

REMINISCENCE THEORY AND ITS
USE IN COUNSELING
THE AGED ADULT

by

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APPROVAL

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ABSTRACT

Focusing on reminiscence counseling with the aged, the paper exams the theory that an older person's reminiscing about past experiences provides one way of adapting or coping to the crises of older age, i.e., decreases in physical strength and health, role changes due to retirement, the death of a spouse or friends and changes in living arrangements. A discussion of reminiscence theory is provided, including the concept, dimensions, and function of reminiscence. A distinction between the terms life review (as conceptualized by Robert Butler) and reminiscence is proposed. A review of the literature categorized two approaches to reminiscence research: reminiscence as an adaptive process and reminiscence as a non-adaptive process. Research concluding that reminiscence was an adaptive process in factors related to aging and life adjustment was challenged by research that concluded that reminiscence was non-adaptive in factors related to aging and life adjustment. The therapeutic process involved in life review and reminiscence therapy is outlined, followed by the review of research that focuses on the use of life review and reminiscence therapy in group counseling with aged individuals. Contradictory findings concerning the effectiveness of reminiscence therapy are noted. Recommendations for further research in the areas of reminiscence and reminiscence counseling are indicated.

INTRODUCTION

At the end of 1981, the United States had an estimated 25.6 million persons age 65 or over, in the population, accounting for 11% of the total population (Butler & Lewis, 1983). It is estimated that 13% of the population will be 65 or older by the year 2,000 (Butler & Lewis, 1983).

This increase in the number of aged people is partly due to an increase in life expectancy. A person born in 1979 can expect to live to be nearly 73 years of age (Butler & Lewis, 1983). The growing number of aged individuals and the lengthening of the life span are conditions that may require the expansion of counseling services to persons over 65 years of age.

In the past, the mental health needs of older adults have been neglected. Traditionally, due to the influence of Freudian psychology, mental health counselors have focused on the first two decades of an individual's life. There has been little contact between therapists and older persons in mental health settings. Public mental health clinics report low numbers of contacts with older adults, (Butler & Lewis, 1983).

In defense of providing counseling services for older aged persons, Butler and Lewis (1983) state:

Old age is the period in life with the greatest

number of profound crises, often occurring in multiples and with high frequency. The critical psychological events in this age group are the familiar human emotional reactions to death and grief, diseases and disabilities. Depression and anxiety escalate, defensive behavior is seen, earlier personality components may reappear in exaggerated forms and newly formed functional states are frequently noted (Butler & Lewis, p. 321).

On the basis of their clinical experience, Butler and Lewis (1983) contend that older persons, if not brain damaged, are highly receptive to psychotherapy. "They often exhibit a strong drive to resolve problems, to put their lives in order, and to find satisfactions and a "second chance" (Butler & Lewis, p. 321).

This paper focuses on one type of counseling technique that has been developed for use with the aged: reminiscence counseling. It is speculated that an older person's reminiscing about past experiences might be one way of coping with or adapting to one's present situation (Merriam, 1980). The purpose of this paper is to outline reminiscence theory, review studies of the relationship of reminiscence to factors associated with aging and adjustment, outline the therapeutic process involved in reminiscence therapy, and make recommendations for further research on reminiscence therapy with the aged.

REMINISCENCE THEORY

The first theorists to describe developmental tasks in persons of middle age and beyond were Robert Havighurst (1953), Carl Jung (cited in Campbell, 1971) and Erik Erikson (1963). Jung speculated that whereas the first half of life is devoted to concerns of propagation and nurturance, the second half is devoted to concerns of the mind and the spirit and gaining a sense of meaning beyond the biological. "By virtue of his reflective faculties, man is raised out of the animal world, and by his mind he demonstrates that nature has put a high premium precisely upon the development of consciousness" (Jung 1961, p. 338).

According to Erikson (1964) the challenge of later years is to develop wisdom and maintain integrity.

Wisdom ... maintains and conveys the integrity of experience, in spite of the decline of bodily and mental functions. It responds to the need of the oncoming generation for an integrated heritage and yet remains aware of the relativity of all knowledge (Erikson 1964, p. 133).

The process of developing wisdom and integrity is partially based on reminiscence.

Little consensus exists concerning what constitutes reminiscing. Reminiscence is the recalling to mind of a long-forgotten experience or fact, or the process or practice of thinking or telling about past experiences (Web-

ster's Third International Dictionary). Researchers investigating reminiscence have defined it in various ways. Havighurst and Glasser (1972) defined it as "dwelling on the past" and as "retrospection both purposive and spontaneous." Lewis (1971) conceived it as involving the process of memory "with the added action property of reaching out to infuse others with these memories." Other researchers have defined it as "the remembered past" (Lieberman & Falk, 1971), and "the act or process of recalling the past" (Butler, 1963).

Confusion exists between the relationship of reminiscence and memory. The dictionary considers each word to be a synonym for the other (Merriam, 1980). McMahon and Rhudick (1967) treat the two interchangeably, Havighurst and Glasser (1972) assert that reminiscence is an aspect of memory but not identical with memory. Research into human memory has focused, for the most part, upon mapping its structure, identifying the underlying mechanism of registration, retention and retrieval, or determining age-related changes. Relatively little research has been directed toward the relationship between reminiscence and memory (Merriam, 1980).

Concept of Reminiscence

Reminiscence is the natural process of mental recollection experienced by all people in all cultures (Clements, 1979). It is a spontaneous activity occurring without anticipation or rehearsal. It may be pursued in solitude or

shared by persons who have had similar experiences. It usually involves specific memories that are associated with specific past events. Through the process of recollection, emotions that were attached to the original experience may resurface. Awareness may then be focused on the thoughts and emotions that arise (Clements, 1979).

The impact of an event on a person's life determines the strength of the reminiscence of that event. The stronger the reminiscence, the harder the individual tries to relate it to a time line or to historical events that lead up to and include the present (Clements, 1979).

Thus, two factors are important within the process of reminiscence: the memory of the event itself with its cognitive and affective charges of energy and the evaluative process by which the person tries to derive new meaning from the original event (Clements, 1979).

Dimensions of Reminiscence

The process of reminiscing involves several dimensions that can be categorized. These dimensions are not dichotomous but thought of as being continuums (Clements, 1979 & Ebersole, 1984). Three dimensions of reminiscence are:

(1) Recreational/Therapeutic Dimension: Recreational reminiscence has a tendency to be playful, while therapeutic reminiscence tends to involve work, effort and even pain.

(2) Shared/Solitary Dimension: Reminiscence may take place on a continuum that runs from an interpersonal, shared activity at one extreme to an introspective, nonverbal process within the person's consciousness at the other extreme. The first instance might take place within a group situation, while the latter instance might take place in isolation. A middle position on the continuum would occur when a reminiscence generated within one person is shared with another.

(3) Enhancing Distance/Enhancing Intimacy Dimension: Reminiscence may serve to either increase interpersonal intimacy or to decrease interpersonal intimacy. Increased intimacy is more likely to occur within a shared reminiscence activity, while interpersonal distancing would result from isolated reminiscence.

Function of Reminiscence

Clements (1979) states that "within any one period of reminiscence a variety of valuable psychological functions are being fulfilled to a greater or lesser degree" (Clements, p. 50). He suggests that three of the most important functions of reminiscence are dissonance reduction, life review, and time parity. Dissonance reduction is the process by which incongruity between self concept and evaluation of behavior is reduced. Life review (Bulter, 1963) is the return to consciousness of past experiences and

unresolved conflicts that may be reexamined and integrated into the personality. Time parity refers to an interaction between persons of differing ages who share the experience of an event within the same period of time. Reminiscence establishes time parity by bringing an older person mentally back to the same age or situation as that of a younger person. Expressions such as "when I was your age" or "when I was in your boat" are examples of attempts to establish time parity. While dissonance reduction and life review refer for the most part to what takes place within the reminiscer, time parity facilitates interpersonal communication.

Clements (1979) described cognitive dissonance as a discrepancy existing between a person's self concept and the evaluation of that person's behavior made by self or others. Dissonance often appears early in older age. The aged person may think: "At one time I was active, loved, and hard-working...at present I am old, retired and alone" (Clements, p.53). The persistent desire to live up to the original self-concept, combined with the present different perceptions leads to cognitive dissonance.

Although many of the behavioral elements that give rise to dissonance in old age are uncontrollable, Clements (1979) suggests several ways by which the state of dissonance can be alleviated. One way is the revision of the self-concept. For example when the self-concept includes the message: "I

am a consistantly logical person" and the person is confronted with their own absurd or irrational behavior, the self-concept can be revised to: "I strive to be a consistantly logical person." Another approach to self-concept modification involves adding behaviors that are harmonious with the individual's self-concept. For example, individuals who perceive themselves as helpers can find more ways to help others. Thus, dissonance is reduced and consistency between behavior and self-concept is established. A third alternative involves reversing negative self evaluations. For instance, the self-concept message, "I am old, retired and alone" loses it's negative impact when the person revises the message to: "It is good to be old, retired and alone" (Clements, p.54). Finally, dissonance can be reduced by substituting a positive evaluation of a potentially negative situation. This type of dissonance reduction, in which past experience is presented in an idealized form, is known as "halo reminiscence". For example:

A patient who was formerly a semiprofessional football player contrasted present-day players with those of his own day. "I remember the really great players who did everything well. The players nowadays fall asleep on the job. They're good players; but there's something missing there. They seem to fall apart; don't have the spark; don't have the pep the old-time players used to have" (McMahon & Rhudick, 1967, p. 72).

It is obvious that the patient in this instance was attributing to present-day players his own symptoms of old age.

The rationalization served to reinforce his denial of physical decline and identified him with players from the past who represented the higher levels of competence that he experienced in his youth.

Life Review and Reminiscence

Butler (1963) reacting to the tendency of early reminiscence studies to identify reminiscence in the aged with psychological dysfunction, developed the concept of "life review". In defining life review, Butler states:

I conceive of the life review as a naturally occurring, universal mental process characterized by the progressive return to consciousness of past experiences, and particularly, the resurgence of unresolved conflicts; simultaneously, and normally, these revived experiences and conflicts can be surveyed and reintegrated. Presumably this process is prompted by the realization of approaching dissolution and death, and the inability to maintain one's own sense of personal invulnerability. It is further shaped by contemporaneous experiences and its nature and outcome are affected by the life-long unfolding of character (Butler, 1963, p. 70).

It is Butler's (1963) concept of life review that has precipitated much of the research on reminiscence during the past twenty-five years. There is some confusion in terminology in the literature in that for Bulter, life review and reminiscence are not synonymous. According to Butler (1963), life review includes reminiscing.

The concept of life-review developed out of the possibilities that Butler saw for the use of reminiscence in counseling the aged, and in reaction to the narrow approach

and negative findings of early reminiscence studies (Butler, 1963). Hence, life review is essentially conceptually-based rather than data-based (Merriam, 1980). Butler (1963) conceptualized life review to include reminiscence. As reminiscence research has continued, more researchers are considering life review to be one type of reminiscence.

Reminiscence research, theoretical speculation and empirical data suggest different types of reminiscing, e.g., life review, simple reminiscing, informative reminiscing and positive reminiscing (McMahon & Rhudick, 1967; Lewis, 1971; and Coleman, 1974). Simple reminiscing, or recalling the past, is the type of reminiscence that most researchers have used in investigating the role or function of reminiscing in an older person's life (Merriam, 1980).

STUDIES OF REMINISCENCE AMONG THE AGED

A review of the literature shows that reminiscence research can be categorized into two groups: (1) Reminiscence as an adaptive behavior that facilitates personality reorganization, and (2) reminiscence as a non-adaptive behavior that has no correlation with healthy personality adjustment.

Reminiscence as an Adaptive Process

In conducting an exploratory study of reminiscence, Havighurst and Glasser (1972) tried to determine the nature of reminiscence, the amount of time a person normally gives to it, and the quality of emotional response that is generated within the individual as a result of reminiscing. A questionnaire developed to answer these questions was administered to a total sample of 555 well-educated men and women between the ages of 70 and 85.

Havighurst and Glasser (1972) defined two types of reminiscence -- oral and silent. Oral reminiscence was studied by asking persons to talk about their past (earliest childhood memories, family, and school life) or by asking them to talk about anything that came to mind and then analyzing responses for references to the past. Silent reminiscence referred to reminiscence that took place within

the individual --- thoughts and feelings that were not openly expressed. Since most of the research conducted before their study had been limited to oral reminiscence, Havighurst and Glasser (1972) chose to focus on both oral and silent reminiscence. Subjects were encouraged to report the amount, affective quality and content of their reminiscences (silent and/or oral). Havighurst and Glasser (1972) tentatively concluded that: (1) Reminiscence (both oral and silent) can be studied through self-reports by well-educated persons; (2) there appeared to be a positive correlation between good personal adjustment, positive affect in reminiscence and high frequency of reminiscence.

Boylin, Gordon and Nehrke (1976) investigated the relationship between ego integrity and reminiscing. Ego integrity was defined as (Erikson, 1963):

The proximity of the elderly individual to death precipitates a crisis during which he evaluates his experiences and accomplishments in terms of whether his major goals in life have been attained. Depending on whether the person is able to find order and meaning to his life, this reworking of the past will result either in the attainment of ego integrity or despair (Erikson, 1963 pp. 268-269, as paraphrased by Boylin et al, p. 118).

They speculated that aged persons who reminisce would be characterized as having achieved ego integrity, while those who do not would display greater degrees of despair. Their sample consisted of forty-one institutionalized aged men. Scales were developed to measure ego integrity and

generativity. Generativity is the sense of responsibility felt by adult members of a society for establishing and guiding the next generation (Erikson, 1963). The goal is the fulfillment of societal norms that require a person to be a productive, contributing member of society. Generativity is achieved through feelings of accomplishment in producing and rearing children, in occupational success or in community involvement (Erikson, 1963; Hultsch & Deutsch, 1981).

Reminiscing was measured by a questionnaire developed by Havighurst and Glasser (1972). Their findings showed a significant positive correlation between frequency of reminiscing and scores on the measure of ego integrity. Those men who reminisced most frequently achieved higher scores on the measure of ego-integrity than the men who seldom reminisced. However, in contrast to expectations, the data also showed that reminiscing that produced negative affect correlated moderately but significantly with ego-integrity. Boylin et. al. (1976) speculated that the type of reminiscence related to ego integrity was life review. Life review reminiscing involved the return to consciousness of past experiences, in particular those that contained unresolved conflict (Butler, 1963). Boylin et. al. (1976) suggested that the aged subjects of this study may have been in the process of achieving ego integrity through the evaluation of

their lives. The authors speculated that over a period of time, increased understanding and acceptance of unpleasant conflicts and experiences may have resulted in higher scores on ego integrity measures and a less critical attitude toward the past.

The positive relationship between negative affect and reminiscing conflicts with Havighurst and Glasser's (1972) finding that frequency of reminiscence was positively correlated with positive affect only. Boylin et. al. (1976) suggest that the discrepancy could be attributed to differences in the subject population. Havighurst and Glasser's (1972) sample consisted of middle and upper-middle class successful men and women, while the sample used in Boylin et. al's. (1976) study consisted of institutionalized male veterans only. Boylin et. al. also indicated that members of their sample experienced a greater than normal degree of dissatisfaction with their past lives.

In examining the adaptational significance of reminiscence, McMahon and Rhudick (1967) addressed the question: "Does increased reminiscing in the aged signify a coping behavior and, if so, how does it facilitate adaptation --- " (McMahon & Rhudick, p. 66)? Coping was selected as an indicator of successful adaptation to life problems occurring among the aged. Some of the problems associated with the aging process are maintaining self-esteem in the midst of declining physical and mental capacities; coping with

grief and depression as a result of personal losses; and retaining a sense of identity within a youth oriented society.

Their sample consisted of 25 male outpatient veterans with an average age of 84. Each person was interviewed for an hour with instructions to talk about whatever he wished. Responses were classified according to whether the content referred to the past, the present, or the future. Subjects were also rated on the presence of depression. McMahon and Rhudick (1967) were interested in determining the relationship between reminiscing and (1) the degree of intellectual deterioration, (2) the presence or absence of depression, and (3) the survival rate of subjects one year following the interviews.

The results of their study indicated that the tendency to reminisce is not directly related to intellectual deterioration (McMahon & Rhudick, 1967). Analyses of interview contents indicated that coping was achieved through three types of reminiscence which seemed to vary with the personality of the subject: (1) storytelling reminiscence --- the sharing of past experiences and exploits in a manner which was entertaining and informative. Self esteem was enhanced through the relating of personal history; (2) reminiscence that provided material for life review --- prompted by a realization of approaching death, a return to

consciousness of past experiences and conflicts takes place, providing an opportunity for reexamination and reintegration into the personality; and (3) defensive ("halo") reminiscence --- anxiety associated with declining physical and mental capacities was diminished by glorifying the past and belittling the present. Reminiscences were full of stories of unexpected recoveries from illness and miraculous escapes from danger, suggesting thoughts of invulnerability (McMahon & Rhudick, 1967).

Other findings indicated that depressed subjects had the greatest difficulty reminiscing. A one-year follow-up study of all subjects revealed that a greater percentage of depressed patients than nondepressed patients had died. The results suggested that reminiscing is positively related to freedom from depression and to personal survival.

McMahon and Rhudick (1967) recommend the use of reminiscence in grief work, suggesting that it may be an extended form of mourning. "The attempt of the ego to cope with loss through repeated recollections, the absorption of the self in this process, the relative lack of interest in the present --- these elements are all characteristic of reminiscing behavior" (McMahon & Rhudick, p. 76). They speculated that given the absence of new love objects, psychic energy loses its focus (cathexis), resulting in an extension of the mourning process. Through reminiscence, the lost person is brought repeatedly to the mind, providing

opportunities for the release of emotion (McMahon & Rhudick, 1967).

In examining the adaptational significance of reminiscence, Pincus (1970) emphasized that previous research established reminiscing as useful on an intrapersonal level in that it helps aged adults cope with the stresses inherent in the aging process. Stresses included role changes, i.e., retirement, and death of a spouse or friends; physical disability; and approaching death. The purpose of Pincus's research was to expand existing theory to include the interpersonal significance of reminiscing. For Pincus (1970) an interpersonal function of reminiscence is to create time parity in a relationship among individuals of different age groups. Time parity was defined as an interaction between persons of differing ages who share the experience of an event within the same period of time (Pincus, 1970).

Time parity can be achieved in two ways, through reminiscence and overt behavior. Reminiscence, an option especially open to the older person, establishes time parity by bringing the the older person mentally back to the same age or situation as that of the younger person. Overt behavior, the second means of achieving time parity, is open to both persons in a relationship. In this instance one person tries to act either older or younger than his or her actual age by adopting behaviors appropriate to someone who is

younger or older. Pincus (1970) concluded that reminiscing serves important intrapersonal and interpersonal functions in helping the individual cope with the aging process. On an intrapersonal level, the function of reminiscence may be to maintain self-esteem, reinforce a sense of identity and integrity, work through personal losses, and come to terms with the anxieties and stresses associated with growing old. On the interpersonal level, reminiscing may be used to negotiate age and status differences by creating a frame of reference for social interchange in which persons of differing ages share the experience of an event within the same period of time (Pincus, 1970).

In a study that compared reminiscence in aged individuals and middle-aged individuals Revere and Tobin (1980) hypothesized that the aged group would not only reminisce more, but would also mythicize (explain as a myth) their past to a greater degree. The assumption was that the older person no longer has need to see the past realistically, but to see the past in such a way as to gain some sense of immortality.

The author defined individual myth as a story that is believed in order to justify a life experience. An example of an individual myth as relayed during an interview with an aged person follows: "I remember being in the house where the Czar was searching for books. I remember I had been lying on my bed, reading enthralled in a novel. I hid

under the bed" (Revere & Tobin, p. 24). In determining whether the past is mythic to a greater extent for the older person than the younger person, mythical aspects of recollections were measured on four dimensions. The first dimension, involvement, was measured to determine if the intensity and type of direct involvement with memories would be greater for the older aged person than the younger person. This was achieved by contrasting the amount of emotional involvement, the length of time describing the memories, and direct accounts by subjects about the importance of their memories. The second dimension, the mythic dimension, was used to analyze earliest memories and the entire life story to determine the extent of dramatization, especially noting whether significant figures took on heroic characteristics. The third dimension, consistency/certainty, was examined to determine if the individual would develop a sense of uniqueness as a result of reexamination of the past. This was accomplished by assessing values implied in recollections of childhood compared to those of adolescence and adulthood and evaluating similarities of general description of childhood as compared to adolescence and adulthood (Revere & Tobin, 1980). The fourth dimension, reconciliation, examined the individual's adaptation to his/her present life situation through acceptance of both positive and negative events in his/her life.

The results of this study showed there "is a change in styles of reminiscing for different age groups, and that mythicizing is the modal style for the aged" (Revere and Tobin, p. 25). The authors concluded that reminiscence serves an important life function for aged persons in that memories are revised to make the person's uniqueness more valid.

Lewis (1971) examined the influence of social threat on the self-esteem of older aged adults. Social threat was introduced by challenging the expressed opinions of reminiscers and non-reminiscers. Subjects received a written description of a student revolt on campus with five possible outcomes from which to choose a solution. Solutions ranged from expulsion and criminal prosecution for student demonstrators to accepting student demands and censoring police brutality. Upon completion of the questionnaire, subjects were told that there was a discrepancy between the solution that they had chosen and that of persons in general.

Lewis (1971) found no differences between past and present self-concept for elderly male reminiscers and non-reminiscers on an initial assessment. However, following the experimental introduction of social threat, a significant increase in the correlation of past-present self-concept was evident in reminiscers. Lewis's interpretation of this phenomenon "is that it enables reminiscers to identify with their pasts and avoid the full impact of present ego

stresses that inevitably accompany old age" (Lewis, p. 242). Thus, Lewis (1971) contends that reminiscing and identification with the past may serve as a defense mechanism for some older aged adults.

In an effort to determine the relationship between reminiscence and psychological well-being, Fallot (1980) studied the effect of reminiscing on the moods of older women. Mood comparisons were made before and immediately following three separate conditions in which participants were requested to talk at length about the past (reminiscing), present, and future (non-reminiscing). The author reasoned "that if reminiscing is adaptive in later life, it will have a more positive effect on current mood than non-reminiscing" (Fallot, p. 386). Two hypothesis were tested: (1) In contrast to the non-reminiscing condition, negative affect (depression and anxiety) will decrease following reminiscing, and (2) those who reminisce will experience more positive affect (elation) compared to those who do not reminisce. In order to determine age-related effects on mood, comparisons were made between a sample of 45-65 year old women and a sample of women older than 65 years.

Reminiscence resulted in decreased negative affect, supporting the hypothesis that it serves an adaptive function in later life by lessening depression and anxiety. In comparison, talking about the present or future led to

increased negative affect (higher levels of depression and diminished elation). The results indicated that elation decreased after non-reminscing and that reminiscence revealed no change in elation. The data failed to show that the positive effects of reminiscence are age-specific. Self-descriptions of mood effect of the older women varied little from those of the late middle-age women. These results question the thought that reminiscing plays an adaptive role only for the very old. Reminiscing's major effect appeared to to be a reduction of negative mood rather than any striking increase in positive emotions. This finding suggested that reminiscing played a role in avoiding the anxiety and depression-producing aspects of the present or the future.

Reminiscence as a Non-Adaptative Process

Research conducted by Lieberman and Falk (1971) focused on two questions: (1) How do assumptions that reminiscence provides a valuable source of information for understanding the developmental processes of old age stand up under empirical (based on experiment and observation) investigation? (2) To what extent does reminiscence data provide insight into human development? Comparisons were made between aged samples, and aged and middle-aged samples of men and women. Four variables related to reminiscence were studied: contextual effects (current life-circumstances),

comparisons were made between three samples of aged: (1) those living in a community setting, (2) those waiting to enter homes for the aged, and (3) long term residents of homes for the aged; adaptation to stress; distance from death; and chronological age. In relation to these four variables Lieberman and Falk (1971) concluded:

1) Contextual effects - Persons who were in an unstable life situation (e.g. on waiting lists to enter homes for the aged) differed markedly on reminiscence indices from samples who were in stable environmental situations. These persons selected fewer painful and pleasurable events when recounting their life stories, and emphasized childhood experiences more than adult experiences. Individuals on waiting lists also showed more reminiscing and greater degrees of cognitive restructuring. Cognitive restructuring refers to the restructuring of memories. Indices were developed to assess evidence of reconciliation or resolution of issues in the person's life: (1) dwelling on positive aspects of past life, (2) resolved conflict, (3) evidence of resolution noted by integration of resentment with positive views, (4) perception of one's self seen as having fulfilled one's life values, (5) 'ownership' of one's life was evidenced, (6) negative life events were accepted, and (7) negative events were described without denial and in an accepting way.

2) Adaptation to stress - Scores on reminiscence indices were found to be unrelated to subsequent adaptation

to stress. This data led Lieberman and Falk (1971) to doubt traditional assumptions regarding the usefulness of reminiscence in successful coping with stress.

3) Distance from death - Persons who were close to death showed less involvement in reminiscence, but more evidence of cognitive restructuring.

4) Age - In comparisons between aged and middle-aged samples, the aged sample was found to be significantly more involved or interested in reminiscence and demonstrated greater degrees of cognitive restructuring than the middle-aged sample. Lieberman and Falk (1971) suggest that aged persons derive personal satisfaction from reminiscence whereas middle-aged persons use the past mostly in a problem solving capacity.

Lieberman and Falk (1971) concluded that their findings do not permit a clear answer regarding the value of reminiscence in explaining the mental processes of old age. Their study failed to find empirical support for the proposition that adaptation is related to reminiscence or cognitive restructuring.

Cameron (1972) questioned the prevailing theory that the aged think more frequently about the past than other age groups. He conducted three studies involving the administration of consciousness sampling. Consciousness sampling consisted of interrupting subjects and either asking them

what they are thinking about or presenting them with a questionnaire which asks the same question. His sample of 3,839 persons, consisted of teenagers, young adults, middle age and aged males and females in residential and in-patient hospital settings. The results of the study uncovered no evidence to suggest that the aged engage in more retrospective thinking than younger individuals. Cameron (1972) takes issue with the conclusion reached by Lewis (1971) that older adults reminisce more. According to Cameron (1972), "Because a person talks relatively more about the past, (than a younger person) does not necessarily mean he generally thinks more about the past. Further, because a person talks relatively more about the past in a given 30-minute period does not necessarily mean he normally talks relatively more about the past" (Cameron 1972, p. 118-119).

Cameron (1972) suggested that evidence on the question of whether the aged reminisce more than younger individuals can be attained only by monitoring a person's thought processes across the life-span. He questioned asking for self-appraisals of the frequency of reminiscence, stating that this procedure is a step removed from more direct evidence.

Focusing on aged persons living in sheltered housing, Coleman (1974) investigated three types of reminiscing: (1) simple reminiscence (references made to past experience), (2) use of the past in "life reviewing", Butler's (1963) concept (the reexamination of past experiences, especially

unresolved conflicts for the purpose of achieving integration), and (3) informative reminiscing (applying relevant information taken from the past to teach others in the present). Through spontaneous conversations with 25 women and 23 men between the ages of 69-92, these three types of reminiscing were compared as a function of past and present life satisfaction. The hypotheses were: (1) simple reminiscing is adaptive in the aged in the presence of a current severe life change, (2) life reviewing is more common in the presence of low satisfaction with past life, and (3) informative reminiscence is more relevant in situations of severe role loss. Two variables selected to measure adaptation or adjustment were lack of depression and expressed satisfaction with present life.

The findings revealed that the relationship between past life satisfaction and adjustment was dependent on the degree of life reviewing. Aged persons dissatisfied with their past lives reviewed life to a greater extent than did those who were satisfied with their past lives. Older persons who indicated some degree of dissatisfaction with their past and failed to participate in life review showed more signs of maladjustment.

The findings regarding the relationship between life satisfaction and adjustment, and simple reminiscence and informative reminiscence were not as striking as those for

life review. Informative reminiscence was not demonstrated to be significantly related to the process of adjustment to losses among sample members. No evidence was found to support the conclusions of Lieberman and Falk (1971) that simple reminiscence may result from environmental change or loss in old age, or that such reminiscence is adaptive in general or at some particular level of loss (Coleman, 1974).

In a cross-sectional study, Giambra (1977) investigated the relative strengths of the past, present, and future time settings of the daydreams of 1,100 men and women 17-92 years of age. According to Giambra (1977) "a daydream is a spontaneous intrusion of thought or series of thoughts into the awareness of the person and hence, ought to reflect any tendency of the aging person to think more about the past" (Giambra, p. 36). This definition corresponds to Butler's (1963) definition of life review reminiscence in which he characterized thinking about the past as a spontaneous and unselective process that is largely beyond the conscious control of a person. Thus, self reports of daydreaming activity provide a means of investigating whether thinking about the past (reminiscence) increases with age. Daydreaming characteristics were determined by asking individuals to complete a retrospective questionnaire.

Giambra (1977) found that daydreaming about the past did not show any tendency to increase with age. In addition, there was little evidence to support the claim

that aged persons day-dream about the more distant past more often than younger persons. One implication of this study is "that advanced age per se does not make thought about the past dominant. Thus, people who deal with the aged ought not to expect any special past-oriented concerns as expressed in their daydreams" (Giambra, p. 38). Giambra (1977) recommended the inclusion of younger persons in studies of reminiscence. In his opinion, limiting studies to aged groups fails to demonstrate that younger groups may be behaving in a similar manner.

Perrotta and Meacham (1981) evaluated the effectiveness of reminiscing as an intervention using a sample of twenty-one aged male and female community residents. It was hypothesized that a structured reminiscing intervention would reduce depression and increase self-esteem in older persons. No significant differences in depression or self-esteem were found between a treatment group that was encouraged to reminisce; a control group that was encouraged to talk about current living situations, problems they were having, and activities they enjoyed; and a no-treatment control group. This study provided no support for the claim that reminiscing can be an effective short-term therapeutic intervention for treating depression and raising self esteem in the aged. Limitations of the study included: a very small sample size; and the extreme age of the participants

(ages 75-80).

Research conducted by Brennan and Steinberg (1984) challenges the adaptive significance of reminiscence during late adulthood. These researchers examined the relationship between reminiscence (both content and length), level of social activity (both in terms of present level and recent changes in level), and morale in a sample of forty women ranging in age from 64 to 88 years.

The results of their study indicated no significant correlation between reminiscence, social activity and morale. Reminiscence was not positively related to morale or negatively related to levels of social activity, nor was it found to influence the interaction between activity level and morale (Brennan & Steinberg, 1984). These findings indicated that reminiscence may be equated with, rather than serve as a substitute for social activity.

This study confirmed the frequently reported finding that morale during late adulthood was positively associated with level of social activity. This finding, when contrasted with the absence of a significant relationship between reminiscence and morale, served to reaffirm the thought that psychological well-being during later life was closely tied to an individual's ability and willingness to remain active. The results of this study indicated that verbal reminiscence does not sufficiently replace genuine social activity as a means of sustaining morale.

In summary, this section has examined the adaptational function of reminiscence ---how it served to help older aged adults cope with the many changes that are occurring within their lives, i.e., declining physical health, role changes due to retirement and the death of a spouse or friends, and changes in living arrangements. The literature review delineated two views concerning the adaptational function of reminiscence: Reminiscence as an adaptive process and reminiscence as an non-adaptive process.

Several conclusions were stated by researchers who considered reminiscence to be adaptive: (1) a positive correlation existed between adjustment, positive affect and reminiscence (Havighurst & Glasser, 1972); (2) a significant correlation existed between frequency of reminiscing and ego integrity (Boylin, Gordon & Nehrke, 1976); (3) reminiscence is not directly related to intelligence or intellectual deterioration (McMahon & Rhudick, 1967); (4) there appeared to be three types of reminiscence: story-telling, life review, and defensive reminiscence (McMahon & Rhudick, 1967); (5) reminiscence may be an extended form of mourning (McMahon & Rhudick, 1967); (6) reminiscence serves an important interpersonal as well as intrapersonal function in helping persons to cope with the aging process (Pincus, 1970); (7) mythicizing the past is probably the reminiscing style that is most frequently used by older adults (Revere

& Tobin, 1980); (8) reminiscence and identification with the past may be a defense mechanism for certain aged persons (Lewis, 1971); and (9) reminiscing appears to reduce negative mood (Fallot, 1980).

Conclusions reached by researchers who considered reminiscence to be non-adaptive were: (1) an investigation of the relationship of reminiscence to living arrangements, adaptation to stress, distance from death, and chronological age failed to find empirical support for the proposition that adaptation in older age is related to reminiscence and cognitive restructuring (Lieberman & Falk, 1971); (2) there is no evidence to suggest that aged persons engage in reminiscence more frequently than younger persons (Cameron, 1972); (3) aged persons dissatisfied with their lives reviewed their lives to a greater extent than those satisfied with their past lives (Coleman, 1974); (4) there was no relationship between life review or simple reminiscence and present life adjustment (Coleman, 1974); (5) day-dreaming about the past does not appear to increase with age (Giambra, 1977); (6) reminiscence does not appear to reduce depression or increase self-esteem (Perrotta & Meacham, 1981); and (7) there is no correlation between reminiscence, social activity and morale (Brennan & Steinberg, 1984).

THE USE OF LIFE REVIEW AND REMINISCENCE THERAPY WITH THE AGED

Life Review Therapy

It is appropriate that a discussion of reminiscence therapy begin with an examination of Butler's (1963) concept of life-review. Butler was the first to use reminiscence as a strategy for psychotherapeutic intervention with the aged. It is important to keep in mind that for Butler (1963), life-review included reminiscing; life review and reminiscence were not synonymous.

According to Butler (1963) "life-review therapy" is more structured and has a more definite purpose than simple reminiscence or recalling the past (Butler & Lewis, 1983). Life-review is not a process that is initiated by the therapist. Instead, the therapist becomes involved in an already on going self-analysis and participates in it with the older person. Lewis and Butler (1974) have experimented extensively with the use of life review in both individual and group psychotherapy with the aged.

The main goals of life review therapy are to resolve old psychological conflicts and to re-establish former psychological strengths for the purpose of handling current difficulties (Edinberg, 1985). This therapy is best used with clients who have sufficient verbal skills and cognitive

ability both to recall previous events and achieve some insight into them. Encouraging clients to "get their life in order" for the purpose of gaining a sense of ego integrity (Erikson, 1963), including an acceptance of the life they have lived, is one of the main strenghts of this therapeutic approach. This task of developing a sense of ego integrity (Erikson, 1963) in later adulthood is often neglected in other therapies such as individual and group psychotherapy, cognitive restructuring, behavior modification, and family therapy, (Edinberg, 1985).

Life-review includes writing an extensive autobiography, with the help of other family members if indicated. Methods and materials used to evoke memories from older persons include: (1) Written or audio-taped autobiographies, including summaries of one's life work and feelings about parenting if appropriate; (2) pilgrimages back to places of importance; (3) exploring one's geneology; (4) gathering and examining scrapbooks, photo albums, old letters, and other memorabilia; and (5) preservation of ethnic identity through the transmission of cultural heritage from immigrant parents to their children and grandchildren, i.e., religious beliefs, customs, food, and language (Lewis & Butler, 1974).

Lewis and Butler (1974) believed that life review gives the aged person an opportunity to examine their entire life, to understand and accept their negative traits, to differentiate between real and neurotic guilt, to

reexamine and restructure their identity, to accept the inevitability of death, and to develop the capacity to live in the present.

Reminiscence Therapy

During the past ten years, as aged persons have become more segregated, groups for the aged have multiplied rapidly. One of the most effective ways to make use of the strengths and wisdom of older age is through the use of reminiscing groups (Ebersole, 1984). Reminiscing groups were initiated in 1970 by Ebersole (1984) who originally used Butler's (1963) work on "life review" as a theoretical framework (Ebersole, 1984). Reminiscing groups usually consist of five to six aged individuals. Each participant is encouraged to share memories. The groups are conducted in both institutional and noninstitutional settings. Based on the group's preference, hourly sessions are scheduled once or twice a week (Ebersole, 1984).

Reminiscing, as used in these groups is considered therapeutic for the aged for several reasons (Ebersole, 1984). One reason is that it produces or enhances cohort effect, the sharing of common events such as being born in the same year. Often aged persons have little desire to participate with their own age group if they view it as resulting in being devalued or made to feel inadequate. Reminiscing groups of aged peers provides opportunity for

individuals to identify their positive accomplishments, troubles, and shared viewpoints. A second purpose for group reminiscing with the aged is to combat interactional deprivation, the loss of interpersonal relationships. Frequently an aged individual has few significant others in his/her life and the opportunity for sharing with interested listeners is limited. Memory stimulation is another reason for reminiscing in groups. The relating of meaningful experiences stimulates others to think of similarities or differences in their own experience and develop the ability to articulate one's thoughts within a group setting. A final reason is self-actualization:

Our elders continue to group when given the opportunity. As members learn to socialize, express themselves, share and feel valued for contributing something to those who follow, they will develop the strength and self-esteem to actualize their potential (Ebersole, p. 243).

Kaminsky (1978) emphasized the importance of reminiscence in therapy with the aged. He stressed the importance of picking-up reminiscence cues offered by the aged client. Due to faulty assumptions, that "living in the past" is a sign of senility, the aged have a tendency to suppress reminiscing within themselves. Hence, the therapist must be alert to reminiscing activity in aged clients and encourage it (Kaminsky, 1978).

Kaminsky (1978) provides questions that are useful in making an assessment of how the person uses reminiscence:

Is the reminiscence being used as a form of denial? If so, does denial serve in helping the client cope with anxiety? Does the reminiscence idealize the client and his/her past, or does it provide significant information concerning the client's personal history? Is there a complete absence of reminiscence, or is the client totally absorbed with reminiscing? What does the content of these memories tell us about the client's present concerns (Kaminsky, 1978)? Kaminsky (1978) suggested that answers to these questions will guide the therapist in developing therapeutic strategies.

Usually a client's initial reminiscences will concern an event or experience which establishes his/her dignity and status. For example, an initial contact with an aged person may revolve around the major accomplishments of his/her life: such as responsibilities assumed within the family of origin, volunteer work with others, leadership roles in church activities, or his/her ability to assume family and financial responsibilities following a spouse's death. During treatment, clients may speak spontaneously about reminiscences which may often have a direct bearing on coping with an immediate problem. The therapist should listen carefully to find this relationship and use it in therapy. Reminiscence can serve as a problem solving function in this instance (Kaminsky, 1978).

RESEARCH ON THE USE OF LIFE REVIEW AND
REMINISCENCE THERAPY WITH THE AGED

Research focusing on the use of reminiscence therapy in individual and group counseling is limited. No empirical studies of the use of reminiscence in individual therapy with the aged can be found. Lewis and Butler (1974) provided a thorough discussion of the mechanics of life review therapy as they have used it in both individual and group psychotherapy. However, they present no empirical research findings on the usefulness of their techniques.

Two studies have been completed investigating the effectiveness of reminiscence therapy within a group context. Ingersoll and Silverman (1978) compared two approaches of group psychotherapy with two groups of noninstitutionalized aged adults: A behavioral approach with nine members, focused on present problems. An insight-oriented approach with eight members, utilized life review therapy. They hypothesized that: (1) decreasing anxiety through group therapy will result in improved self esteem and diminished somatic complaints; and (2) reorganizing and understanding past events will result in increased self-esteem and diminished somatic complaints (Ingersoll & Silverman, 1978).

The behavioral approach focused on helping clients cope with anxiety resulting from recent life changes such as;

retirement, death of a spouse, or serious illness. Emphasis was placed on developing an awareness of body tension and on training in progressive relaxation. Behavioral techniques such as modeling, reinforcing, and role playing were introduced to assist clients in dealing with memory loss, boredom and depression.

The insight-oriented approach focused on helping clients to establish a bridge between the past and the present. This was accomplished through life review and reminiscence. Through the use of journals and genograms clients were given the opportunity to enrich their sense of identity and rootedness.

Pre-test and post-test measures of personal adjustment and self-esteem showed that both adjustment and self-esteem increased after each of the two group experiences. Results indicated that a greater percentage of the life-review group than the behavioral group showed a decrease in anxiety and somatic symptoms. However, only the improvement in somatic behavior was significant.

Ingersoll and Silverman (1978) questioned the effectiveness of the two counseling approaches used in their study. They noted that the study employed no control group and obtained only one statistically significant result. The authors concluded that even though the insight-oriented group showed improvement on measures of anxiety and somatic behavior, the data did not present sufficient evidence for

rejecting the behavioral-oriented model in favor of the insight-oriented model. Ingersoll and Silverman (1978) indicated that further research, using larger samples and greater control of variables is needed.

Lesser, Lazarus, Frankel and Havasy (1981) described and contrasted two different approaches to group therapy with elderly psychotic inpatients: traditional group therapy and reminiscence group therapy. Six psychotic geriatric patients with an average age of 69.7 met for a total period of twenty-two weeks. The traditional group therapy approach was used during the first eleven weeks. The group met once a week for a period of one hour. Due to high levels of psychopathology, cotherapists developed modest goals for the group. Patients were expected to sit through the sessions and talk to each other about common concerns (reaction to hospitalization, being old, family and financial difficulties). Lesser et. al. (1981) reported that at the end of the eleven week period, no change had taken place in group cohesiveness.

Reminiscence therapy was chosen for the second eleven weeks because it was a well established technique for working with the aged, but relatively untested with the psychotic aged. Lesser et. al (1981) hypothesized that this format would be less threatening and more ego-enhancing for such patients, and for this reason, would have greater

potential for developing spontaneity and cohesiveness within the group. The group met twice weekly for a period of forty-five minutes. Following the switch to the reminiscence model, a noticable change occurred among group participants. Whereas the traditional group therapy produced a tone of apathy and passivity, the reminiscence model produced considerable animation. Examples of positive changes can be seen when comparing the two approaches. Comparisons of the two approaches were based on problems that arose with the traditional model. These problems included:

1) Silence - Traditional model: Group members slept or spent time staring at the therapists. Attempts at involving members in conversation were met with short replies followed by further silence.

- Reminiscence model: Group silences were less common. Patients who had limited responses during traditional group therapy talked more spontaneously. Levels of enthusiasm and sharing became so great that members competed for the group's attention.

2) Nongroup issues -

Traditional model: Conversation revolved around questions concerning physical problems or changes in medication. During early sessions these questions were answered directly. Later group members were reminded that these subjects should be discussed outside the group. This often resulted in further silence followed by another patient asking the same type of questions.

- Reminiscence model: As reminiscence topics (issues reflecting a particular stage of the life cycle, such as first memory, first day of school, dating experiences, etc.) absorbed the

interest of the group, questions about physical condition and medication decreased, tending not to reappear.

- 3) Pseudo-confusion
 - Traditional model: Patients exhibited a greater quality and quantity of memory defect and concreteness in the group than they did outside the group.
 - Reminiscence model: Most of the progress was made in this area. Everyone understood that the purpose of the meeting was for talking about one's past. Improved alertness, receptiveness and initiative was noted.
- 4) Group monopolists
 - Traditional model: Two group monopolists absorbed much time with narrow and repetitive comments.
 - Reminiscence model: This problem continued but was handled better by the group. The structured reminiscence helped other members to focus their responses and effectively compete with a monopolist. An increase in group cohesiveness was seen as group members began to confront monopolists.
- 5) Reluctance to come to group
 - Traditional model: Usually one member would be unwilling to attend the group, complaining of not feeling well.
 - Reminiscence model: This decreased markedly, although members would still not take the initiative to be dressed and ready for the meeting.

Lesser et. al. (1981) indicated a number of trends that emerged following the shift from traditional to reminiscence group therapy. These included: (1) an increase in voluntary verbal sharing, (2) increased interaction between patients,

(3) increased receptiveness to process comments and interpretations by therapists, and 4) decreased dependency on a structured format.

While the overall results were positive, Lesser et. al. (1981) raised six problems with this study: (1) no measure of the treatment effects of doubling the time of weekly sessions (from one to two) for the reminiscence group; (2) the possibility that had the traditional group continued for the entire period, identical improvement would have taken place with the building of group cohesiveness; (3) no measure of the effect of the enthusiasm of the cotherapists toward the reminiscence group compared to the traditional therapy group; (4) no measure of the effects of extraneous variables on the group (e.g. medication); (5) no measure of the effect of greater structure in the reminiscence group compared to the traditional therapy group; and (6) no measure of the extent to which personal change taking place within a group is reflected outside of the group.

In summary, two studies investigating the effectiveness of reminiscence therapy within a group setting were reviewed. Ingersoll and Silverman (1978) working with two small groups of non-institutionalized aged adults, compared a behavioral approach and a life review approach. Measures of personal adjustment and self-esteem increased following both the behavioral and life review group experiences. It was noted that a greater percentage of the life review group

showed improvement on measures of anxiety and somatic behavior. However, only the improvement in somatic behavior was significant. Ingersoll and Silverman (1978) questioned the effectiveness of both the behavioral and life review approaches, indicating that their data failed to provide sufficient evidence for rejecting the behavioral approach in favor of the life review approach. They emphasized the need for further research using larger samples and greater control of variables.

Lesser et al. (1981) described and contrasted traditional group therapy and reminiscence therapy in work with a small group of elderly psychotic patients who experienced both approaches. Following a shift from traditional therapy to reminiscence therapy, marked improvement in levels of patient personal sharing, interaction within the group, acceptance of therapeutic role, and decreased reliance upon structure were noted. Lesser et. al. (1981) indicated the methodological problems in their work and urge further research using additional controls and a more systematic approach.

CONCLUSIONS AND RECOMMENDATIONS FOR FUTURE RESEARCH ON REMINISCENCE THERAPY WITH THE AGED

Conclusions

Examination of reminiscence theory and reminiscence research revealed that there were more questions surrounding reminiscence and its use in counseling older aged adults than there were answers. Issues raised included: (1) the absence of a standard definition of reminiscence and limited research clarifying the relationship between reminiscence and memory; (2) the suggestion that Butler's (1963) concept of life review developed as the result of the possibilities that he saw for the use of reminiscence in counseling older aged adults and in reaction to the negative findings of early reminiscence studies; (3) a proposed distinction between "reminiscence" and "life review": Butler (1963) conceptualized life review to include reminiscence, but as reminiscence research has continued more researchers are categorizing life review as one type of reminiscence; (4) indication that simple reminiscence or recalling the past was the type of reminiscence most used in reminiscence research; (5) contradictions in research findings that examined the relationship of reminiscence to factors associated with aging and life adjustment, i.e., declining physical health, role changes due to retirement and death of a spouse

or friends and changes in living arrangements were indicated. Research concluding that reminiscence was an adaptive process in factors relating to aging and life adjustment was challenged by research that concluded that reminiscence was non-adaptive in factors relating to aging and life adjustment; (6) the lack of research focused on the use of reminiscence in individual therapy and the limited research related to the use of reminiscence in group therapy was noted; (7) the review of two studies investigating the use of reminiscence with non-institutionalized aged adults and elderly psychotic inpatients resulted in additional contradiction. The effectiveness of both a behavioral and a life review approach to group counseling involving non-institutionalized aged adults was questioned. In contrast, research conducted with elderly psychotic inpatients revealed marked improvement in levels of patient personal sharing, interaction within the group, acceptance of the therapeutic role and decreased reliance upon structure following a shift from traditional group therapy to reminiscence group therapy.

Recommendations

As indicated in the review of literature and the conclusions, research on reminiscence theory and therapy has resulted in contradictory results, confusion, and controversy. The following are recommendations for future research

on reminiscence counseling with the aged.

LoGerfo (1980) examined problems in past reminiscence research and offered suggestions as to how research methodology could be improved. She noted several discrepancies in research findings that were discussed in the preceding literature review; these included: (1) Cameron (1972) and Giambra (1977) identified minor differences among age groups in the reporting of thoughts or daydreams, while Lieberman and Falk (1971) suggested a marked increase in the frequency of reminiscence with age; (2) increased frequency of reminiscence was associated with good adjustment, ego integrity or stability of self-concept in studies conducted by McMahon and Rhudick (1967), Havighurst and Glasser (1972), Boylin, Gordon, and Nehrke (1976) and Lewis (1971) while Lieberman and Falk's (1971) study showed no correlation between preoccupation with the past and subsequent adjustment.

LoGerfo (1980) suggested that research problems have resulted from studying different populations in different settings utilizing inconsistent methodologies. Samples have included the employed, the retired, the institutionalized, and those near death. She questioned the lack of standard research methods, noting the use of unstructured interviews with questionable validity and reliability, single questions and elaborate questionnaires. She also noted the absence of a standard operational definition of reminiscence among researchers and the lack of systematic attention to the

differences in content, function and effect of reminiscence behavior.

LoGerfo (1980) indicated that research and experience suggest at least three distinct overlapping categories of reminiscence. It is her contention that the effectiveness of reminiscence research can be increased through an understanding of these three types of reminiscence:

1. Informative reminiscing, in which the focus is on factual material, providing pleasure and improved self-esteem through reliving and re-telling past experiences.
2. Evaluative reminiscing, (based on Butler's (1963) concept) in which an individual actually engages in life review, coming to grips with old guilts, defeats, and conflicts and examining accomplishments.
3. Obsessive reminiscing, in which an individual's preoccupation with a particular past situation becomes a defense, preventing the development of new possibilities.

The use of LoGerfo's categories of reminiscence could provide a standard working definition of reminiscence for future reminiscence research. Use of the above categories would help to alleviate the confusion that has been demonstrated between the terms "life-review" and "reminiscence". The term "reminiscence" would be broader, with "life review" designated as one category of reminiscence.

Merriam (1980) emphasized the problem of defining reminiscence in reminiscence research:

Relatively little has been done either to conceptualize the phenomenon of reminiscence, or to deter-

mine it's function in old age. With no agreement as to what constitutes reminiscing, research has lacked a central focus and has been largely exploratory (Merriam, 1980, p. 607).

Some researchers have approached reminiscence descriptively, through analysis of content, function, and frequency (Havighurst & Glasser, 1972; Cameron, 1972). Other researchers have attempted to determine types of reminiscing (McMahon & Rhudick, 1967; Coleman, 1974; LoGerfo, 1980). Most studies have utilized small, non-random samples from which only tentative conclusions can be drawn. Merriam (1980) indicated that there was not enough consistency in the research findings to attribute definite, definable functions to reminiscence in older age.

Merriam (1980) recommended that reminiscence research should first concentrate on discovering the attributes of reminiscence and differentiating it from other mental processes such as memory or recall. She suggested an exploratory, inductive theory building methodology that would generate insights which could later be operationalized and tested empirically (Merriam, 1980). She further recommended using larger and more socio-culturally diverse samples including adults of all ages. She noted that past studies have failed to reveal what people reminisce about and whether there are sex, race, class, and/or age differences in the type and amount of reminiscing.

Several authors emphasized the necessity of longitudinal

studies in which changes in reminiscing could be systematically monitored (Havighurst & Glasser 1972; Coleman, 1974; Brennan & Steinberg, 1984; Molinari & Reichlin 1985). Variables related to reminiscence that need to be further studied include: Environmental conditions, patterns of behavior, self esteem, mood, morale, and the presence and content of the reminiscence itself.

Further investigation of the processes of intrapersonal and interpersonal reminiscence is needed. Their interactions with personality variables, gender, social class, environmental conditions and cohorts must be taken into consideration. Further research should also take into account community versus institutional living since these variables have proven to be important in clarifying apparently contradictory findings (Molinari & Reichlin, 1985).

Finally, the lack of coordination and cooperation between researchers, theorists, and reminiscence counselors must be remedied. There is a need to integrate the expertise of these three areas. Olson (1976) emphasized this need. He suggested ways in which this can be accomplished and described advantages that can result from such a cooperative effort between researchers, theorists, and clinicians. It is possible that intentional integration of reminiscence theory, research, and application would create an environment where newly acquired knowledge could be applied to expand the possibilities of growth and healing within the

lives of older persons.

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