The Effect of Life Review Reminiscence Activities on Depression and Self-Esteem in Older Adults

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Key Words: developmental tasks • psychosocial development

The purpose of the study was to investigate the effect of life review reminiscence activities on reported depression and self-esteem. The study used a pretest-posttest experimental design in which 24 well older adults living in a retirement community were randomly assigned to experimental and comparison groups. The experimental group participated in six life review sessions, after which all subjects were readministered the Beck Depression Inventory and the Rosenberg Self-Esteem Survey.

An analysis of covariance indicated that life review reminiscence activities did not significantly affect depression and self-esteem. These findings imply that participation in life review activities did not negatively affect this sample of well older adults and that life review reminiscence is a worthwhile activity for this age group.

Reminiscence has been identified as a major developmental task of later adulthood (Erikson, 1959; 1963; 1982; Havighurst & Glasser, 1972; Peck, 1956). Reminiscence is past-oriented thinking that involves all aspects of the individual's past life including persons, places, events, and the feelings associated with one's past life experiences (Tekavec, 1982). In life review reminiscence, the past is actively evaluated (Molinari & Reichlin, 1984-85); however, life review reminiscence is defined here as any structured or directed participation in reminiscing for therapeutic purposes, regardless of whether the person evaluates his or her past experiences.

The therapeutic value of reminiscence is thought to be the promotion of self-esteem and self-worth and the encouragement of the acceptance of one's life as it has been (Butler, 1963; 1980-81; Kaminsky, 1984; Weiner, Brok, & Snadowsky, 1987). During the past three decades the clinical value of reminiscence has become more recognized (Butler, 1980-81; Kaminsky, 1984; Merriam, 1985; Molinari & Reichlin, 1984-85; Moody, 1988; Tekavec, 1982). Occupational therapists are also using activities involving life review reminiscence in therapeutic groups (Bucchel, 1986; Froehlich & Nelson, 1986; Kiernat, 1979; Sable, 1984; Sullivan, 1983). Because of increased use of this activity, the present study examined the effect of structured life review reminiscence activities on depression and self-esteem in a sample of well older adults.

Literature Review

Since ancient times, reminiscence has been associated with old age and has been perceived as denial of death and present realities (Kaminsky, 1984). Explaining the character of elderly men, Aristotle wrote, "They live by memory rather than by hope, for what is left to them of life is but little compared to the long past.... They are continually talking of the past, because they enjoy remembering" (1941, p. 1045). This view of remembering the past to escape from old age has also been expressed in more recent times: "Elderly people...spend an increasing amount of time talking and thinking about the past. It seems natural that as they feel out of the run of things, they should turn back to the days when life was more rewarding and enjoyable" (Lidz, 1968, p. 487).

Reminiscence is no longer viewed as an escape, but rather as a natural occurrence of old age (Butler, 1963, 1980-81; Lewis & Butler, 1974; Kaluger & Kaluger, 1979). Successful life review and adjustment to old age without depression is viewed as the final task of later adulthood (Erikson, 1959; 1963; Havighurst & Glasser, 1972; Kaluger & Kaluger, 1979; Peck, 1956). According to developmental task theory, the life course is a process of living through successive developmental stages. The individual works through the various stages by resolving the problems that are encountered at each stage. These problems are referred to as developmental tasks and are exper-
perienced by virtually everyone in a particular culture (Thomas, 1985). The successful completion of childhood tasks leads the person to adulthood, whereas adulthood tasks prepare the person for old age (Thomas, 1985).

The developmental tasks of old age are adjustment to loss, successful retirement and activity involvement, and achievement of identity through life review (Havighurst, 1952; Kaluger & Kaluger, 1979). Losses such as that of spouse, social and work relationships, income, health, and physical and cognitive abilities can result in despair and depression. Adjustment to loss can be facilitated by formation of new roles and relationships and participation in meaningful activities that engage the person's physical, social, and intellectual skills. Successful retirement and activity involvement are facilitated by the person's sense of self-identity (Kaluger & Kaluger, 1979).

This notion of self-identity is comparable to Erikson's (1959; 1963) eighth stage of ego development, "integrity versus despair" (1959, p. 98). The developmental goal of Erikson's final stage is ego integrity, the acceptance of one's life as it has been. Butler (1963) postulated that the acceptance of one's life involves a review process in which the person evaluates his or her past experiences and validates self-worth. Although the life review process may be negative or positive, successful life review may be a method for achieving ego integrity (Froehlich & Nelson, 1986).

The healthy life review process is manifested by nostalgia, reconsideration of past experiences, and storytelling (Weiner et al., 1987). Most older persons engage in an evaluation review of their lives that reflects on their disappointments and satisfactions as well as their failures and accomplishments. The integration of these various life components enables the older person to achieve a positive and acceptable view of his or her life's worth. Failure to accomplish this task can result in psychopathology (Lewis & Butler, 1974).

Life review is believed to affect self-esteem and depression (Butler, 1963, 1980; Fry, 1983; Lidz, 1968; McMahon & Rhudick, 1964; Perrotta & Meacham, 1981–82; Sherman, 1985). Erikson (1959) asserted the life review to be a means for accomplishing the final developmental task, preventing despair, and allowing the older person to accept the ending of life with self-esteem. Butler contended that the life review is the process whereby the older person either achieves ego integrity or succumbs to depression. McMahon and Rhudick (1964), like Erikson, contended that identity is achieved through a lifelong developmental process and that reminiscence maintains self-esteem and reaffirms identity, thus fostering successful adaptation in old age. These premises support the notion that life review reminiscence can be used to treat depression in the older adult (Butler, 1963; Fry, 1983; Lidz, 1968; Perrotta & Meacham, 1981–82; Sherman, 1985). Depression is believed to be reduced (Butler, 1963, 1974, 1980–81) when the older person evaluates past experiences and accomplishments and integrates these experiences with his or her present life. The integration of the past with the present validates self-worth, promotes self-esteem, and encourages acceptance of one's life as it has been.

Several investigators have examined the characteristics of reminiscence in relation to gender differences (Field, 1981; Merriam & Cross, 1982). Field (1981) examined adulthood and aging with longitudinal study procedures. Sixty adults were interviewed at ages 29, 47, and 69 years. In describing the content of reminiscence, these subjects reported that they reminisced about what they had enjoyed in the past. During the follow-up interviews at ages 47 and 69 years, the subjects were more likely to describe pleasant than unpleasant past situations. Women were more likely to describe situations that involved their friends, children, and husbands, whereas men tended to relate events that involved their careers and hobbies. These findings suggest some gender differences in reminiscing behavior. Merriam and Cross (1982) reported similar results in a study that examined adulthood reminiscence. Their study investigated several aspects of reminiscence behavior in a sample of 309 adults aged 18 to 90 years. An analysis of variance indicated gender differences in reminiscence behavior on the dimension of content. Field (1981) and Merriam and Cross (1982) concluded that some gender differences in reminiscence appear to exist and that there is a need for further research on these differences.

Several researchers have supported the use of life review and reminiscence activities for promoting healthy coping in older adulthood (Castelnuovo-Tedesco, 1978; Harris & Bodden, 1978; Hendricks, 1978; Liton & Olstein, 1969; Romanuik, 1978). Additionally, a number of researchers have reported the effect of life review in groups (Berghorn & Schaler, 1986–87; Bucchel, 1986; Burnside, 1973; Butler, 1980–81; Dietsche, 1979; Froehlich & Nelson, 1986; Huber & Miller, 1984; Kiernat, 1979; Lazarus, 1976; Lewis & Butler, 1974; Peshbacher, 1984; Weiss & Thorn, 1987). In general, these investigators reported that the subjects appeared more sociable, interacted more, and demonstrated less depression after participating in life review reminiscence.

Havighurst and Glasser (1972) reported a positive correlation between high frequency of reminiscence and psychosocial adjustment. Boylin, Gordon, & Nehrke (1976) and Coleman (1974) also found a positive correlation between the frequency of reminiscing and life satisfaction and present adjustment. The Boylin et al. findings suggested that subjects scoring highest on the measure of ego integrity were the persons who reminisced most frequently. The Coleman findings indicated that life review was related to adjustment in those subjects who reported dissatisfaction with past life events.

McMahon and Rhudick (1964) analyzed the adaptive value of reminiscence with nondirective interview data.
from 25 men. The interview data were analyzed by classification of each transcript sentence according to its relation to the past, present, or future. The subjects were rated on the presence of depression and on the degree of intellectual deterioration. The results indicated that 66% of the responses related to the past, 32% to the present, and only 2% to the future. Although a relation between reminiscing and the level or decline of intellectual competence was not found, the results revealed that reminiscing is positively related to freedom from depression and successful adjustment to old age.

Several occupational therapists have described the use of reminiscence therapy in activities in the treatment of older persons (Bucchel, 1986; Froehlich & Nelson, 1986; Harwood, 1989; Kiernat, 1979; Sable, 1984; Sullivan, 1983). Kiernat (1979) examined the effect of reminiscence group activities on the behavior of a sample of 23 confused nursing home residents. Results of the study indicated that their behaviors improved during reminiscing activities and that those subjects who attended the most group meetings demonstrated the most improvement in behavior.

Harwood (1989) examined the positive outcomes of occupational therapy reminiscence therapy in a single case study of a 92-year-old woman with a diagnosis of schizophrenia. "Reminiscence therapy was defined as the systematic means of enhancing one's perception of life through pleasurable memories" (Harwood, 1989, p. 55). The results of the study indicated that the positive outcomes of reminiscence therapy were improved spontaneous verbalizations and shared memories and consistent smiling and laughter during the study. Harwood (1989) concluded that for this patient the positive outcome was the subject's "sharing memories of historical and personally significant events" (p. 55).

In a study of 22 women, Froehlich and Nelson (1986) compared the affective meanings of life review through activities and discussion. The discussion group participated in describing positive past life events while the activity group expressed a positive past event through drawings and making collages. After the experience all subjects rated themselves with Osgood's semantic differential scale. Findings indicated no significant difference between the activity and discussion groups; relatively high state anxiety scores for the reminiscence group may have been due to the group's lower pretest scores and to the negative relationship between reminiscence and state anxiety. These authors contended that the inverse relation of reminiscence to anxiety supports the notion that reminiscence can be beneficial.

Perrotta and Meacham (1981–82) examined the effect of life review reminiscence on depression and self-esteem in a sample of community residents attending a senior center. Volunteers participated in one of three groups: reminiscence, current events, and control. The results indicated no significant differences in depression and self-esteem among the three groups. The study was limited by its small sample size (reminiscence group, n = 7).

In summary, the literature purports that reminiscence is a natural occurrence in old age, that there are gender differences in reminiscent behavior, and that life review reminiscence is being used in a variety of clinical settings. Some proponents of life review reminiscence
contend that it promotes self-esteem and decreases depression in the elderly through validation of self-worth. Although the benefits of reminiscence are espoused throughout the life review literature, these claims are essentially anecdotal (Molinari & Reichlin, 1985). Few experimental studies have examined the therapeutic effect of life review reminiscence and only one study has examined the effect of life review reminiscence on depression and self-esteem, the two variables that reminiscence is reported to affect clinically. These studies have not investigated the effects of life review reminiscence in relation to gender. Therefore, the purpose of this study was to investigate the effect of life review reminiscence activities on reported depression and self-esteem in a sample of well older adults. The study also examined the relationship between depression and self-esteem and possible gender differences in these variables. The study used a sample of well older adults because of the assumptions that reminiscence is a natural occurrence (Butler, 1963, 1980–1981) and a developmental task (Havighurst, 1952; Havighurst & Glasser, 1972) of old age and because some authors contend that reminiscence may have negative effects on psychosocial well-being (Butler, 1963; Lewis & Butler, 1974; LoGerfo, 1980–1981). An examination of the effects of life review reminiscence activities should, therefore, begin by determining whether reminiscence affects depression and self-esteem in well persons.

For this study, life review reminiscence activities are defined as the engagement of persons in past-oriented thinking and discussions after the presentation of organized visual and auditory stimuli of people, objects, and events from the past. Depression is an emotional state characterized by extreme dejection, gloomy rumination, feelings of worthlessness, loss of hope, and often apprehension (Coleman, Butcher, & Carson, 1980). Self-esteem is defined as the feeling of personal worth (Coleman et al., 1980). The following hypotheses were studied:

1. Life review reminiscence activities have a significant effect on self-esteem.
2. Life review reminiscence activities have a significant effect on depression.
3. There are significant gender differences in depression and self-esteem scores in the experimental and comparison groups.
4. There is a negative relationship between depression and self-esteem.

Method

Subjects

Three hundred letters requested volunteers to participate in a life review study; 24 residents (8 men and 16 women) living in their own apartments in a lifetime care retirement community consented. A lifetime care community is a living arrangement in which residents receive psychosocial and health care as needed for the remainder of their lives.

The ages of the 24 subjects ranged from 69 to 91 years with a mean age of 79.75 years. Two of the subjects were single, eight were married, and 14 were widowed. Educational backgrounds ranged from high school with some college (5 subjects) to graduate degrees (11 subjects). All subjects had functional hearing in a group setting and were free of depression as measured by the Beck Depression Inventory (BDI) (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961; Gallo, Reichel, & Anderson, 1988).

Instruments

Rosenberg's Self-Esteem Survey was used to measure self-esteem because the instrument is simple and easy to administer and reports indicate it is a valid and reliable measurement of self-esteem (Rosenberg, 1965) for older populations (George & Bearon, 1980). George and Bearon (1980) reported the test/retest reliability to be \( r = .85 \). The scale's validity with other self-esteem measures ranged from \( r = .96 \) to \( r = .83 \). The instrument consists of 10 items rated on a scale ranging from strongly disagree to strongly agree. The scale is scored from 10 to 40 with a low-to-high ranking for positive items and the opposite for negative items. In this study, high scores indicated a high level of self-esteem and low scores indicated a low level.

The BDI was used to measure depression because of the instrument's relatively high validity and reliability with older populations (Gallo et al., 1988). The instrument is a 21-item self-report inventory consisting of four alternative statements that are scored on a 0-to-3 scale of severity. The range of scores is 0 to 63; the cutoff for indication of depression is 10. The BDI has a validity range of \( r = .61 \) to \( r = .66 \) with ratings of depression made by independent clinicians (Beck et al., 1961; Metcalfe & Goldman, 1965; Nusbaum, Wintg, Hanlin, & Kurland, 1963). Reliability is reported to be \( r = .93 \) (Beck et al., 1961; Conte & Hawkins, 1977; Gallo et al., 1988). For this study, participants (two) with BDI scores greater than 10 were deselected and referred to outpatient medical services for further evaluation. A questionnaire was developed for the study to collect demographic data on the subjects.

Procedure

The subjects were divided into male and female groups and then randomly assigned to experimental and comparison groups. Each subject was oriented to the study in one of two group sessions. All subjects were administered Rosenberg's Self-Esteem Survey and the BDI during the orientation sessions 1 week before the initiation of the study. The comparison group was instructed to continue their normal routines and to return in 4 weeks for the
Meanwhile, the experimental group participated in six sessions of life review reminiscence activities on three consecutive Tuesdays and Wednesdays. Each session lasted two hours. The life review reminiscence activities included six 15-min slide-tape presentations of the 1920s, 1930s, and 1940s; two presentations were given on each time period. The material was presented in chronological order with each week covering a different time period. Each presentation focused on objects, people, and events of the particular time period. Both pleasant and unpleasant content were depicted. The slide presentation was accompanied by classical and period music. The participants were allowed 10 min for contemplation before being asked to write their recollections in response to the presentation (15 min were allowed for writing). The remainder of the session consisted of a group discussion. The leader initiated the discussion by stating “Anyone may start the discussion”; the leader participated minimally, allowing participants to converse voluntarily. All members attended sessions one, three, four, and six; one subject missed the second session (The Twenties Part 2) and another missed the fifth session (The Forties Part 1). After 4 weeks both the experimental and comparison groups were readministered the BDI and Rosenberg’s Self-Esteem Survey.

**Data Analysis**

The data were analyzed with SPSS-X, the Statistical Packages for the Social Sciences (SPSS-X, Inc., 1988). An analysis of covariance (ANCOVA) (Pedhazur, 1982; Shavelson, 1989; SPSS-X, Inc., 1988) was used to account for the covariance between the pretest and posttest measures of depression and self-esteem to determine the effect of life review reminiscence activities on depression and self-esteem and to examine gender differences in self-esteem and depression scores. A regression analysis was used to examine the relationship between depression and self-esteem. During statistical analysis the BDI scores were converted from a 0-to-3 to a 1-to-4 scale of severity to increase the statistical programs’s sensitivity to variability in scores. The level of significance for all tests was \( p \leq .05 \).

**Results**

The mean of the depression pretest was slightly higher than the mean of the depression posttest in both experimental and comparison groups; respectively the means were 26.58/25.45 and 30.17/28.83. The mean of the self-esteem posttest was slightly higher than the mean of the self-esteem pretest in both the experimental and comparison groups; respectively the means were 32.67/33.42 and 32.17/32.42. The descriptive statistics for the pretest and posttest measures of depression and self-esteem are shown in Table 1. The ANCOVA revealed no significant differences between the experimental and comparison groups on the self-esteem and depression measures; respectively the \( F \) statistics were .21, \( p = .65 \) and .16, \( p = .695 \) (see Tables 2 and 3). The ANCOVA also indicated no significant differences in depression and self-esteem scores of the males and females in the two groups; respectively the \( F \) statistics were .15, \( p = .71 \) and .15, \( p = .707 \) (see Tables 2 and 3). A significant negative relationship was found between depression and self-esteem; the \( F \) statistic was 5.67, \( p = .03 \) (see Table 4).

**Discussion**

The purpose of the study was to examine the effect of structured life review reminiscence activities on reported depression and self-esteem. In relation to depression, none of the subjects in the study had BDI scores that indicated the presence of depression on either the pretest or posttest (see Table 2). Under normal and stable circumstances the BDI scores would be expected to re-

<table>
<thead>
<tr>
<th>Table 1</th>
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<tbody>
<tr>
<td><strong>Descriptive Statistics for Pretest and Posttest Measures of Depression and Self-Esteem</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Pretest</th>
<th>Posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td>SD</td>
<td>X</td>
</tr>
<tr>
<td>Self-Esteem</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experimental</td>
<td>12</td>
<td>32.67</td>
<td>3.9</td>
</tr>
<tr>
<td>Comparison</td>
<td>12</td>
<td>32.17</td>
<td>5.1</td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
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<tr>
<td>Experimental</td>
<td>12</td>
<td>26.98</td>
<td>4.7</td>
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<tr>
<td>Comparison</td>
<td>12</td>
<td>30.17</td>
<td>7.2</td>
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</table>

*Note: \( r \) is the correlation of the pretest to the posttest.*

<table>
<thead>
<tr>
<th>Table 2</th>
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<tbody>
<tr>
<td><strong>Summary ANCOVA for the Effect of Life Review Reminiscence Activities on Depression</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>( R^2 )</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covariate pretest</td>
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<td>.450</td>
<td>335.09</td>
<td>335.09</td>
<td>16.17</td>
<td>.001</td>
</tr>
<tr>
<td>Main Effects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group factor</td>
<td>1</td>
<td>.006</td>
<td>4.42</td>
<td>4.42</td>
<td>.21</td>
<td>.65</td>
</tr>
<tr>
<td>Gender factor</td>
<td>1</td>
<td>.004</td>
<td>3.20</td>
<td>3.20</td>
<td>.21</td>
<td>.65</td>
</tr>
<tr>
<td>Interaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender*Group</td>
<td>1</td>
<td>.011</td>
<td>7.78</td>
<td>7.78</td>
<td>.001</td>
<td>.55</td>
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<tr>
<td>Residuals</td>
<td>19</td>
<td>.529</td>
<td>303.79</td>
<td>20.75</td>
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<table>
<thead>
<tr>
<th>Cell and Group Means</th>
</tr>
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<tbody>
<tr>
<td>Men ((n = 4))</td>
</tr>
<tr>
<td>EXPERIMENTAL</td>
</tr>
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</table>

*Note: \( N = 24 \), grand mean = 27.29, regression coefficient for Pretest = .61. Analysis of Covariance (ANCOVA) is based on ANOVA with Covariate (depression pretest) from SPSS-X. \( R^2 \) is proportion of variance in posttest of depression accounted for by the pretest of depression. \( p \leq .05 \).
Table 3
Summary ANCOVA for the Effect of Life Review Reminiscence Activities on Self-Esteem

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>$R^2$</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covariate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>pretest</td>
<td>1</td>
<td>.428</td>
<td>230.88</td>
<td>230.88</td>
<td>14.61</td>
<td>.001</td>
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<tr>
<td>Main Effects</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Group factor</td>
<td>1</td>
<td>.005</td>
<td>2.50</td>
<td>2.50</td>
<td>.36</td>
<td>.695</td>
</tr>
<tr>
<td>Gender factor</td>
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<td>.004</td>
<td>2.31</td>
<td>2.31</td>
<td>.15</td>
<td>.707</td>
</tr>
<tr>
<td>Interaction</td>
<td>1</td>
<td>.007</td>
<td>5.89</td>
<td>5.89</td>
<td>.25</td>
<td>.625</td>
</tr>
<tr>
<td>Residual</td>
<td>19</td>
<td>.558</td>
<td>300.24</td>
<td>15.30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. N = 24, grand mean = 32.92, regression coefficient for Pretest = .71. Analysis of Covariance (ANCOVA) is based on ANOVA with Covariate (self-esteem pretest) from SPSS-X.

Table 4
Regression Analysis of the Relationship Between Depression and Self-Esteem

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>$R^2$</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Esteem</td>
<td>1</td>
<td>.204</td>
<td>152.62</td>
<td>152.62</td>
<td>5.67</td>
<td>.03</td>
</tr>
<tr>
<td>Residual</td>
<td>22</td>
<td>.796</td>
<td>592.34</td>
<td>26.92</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. $R^2$ is the proportion of variance in posttest of self-esteem accounted for by the pretest of self-esteem.

In relation to self-esteem, the findings indicated that the subjects participating in the life review reminiscence activities reported minimal change on repeated measurement of self-esteem. The mean of the self-esteem scores of the two groups remained relatively high with the experimental group mean being slightly higher than that of the comparison group (an increase of .75 versus .25 (see Table 3). The lack of a significant difference between the two groups might have been due to the high initial measures in both groups and to the fact that persons who tend to regard themselves positively tend to continue to do so under normal circumstances. The written and verbal feedback on the life review sessions indicated the experience was positive; therefore, it would be expected that the participants would continue to report positive self-esteem, given that all other aspects of their lives remained stable. Additionally, in relation to gender differences in self-esteem and depression, the lack of significant findings might have been due to the small sample size, especially the small number of male subjects. The study findings indicated that self-esteem scores were negatively related to depression scores. These results are consistent with findings reported by Beck et al. (1961). The persons participating in life review reminiscence activities reported high self-esteem and absence of depression on the posttests and all of them described the sessions as positive and rewarding.

Conclusions and Implications

The findings of the study imply that participation in life review reminiscence activities did not negatively affect this sample of well older adults. The experimental group’s response to participation in life review reminiscence activities supports previous notions that life review is a positive and worthwhile experience for older persons (Bucchel, 1986; Butler, 1963; Lewis, 1971; Froehlich & Nelson, 1986; Harwood, 1989, Kiernat, 1979). The findings have implications for the use of Beck and Rosenberg’s Self-Esteem Survey as screening tools for selecting participants for structured life review reminiscence activities. Persons reporting significant amounts of depression and low self-esteem may warrant special precautions in relation to participation in life review reminiscence groups. Such persons would need to be monitored more closely during participation in reminiscence groups. Additionally, the reminiscence content for individuals reporting low self-esteem or depression or both may need to be structured so that it focuses on positive stimuli and discussions of the past.

Study Limitations and Recommended Research

The study was limited by its small sample size and the unequal number of male and female subjects as well as the small number of males. Further research is needed to determine how life review reminiscence activities can be used as a developmental task for promoting successful aging and to identify what kinds of reminiscing activities promote ego integrity; to determine what qualities of reminiscing indicate adaptive versus maladaptive life re-
view behavior; and to examine the effect of life review reminiscence activities on depressed older persons. There is also a need for the development of an instrument that identifies healthy and maladaptive reminiscing. Additionally, gender differences in reminiscence behavior need examination.

Because life review is a developmental task in old age, occupational therapists must continue to examine the potential use of life review reminiscence activities in both the prevention and remediation of mental health problems in older adulthood. The occupational therapist's skills in adapting activities to address specific problems can readily be used to incorporate reminiscence in therapy groups and to develop a variety of life review reminiscence activities. Occupational therapists need to consider life review reminiscence when they are planning both preventive and therapeutic programs for the elderly so that their programs enhance older adult development by incorporating reminiscence, a developmental task of old age. ▲

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