiscence: An exploratory study of neglected dimensions" (Habegger & Blieszner, 1990), the key finding concerns the leader of the life-review group more than the actual participants. The conceptual foundation of the study was symbolic interaction and social exchange. The subjects completed both a reminiscing questionnaire and a self-report questionnaire. The results suggest that the structured reminiscing group is a form of life review and that "leaders" should consider the social skills of the potential reminiscing candidate. The authors emphasize that silent and oral reminiscing are different modalities that need further research.

(S5) In "Differential effects of oral and written reminiscence in the elderly," Sherman (1995) examines the merits of reminiscing groups for increasing social support. Two groups were compared, an oral/journal reminiscing group and a strictly oral reminiscing group. The oral/journal group scored higher on the Ego Integrity Scale. The results indicate that reminiscing through the use of a writing journal is beneficial.

(S6) In "The effects of reminiscence on psychological measures of ego integrity in elderly nursing home residents," Cook (1991) examines whether reminiscing influences the attainment of ego integrity. Unlike the previous studies, this study used participants from nursing homes and also used control groups. Cook explores the idea of positive reminiscing and describes the strategies used. Like the other researchers, Cook found no statistically significant evidence of the psychological effects of reminiscing. However, there seemed to be a positive socializing effect from being in a group.

(S7) In "Individual differences in reminiscence among older adults: Predictors of frequency and pleasantness ratings of reminiscence activity," Fry (1991) explores the relationship of the benefits of reminiscing with the personality traits of the participants. Community residents and nursing-home residents were interviewed using two questions from the Reminiscing questionnaire and completed nine other questionnaires. The predictors of experiencing reminiscence as a pleasant activity were found to be numerous, including: past life satisfaction, openness to the experience of reminiscing, ego-strength, control of their life, and frequency of negative life experiences. Fry suggests that reminiscing about personal losses may be unpleasant in the short term but can be productive and even therapeutic in the long term.

Summary. The seven studies that met the stringent criteria for the "strong category" provide important information about the value of reminiscing. The assumption that these processes result in psychological well-being was examined and challenged. These studies demonstrate that the difference between reminiscing and life review must be considered before either type of intervention is planned or implemented. The goals of the process, the selection of participants, and the preparation of the leaders must be considered. All the participants in the studies appraised were mentally high functioning, so the findings cannot be assumed to apply to residents of LTC, many of whom have dementia.

Moderate Studies

The Validity Tool identified four papers with moderate evidence supporting the value of using reminiscing with an older adult population. All four of these studies (Table 2) used the broader concept "reminiscing."

(M1) In "Styles of reminiscence and ego development of older women residing in long-term care settings" (Beaton, 1991), the participants were asked to recount their life story in order to elicit the particular styles of reminiscing that could be explained by levels of ego development and to complete an ego-development questionnaire. The styles of life story reminiscing were labelled Affirming, Negating, or Despairing. The responses were used to demonstrate the participants' core level of ego development, which included impulsive, self-protective, conformist, conscientious, autonomous, and integrated. "Affirmers" had higher levels of ego development than "non-affirmers." The results indicate that ego development may account for differences in style of reminiscing.

(M2) In "A study of autobiographical memories in depressed and non-depressed elderly individuals," Yang and Rehm (1993) used a single 2–3-hour interview to examine how participants reminisced based on particular words that trigger memories. The participants were also asked to recall both sad and happy events. Although this study was not longitudinal, some of its findings merit further exploration. One finding was that whether depressed or not, the participants recalled more positive than negative events.

(M3) The primary purpose of Burnside's (1993) study, "Themes in reminiscence groups with older women," was to determine what themes in reminiscing elicit the most discussion of memories. Based on a literature review, eight themes were chosen to elicit simple reminiscing and non-threatening memories considered appropriate for an all-female group. Qualitative data were analyzed to determine the amount of reminiscing each theme elicited. The author offers nine guidelines for group leaders planning to implement an all-woman reminiscing therapy group.

(M4) In "Efficacy of a group approach to reducing depression in nursing home elderly residents" (Dhooper, Green, Huff, & Austin-Murphy, 1993), the participants in the reminiscing group attended nine weekly sessions in which topics ranged from reminiscing about childhood to exploring feelings associated with living in a nursing home; no information is provided on the activities of the control group. The two groups were measured on depression, orientation, cognitive functioning, and mental health. The results suggest that institutionalized older adults can benefit from a group approach that enables the sharing of life histories, the expression and management of feelings, and the acquisition of problem-solving skills.

Discussion

Key findings were consistent throughout the studies reviewed and had also been noted in the theoretical literature. One important finding was the distinction between reminiscing and life review. In the literature, there is a convergence of the concepts reminiscing and life review. As a starting point, we were guided by Burnside and Haight's (1992) comparative concept analyses of reminiscing and life review. The following points about reminiscing and life review were gleaned from their concept analyses and subsequent articles: Reminiscing is a way of thinking and talking about one's life. It is an unstructured or structured process that may occur alone, with another person, or in a group.

Reminiscing can be done for the process alone or can lead to conclusions about a person's life, life's meaning and significance. It is a global concept, which subsumes a number of other concepts. On the other hand, life review, a subset of reminiscing, is a structured approach to reviewing and looking for meaning (or lack of meaning) in one's life. This tends to be conducted at set times, and to involve a guide through different or sequential aspects of a person's life.

Several distinctions that were identified repeatedly throughout the findings of the strong and moderate studies reflect or add to the above descriptions.

The Material Examined

Reminiscing, as an intervention, is an interaction between two or more people. The reminiscence process is one of eliciting memories of past events or experiences. In contrast, life review is a process that recalls the entire life span and can be shared verbally or non-verbally.

The Therapeutic Goals

Reminiscing can serve many purposes: it provides a basis for socializing, provides a basis for groups, reduces isolation, and/or improves quality of life. On the other hand, life review tends to serve more structured purposes such as reviewing the worth of one's life and thus of one's self-esteem; it is often done during a time of crisis such as preparing for death. Reminiscing and life review have taken place within the community, in institutions, and in long-term and acute-care facilities. The location is influenced by the specific purpose of the activity, such as whether "props" or written material will be used or whether a group environment will be necessary.

The Process and the Players

Reminiscing, as an intervention, most often takes place within a group, and depending on the goals can be led by a caregiver with minimal education in group work. However, reminiscing can also take place when personal care is being provided (bathing, mealtimes). Often, the caregiver uses his or her intuition and experience to engage in a reminiscing conversation with the resident. Usually, life review occurs in a one-to-one situation with a professional who has training in the processes of individual interactions and life review.

The Benefits

A considerable amount was written describing the processes used in specific studies. Much less was written about the study variables, which give more credence to the projected or stated outcomes. Benefits of the broader reminiscing process were not established because five of the studies were about life review. Life review was beneficial but not in the way assumed by many: feelings of well-being were not the immediate result. Instead, analysis of one's life was associated with a variety of feelings that included sadness, loss, and pride. In the long run, integration of the past with the present was an expected benefit.

An interesting observation was that many of the research papers are silent on the topic of consent. Given the fact that the studies exposed the participants to risk and offered them questionable benefits, mention of the consent process seems a reasonable expectation.

Conclusion

In terms of our goals, we were unable to meet all three because the literature reviewed was predominantly about life review rather than reminiscing and did not include the expected details. However, the project was valuable. There is a paucity of research evidence on therapeutic reminiscing. The critique of the articles addressed the need for those using these interventions to be very clear about the reminiscing activities and to clearly articulate the research methods used. Without clear statements regarding the methods used, neither clinicians nor researchers are able to confidently use the findings from such studies. While the research papers involved higher functioning persons than those usually found in LTC facilities, the evidence from the studies appraised about reminiscing and life review can inform the next stage of the research program.

A major value of the review was obtaining clarity regarding the operational definition of reminiscing and life review. The operational definition of reminiscing for the Relationship Centred Care Program is: Reminiscing is a way of talking about one's life. It can occur as an unstructured or structured process that may occur alone, with another person, or in a group. As an intervention it involves eliciting memories from the resident. Reminiscing is led by a professional who can identify the purposes of the intervention and the needs of the reminiscers. Life review, on the other hand, is a subset of reminiscing and involves a structured approach to reviewing and looking for meaning (or lack of

meaning) in one's life. It is conducted at set times, and involves a guide through different or sequential aspects of a person's life.

A further conclusion of this study is that any investigation of reminiscing should include several guidelines. There must be clarity about: the purpose of the intervention; the sample size and the consent process, with respect to LTC residents; training of reminiscing leaders (practitioner, nurse) and availability of professional mental health resources should participants become distressed; and the location, time of day, frequency, and length of the intervention. In addition, the reminiscing activity/activities must be clearly described, and the clinical and demographic data must be sufficient to describe the participants and identify limitations.

Of the many articles initially identified, only a handful were research-based. The others were valuable in other respects, such as offering useful guidance on the design of imaginative and age-related reminiscing and life-review programs, and descriptions of the rewarding experiences of caregivers and residents. This review will help us to move to the next stage of the research program, the development and evaluation of reminiscing in long-term care.

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Authors' Note

This study has been funded by the Collaborative Research Program, Rehabilitation and Long-Term Care, Toronto.