The Role of Life Review in the Negotiation of Identity in the Elderly and Dying

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A Thesis

Presented to the Faculty of the

College of Education and Behavioral Sciences

Morehead State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts in Sociology

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by

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June 7, 2000

MSU THESES
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Accepted by the faculty of the College of Education and Behavioral Sciences Morehead State University, in partial fulfillment of the requirements for the Master of Arts in Sociology degree.

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This thesis is directed towards demonstrating that therapeutic effects observed in the dying elderly associated with reminiscence activities are the product of a new identity achieved through the process of interactive life review. Data used contains material on the topic of therapeutic reminiscence or life review activities with the elderly or dying published in professional journals during the time span of 1961-1999. The material is reviewed, along with findings of theorists and researchers from the fields of Sociology, Gerontology, and Psychology, with the focus on the work of Erik Erikson, Robert Butler, and George Herbert Mead. Common themes from the material are identified as, the use of an individual's memories, social interaction, and therapeutic outcome. The social interaction component is analyzed using the writings of George Herbert Mead to determine the role that life review plays in the negotiation of a new social identity for the elderly or dying reviewer. It is demonstrated that this interactive process could account for the reported therapeutic effects for the individual and also yields therapeutic effects for the partner(s) in the interaction, and benefits for the whole of society.

Accepted by: _____, Chair

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Contents

Introduction

During the summer of 1998, I made the acquaintance of a remarkable human being. He was almost ninety years old, married for nearly seventy years, the father of a large family, and the grandfather of many. He had lived primarily in a rural county in Kentucky for most of his years, providing for his family by hunting, fishing, farming, and operating a small business. He also had served in the United States Army during World War II, landed at Normandy, and fought at the front as an artillaryman in the Battle of the Bulge. He had been a prisoner of war in Germany, at a camp that was notorious for overcrowding and cruelty. At the time we met, he had a diagnosis of terminal cancer and was under hospice care.

I had done work on life review for the local hospice in the past, and was asked by the volunteer director and the chaplain to attempt the project with this patient. I was told by the hospice staff that he was very withdrawn, had told his first volunteer companion to go away, and that he listed his hobby as playing solitaire. His family told me that he didn't talk about his war experiences, but had lately stated a wish to remember the name of the town where he was captured. His wife said they hadn't spoken in over fifty years.

In the months that followed, he undertook the task of recording his history. He consented to tape recorded interviews and his story gradually emerged. We collaborated to produce thirty typewritten pages based on the tape-recorded interviews, covering events of the last nine decades. He not only recalled the name of the town, but also recounted a vivid memoir of his war experiences. This, together with memories of his childhood, was typed into a book and given to his family as a Christmas present. During the process, his physical symptoms improved to the extent that he was removed from hospice care. He also began to speak directly to his wife,

after a reported fifty years of silence.

The experience left me with many questions about the nature of this exchange. I realize that the collaboration was a two-way process, changing me as it changed him. That the telling of his life story to an interested stranger was therapeutic for him is supported by his improved condition and by the literature on the topic. That it was a two-way process is supported by my own feelings of wonder and my continued desire to understand the mechanism that changed him from a withdrawn, dying cancer patient to a well patriarch. I am convinced that the process was a social one rather than an internal re-integration as some researchers have suggested. In some non-obvious way, a new healthy identity was negotiated by means of the social interaction that took place. My research on the topic of life review has led me to conclude that this is a rich area of study, with potential for improving an understanding of the therapeutic effects of memory on health, as well as potential for increased insight on how new, healthy identities in the aged may be negotiated through social interaction.

This topic has previously been studied from a variety of standpoints, such as, medical, psychological, psychoanalytical, religious, and social, usually with a view to making the elderly patient more comfortable or manageable in the health care setting. The literature on this topic is voluminous, though lacking a standard definition of either life review or reminiscence. Because the research has been approached from so many directions, baseline data on the separate issues involved has not yet been compiled.

A study of the life review process from a sociological perspective may draw on underlying theories to explain the why of the therapeutic phenomenon. Many of the previous studies attempt to answer this question in a superficial way, offering

explanations based on psychoanalytic theories, stage theories, developmental theories, or dramaturgy for example. Not all of these explanations can be right, because they vary widely in the answer to why. By its very nature, a purely solitary, internal review could not be studied without introducing a social interaction. It seems to me that a valid explanation of the therapeutic effect of life review would necessarily incorporate theories related to the social nature of identity itself. This would have the benefit of explaining not just the therapeutic effect on the elderly or dying reviewer, but also would shed light on some of the profound underlying questions that arise from being human, that is, from the prospect of growing old and facing death. For example, what is the nature of memory? What is the meaning of life? To what degree is the individual identity a product of social interaction? How can social interactions be best structured to facilitate the formation of new, effective identities?

It would be presumptuous to claim to answer these questions, but to ponder them is part of being human. For the sociologist, the application of reason, theory, research, analysis, and evaluation, to these larger questions, in a pragmatic way, is permissible. In a series of lectures delivered in the years 1913-1914, (Wolf1960:393) Emile Durkheim, in reference to William James, defined a pragmatist as a,

> "...man of action...he distinguishes between purely theoretical questions that are the affair of science alone...and the practical problems, those in which our lives are engaged. When faced with the latter, we cannot wait, but must choose and decide, even if we are not sure of the decision...although the truth cannot be demonstrated or even seen clearly, it is necessary to make a decision and act on the basis of it...truth and life are inseparable."

In the fourteenth lecture, a critique of pragmatism, Durkheim states,

> "But if sociology poses the problem in the same sense as pragmatism, it is in a better position to solve it. Pragmatism...claims to explain truth psychologically and subjectively. However the nature of the individual

> is too limited to explain by itself alone all things human. Therefore if we envisage the individual elements alone, we are led to underestimate the amplitude of the effects that we have to account for....Sociology permits us broader explanations. For it, truth, reason and morality are the results of a becoming that covers the entire unfolding of human history". (429)

In a discussion of identity, in the work published posthumously in 1934, *The Self, the I and the Me*, George Herbert Mead states,

> "The unity and structure of the complete self reflects the unity and structure of the social process as a whole...the structure of the complete self is thus a reflection of the complete social process", and, "The 'I' appears in our experience as memory. It is only after we have acted that we know what we have done; it is only after we have spoken that we know what we have said."
> (O'Brien and Kollock 1996: 298)

Robert Butler, who popularized life review and other reminiscence therapies, viewed the process as universal and spontaneous. He characterized life review as structured and purposive. He also touched on the ramifications of understanding the mechanism of life review, though he approached the question from a psychoanalytic or therapeutic standpoint. In 1998, he quoted Count Leo Tolstoy at 81 as saying,

> "I remember very vividly that I am conscious of myself in exactly the same way now at 81, as I was conscious of myself, my 'I', at five or six years of age. Consciousness is immovable. Due to this alone there is a movement which we call 'time'. If time moves on there must be something which stands still, the consciousness of my 'I' stands still." (Butler1998:355)[1]

Throughout his career, Erik Erikson never shied away from the big issues that confront any thinking human being. He attempted to study such abstracts as hope, will, caring, love, integrity, despair, and wisdom in an ever more insightful way. In 1989, at the age of 87, he published the statement,

> "Wisdom is detached concern with life itself in the face of death itself.

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[1]Butler states, "This is a common feeling, substantiated by extensive work at the National Institute on Aging's Baltimore Longitudinal Study of Aging."

> It maintains and learns to convey the integrity of experience, in spite of the decline of bodily and mental functions." (Erikson1989:37)

A life review with therapeutic intent may be undertaken in a variety of ways. The outcome may be predictable or it may exceed expectations. When undertaken by the elderly or dying patient, a therapeutic or positive outcome is, of course, desired. Simply filling the time, or making the patient more manageable is considered desirable by some researchers. But the potential exists for addressing more than just the "practical problems" of patient management, and for more than real, measurable improvement in health and well being. The potential exists for the negotiation of a new effective social identity for the reviewer, a "complete self" that is capable of deriving new meaning from memories of the past, and communicating knowledge and new insights to the partners in the social interaction.

The construction of a complete self reflects a complete interaction that, as far as I have been able to learn, has not been adequately explained. A real explanation may not be attainable but may be pragmatically pursued with the tools of sociology. Such an explanation would have ramifications beyond life review with the elderly or dying. Questions that may not be amenable to scientific study may be approachable, or at least borne in mind, as the explanations for the mechanism of therapeutic, socially negotiated identity are sought. Only thus can the interaction be completed on the part of society.

In the following work, I plan to review a sample of literature that currently exists on life review and related therapies and to review theories that may be pertinent or explanatory. The literature is not deliberately selected to support a preconceived idea, but is rather a sample of the broad spectrum of research and application available that adequately illustrates the diversity of approaches that have been attempted since the topic was popularized by Butler and Erikson. I will include a

discussion of some ways that future research could increase understanding of the way in which life review with elderly or dying individuals seems to enhance health and sense of well being.

It is my belief that the therapeutic benefit of life review with the elderly and dying is obtained through the negotiation of an effective social identity that may be revised or enhanced by the process of engagement with the other, be they researchers, volunteers, caregivers, or family and acquaintances. During the process, the memories of an individual's lifetime are recounted and evaluated by the individual and received as something of value by the other. This engagement in life review is formal, has structure, and is a two way process in which the other may be said to represent society. Society itself, as represented by the other, be they researchers, volunteers, caregivers, or family and acquaintances, is also capable of receiving therapeutic benefit from the process of engagement with the elderly or dying. In addition to the wealth of information contained in an individual's recounted memories of a lifetime, valuable insight on the meaning and value of life may be passed on. Potential also exists for alleviation of symptoms of depression and for improved physical health for the reviewer.

It is a time worn cliché that "You can't take it with you" and it applies especially to the memories of a lifetime. Real property and even physical traits, such as strength, beauty or skills, may be inherited or passed on to others. Each individual possesses a unique set of experiences and a unique grasp on what it means to be a human being alive in this ultimately mysterious world. For the elderly and the dying, these may be all that remain, and hence, especially valuable. The desire to pass these memories and understanding along to society is an impulse that should be honored. By engaging in the process and receiving this legacy, the meaning and value of life is

enhanced, if not fully understood. Society as a whole may profit from the knowledge gained, while the individuals fortunate enough to engage, as representatives of society, in the process of life review with the elderly and the dying, may inherit new insight. Increased knowledge and new insight would in themselves be worthwhile goals, but they also make wonderful tools for the young and the living. As tools, they may not enable us to finally answer all of the big questions, but they may aid us in unraveling some of the mysteries and in constructing a more effective and humane society, thus completing the interaction.

Part 1 Review of Early Literature on Reminiscence and Life Review

"Thus we shall collect these allusions, these earthly approximations, these stations and stages on the paths of our life, like the fragments of a broken mirror." Bruno Schulz [2]

Reminiscing has long been associated with aging. In the pre-literate world, the capacity to remember, recall, and communicate presumably served a vital social function that gave special status to the elderly as repositories of knowledge. In more recent times, as life expectancy increased and other methods of storing data developed, reminiscence took on a negative connotation, suggesting lack of involvement or purpose in current reality. This trend accompanied the increase in life expectancy and a general loss of status for the aged. The glorification of childhood in the latter half of the nineteenth century yielded to the scientific study of child development in the first half of the twentieth, by the pragmatic Dewey and Mead among others. This occurred during the era when the practice of medicine attained institutional status and also paralleled the "childhood" of the social sciences. By the middle of the century, medical practitioners and researchers in the maturing sciences of psychology and sociology began to turn their attention to the elderly.

Each of these sciences separately brought forth an interest in the study of reminiscence or life review. In sociology, Mead introduced topics related to the social nature of identity and memory. In psychology, Erikson contributed a stage theory that described the task of old age as achieving ego integrity as opposed to despair through the means of integrating life experiences in the face of approaching death. Butler popularized the medical use of reminiscence as a means of obtaining data and as therapy for depression in the elderly patient. The convergence of these

[2] Bruno Schultz is quoted in the section headings throughout this paper. He has been described as the greatest Polish author. He was killed in WW II. The quotations selected are from Sanitorium Under the Sign of the Hourglass.

tributaries, with their differing emphasis and methods, accounts for much of the confusion in terms and styles of implementation, and for the lack of a unified data base on the factors that comprise or contribute to the therapeutic aspects of the various life review or reminiscence therapies, despite the number of researchers who have since applied themselves to this field of study. Some have sought to confine themselves to one or another discipline, while others have used overlapping strategies or attempted integration.

Mead's work has been applied to various facets of identity development within the field of sociology. The potential for application to the understanding of the underlying mechanisms of the role played by memory in identity negotiation in life review with the elderly has not been fully exploited. The work of Erikson and Butler has, however, spawned many studies with diverse orientations. Any discussion of research and literature related to life review in the second half of this century is complicated by the fact that both Erikson and Butler continued to study and write about this topic over several decades, often modifying their terms and conclusions. Other researchers and writers have also done this. In reviewing the literature for this paper then, it should be borne in mind that the earlier writings were often revised and corrected as the researchers themselves aged. Dates and ages are included wherever possible to aid in placing the context of any statements attributed to specific writers.

In his 1989 work, Vital Involvement in Old Age, Erik Erikson and his co-authors trace the source of his developmental theories as applicable to the aged, to child development longitudinal studies that began in Berkley, California in the 1920s, and continued with follow-up interviews for more than thirty years, including a wealth of data collected from the aging parents involved in the initial studies. The Berkley Survey was conducted by the then Institute for Child Welfare and was unique

in that it combined a medical component with a psychological emphasis. It consisted of three separate databases, two growth studies and a guidance study. The guidance study contained a series of interviews with the parents involved. Erikson was an associate researcher on this project in the 1940s. These participants were last interviewed as part of the initial study in 1968.

In 1981, at the age of seventy-nine, Erikson and his two co-authors, Joan Erikson and Helen Kivnick, became researchers at the home of this database, what was now called the Institute of Human Development. Extracting the pertinent data from the archives of the original guidance study, they contacted the surviving "children," now in their fifties, and twenty-nine aged parents. Using data spanning two generations and interviews, he researched not just old age, but the role of life history in aging. He and his fellow researchers concluded that,

> "Yet the final focal effort to come to terms with integrity and despair is not predetermined or foreclosed by the way life has been lived up to this point. An essential aspect of what is involved in integrating the final two opposites is a renewed and old-age-specific willingness to remember and review earlier experiences."(Erikson et.al.1989:40)

Robert N. Butler, a psychiatrist and medical doctor, first postulated in 1961 that reminiscence was a normal part of a life review process in the elderly brought about by the realization of approaching death. He characterized it as being spontaneous, universal and unselective. In his later writings, he emphasized the equal importance of identity and autonomy in life review, yet described his experiences,

> "...at variance with Erikson...We find that older persons often wish to escape their identities to try something new. The fatalistic acceptance proposed by Erikson in his bipolar view of ego integrity versus despair is not universal, as seen in those elderly who long for change and renewal--a shedding of their old skins or a new chance at life or a new glimpse of themselves." (Butler1998:351)

In his 1963 article, *Life Review; an Interpretation of Reminiscence in the*

Aged, Butler used the terms life review and reminiscence interchangeably. Later researchers have sought to define these terms separately. Closely allied in meaning and practice are recall, nostalgia, life story, life history, autobiography, and oral history. These concepts are not entirely separate, nor yet are they interchangeable. They represent different approaches to that same mine of information, the memories and insights of an individual lifetime.

In the 1993 article titled *Reminiscence and Life Review, Explaining the Differences*, authors Haight and Burnside point out the ambiguity in Butler's terminology and the resultant confusion in methods of intervention. Haight reports that, "Ninety-seven articles on reminiscence defined the concept differently." (Haight1991:91) As a result, this underlying confusion of terms, coupled with the rush to implement therapeutic interventions on the part of nurses, social workers, researchers, therapists, and others, produced conflicting, and sometimes negative, or inconclusive outcomes that tended to undermine confidence in the therapeutic potential of either process. From a nursing standpoint, the authors attempt to separate these two definitions, for the purpose of improving the therapeutic effect of intervention.

Reminiscence and life review, along with life story, life history, oral history, milestoning, and autobiography, are described as sharing the use of memory and recall to reconstruct the past, though each serves a different purpose. Thus the differences among these related concepts can be described by the intent, and by the outcome for the individual. Autobiography, life story, life history, and oral history may have therapeutic outcomes, as the authors note, but, "... the real intent is to produce a product, a record of the past to share with others..."(Haight and Burnside 1993:92), whereas the intent of reminiscence and life review is therapeutic, at least on

the part of those who attempt to implement either as an intervention. This differentiation on the basis of intent may be questionable for two reasons, the first being that the intent under discussion is not the intent of the individual engaged in reminiscence or life review, but is rather that of those seeking to implement the intervention. The second objection is that intent is not measured, outcome is. This differentiation between reminiscence and life review could perhaps be utilized if the intent of the individual subject were somehow being reliably measured, or if the authors had chosen to approach life review from something other than the standpoint of a nursing intervention, with the focus on measurable outcomes.

The authors state, "Memory as used in Reminiscence is different from other uses of memory. In Reminiscing, memory is more of an affective function than a cognitive function. Memories are those bits and pieces of the past that continue to surface to one's consciousness." (Haight and Burnside1993:92) It may be questionable whether memory is ever primarily a cognitive function. Perception itself is known to have an affective component in many cases. Past experience has a way of influencing what is apprehended as reality, which is, for the individual, anything that is at the surface of consciousness. However, this definition justifies the authors' conclusion that, since reminiscence and life review can contain emotions of joy or despair, only "qualified people", who can help with the despair, should conduct these interventions. (Haight and Burnside1993:92) The authors admit that Butler originally characterized life review as spontaneous, a quality that is missing whenever it is implemented as an intervention.

The loss of spontaneity implies the involvement of a "therapeutic listener". (Haight and Burnside1993:93) The authors recommend that the listener approach the intervention with a specific goal, which can be measured by outcome, in mind. Only

slightly differing goals and outcomes are provided for both reminiscence and life review. The proposed goals of reminiscence are increased socialization, improved communication skills, pleasure, improved self-confidence, data, increased comfort, and increased rapport. The proposed goal of life review is integrity. The desired outcomes of reminiscence are decreased isolation, increased self esteem, increased alertness, increased confidence/friendships, legacies completed, increased connectedness, and increased socialization. The desired outcomes of life review are integrity, increased well-being, wisdom, peace, increased self-esteem, decreased depression, and increased life-satisfaction. The authors neglected to state exactly how these outcomes were to be measured so as to meet the criteria originally postulated as definitive, thus illustrating the inherent difficulty facing the beginning researcher, the problem of defining the terms.

In the 1985 article, *Life Review Reminiscence in the Elderly: A Review of the Literature*, authors Molinari and Reichlin focus on a variety of research from the first two decades that followed Butler's original work. Because they look at and compare the interpersonal and intrapersonal components of, as well as a number of variables related to, research on this topic, their article may serve as a framework for discussion of some of the data reported on the topic during the time span of, roughly, 1961-1985. Their review mostly includes works from both the sociological and medical standpoints. The psychological standpoint of Erikson, though not entirely separate, tends to follow the stage development patterns common to child development research. Another set of research linked to social work, history, and art will be discussed separately.

Molinari and Reichlin develop a classification scheme that defines life review as "...that form of reminiscence in which the past is actively evaluated, and conflict is

necessary for resolution to occur." (Molinari and Reichlin 1985:83) They note that previous researchers developed schemes of definition for different types of reminiscence. In a 1964 study of Spanish-American War veterans, McMahon and Rhudick identified three types (1) storytelling reminiscence, (2) reminiscence that provides material for life review, and (3) defensive reminiscence. These identifications were paralleled in 1980 by LoGerfo, with (1) informative reminiscence, (2) evaluative reminiscence, and (3) obsessive reminiscence.

The first type of reminiscence is for pleasure, a social function thought to enhance self-esteem. LoGerfo states, "Gratification comes not only from the remembrance itself, but also from the tribute to longevity and mental soundness that memory of the distant past celebrates." (LoGerfo1980:40) In reference to McMahon and Rhudick, she states that they "..left us a vivid picture of the joy and pride of their storytellers as they passed on their knowledge and experience to a new generation." (41) This category of informative or storytelling reminiscence would include a number of oral history or life story projects, as well as group reminiscence, art therapy, group poetry, and similar endeavors undertaken in a social or educational setting. A therapeutic outcome is usually left to chance, and though frequently reported, it may be a by-product of the social contact, rather than attributable to the specific reminiscence activity. R. H. Butler proposed that "...such projects be done in collaboration with other disciplines, including psychoanalysis and gerontology. Such a comprehensive approach would make the experience richer and safer for the informant, while producing a broader spectrum of source materials." (LoGerfo1980:42) Such an approach could also yield a body of consistent baseline data that would facilitate analysis of the underlying mechanisms.

The third type, obsessive or defensive reminiscence, is clarified by McMahon

and Rhudick as allaying anxiety associated with decline by glorifying the past and depreciating the present. LoGerfo traces the obsessive quality to guilt over a negative life review or as a defense against an ungratifying present. She states, "As Butler warned, if older people, overwhelmed by guilt or despair, are not able to accept their past, they may well become seriously agitated, depressed, or suicidal." (LoGerfo 1980:44) Grief, mourning, loss and/or stress may also trigger this type of non-productive reminiscence. Psychodrama and other techniques that stimulate the expression of emotion are suggested as effective outlets for the underlying anxiety or guilt. A subset of this third type may be encountered in which severe depression and high mortality are associated with an inability to reminisce. Such a group was identified by McMahon and Rhudick in 1964 and also by P.G. Coleman in 1974. In Coleman's work, this group was found to have comparable amounts of conversation, but low satisfaction with both the past and the present.

The second identified type of reminiscence, that which yields material or the evaluative, is the type most closely resembling life review. In contrast to both the informative, story-telling reminiscence and to the defensive, obsessive reminiscence, "...life review reminiscence is personal and intense, representing an active grappling with the past in order to come to terms with it" (Molinari and Reichlin1985: 82)

Though reminiscence activity is generally associated with the elderly, Molinari and Reichlin point out that there is actually little evidence to support the assumption that reminiscing is a "natural " activity of the elderly. A study by Costa and Kastenbaum in 1967 with two hundred and seventy six centenarians found more engrossment with memories of the remote past than with the recent past. Lieberman and Falk, in 1971 and Revere and Tobin, in 1980, using interview technique, found the elderly to be more involved in reminiscence than middle-aged people, yet

Cameron in 1972 and Giamba in 1971, using a thought-sampling technique in studies with groups of both old and young people, concluded that age is not a factor in frequency of reminiscence. The conclusion is presented by Molinari and Reichlin that, unfortunately, baseline data is not available and must be collected before statements about the importance of reminiscence to the elderly can be supported.

Molinari and Reichlin theorize that this inconclusiveness may be explained by the difference in technique employed by researchers. Interviews may reveal more interpersonal types of reminiscence while thought-sampling may uncover intrapersonal, evaluative type reminiscence commonly associated with life review. Age may or may not predispose the individual to favor one type over the other. The authors note in this connection that Butler originally contended that "...life review is initiated by thoughts of approaching death" and therefore would be unique to the elderly. (Molinari and Reichlin 1985: 84) They report a study by Noyes and Kletti in 1977, on 205 persons of all ages exposed to life threatening danger. Of these, sixty-five recalled vivid experiences often spanning a life time, thus suggesting a link between awareness of mortality and spontaneous life review.

A segment of literature on life review and reminiscence focuses on the function of both activities. Lewis and Butler stressed the adaptive features, especially those that enhance understanding of the past. Molinari and Reichlin report that Pincus, in a 1970 study directed toward defining the implications of reminiscence and life review in a social work setting, "...outlined several positive intrapersonal functions of reminiscence, including reinforcement of self identity, grief resolution, the making available of material for continued life review, and coping with specific stressful experiences." (Molinari and Reichlin 1985:84) He also cited an important interpersonal function, that of negotiating status differences by what he called "time

parity," which is achieved when recalled social roles and activities are given equal weight with current ones in determining social status. An argument could be made that the previously mentioned intrapersonal benefits derive from this interpersonal function of reminiscence. Later studies by Meachem in 1977, Kvale in 1977, and Merriam in 1980, all imply that the content of memory is connected to present time adaptive concerns. Molinari and Reichlin point out that this conclusion also supports the work of Tobin and Etigson in 1968 on earliest memories collected before and after institutionalization. Not surprisingly, this study found the theme of extreme loss to be greater after institutionalization.

As with the relationship between aging and frequency of reminiscing, a lack of baseline data precludes any statements as to the relative importance of intrapersonal and interpersonal factors in the therapeutic outcome of life review. Much previous work has failed to differentiate between these two orientations. According to Molinari and Reichlin, a number of researchers, including Havinghurst and Glaser in 1972, and Fallot in 1980, note positive aspects associated with talking about the past. Lieberman and Falk in 1971, and Bortner and Hultsch in 1972, have reported that the elderly view the past more positively than the present. Revere and Tobin, in 1980, hypothesized that the elderly mythicize their past in order to justify their lives. This mythicizing was measured against samples of younger age groups by means of rating dramatization, consistency and certainty. The elderly scored significantly higher on dramatization but approximately the same on consistency and certainty. This dramatization was not necessarily positive, but tended rather to highlight the unique content of the individual's experience. Revere and Tobin concluded that mythicizing was the modal style of reminiscence among the most elderly of their sample.

Though the authors attempted to control for factors such as education, occupation and personal characteristics, their finding does not necessarily prove a causal relationship between advanced age and this style of reminiscence. The tendency to "mythicize" may be related to other factors unique to the cohort involved in this particular study. Growing up in the era before mass media was widely available may have influenced their methods of story telling. Also it is possible that individuality and uniqueness were more valued traits among this particular group.

Researchers Boylin, Gordon and Nehrke in a 1976 study of Veteran's Administration domiciliary patients, found a negative affect and paradoxical improved adjustment associated with reminiscence. Tobin found that thirty percent of his institutionalized elderly subjects found reminiscing to be undesirable. Molinari and Reichlin suggest that institutionalized subjects may dwell on memories of losses that led to their situation, and that community samples of independently functioning elderly may display a more positive outcome and content from reminiscing activities.

The effect of reminiscing on the elderly may be difficult to summarize accurately due to the same lack of consistent baseline data that plagues other areas of life review research. Molinari and Reichlin report that a number of researchers on reminiscence and life review have found variable results. In a 1971 study of elderly males, Lewis found that frequency of reminiscence was positively correlated with increased consistency of past and present self-concepts following stress, thus indicating a coping function for reminiscence activity. In a 1972 sample of upper and middle class men, Havinghurst and Glaser found a strong link between frequency of reminiscence and positive affect and good social and personal adjustment. A 1980 study of widows by Atkins found that frequency of reminiscence was negatively correlated with degree of depression. Perhaps in contrast to this result, Coleman, in a

1974 study of elderly living in sheltered housing, found those engaged in life review to be less satisfied with the past than non-reviewers. Those who were most dissatisfied with the past and talked about it the least were the most unhappy and depressed. It is possible that the seeming difference in these results may be related to the fact that the widows in the study, though having endured a loss, may have been quite satisfied with the overall quality of their past life roles and experiences. Similarly, Coleman's life reviewers may have been engaged in life review as a coping method precisely because of their dissatisfaction with the past.

Lieberman and Falk in 1971 and Revere and Tobin in 1980 used mixed samples of community and institutionalized elderly. Both studies found no relationship between reminiscence and adaptation in the "young" elderly. In 1975, Lowenthal, Thurnher, and Chiboga reported that the older segment of their sample to be more "distant" and less interested in current events than the younger segment. The more past-oriented elderly were reported to be more unhappy, hopeless, psychologically impaired, and to have more stress and a more negative affect.

Reichlin and Molinari observe that it is tempting to attribute these negative outcomes to institutionalization, since studies using only a community drawn sample find only a positive correlation between reminiscence and adjustment. They do point out that the Boylin, Gordon and Nehrke study of Veteran's Administration institutionalized men showed a contradictory result of positive adjustment linked to increased reminiscence activity. They note that the VA may offer more opportunity for independence, camaraderie, and shared memory than do other institutions. (Molinari and Reichlin 1985; 86) It may be that the VA institutionalized elderly would also have past experiences in the military that are more consistent with current statuses and roles. It is also possible that these former military men may have a

higher degree of satisfaction with their past or that their actual experiences may have a more "mythic" dimension, predisposing them to gain positive benefit from reminiscence activity.

In a brief review of literature describing group projects, Molinari and Reichlin note that though there are many claims of positive benefits, these are mostly anecdotal in nature. In 1985, at the time when they were writing, the authors found no study of group reminiscence that was sufficiently documented as to the degree of depression or impairment initially manifested by the sample, thus claims of decreased depression could not be adequately supported. Other reports used only small samples of impaired, or extremely aged, institutionalized elderly, and stated their findings in ambiguous terms, such as improved self-esteem or decreased anxiety. Only two studies analyzed by the authors documented positive change, but neither used a control group such as a group that discussed current events, for example. In describing what all of these studies lacked, Molinari and Reichlin state, basically, what would be a more definitive research project on the effectiveness of group reminiscence, that is, a project using control groups to determine if the benefits stemmed from life review and reminiscence, or were a product of increased social interaction and attention, carried out in a way that would indicate how the individual experiences life review, the optimum time, ideal frequency and content of sessions, which elderly may receive therapeutic benefits, and how the group experience could be expected to vary according to age, cohort, etc. In addition they note the desirability of distinguishing life review from other types of reminiscence by its evaluative character.

From their review of literature on the topic, authors Molinari and Reichlin draw forth a theory of life review and reminiscence as psychological action. They

state,

> " Life review reminiscence in the aged is an intense, engrossing activity, the process and content of which are affected by current living conditions," and, "Thus far reminiscence has been described as a process of recollection that is carried out internally or in the presence of others...Consistent with this orientation is the assumption that a potential effect of reminiscence involves the consolidation of self-identity in the face of changes that are inherent in the aging process."

After a discussion of negative changes commonly experienced as part of aging, the authors define reminiscence as psychological action.

> " If reminiscence is an activity that is typical of later life and is often beneficial, then it would appear that in the face of passively experienced changes in one's sense of self, place in the world, and relation to others, reminiscence is an action that reverses the 'phraseology' of those experiences that are incompatible with self-identity." (Molinari and Reichlin 1985: 88)

I would agree with the author's implication that reminiscence potentially plays a role in the consolidation of self identity in the face of change, but I think that their definition of reminiscence as psychological action would most accurately apply to the obsessive or defensive reminiscence described by LoGerfo and McMahon and Rhudick. This is supported by the examples of loss and negative changes associated with aging supplied by the authors. In storytelling or informative reminiscence there would be no need to reverse the 'phraselogy' of experience as, presumably, the recall of events in this category is selective and intended to interest the listener and perhaps equalize status, or reinforce self-esteem and a positive identity or increase the individual's sense of control of the interaction. LoGerfo described informative reminiscence as being "...focused on the factual material reviewed instead of on its relevance for a re-evaluation of the personality or life-history. Its main functions are to provide pleasure or to enhance self-esteem through reliving and retelling past

events." (LoGerfo 1980:40)

The second type of reminiscence, that which provides material for life review, or the evaluative type, when successful, would involve the integration of those memories that conflict with self-identity. This also would be a psychological action, but not one aimed at necessarily maintaining the old self-identity. In her 1980 work, *Three Ways of Reminiscence in Theory and Practice,* LoGerfo described evaluative reminiscence as based on Butler's concept of life review, and as "...an attempt to come to terms with old guilt, conflicts and defeats, and to find meaning in one's accomplishments. Through life review, an individual may attain the final developmental stage posited by Erikson, ego integrity: the acceptance of one's life history as right and inevitable." (LoGerfo 1980:42) In seeking to unite research based on both Butler and Erikson, she quotes from William Carlos Williams' poem, *The Descent.*

> "Memory is a kind of accomplishment, a sort of renewal, even, an initiation, since the spaces it opens are new spaces inhabited by hordes heretofor unrealized, of new kinds-since their movements are toward new objectives (even though they were formerly abandoned)." (39)

In remarks to a 1977 meeting of the Gerontological Society on the topic of life review, Butler, then Director of the National Institute on Aging, quoted Lillian Hellman as saying,

> " Old paint on canvas, as it ages, sometimes becomes transparent. When that happens, it is possible in some pictures, to see original lines: a tree will show through a woman's dress, a child makes way for a dog, a large boat is no longer on the open sea. That is called Pentimento, because the painter 'repented', changed his mind. Perhaps it would be as well to say that the old conception, replaced by a later choice, is a way of seeing, then seeing again." (Butler 1977:38)

Both LoGerfo and Butler seem to be describing the negotiation of a new self-identity in old age based on some recalled original conception of past events. This

contrasts with the view of reminiscing as an activity that reverses the phraseology of past negative experiences to support the maintenance of the old self-identity. Some of the beneficial results of reminiscence or life review, such as improved self-esteem and social adjustment, may reflect the successful integration of past experiences. The acquisition of the resultant Eriksonian attributes of integrity and wisdom reflect the negotiation of a new, complete identity, suggestive of a complete social interaction between the individual and society itself, if Mead's thoughts on identity formation are judged to be correct. In either case, the studies reported and analyzed in this set refer only to those who were engaged with others to one degree or another. This introduces the possibility that social interaction plays a pivotal role. If that role is limited to being a therapeutic listener or expanded to being a representative of society itself, still, the nature and extent of the social interaction could be an important factor in the outcome.

A set of published research in this time span that was not included by Molinari and Reichlin comes from the medical and social work field. This set has links to art, oral history, and writing as intentional therapeutic interventions for the elderly, both as individuals and as part of group projects. It also covers projects that were seeking historical data from the elderly and uncovered unexpected therapeutic improvement in the respondents. In fact, at least one project director contends that the less therapeutically intentioned and more historically rigorous efforts yield greater therapeutic benefits. This type of oral history material closely resembles Butler's spontaneous yet structured and purposive reminiscence and should be included in a consideration of reminiscence and life review research and literature.

In an article published in 1980, *Therapeutic Uses of Oral History Techniques in Medicine*, authors R. Harris, and B. Harris discuss the use of oral history

techniques in a clinical setting. Their stated intention in the use of oral history is to gather data of a psychosocial nature to supplement information in the medical history. This data in turn facilitates the delivery of improved medical care. Tape-recorded interviews between elderly patients and doctors with a free flowing unstructured format were used. Patients were simply asked to tell about their lives and frequently talked about particular things that were bothering them. Several case histories are described in which this oral history technique produced useful information about coping skills or stressors which otherwise would not have come to light. The technique was thought to improve the doctor-patient relationship. In discussing disability examinations they state, "In many instances, such individuals turn out to have more disabling social, economic, and psychological problems which have led them to utilize more acceptable medical complaints and disorders for disability." (Harris and Harris 1980:32) In a discussion of oral history uses, the authors refer to Alex Haley's interviews with Malcolm X, and note that through his oral history, he "...became more open, liberated and mature. Just before his assassination he was beginning to be able to communicate with others in a more intelligent and trusting manner. This benefit, an often overlooked therapeutic effect, also seems to occur in patients with whom we have used this technique." (32)

Published in 1980 in the same issue and journal as LoGerfo's aforementioned study, was an article titled *Therapeutic Value of Oral History,* by Willa Baum, then director of the Regional Oral History Office at Berkley. With a background entirely in history, the author confessed to mixed feelings of hostility and enthusiasm for the topic. Hostility, because "...we resent any implication that oral history is some sort of trifling activity to pass the time or reopen the conduits of memory for senior citizens." Enthusiasm, because "...there can be a rich exchange of information and techniques

between gerontologists and oral historians since we both work for the most part with older persons." (Baum 1980:49)

The author notes that the older persons chosen for oral history are those seemingly least in need of therapy. The Regional Oral History Office at Berkley is admittedly "elitist," seeking autobiographical memoirs from former leaders. The intent is purely to collect accurate historical accounts, so that the observed therapeutic outcomes among participants is an unexpected bonus. (50) The author states, "I will contend that the benefits are directly in proportion to how rigorous a *historical* effort it is, and therefore, the less 'therapeutic' the goal, the more therapeutic will be the result." She supports this paradoxical statement with both accounts of results observed in participants and with some speculation on the underlying "why." Her observations are not couched in the familiar terms of sociology, but may be pertinent to the topic under discussion.

The project at Berkley used tape recorded interviews conducted by an interviewer who was knowledgeable about the data being sought but "...willing to let the narrator do most of the talking."(50) She recounts several specific examples where the elderly participant seemingly battled terminal disease and/or old age until the task of recording their life story was complete, and then died, sometimes within hours. She states, "We come more often than we wish in the last year of life, but from what our narrators and their families tell us, we think we are very welcome and more life sustaining-temporarily-than fatiguing."(52) In contrast to this group are those who seemingly acquire a new lease on life. She writes,

> "Every oral history program has a tale of the declining oldster who simply had to be included in the program because he/she was key to the events under study. And the narrator, rather than crumbling with fatigue and stress, began to recover under the attention and the importance, and the moral obligation to get those memories down.

> In fact, one of the often-discussed problems of oral history programs is what to do with your revitalized narrators, who instead of dying quietly away after the project is finished, continue to call the office to offer more services.
>
> This is perhaps an expected result of paying attention to the forgotten and the anonymous who have slipped into the backwashes of the ongoing society as they retired from the world of work. The oral history signifies their being included in the continuum of history, not only individually but also as a representative of their group." (51)

To further spell out her thoughts on the underlying "why" the narration of one's life story seems to have therapeutic benefits, even if, and seemingly, especially because, these are not intended, the author summarizes several facets of the experience that might account for the effect.

There is an inherent satisfaction in thinking through and recording the events of one's life, similar to that of writing fiction, or producing a work of art, or any other creative endeavor. In oral history narrative the satisfaction is increased because the work is valued and preserved so that it will be of use to others. Oral history narrative also can be a meaningful task, or viewed as important and worthwhile work within the scope of the participants' perhaps limited powers. The finished product, an oral history, may be viewed as a legacy to family members, students or young community members, and may actually produce more intergenerational social contacts as a result. Finally, the author notes, "And in the eyes of the oral historian, the narrator is forever young..." Except for the first motive, creative satisfaction, these all contain a slightly differing component of social interaction. (52-53)

Three other published works from the first half of the eighties complete this portion of the review of early literature on life review and reminiscence. Each is written from a social work perspective. Two works cover life history projects conducted with nursing home residents, the first, a group project, and the second, individual tape-recorded interviews. The third article covers a writers workshop with

elderly participants and is recorded primarily in the words of these memoirists.

In the 1981 article, *History Comes Alive: Facilitating Reminiscence in a Group of Institutionalized Elderly*, authors Ingersoll and Goodman recruited isolated elderly to participate in a reminiscence group with therapeutic overtones. The goals are described as being to create a pleasurable experience for the participant, to facilitate social integration, to increase the participants' sense of self worth, to aid the group members in establishing a connection with previous self concepts, and to enhance the participants sense of meaning and personal identity. These were the stated goals of those conducting the group. The participants were told that the Living History Group was a weekly social/educational group that would provide a therapeutic experience of sharing memories and listening to others. Meetings were one hour per week for eight weeks.

The participants were identified by the staff as those likely to benefit, well oriented and able to communicate, yet somehow viewing themselves as different or isolated from the mainstream of activities. Those who were considered overly domineering, hard of hearing, severely depressed, or troubled by a painful past were not recruited. Participation was voluntary. The group consisted of ten participants, three men and seven women. Most were Jewish and had a common history as immigrants. In the course of eight sessions, the participants reflected and elaborated on topics chosen for them. The session topics were orientation, or general introduction to others in the group, earliest memories, early adulthood, immigrant related experiences, goals, hopes and dreams, traditions, turning points, and, finally, closure. This final meeting dealt with the themes of earlier discussion and brought forth the comment from one participant, "The public should know that there are old people who have good memories and great intelligence to use." (Ingersoll and

Goodman 1981:313) There seemed to be consensus among the participants that they were proud of living to old age, that their memories had value, and that the group reminiscence brought them closer. All participants, as well as group leaders and some family members, reported positive feedback, though no formal measures were used.

The 1984 article, *Voices From the Eighties and Beyond: Reminiscences of Nursing Home Residents,* reports on a project undertaken by authors Beaker, Blumenfield, and Gordon. The participants were fifty residents from a skilled nursing facility. Their average age was eighty-seven, with several over ninety. They were selected by the staff for the oral history project on the basis of having interesting stories to tell and a willingness to participate. The interviews were conducted by social work students and volunteers trained in oral history interview, who were warned explicitly against assuming the function of therapists as in Butler's life review process. They were tape-recorded. The stated object was to obtain an oral history or memoir from each participant and the project was perceived by the directors as primarily historical in nature.

During the course of the one-year project, thirty oral histories were completed. In assessing the meaning of the project, the authors report that some participants initially seemed to not grasp the purpose of the interviews. Some felt that they were being tested, others viewed the oral histories as legacies for their families, while still others saw little utility to their memoirs but consented to the process. Only one participant commented on unpleasant memories, most said they enjoyed the experience. The authors report that only a few focused on the content of their memoirs, the majority commenting favorably on the process of getting to know the volunteer and talk to "...a new friend."(Beaker Blumenfield and Gordon 1984: 86)

Comments were most favorable soon after the project ended. Those questioned after a year had past seemed to have difficulty in remembering the details. The authors add an aspect of this particular study that is unique to the literature, that is, the meaning of the program to the other participants, the interviewers. Their responses were sought at the end of the project and again after one year.

Perhaps because of the training in oral history techniques and the warning against becoming involved as "therapists," and also perhaps because of the age and debility of those being interviewed in the institutional setting, the volunteer interviewers reported some interesting observations. They all reported satisfaction on the skills and understanding that they had gained. They were pleased to feel that they had been able to help the memoirists record their stories, but they had doubts as to the value of what they had recorded. They felt that the stories were disjointed and did not form the coherent chronological narrative that was sought. They also were uncomfortable with the present time concerns or negative emotions of the interviewees, preferring instead to confine the memoirs to the "quaint and colorful past."(87) The authors report that some volunteers were so "overwhelmed and depressed" after one interview that they withdrew from the program. They suggest that for future projects, volunteers "...should be taught that concerns about the present are not diversionary; they are an integral part of living history with the frail elderly." (90) Speaking of the elderly participants, they state, "The interviewer who tries to deflect their comments with questions about the past is delivering an unspoken message... If current experiences are devalued, it confirms the old person's loss of self-worth." (95)

In a discussion of common themes emerging from the study, the authors list the need to remember being loved in the past and to feel loved today, the importance

of parents as central figures in the recollections, the clarity and detail of childhood scenes, the need to be admired, adjustment to institutional life, fears connected to aging, and the search for meaning in the face of approaching death. They stress the importance to both participants and interviewers of tangible results such as tape recordings or written transcripts. They state, "Volunteers, too, need an affirmation of the value of their work." (99) Recognizing that their project produced only mediocre oral history and minor therapeutic benefits, they make suggestions for future projects, but they also question the value of expecting some form of wisdom to emerge. They compare the unspoken request that wisdom accompany old age to being as unrealistic as expecting untroubled innocence to accompany childhood. They state in conclusion,

> " Perhaps the best we can hope for in old age is to be able to accept our failures as well as our accomplishments, to accept our faults along with our virtues. If the very old person is comfortable with himself, he can feel that his life was not wasted. An eminent life is beyond the reach of most of us, an estimable life is not." (100)

Perhaps the acceptance of failures as well as accomplishments, faults as well as virtues, is a type of wisdom, and the realization of an estimable life equals integrity.

The 1985 article by author Marc Kaminsky approaches reminiscence and life review from the entirely different but related aspect of creative process. In *The Arts and Social Work: Writing and Reminiscing in Old Age: Voices From Within the Process,* he uses short pieces written by famous authors and by participants in three separate creative writing workshops to illustrate eleven identified therapeutic benefits for the elderly writers. These benefits are, briefly, continued learning, drawing on under-utilized skills, the return to "a road not taken," satisfaction of the need for continued accomplishment and creative and productive affirmation, communication

with themselves, communication with others, increased ability to observe immediate surroundings, mastery of potentially overwhelming past experience, imagination and play, life review, and the transmission of history and culture to future generations. These are all worthwhile considerations, in practice capable of "increasing self esteem," or "enhancing well being," as more orthodox researchers are prone to say. In keeping with Kaminsky's style, I would like to complete this section of review of early literature with two quotes from writings by the elderly under the topic of life review. The first is from Harry Moody in his *Reflections on the Living History Project.*

> "The criterion of autobiographical truth is to be found not in science but in art. On these terms, the process of life review in old age ends in a fictionalized or mythic act of interpretation whereby it is possible to discover-better create-an order of intelligibility in one's past, not by remembering it, but by interpreting it, indeed creating from it new forms of personal meaning." (Kaminsky 1985:244)

The second chosen quote is from *Proust* by Nobel Prize winner Samuel Beckett. Following a short discussion of voluntary memory, that "uniform memory of the intelligence," that "presents the past in monochrome", he contrasts,

> "Involuntary memory is explosive, 'an immediate, total, and delicious deflagration.' It restores not merely Lazarus and the object, but more because less, more because it abstracts the useful, the opportune, the accidental, because in its flame it has consumed Habit and all its works, and in its brightness revealed what the mock reality of experience can and never will reveal-the real." (244)

Part II Review of Recent Literature on Reminiscence and Life Review

"There are so many unborn tales. Oh those sad lamenting choruses among the roots, those stories outbidding one another, those inexhaustible monologues among suddenly exploding improvisations! Have we the patience to listen to them?" Bruno Schulz

The published research and writings on life review fall into roughly three categories. Those oriented to a more medical application, including nursing, social work, counseling, and some hospice studies, seem to follow or expand on the writings of Robert N. Butler. Those oriented to psychology or stage development, including some psychiatric nursing, other hospice studies, and some social-psychological studies, similarly look to Erik Erikson, who was, it should be noted, alive and still revising his theories until 1994. A third category of published work deals with relatively small case studies of individuals or special groups, or with seeking to confirm, or identify, the minutiae that influence the process. To review the varied work from the time span of 1985-1999, a partially chronological order will be used, with some attempt to categorize. Because of overlap among the orientations, some work belongs to more than one category. All three broad categories have something to contribute toward an overall grasp of the topic of life review and reminiscence and related therapies both in theory and in practice.

In the 1994 article, *Archetypal Healing*, authors Jones and Churchill discuss a number of methods available to hospice for psychospiritual relief of pain in the terminally ill. They define hospice as "an intimate relationship of caring between human persons in community." (Jones and Churchill1994:26) Among the methods recommended is life review, this time in the context of healing ministry. The authors describe archetypal healing as accessing the unconscious mind and opening the door to healing, not only for the sufferer, but also for the provider. They quote S. Stoddard from a work on the hospice movement,

> " When St. Francis embraced the leper, was it in order that the leper-by the grace of God- might be healed, or was it the leper, by the grace of God, who healed Francis?" (26)

This is not couched in the language of science, yet coming as it does from researchers with unique experience among dying elders, it lends support to the concept of life review as a complete, or two-way social interaction. In support of life review as a valid therapy for the relief of psychospiritual pain, Jones and Churchill turn to both Carl Jung and the writings of Butler. Jung is quoted as saying, "As a doctor, I am convinced that it is hygienic-if I may use the world- to discover in death a goal towards which one can strive, and that shrinking away from it is something unhealthy and abnormal which robs the second half of life of its purpose." (27)

They compare the life review therapy of Lewis and Butler to "...the healing rituals of ancient storytellers in relationship and interaction with their community, the terminally ill person shares his/her story with the caregiver or clan/tribe/family." They characterize the process of life review as a sharing of our myths or personal life story with a caring other or others. The process may contain elements of reflection, examining our experiences, embracing our feelings, and allowing our selves to reconcile with others.(28) The authors' use of the possessive "our" is retained in that it may deliberately indicate the perceived two-way nature of the process.

In *Biography as Therapy*, published in 1993 by Lichter, Mooney, and Boyd, the topic is once again the use of life review and related therapies to ease the dying process for hospice patients. This time the topic is treated from the medical perspective. Based on the use of biography as therapy with hospice patients in New Zealand, the authors report on selected case studies. Though objective measures of outcome could not be given, results were uniformly positive as to therapeutic effect on the patients. Positive outcomes were also reported for family members and for

those conducting the interviews. The aims of hospice are defined as "...enabling the patient and family to make the most of the time that remains and of reaching a peaceful resolution of life events."(Lichter Mooney and Boyd1993:133) The rationale is, that "This helps to achieve a peaceful death and an easier bereavement for the family."(133) The authors note that physical pain is easily managed and psychological suffering may be alleviated, but the "...anguish of feeling that life has been without meaning is difficult to assuage." (133)

The authors associate the recognition of approaching death with a desire to find meaning in life. What gives meaning to life is unique to the individual. Some will find meaning in accomplishment, others in endurance. Importance can only be assigned to what the individual involved views as worthwhile.(134) It is important with the hospice patient to support feelings of self-worth. A patient who feels worthless will likely become depressed and this, in turn, decreases cooperation with caregivers and seriously interferes with quality of life for everyone involved. In recommending life review for hospice patients, the authors note that the process "...highlights what has been of value and has had meaning. The request to recount details of one's life reinforces self-esteem and asserts one's worth and importance to others." (134)

This hospice program uses trained volunteers as biographers. Interviews are tape-recorded and a written biography is produced from the transcripts. The patient has control over what topics are covered, what is included, and the disposition of the final written record. The support team includes a psychiatrist as well as physicians. Patients are initially selected who "...have a need to find meanings in their lives in order to improve their quality of life; those whose lack of self-regard is considered to be a key factor leading to apathy and depression are also considered." Any member

of the hospice team may make a recommendation for the service. (134)

Two case studies are recounted, both of which document striking improvement. An eighty-year old woman with cancer was admitted to hospice. After a month of regular care she was assigned a volunteer biographer. She became interested in the project and underwent a noticeable personality change, going from angry, quarrelsome, uncooperative, and withdrawn, to relaxed and happy. "She continued in this way, contented and quite charming, until her death." (135)

In the second case, a forty-six year old woman with metastatic breast cancer had been under hospice care for six months. She was described as unable to walk and spent most of her time in bed or in a wheelchair. She complained of a variety of symptoms and took no part in family activities. She consented to write her biography, and from that point made a dramatic improvement. She began to cooperate with the hospice staff and accepted physical therapy. She began to walk again and take an interest in family activities. She has since resumed her former level of function and remained with her major symptoms in remission at the time of the article's publication. (135)

The authors do not attempt to objectively assign the credit for these improvements to the life review process, because hospice patients receive almost total care for physical symptoms and other support for mental and emotional needs, so that showing that life review alone accounts for the improvement would place an undue burden on patients. In this context, they state, " However, despite the recognized difficulty in making an assessment, it is the feeling of patients, relatives, and staff, that the collation of biographies has been of benefit in restoring focus, interest, and meaning to lives." (136) They note that their biographers also have "remained keen" and report feeling rewarded for their efforts and moved by the narrators of the life

stories.

The authors summarize some points that may account for the observed therapeutic outcome. Patients appreciate the interest taken in them, enjoy sharing their memories with others, and receive pleasure in recalling activities and events that are important to them. The authors note, "The luxury of a dedicated listener giving whole-hearted attention may be a unique opportunity for them." They may be able to "...tie up some of the loose ends," resolve inner conflicts, or arrive at understanding that can lead to reconciliation. The physical record of their biography also emphasizes their worth and is something that will endure and can be handed down to others. The authors state, " ...patients come to understand their individuality and believe in themselves. Old structures and values may emerge, and sometimes new discoveries develop from the interchange with a committed person." (136)

The 1988 article *Process Variables of the Life Review: Counseling Implications*, by Webster and Young, draws on both Butler and Erikson for support and makes use of Molinari and Reichlin's definition of life review as being "...that form of reminiscence in which the past is actively evaluated and conflict is necessary for resolution to occur." (316) As the title reveals, implications for counseling the elderly are drawn from these diverse sources. It is suggested that life review may be employed as a strategy to handle problem behaviors, reduce lethargy and confusion, train in activities of daily living, and reduce personal distress, all tasks which may, presumably, confront a counselor of the elderly. The authors offer a working definition of life review as consisting of four "fundamental" characteristics. In life review the past is actively reconstructed and evaluated. It is a life span process and not stage specific. It involves cognitive and emotional conflict, and can occur in an interpersonal as well as an intrapersonal context.(Webster and Young1988:318)

The authors note that life review can occur in any age group and can be triggered by any life event. It is commonly associated with the aged, both because it may be more evident with this group, and also because of the initial formulation by Erikson which linked the life review process to the achievement of ego integrity in the elderly. The authors cite the 1984 work of Brennan and Stienberg, the 1978 work of Levinson, and the 1981 work of Peskin and Livson, to support their contention that life review belongs in the framework of developmental process, as opposed to a stage-related task. In this sense it may be thought of as a type of self-assessment, and therefore dynamic, or useful as a coping mechanism.

They divide life review into three process variables, that is, recall, evaluation, and synthesis. Recall may be a volitional act or may occur spontaneously. The content may be pleasant or traumatic. It may be lucid and specific, or vague and unfocused. Evaluation implies the interpretation of past acts in the light of present knowledge. It may involve evaluating events according to some personal mode of perception or understanding, or it may be developmental, that is, memories are revised according to current context. The steps of recall and evaluation do not automatically end in synthesis. Painful memories may be modified, elaborated or denied at this stage. In synthesis, the recalled and evaluated past is reintegrated. A grasp of the psychological, physiological, historical, and socio-cultural determinants involved in past experience and behavior allows for both positive and negative memories to be incorporated. The ratio of positive to negative evaluated memories may determine the difference between integrity and despair. As this ratio is not stable, but dynamic, due to the evaluative character of life review, the counselor may make use of this state of flux to help the individual achieve a therapeutic outcome.

The counselor is encouraged to be a good listener. "Empathy is paramount"

and "Trust is also very important." (321) Some specific facets that the counselor should be aware of include, that the purpose and meaning are attained through synthesis in the present context, using the elder client's present construct system and also that the nature of counseling may foster the surfacing of involuntary memories involving psychological conflict. The counselor should recognize that the presentation of recurrent painful memories represents a normative problem solving process and not a pathological condition.

The 1997 article *The Narrative Approach to Quality Care in Long Term Care Facilities* by D.M. Heliker, offers an adaptation of life review, based on the work of Butler, for the purpose of providing more individualized nursing care in the institutional setting. The author notes that the life review process used is a simplified and conversational one. It is unstructured and not intended to have therapeutic benefit in itself, but rather to uncover constitutive patterns that reveal the personal meaning that life has for the individual. It covers areas such as socioeconomic, historical, political, spiritual, physical, and psychological aspects of life. The conversational format was thought to accord well with the nurse-patient relationship. Conversations were tape-recorded. The study was conducted with five frail volunteers, all female, and all residents in long-term care. The average age was 79.9 and the length of institutionalization varied from ten weeks to six years. Some of the participants were thought to have mild memory impairment. They were interviewed three times each, with at least a week between interviews. Conversations lasted approximately one hour. The subsequent analysis of content and themes revealed three distinct types or styles of remembering. Each type, and the implications for individualized nursing care, is discussed.

The first identified type is dwelling in remembering. These subjects placed

most value on their memories of departed loved ones. They seemed to draw strength and pleasure from recalling, and even talking aloud to, deceased loved ones. They perceived this as devotion. The recommendation for nursing care is, that this type of remembering be accorded acceptance as normal for some, and that time be provided for the staff to receive these memories at the patients' value, that is, as devotional. The second identified type is living relatedly. These subjects frame their memories within relationships with others. It is noted that the subjects studied had formed meaningful relationships within the institutional setting, finding enjoyment through arranged activities. The third identified type is being after loss. These subjects maintain a personal definition of what matters to them and may be flexible to the limitations that aging places on them. The example from the study was a retired teacher who loved reading. Enduring a series of losses, she successfully transformed her teaching and reading to visiting children and large print texts. Even after suffering a stroke, her concerns were how she could adapt to continue relating to children and continue reading. It was recommended that in her case, the staff could bring children to visit her.

If these observations and recommendations seem obvious, it should be remembered that this article was written by a nurse, for nurses, and that they are, after all, the ones responsible for the day-to-day quality of life for a number of elderly. It is interesting and pertinent to include the pragmatic adaptations of life review that may be implemented in practice, in this case, the not unprecedented use as an assessment tool.

An alternative life review project was undertaken by advanced practice geropsychiatric nurses with elderly depressed homebound patients. The study is recounted in the 1997 article, *The Process and Outcome of Life Review*

Psychotherapy with Older Depressed Homebound Adults, by McDougall, Blixen, and Suen. The authors draw on both Butler and Erikson in their explanation of the use of life review as an advanced practice nursing intervention with the elderly and depressed homebound.

The authors begin their report with some interesting statistics on depression among the elderly at the time of the study. They state that in the over sixty five population, depressive symptoms occur in 15% to 20% of community residents, 12% to 36% of medically ill outpatients, and in more than a third of inpatients. They point out that morbidity and mortality rates are especially high for depressed seniors. One-forth of all suicides are committed by someone sixty five or older, with diagnosed depression a factor in two thirds of those cases. Noting that research suggests almost any psychosocial intervention is better than none, they make a case for life review therapy. A major factor in the decision to use life review is economic. It is a less expensive therapy in that it can be administered by advanced practice psychiatric nurses to homebound patients and is reimbursible under Medicare Part B. Since no research to assess the efficacy of this practice had previously been attempted, the authors decided that a clinical study was in order.

A number of studies, with mixed results as to the use of reminiscence and life review therapy, by community members, homebound older adults, groups at adult day care, and nursing home residents, are cited by the authors. A 1983 study by Fry, using structured and unstructured life review therapy with community members, found that the structured therapy produced significantly reduced symptoms of depression and increased feelings of self confidence and personal adequacy as compared to the unstructured groups. Both structured and unstructured groups received greater benefit than the control group, who received no therapy. Women in

all groups showed less change in depression and ego strength than did men. In a 1983 study by Brennan and Steinberg, forty women from sixty-four to eighty-eight years old participated in structured one-on-one reminiscence therapy at a senior center. The results suggested that reminiscence is a correlate to, but not a substitute for, social activity and that mood may be more positively affected than morale.

A study of twenty, homebound, older adults who participated in six one-hour sessions of life review therapy was reported by Haight in 1988. Significant increases in life satisfaction, psychological well being, and activities of daily living scores were reported, though there were no changes in the self rated depression score. A 1992 study by Haight and Dias involved one hundred and seventeen elderly residents of a high-rise apartment complex and seventy-one nursing home residents. They participated in eight weekly sessions of four different types of reminiscence therapy. Both process and outcome were evaluated. Results indicated that the structured evaluative life review process reduced depression, increased self-esteem, psychological well-being, and life satisfaction.

In 1986, Parsons reported a decrease in depression in a group of nine older adults in a federally funded housing facility after participation in six group reminiscence therapy sessions. McInnis-Dittrich in 1996 studied four elderly female child sexual abuse survivors who still evidenced distress after sixty years or more. With life review therapy, they showed decreased symptoms and improved function. Depression was not measured in a 1986 study of one-hundred and eighty-five nursing home residents by Berghorn and Schafer. Value choices related to mental adaptability improved however after three months of participation in reminiscence groups. In a group of sixty nursing home patients participating in six group reminiscence therapy sessions in 1990, Youssef found a decrease in depression in the

twenty-one participants in the sixty-five to seventy-four year age range, but no change in the seventy five plus group. Finally, in a 1990 study of two adult day care groups, one in a hospital and one community based, researchers Head, Portnoy and Woods found that, after participation in reminiscence groups, the hospital based participants showed significant improvement, while the community based participants showed no change. Authors McDougall, Blixen and Suen note that these findings are unclear and indicate a need for further study.

Their study was a retrospective analysis of one hundred and one patients, sixty-five and older, discharged to home care from psychiatric treatment centers in the Southeastern United States. Patients with diagnosis of dementia, psychosis, and other personality disorders were not included. The eighty remaining patients had a diagnosis of depression, were willing to participate, spoke English, and were eligible for Medicare. The sample consisted of fifty-four women and twenty-six men with a mean age of 74.15. Many had concurrent physical conditions such as heart disease. Life review was used as the main focus of therapy during at home visits of thirty to sixty minutes, one to three times a week, for sixty days. Effort was made to elicit recall and integration of strong emotions, unresolved conflict and guilt feelings. Family counseling was provided to caregivers as needed.

A content analysis was performed on the resultant data. The themes were divided into disempowerment and empowerment categories. Disempowerment included anxiety, denial, despair, helplessness, isolation, loneliness, and loss. Empowerment included connection, coping, efficacy, hope and trust. Though empowerment themes were unchanged over the course of treatment, there was a significant decrease in disempowerment themes. The decrease in the theme of isolation may have been directly related to the visits of the therapist, but the authors

state, "Changes in the other themes clearly reflected a different outlook despite the subjects' physical conditions." (McDougall Blixen and Suen 1997:282)

In the 1988 article *Rediscovered Lives: Work with Older People in the Search for Time Past,* the author, Peter Spinkart, describes his experiences with a group of German elderly in an adult education setting. As a professor of psychology at a school of social work, he brings a slightly different outlook to the topic of life review. Using the experiences of elderly participants in an adult education group as an introduction, he contributes some interesting points from the psychological or psychoanalytical side of life review theory.

First he notes the growth of educational programs for the elderly and, in explanation of this phenomenon, lists the growing recognition of old age as a third phase of life, a fundamental change in the goals concerning social work with older adults from that of care and control, to that of activating social integration, and changes in the plans and expectations of seniors and social workers. In deciding what courses are suitable to offer older adults with little formal education, the decision, based on experience, was made that traditional courses are inappropriate. An attempt was made to move away from school-oriented learning to new forms based on personal experience. In this context, life history discussion groups can function as learning experiences as well as assist in personal development.

In practice this requires an underlying grasp of group dynamics. The author recounts one afternoon session of a group discussion on the topic of death. He states,

> "The 15-20 participants are all of an age that knows the strong grip of death on life. Death has already become a part of their lives. Mrs. M's husband, himself a member of the group, died 2 weeks ago. Will his wife join the group on this issue today? She does."(Spinkart1988:48)

The group, cognizant of the recent loss, approaches their topic warily, reading

short, previously prepared texts that only indirectly apply to the topic. As the session proceeds and Mrs. M remains calm, recollections become more specific and personal. The author states, "What follows is a well-coordinated ritual that might appear to outsiders as a bizarre 'hit parade' of reminiscences about the last hours of life." (49) Mrs. M appears increasingly nervous and at last begins to speak of her husband's death. She gives the eyewitness account, accompanied by photos presented for group inspection. According to the author, " She had the courage to confront the paralyzing taboo which forces one to keep silent. She dared express the unmentionable." After an exchange of genuine condolence, more comforting stories emerge, some going back more than forty years to the battlefields and bomb craters of the war. The author describes the process as "What began as a strained ritual all of a sudden becomes living psychotherapeutic work: intuitive, precise and showing feelings of camaraderie." (50)

The discussion rapidly proceeds to general stories about beliefs and superstitions, even humorous stories are "trotted out." The discussion then turns to present time health concerns of the members and finishes up with various members making plans to meet for other activity outside the class. The author points out that this scene is not an isolated occurrence, but happens everywhere, "...wherever discussion groups of life history have found a place in the work with older adults." He asks the underlying question,

> "What is the secret behind these seemingly everyday events?...What is it that changes worry-laden, one-dimensional thinking into a mode of thought encompassing more freedom, into a mode of thought that doesn't allow itself through powerlessness to be made speechless, even in the face of death, a mode of thought which in spite of the inevitability of death, generates hope, a joy of living and a healthy perspective on death?" (51)

He begins his answer by noting that narrated life history is a part of everyday

life, a wide spread method of communication not confined to the elderly. He states,

> "In trying to understand everyday human behavior some theoreticians go so far as to maintain that in just this type of exchange we gain our personal identities." (52)

Narrated life history has this important advantage over other forms of therapy, it is "immensely attractive." Using everyday communication methods, stories follow stories, like "...pearls hanging on an invisible thread and creating a necklace." The author notes that the telling of stories is a form of self-presentation and that all stories are constructions of the past brought forward to the present. Stories are chosen to fit the present need and belong to basically four types. These four types are, briefly, stereotypical biographical stories told over and over in social settings, situational, question-answering stories told only when elicited, hidden stories that we hope no one finds out about, and finally stories,

> "...that are unknown to oneself as long as the repetitive pattern remained unrecognized. These stories come up when an intelligent listener recognizes such general patterns and forces the storyteller to analyze himself." (53-54)

This can occur one-on-one or in a group setting where the stories of others can cause the participant to analyze his own.

In the author's interpretation of psychoanalytical theory, all psychotherapy since Freud "...has developed as work on biography realizing that mental illnesses are not illnesses in the medical sense but rather misled formative processes." Psychotherapy is the effort to bring these misled processes to the individual's consciousness. This method of concentrating on bringing conflicts within life history to conscious realization is described as "...one of the main basic axioms shared by all psychotherapeutic schools." In the telling of life stories, past experiences are realized. They may be re-experienced from the point of view of the narrator and also for the

listener. This re-experience contains facts and emotions, rational and irrational components. The author describes this re-experiencing as implying that,

> "...a special form of transference takes place, that the present, past, and future blend into unified narrative timelessness, to a mode in which time no longer plays a constructive or ordering role...The story becomes 'real'. It incarnates the narrated in present reality, manifests the contents of the story-and this is especially emphasized in Freud's psychoanalytic method-in the specific structure of the relation between the storyteller and his listener through reciprocal transference." (55)

In expanding this psychoanalytic description, the author describes an authentic narration as producing a trance-like state in the story teller that can be noted by the listener, but usually isn't because "...he finds himself, when the story is told correctly, also in a trance." (55) In order to derive therapeutic relief from the conflict contained in this level of narrated events, the stories and symbols must be recognized and integrated. With hints from the listener, the narrator may be able to analyze and clarify the transference involved in these repressed or conflicted past events. When this happens, the compulsion to repetition is ended and new meaning is derived. In psychoanalytical theory, it is believed that, although each individual's stories are unique, they contain themes or symbols that are universal. The individual life history, then, can be viewed as containing universal elements, and when these elements are perceived by the narrator, the individual story may be demystified, given a new interpretation, and integrated with a change of meaning that alters the framework of experience.

Using the psychoanalytical theory as outlined above as a starting point, the author describes a socio-historical method of biographical work, based partly on Weber, that has a basic structure and format that may be applied in a variety of group

settings. The format is given as a guide to a variety of topics. Basically the participants are asked to describe some aspect of life in the past, for themselves and others, and then evaluate what they described. They are then asked to describe life in the present, for themselves and others, and then evaluate it. It is believed that this format of eliciting comparisons between yesterday and today, between themselves and others, and between events and their meanings, can facilitate interpretation as opposed to reconstructing past history. This socio-historical approach functions in a way that is similar to psychoanalysis by objectifying biographical data and placing it in relation to the social setting or group. The author concludes, " This objectified reinterpretation of individual biographical experience can then form the basis of a social as well as a personal identity." (61)

The last portion of this review of recent literature on reminiscence and life review is the most diverse, ranging from reports on clinical treatment interventions with small ethnic groups, to guides for programs that use life review interviews, to social research that analyzes some of the factors involved and seeks definitions of terms. All of this research is in keeping with the nature of the topic, being complex, wide ranging, at times abstruse, and at other times resolving itself into rewarding applications with a few individuals. The authors typically include a brief literature review. In instances where works not previously cited are referred to, they will be mentioned, in keeping with the format heretofore employed in this work. Hopefully this method will allow for the broadest understanding of what has been attempted, and what remains to be done, in this field of study.

Two articles from the social work perspective describe separate projects undertaken with Hispanic elderly in the American Southwest. One project deals with homebound elderly and the other with group reminiscence in the nursing home. Both

emphasize the unique characteristics of Hispanic elderly that make life review especially appropriate. These elderly come from a cultural perspective where age is revered and oral cultural traditions handed down in the family are the norm. They also are culturally and sometimes geographically isolated, many are immigrants. When they find themselves in the nursing home, they are not just in an institutional setting, but in a disorienting foreign culture, where even the language may be strange.

In the 1989 work *Mexican-American Elderly and Reminiscence: Interventions*, author Maria Zuniga offers some suggestions for culturally sensitive reminiscence work that strengthens their traditional roles and promotes the intergenerational transmission of culture. She notes that many Mexican-American elderly are poor, have low levels of education, and have been victims of racism and discrimination. This is thought to produce a higher incidence of depression and low self-esteem. These factors make reminiscence a valuable tool for the social worker. Employed in a casual way, as a social way of strengthening acquaintance, the elder may develop a more trusting and cooperative attitude and be more willing to accept interventions they would otherwise rebuff.

Citing both Butler and Erikson, the author notes that reminiscence used clinically as life review, may alleviate depression, improve self esteem through reinforcing traditional status, and allow for resolution of intrapsychic conflict. She relates two case studies, one in which a life review helped an elderly widower resolve guilt and grief and prepare for a peaceful death, and another in which an eighty year old woman was able to resolve conflict associated with harsh experiences of racism in her younger, immigrant days.

In the 1993 article *En Aquellos Tiempos: A Reminiscing Group with Hispanic Elderly*, researchers Andrada and Korte restate many of Zuniga's observations about

the special applications of reminiscence or life review therapy with aged Hispanics. They note that institutionalized elders are likely to suffer feelings of helplessness or loss of control that may lead to depression. They cite the 1964 work by Becker wherein he defines depression as loss of meaning. This loss of meaning can lead to the feeling that life has been lived in vain.

Noting that institutionalized elderly of cultural minorities face special problems and losses, they report on a project undertaken by the Apache Tribal Guidance Center with worthwhile results. Family members were transported from the reservation to attend a celebration with their elders at a Phoenix nursing home. Traditional foods were used along with traditional costumes, singing and dancing. The success of this endeavor highlighted the importance of cultural continuity for institutionalized elders. Working with nursing home patients, they set up reminiscing groups conducted in Spanish that utilized sensory stimulation as a stimulus to reminiscence. Music, folk songs, food items, old hand tools, photos, and folk tales were featured at successive sessions. These all had a stimulating effect on the participants. Objective measures are not reported, but at each session the participants appeared increasingly communicative. At early sessions, many seemed depressed or had a tendency to dwell on losses, but later sessions focused on more positive recollections. By the last session, broader social trends were discussed and at the end, everyone remained and kept talking to each other.

In 1997's *Reminiscence Unlocks the Trap,* author Margaret Plummer discusses the Reminiscence Approaches with the Frail Elderly, or RAFE project, in Norfolk England. This is a project that trains nursing home caregivers to use reminiscence therapy to improve, and sometimes even establish, communication with their patients. Caregivers attend a training and are taught the basics about the

therapeutic uses of reminiscence therapy, either one-on-one or with a group. The control, confidentiality, and choice of topics remains with the participants. An innovation of this program is the use of memory boxes, suitcases containing artifacts from earlier time periods. These are extremely popular as conversation starters and also remind staff and caregivers that they share a large body of memories with their patients.

A case is recounted of an elderly female who had been institutionalized for six years. In all that time the only thing she said was "If nobody comes for me, can I stay?" over and over. After one day of training, a staff member cautiously approached this patient, without much hope, with a couple of antique household implements and some pats of real butter. At the sight of the butter, the patient began to talk nonstop for thirty minutes about her life as a housekeeper, her tasks, and the things she had done. The staff member reported that it was incredible to hear her say more in half an hour than she had said in six years. The author states "Jane's experience of reminiscence probably typifies the majority--it is certainly not unique."(265)

The 1998 article *A Life Review Interview Guide: A Structured Systems Approach to Information Gathering,* authors Beechem, Anthony, and Kurtz report on a clinical research project with elderly participants that used a specific format designed to elicit positive memories that enhanced a sense of well being, as well as negative events that encouraged the participants to address unresolved grief and loss. Other stated goals were to promote cultural/social appreciation, and to develop a sense of self-control through the use of life review. The interviews followed the outline designed by the authors. This was thought to add a needed structure to the interaction and to assist the participants in going beyond simple reminiscing. By the nature of the format, negative or conflicted events are also recalled and evaluated;

thus fulfilling the evaluative component of life review.

They stated that nearly all of the literature that they reviewed reported a therapeutic benefit. They cite the 1990 research with thirty nursing home patients by Taft and Nehrke, the 1992 research with twenty elderly storytellers by Newbern, and the 1993 research with nine cognitively impaired nursing home patients by Ott, as supporting the belief that life review promotes a sense of well being in the elderly. That life review assists with grief or loss is supported by research from Weiss in 1995 and from Merriam in 1989. To support the enhancement of cultural/social appreciation, they quote Lashley from 1993 as saying,

> " Persons who reminisce together may gain a sense of continuity between past and present, gain deeper insight into their past and present relationships, transmit a cultural heritage, build self esteem, resolve conflicts, acquire a sense of life achievement, encourage social interaction, and promote understanding between and within generations."(Beechem Anthony and Kurtz1998: 29)

The function of promoting self-control is related to the prevalence of depression in institutionalized elderly. They cite the 1974 work of Seligman and the 1995 work of Beechem to support the contention that those in nursing homes are apt to become depressed because the nature of the interaction between patients and caregivers commonly fosters a learned helplessness that can lead to a sense of loss and depression. According to Kart, in 1990, participation in life review gives a chance to have "control over one's biography." Control in other areas may be enhanced because, as De Genova stated in 1991, the "...life review process provides for the elderly person an opportunity to examine relationships from a broad systems perspective." (30)

The study was conducted with sixty-seven participants ranging in age from sixty to ninety-seven, including nineteen males and forty-eight females. Thirteen

lived independently, thirteen lived in a retirement community, and forty-one were in a nursing home, six with a diagnosis of Alzheimer's disease. Using the guide, and following the recommendation to establish a balance between positive and negative topics, four trained students completed the interviews over eight weeks. The guide covers eight areas, which are social, health, family recognition, spiritual, activities, economic, and education and is structured such that conflicts or connections between these areas are easily recorded. No objective before and after measures are reported, just comments from participants, interviewers and caregivers. These are all uniformly positive and highlight the benefits of the project for interviewers and participants alike.

The topic of therapeutic benefit from life review with patients diagnosed with Alzheimer's disease and other cognitive impairments is addressed in *The Effects of a Life Review Program on Disorientation, Social Interaction and Self-Esteem of Nursing Home Residents,* published in 1995 by Carla E.S. Tabourne. In this study an experimental model was used with a pre and post-test. Participants were divided into three groups, those who had previously participated in life review projects, novices, and a control group. The study was administered as part of a recreation therapy program and involved an original forty patients in two nursing homes. Eight withdrew for various reasons and thirty-two completed the study.

The stated hypothesis were, briefly, that participants who receive life review therapy, the experimental group, will show greater improvement in orientation than the control group, that the experimental group will show greater improvement in social interaction than the control group, that the experimental group will show greater evidence of movement through the life review process than the control group, that within the experimental group, those who had previous experience with life

review, the veterans, will show greater improvement in social interactions than the novices, and that the experimental group will show greater improvement in self-esteem than the control group.

The participants all had a diagnosis of Alzheimer's disease. Those in one nursing home were Christians, in the other, Jewish. Otherwise the groups were similar in education and occupational background. The average ages of the experimental groups were 87.2 and 86.3, for the control groups 82.3 and 84.3. Participants were measured with a self-esteem questionnaire one week before and one week after the intervention and also observed throughout the process and rated for social interaction, orientation, and responses to the life review format such as expressions of value or closure. The life review intervention was the independent variable.

The program consisted of two hour-long sessions per week for twelve weeks and followed a developmental progression. A pre-established format was used with a guided reminiscence similar to milestoning. If responses were not forthcoming, participants were cued. The amount of cuing was also recorded and rated. A difference between milestoning and the format used was that negative memories, though not elicited, were not avoided, but processed with the individual or the group. The control groups participated in the first and last weeks sessions, and during the intervening weeks, were observed and rated, while participating in similar recreation activities without the reminiscence or cuing components.

The experimental groups showed significant increase in orientation and improvement in the recognition of time, person, and place. They also had increased ability to remain engaged in activities. The veterans scored higher than the novices but the differences between the groups were not significant. The experimental group

showed a significant difference in social interaction, initiating conversation and responding appropriately. Similar results were obtained for movement through the life review process. The veterans not only scored higher than the novices on social interaction, they actually started to assume a peer assistant role in the life review process, giving attention and verbal cues to others in the group. The results appeared to be long lasting in this area as well with measurable differences in levels of activity up to four months after the end of the program. The only area where a clear difference was not demonstrated was that measured by the post-test, self-esteem. No differences in change in level of self-esteem could be demonstrated. The author concludes that the study demonstrated the possibility of therapeutic benefit from structured life review for those elderly in nursing homes with dementia and cognitive impairment. She speculates that the pre and post-test selected may not have been valid with this group. It had never been used with cognitive impairments but had been applied to elderly with psychiatric disorders.

The final two pieces of research to be discussed cover factors that may influence the therapeutic outcome of life review and are not usually directly considered in most applied projects, that is, attachment styles and cultural norms. In the 1998 article *Attachment Styles, Reminiscence Functions, and Happiness in Young and Elderly Adults,* author Jeffery D. Webster performed an analysis involving data on, as the title implies, attachment styles, reminiscence function and happiness. The data was obtained from ninety-nine community living older adults with a mean age of 65.9, and from ninety-six young adults with a mean age of 22.5, all volunteers. The older adults were a convenience sample solicited by students and the young adults were psychology students.

Attachment styles were measured by the Relationship Questionaire, RQ, a

recently designed model that asks the respondent to read and rate four models of behavior thought to be the adult analogs of attachment styles identified in infancy. Reminiscence was measured with the "valid and reliable" Reminiscence Functions Scale, RFS, which measures eight factors by means of forty-three questions, rated from never to very frequently. The eight factors of reminiscence are, briefly, boredom reduction, death preparation, identity, problem solving, conversation, intimacy maintenance, bitterness revival, and teach/inform. Happiness was measured with the Memorial University of Newfoundland Scale of Happiness, MUNSH, a twenty four item self report said to be appropriate for both old and young adults.

In the analysis, the scores for the older sample were first analyzed separately. The results confirm that older adults with a positive model self were happier than those with a negative model, as were the younger adults. Older adults rated higher on happiness overall than did the younger sample. Reminiscence score differences between the groups were as predicted and replicate earlier work by Webster in 1995 to which the reader is referred. In the relationship between reminiscence and happiness, those who scored higher on externally focused functions such as conversation and teach/inform also scored higher on happiness. Those who scored lowest on happiness scored higher on the internally focused functions like bitterness revival, or boredom. In regard to attachment styles and reminiscence functions, those with secure or dismissive styles scored low on the bitterness revival but also scored low on identity and problem solving. Fearful persons scored highest in these categories. This study may have something to suggest as to the implementation or analysis of life history narratives, though as the author points out, there is no proof that attachment styles are stable in old age.

In the 1990 article *Alchemists' Visions: Cultural Norms in Eliciting and*

Analyzing Life History Narratives, the author Mark Luborsky of the Philadelphia Geriatric Center compares the search for hidden or deeper meaning in the everyday reminiscing of elderly people, to the alchemists' attempt to obtain gold through the combination of base metals. He refers to Plato's cave allegory, wherein "...ultimate truth consists of only shadowy intangible essences that only opaquely perceived through our senses...", to Bacon and others who "...posit...that study of the complex, everyday, conscious, tangible, world can produce truths," and to Levi-Strauss, Sapir, and Whorf, who "...have engaged us in asking how the order in the world that we study may be the structure of our mind and culture."(Luborsky 1990:17)

He suggests that the "raw data" of many life histories is already highly processed according to situational, professional, and cultural norms beyond the control of the person whose life is depicted. As an example, he points out that a number of subjective frameworks for interpreting and representing personal meanings, relationships and time can be conceived that differ from the standard case-reporting format that is linear or chronological in nature. He states, "The social 'life course' and 'chronological time' are core cultural symbols for experience and meaning in our culture."(18) Even these "public" symbols are "only loosely articulated with frames for personal meaning and experience." He cites a "...dire lack of attention to these subjective dimensions in eliciting techniques and in written texts on the life history." (18)

He states his purpose as being to propose a conceptual approach to subjective dimensions with methods to uncover and describe them and to link these subjective narrative dimensions to larger or "...more general individual or group level perceptions of experiences of the self and behavior patterns." In describing the analytic framework, he states,

> " Propositions inherent in our culture's worldview, concerning the 'self' and how subjective experience and meanings relate to public life and cultural symbols, directly influence life history studies...It obscures the diversity among personal meanings and frames from interpreting experiences, and the collaborative aspects of constructing personal meanings that occur in life as well as in the interview process." (18)

To test his proposals he conducted five lengthy interviews over three years with thirty-seven informants, all widowers over sixty-five years of age. These men had been bereaved from two to eight years each, and all identified themselves as being Irish, Italian, or Jewish. He tape recorded these interviews and then analyzed them looking for cultural differences in the narrative dimension. Steps were taken to reduce or eliminate the interviewers own cultural orientation. The aspects analyzed from these narratives were sequencing, or the order of telling, conceptual templates, or guiding metaphors, and elaboration. His results are given in percentage tables and do reflect some cultural difference.

In the narrative sequencing, the lineal format was favored by 71% of the Irish respondents, while 50% of the Italian respondents used a personal sequence. In conceptual templates, 53% of the Irish and Jewish respondents used a cultural, or socially normative life course model while the Italian respondents used a thematic or personal metaphor. In elaboration, 50 % of the Jewish respondents elaborated about the same amount on all topics, compared to 15% and 20% respectively for the Irish and Italian respondents. The results may show a need for further study. The only caution here, which the author does not really provide, is that these are small numbers, all of the participants live in one geographic location, and all were interviewed in the same study.

In 1991 Haight wrote, "Gerontologists in the 1960's published only three

articles on the subject, growing to twenty articles in the 1970's, and finally multiplying in the 1980's with seventy-one articles." The 1990's also saw its share of articles, and, although the exact number hasn't been determined, the remaining literature related to reminiscence and life review therapies would probably double the size of this review. Enough has been discussed to give a fairly complete picture of the progress, and current state, of research on this topic. The diversity of approaches, factors and applications is particularly striking. The fact that this has all been undertaken without an agreed upon definition of terms or a unified or integrated underlying theory, testifies to both the innate attraction of the concept and to the glaring and obvious need to do something therapeutic for the ever-growing population of elders, who, unable to wait till we sort out our protocols, are dying everyday. The costs to society of depression and illness in economic terms is nearly incalculable. The loss to society from withdrawal and isolation in cultural terms is immeasurable. As some researchers point out, any intervention seems better than none.

Although not all of the authors and researchers reviewed have commented on the facet of social interaction, the concept is implicit in every attempt to implement a therapy, to interview or test a participant, or even to communicate beliefs or findings to others through writing. A purely intrapersonal effort at life review could not be studied. As some authors have pointed out, the subjective dimension of cultural values belonging to those who conduct the research or implement the intervention would have a way of altering outcome. As Luborsky stated in 1990, "The challenge...is that the situations in which life histories are elicited, as well as the motivations, the concepts of the researcher, insidiously enter into what we listen for and later represent to others about the person being studied." This is obviously so and

may reflect a complete social interaction.

The studies have been reviewed, one by one, like "pearls hanging on an invisible thread and creating a necklace." The studies have been evaluated, both by the authors and by the reviewer. Individually they may have one meaning, collectively, they may suggest a larger, universal theme. The next step is integration. Through "reversing the phraseology," we may support an old theory, through "pentimento," we may discover one that was always there.

Part III Review of Theory Related to Reminiscence and Life Review

"It is then that the revelation took place: the vision of the fiery beauty of the world suddenly appeared, the secret message of good tidings, the special announcement of the limitless possibilities of being." Bruno Schulz

A topic that has been studied as thoroughly as life review and reminiscence therapies would seemingly have obvious or clearly identified theories associated with the process or implementation of interventions. That it does not is revealed by a review of the related literature. The same review does yield clues as to why this is so. This lack of an agreed upon underlying theory that explains the therapeutic benefits of life review and reminiscence therapies may be traceable to seeming contradictions in the orientation of the researchers and therapists. The topic has been approached from psychological, psychoanalytic, sociological, medical, psychospiritual, creative, and even historical perspectives, all with reported therapeutic results to the individual reviewers, and many times with reported therapeutic results to their partners in the interaction. A review of related theories thus far employed would be useful in highlighting contradictions and similarities among these approaches, which, though diverse, have commonality in that they all employ some form of memory work, they all report some degree of therapeutic benefit, and they all are some sort of social interaction.

Many of the authors previously reviewed seek to give their reports an underpinning of theory as a justification for undertaking the study or implementation of life review or reminiscence therapy interventions. Chief among the theoreticians frequently cited by the authors are Erik Erikson and Robert Butler. Erikson basically described stage development theory in which an individual negotiates ego integration as the intrapersonal developmental task of old age. Butler resurrected and rehabilitated the concept that reminiscing is a valuable social function of the elderly

which could be exploited in a sense to alleviate depression, enhance self esteem, and generally produce therapeutic outcomes for elderly individuals in the health care setting. He described an interpersonal therapeutic intervention that capitalizes on a supposed natural and spontaneous age related trait. Chief among the theoreticians seldom cited directly by the authors are Emile Durkheim and George Herbert Mead. The theories of these two have much to do with an understanding of the therapeutic benefits of life review.

Durkheim cautioned about focusing on individual elements in that these cannot fully account for the amplitude of effects on society, believing that the nature of the individual is too limited to explain "all things human." In this, his orientation parallels the psychoanalytic practice of achieving personal integration through the identification of underlying universal themes. Just as the individual's life history is recognized as containing universal elements, that when realized and demystified may yield a new evaluative framework, so may the individual studies contain universal elements capable of being realized and demystified. The attempt to do so could yield an evaluative framework that is not really new, but rather, an old or original theory framework that has not been exploited in this context.

That the topic under review is a social interaction, or rather a series of social interactions, as opposed to a subjective intrapersonal process, is supported by the literature which, without exception, is based on some sort of interaction, ranging from the filling out of a questionnaire for research to the joint participation in a trance for psychoanalysis. That the filling out of questionnaires does not entail reminiscing, but rather is aimed at revealing underlying mechanisms in the process as opposed to obtaining therapeutic benefit for the individual, highlights that the presence of a social interaction may be the universal element in life review and reminiscence

therapy study. The nature and structure of this social interaction then is the proper object of study for an understanding of how therapeutic benefits may be derived.

George Herbert Mead pioneered the application of sociological theory to the individual aspects of identity, memory, even to the nature of thought itself. That he viewed the complete self of the individual as a reflection of a complete social process, may guide a discussion of underlying theory pertaining to life review and reminiscence. Many researchers have reported therapeutic benefits such as improved self esteem, enhanced well being, improved adjustment, enhanced social and communication skills, decreased depression and withdrawal, even increased health and longevity, as being among the therapeutic benefits related to life review and reminiscence therapy. These benefits are surely related to the self of the individuals whose memories furnish the basis of the social interaction. If therapeutic or positive improvements arise from the process, then it would be logical to expect corresponding changes in the self of the individual.

The nature of the self, or the individual identity, has long eluded definition. To the sociologist, it may be viewed as socially derived through interaction. To the psychologist, it is achieved in early childhood and is thought to be stable, in the case of well-adjusted individuals, over the life course. In seeking an explanation of the therapeutic benefits of the social process of life review and reminiscence therapy, it is logical to look at the question of identity. Perhaps identity is more dynamic than stable. If the life course is smooth and social interactions tend to reflect the self as seen by the individual, then the identity is stable. If the life course is turbulent, and social interactions give rise to conflict, then adjustments are made, either to the way that conflicting interactions are perceived and stored as memories, or to the view of the self that is the individual's identity. When memories are retrieved from storage

during life review and reminiscence, they may contain their own conflict, not from the nature of the interaction as originally recorded, but with the current identity or view of the self of the individual. In seeking agreement between the recalled data and the current self, the individual may alter the content of the memories, eliminating conflicting data. Or they may perhaps alter their identity to agree with the data contained in the memories. The content of memory and the nature of the social process may decide whether the memories are altered, the old identity is reinforced, or whether a new identity is negotiated. The new identity might only be new to the current circumstances of the individual, and in actuality, be the original identity, lost sight of in the course of experience, yet capable, when recognized, of producing the dramatic changes associated with life review.

As part of a review of theory related to life review and reminiscence, a selection of articles pertaining to the topic will be included. These articles represent various approaches with emphasis given to the sociological orientation. The review will be attempted in a more or less chronological order in regard to the specific articles. Some effort will be made to go back to the sources used, with reference, for instance, to Goffman and Antonovsky. George Herbert Mead will be included, but Erikson and Butler will be treated first, and dates supplied with statements attributed to them, wherever possible. Their writings have influenced the majority of the work done and thus are especially pertinent. Their writings are also interesting in that they gave this specific topic their attention over a number of years and were continually revising their own thoughts as their ages advanced.

In the 1999 book Age Power, author Ken Dychtwald discusses Erikson's theory of aging as a continuation of earlier stages of development. He comments on the fact that Erik Erikson and his wife and collaborator, Joan, both lived very long

lives, into their nineties. The author discusses the importance that Erikson placed on giving back to society what each aging individual has learned. He is quoted as saying " Old Age demands that one garner and lean on all previous experience, maintaining awareness and creativity with new grace," and "We can look back over a long past, and so doing helps us understand our lives and the world we live in."

After his death at 92, his wife wrote, "Although at 80 we began to acknowledge our elderly status, I believe we never faced its challenges realistically until we were close to 90...At 90 we woke up in foreign territory...As independence and control are challenged, self-esteem and confidence weaken." Continuing to work after his death, Joan Erikson was developing a theory that included a ninth stage of development, or "gero-transendence," when she died at the age of ninety-five, in 1997. This was described as a more spiritual phase, where the individual shifts from a materialistic, rational perspective to a "more cosmic, transcendent vision." How Joan Erikson would have explained this major shift in perspective will never be known, as she died before completing the work. The fact that it was a work still in progress typifies the nature of the joint research of the Eriksons.

Writing in 1966, in a paper entitled *Ontogeny of Ritualization in Man*, Erik Erikson began by,

> "...postulating that behavior to be called ritualization in man must consist of an agreed upon interplay between at least two persons who repeat it at meaningful intervals and in recurring contexts; and that this interplay should have adaptive value for both participants." (Erickson 1989:46)

The perfect and original example of ritual is the greeting between a mother and her infant. This is thought to be the "ontogenetic source of one pervasive element in human ritualization, which is based on a *mutuality of recognition.*" He notes that the absence of "...such regular and mutual affirmation and certification..." can cause

radical harm to infants' development, and suggests that it may be an inborn need. Further this need for affirmation and certification is present in every stage of development. It results in "...ever more formalized and more widely shared ritualizations...," the purpose of which is to transcend a sense of separateness, yet confirm individual distinctiveness.

Though at the age of sixty-four, he was originally writing about the origin of ritual, he included the selection here quoted, at the age of eighty seven, in his book Vital Involvement in Old Age. It is intended to support the idea of continuity from one age, or stage, to the next. As each stage is attained, nothing is lost only changed in form. Thus the archetypal experience of being lifted up, embraced, and smiled upon by the mother that results in trust and hope may be seen in the performance of rituals with a "childlike faith" that lead to being embraced and smiled upon by a supernatural being.

Similarly, through each of Eriksons stages of development, the crucial variables are carried forward, enabling the individual to advance to the next stage. Only trust and hope lead to autonomy and will; only autonomy and will lead to initiative and purpose; only initiative and purpose lead to industry and competence; only industry and competence lead to identity and fidelity; only identity and fidelity lead to intimacy and love; only intimacy and love lead to generativity and care; only generativity and care can lead to integrity and wisdom. The steps, for Erikson, are sure, it's the time frame that's flexible. Old age, with its potential for integrity and wisdom, represents the individual's last chance to get it right. In discussing old age, he states,

> "The question is what actuality and mutuality can continue to exist in anticipated involvements and disinvolvements, for the old age strength of wisdom also demands a compliance with what may be

> called some truly involved disinvolvement-and all this within a communal order. Wisdom, then, is probably truly involved disinvolvement." (51)

The communal order referred to, that epitomized in the relationship between the mother and infant, is defined by the demand that

> "...their original involvement in each other be a mutual relationship of a certain reciprocated intensity. Furthermore, if we want to characterize it as a 'real' relationship, real must mean not only that it is mutually fitting in its 'factual' dimension but also that it brings about a special, mutualized actuality, that is, an active state keeping awake in both a readiness to develop those patterns of interaction that are ready in each one developmentally-and that means not only in the immediate demands of their respective stages of life but also in an increased readiness for further developments in their future lives." (44)

He next discusses heightened awareness, which he sees as an essential aspect of involvement within the newly acquired wisdom. To define awareness, he seeks to explain such terms as "I," "consciousness," "ego," "self," and "we," both as used by Freud originally, and in relation to their meanings in the discussion of the developmental tasks of old age. This discussion is crucial to an understanding of Erikson's much quoted theory of the developmental task of old age. He notes that there is a problem with translating Freud's works into English, as there is no clear equivalent to some of his basic terms, for example, the words that mean becoming conscious (*bewusstwerden*) and being conscious (*bewusstsein*) are problematic, the second referring to a more "inclusive" state of awareness. Similarly Freud's use of the German *"Ich"* which normally means "I," is usually referred to as "ego" and discussed as "self." The heightened awareness referred to by Erikson, on the other hand,

> "..can by no means be claimed by the usual 'ego.' This is all the more important to us since in old age a human being must not only confront nonbeing but also face the final maturation of what we may call an existential identity." (51)

The word "I" to Erikson, suggests an existential, or spiritual identity, while the "ego" is the "self considered as the seat of consciousness." He notes that in all languages, the word "I" offers "verbal assurance that each of us is a center of awareness in the center of the universe, and this with the sense of a coherent and continuous identity; in other words we are alive and aware of it." He offers lists of adjectives that may describe this awareness, such as central, luminous, active and activated, continuous, indivisible, inclusive, safely bounded, chosen, and etc., then states,

> "It will be clear that all of these dimensions, though 'at issue' throughout all the stages of life, are all at specific risk in old age, that 'last' stage in which the senses and, with them, all space and time connections are destined to lose more or less inevitably some of their power of coherence-even as one knows that physical existence itself is coming to an end."(51)

Thus, in old age, even a stable identity could be viewed as at risk, open to the negative aspects of the specific antipathetic trends discussed by the author, such as despair, self-absorption, isolation, confusion, inferiority, guilt, doubt, and basic mistrust. This statement specifically applies to those who are facing death, or rather are no longer able to deny the near approach of death. The author states,

> " But it must be equally clear that the sense of "I" , in old age , still has a once-for-all chance of transcending time bound identities and sensing, if only in the simplest terms, an all-human and existential identity like that which the world religions and ideologies have attempted to create..." (53)

followed by the qualification, which highlights the interactive, interpersonal character of the process by which the "I" negotiates this new identity,

> "...lest the term 'sense of I' and the adjectives descriptive of it still seem to suggest a dominant self-centeredness, let us reiterate the two essential qualities we claimed must characterize a vital involvement: actuality and mutuality." Suggesting "...a sense of reality that is an active and, in fact, an interactive involvement within a communal

'actuality', and a shared sense of 'we' within a communal mutuality."
He concluded his discussion of these important terms with a statement that makes clear his proposition, that the important and specific dystonic and antipathetic trends related to identity development are re-negotiable in old age.

> " All in all, in old age, many of the developmental concerns of earlier and earliest stages are being refaced, as the then-acquired capacities, traits, and involvements are now undergoing some disdevelopment."(53)

Robert Butler, a contemporary of Erikson's initiated a new interest in the study of life review and reminiscence in the early 1960's. Though his work was in part based on the psychological theories of Erikson and others, he is perhaps the single most quoted author on the topic of life review. Like Erikson, he originally described life review in the context of being a developmental task of old age, he inspired a diverse body of research and implementation, he continued to write on the topic over four decades, he refined his own view on some aspects as he himself aged, he came to believe that something like a new identity is possible as an outcome, and to believe that the process is interactive, stating in 1998's Aging and Mental Health, "...talk is necessary and listening by another mandatory."

A medical doctor and psychiatrist, Butler was the Director of both the National Institute on Aging and the National Institute of Health during the 1970's. In an address given to the Annual Meeting of the Gerontological Society in 1977, he commented on life review. Describing his experience as a young research psychiatrist, with a NIH study begun in 1955, he states,

> "It became quite apparent during the course of this study that there was a therapeutic benefit in reminiscence. People get much out of the opportunity to express their thoughts and feelings to someone willing to listen."

Commenting on the interactive aspect from the vantage point of twenty years, he

states,

> "The benefits of this kind of therapy extend beyond individual therapy...By studying both the obstacles and the supportive features which determine the kind of lives people have led, we may create a new sociology-one which is more structural, situational, and more profound than what is currently available to us."

Thus Butler's view may be seen as influential on both types of studies included in life review and reminiscence work, the intense, one-on-one, or small group therapeutic interventions and the process research-oriented investigations. He also may be seen as a proponent of a multi-disciplinary approach, combining facets of a medical or clinical outlook with psychological theory underpinning, while simultaneously inviting sociological research on the components of the process.

This dual approach to the study of life review and reminiscence may at first glance suggest the possibility of ecological fallacy and indeed there is a potential for it in a topic of this magnitude, especially in the application of small scale therapeutic interventions with individuals or groups. These interventions should not be viewed as chances to test data collected statistically or arrived at empirically, but rather, as individual encounters in which the integrity of the participants is paramount. On the other hand, such encounters are capable of producing data that may indicate areas of future study and analysis. Most of the interventions reported do manage to attain this balance. In relation to this aspect, Butler states,

> " We use terms such as adjustment, ego integrity, adaptation, and satisfaction as though somehow or other a person is supposed to freely accept everything that society has created. In so doing , we often overlook the broad social and psychosocial structure in which we live and the effect that this can have on the individual. There is, after all, a fiduciary relationship of ourselves as individuals to our society, and in turn of our society to us."

In urging the incorporation of life review into the practice of physicians and gerontologists, he notes such therapeutic benefits for the reviewers as giving the

elderly a chance to put their lives in perspective, to feel that their lives are worthwhile, and to prepare themselves for death with reduced fear and anxiety. They also gain a chance to leave a legacy. For the practitioners, life review assists in accurate diagnosis, may reduce the perpetuation of stereotypes, and elicits "emotional, spiritual, and mental factors involved in disease and illness."

At the age of 71, Butler was still writing on the topic of life review with the elderly and dying. He had initially postulated that life review was a natural function of aging and was precipitated by the realization of approaching death. As originally described, life review was not differentiated from other forms of reminiscence and the interactive component was not stressed. However, in 1998's Aging and Mental Health he clarified a definition of life review and incorporated the interpersonal aspect of the process. This perhaps reflects changes in psychological thought and theory, and/or the sociological process research that took place in the intervening years.

In a broad discussion of psychotherapy themes typically encountered with the elderly, he lists new starts and second chances, death in disguise, keen awareness of time, grief and resolution, guilt and atonement, autonomy versus identity, and a need for assertion. These themes that face the therapist may be related to some of the work by Erikson and with some of the therapeutic aspects of life review. In each case, resolution presupposes the presence of a therapeutic listener.

New starts and second chances is usually expressed as "...a wish to undo some of the patterns of their life, to unritualize behavior and give some newness to their experiences...This should be met not just with feeble efforts to regain what has been lost but with attempts to build new interests and new possibilities." For those who have not managed to resolve their fears or feelings about death, diffuse anxiety may

result. To cope with this anxiety, it is important for both the individual and the therapist to recognize disguised fears of death. He comments that these disguised fears are in themselves a frequent cause of reluctance on the part of therapists to work with the elderly. Never the less, these must be faced for therapy, or life with quality, to continue. This recognition of death can produce the keen awareness of time, which is thought to arise from the contemplation of life without a future. In turn, this recognition may result in the "development of a sense of immediacy" that is important for the listener to also realize. This may enhance a sense of enjoyment or tranquillity, an obvious therapeutic benefit. Grief, resulting from losses of loved ones, and also from body dysfunction, when denied outlet, may lead to depression. As this type of depression may be complicated by ambivalent feelings or past action, an effort at restitution may be "crucial" in a therapeutic outcome. Butler recommends that, " One of the most important goals in therapy is helping the older person find a secure confidant..." such as a family member, friend, or acquaintance.

The theme of guilt and atonement with the elderly may be fraught with significance, an especially "..intellectually and emotionally powerful experience..." for the therapist, and capable, when successfully dealt with, of bringing forth reconciliation with spouses, family members and others. On this important topic, Butler states,

> "Although the therapist does not often have it within his or her power to 'grant' mercy or bring full alleviation of the distress, he or she can listen, really listen, bear witness, be able, as it were, to attest to the realities of the life described, and thus help give meaning and validity to that life."(350)

The issue of autonomy and identity should, in Butler's stated opinion be studied separately. Identity is seen as fairly stable in most cases, though changes in health or "emotional difficulties like depression" may produce a rapid reevaluation.

Autonomy is in most cases more closely related to a sense of control, or mastery, over one's self or life situations. The exception would arise in cases where disability, for instance, in a person who views themselves as independent, would produce a state of dependence. He states "Yet it appears to us that, in general, autonomy is a more decisive determinant of human behavior than identity-at all ages." He discusses identity in the terms previously quoted by LoGerfo, that is, as renegotiable "...as seen in those elderly who long for change and renewal." (351)

The final category of themes, need for assertion, tends to accompany illness or incapacity. The nature of the cause increases the difficulty in finding suitable ways to alleviate the resultant feelings. The need for mastery may result in anger and refusal of care in dependent elderly if other ways of asserting themselves cannot be introduced. He states, " Persons caring for the ill or handicapped must assist them in finding ways to assert themselves in a positive manner that brings at least a measure of self-esteem necessary for human dignity." (352)

Admittedly the above discussion refers to elderly people in the process of psychotherapy, though the themes and problems are not unique, and are quite commonly addressed, especially in the institutional or health care setting, by life review or reminiscence therapy interventions. In writing specifically about life review in 1998, Butler confined his discussion to purely interactive interventions such as interviews and group therapy.

He defines life review as "...a more structured and purposive concept than reminiscence or recalling the past." It involves the "...taking of an extensive autobiography from the older person and from other family members as indicated." This may be audio or video taped or written. It may include photos or memorabilia, and should cover such aspects as a summation of life works, or if children are

involved, feelings about parenthood. Goals and consequences of these steps include the following, reexamination of life that may result in expiation of guilt, resolution of intrapsychic conflicts, reconciliation of family members, transmission of knowledge and values to those that follow, and renewal of ideals related to the meaning of life.

When conducted as a group activity, life review can also enhance satisfaction and offer therapeutic benefits for the elderly. It may contain a component of ethnic cultural traditions or straightforward historical narrative that has intrinsic value as a record or database. In discussing the validity of life review, Butler emphasizes the amount of work still needed to answer basic questions such as "What are the interconnections between emotions and memory? ...How do self representations change over time?...What are the connections between memories and identity or self definition? ...how does one measure meaning in life, guilt and expiation, redemption and reconciliation?" These questions all point out the need and direction of further study. In discussing the various interventions by "Professionals in nursing, social work, occupational therapy, physical therapy, arts and music therapy, psychology, medicine, and psychiatry...," he states,

> "Part of the therapeutic value of life review therapy for older persons may be the simple fact that someone is listening to them and that approaching death, affording them little time, is a potent incentive for positive change, such as improvement in mood, increased self-esteem, and so forth." (355)

On the issue of the life review he notes that some have questioned his original statements as to the universal nature of reminiscing in the elderly and also as to the connection of this phenomenon to an awareness of approaching death. He responds to this by noting that if it is not universal, it is "remarkably common," and adds, "Only in old age with the proximity of death can one truly experience a personal sense of the entire life cycle. That makes old age a unique state of life and makes the

review of life at that time equally unique." (356)

As the work of Butler has been extensively quoted in the literature previously reviewed, the final selections from his theory will be incorporated in a brief review of some theorists that he has inspired. These theorists may also draw on the work of Erikson, and sociological theorists, such as Goffman and Antonovsky, thus reinforcing the multi-disciplinary approach that has characterized the study of life review and reminiscence. These theorists represent the gerontological or sociological approach with articles spanning the period from 1983-1996.

In the 1983 article, *Toward a Social Phenomenology of Aging: Studying the Self Process in Biographical Work*, author Jerold M. Starr traces the use of the life history method in sociology by anthropologists, criminologists, ethnographers, and even demographers. Until the 1940's, life history was used extensively in sociology, "...especially by criminologists at the University of Chicago." This method was thought to produce a unique view of two-way processes between social forces and individuals, one that could be obtained in no other way. With the rise in popularity of surveys and statistical analysis within sociology, the use of life history "...fell out of favor.." and "...turned more toward description and exploration than theory testing."

The use of life history was revived in the 1970's in anthropology to develop descriptive accounts of adulthood and aging in "diverse cultures" and also to document the "range of variation" possible in human adulthood. When employed in this context by ethnographers, it has been termed as "cultural phenomenology." It may also be used in specifying developmental models, or as a part of the "cohort analysis" technique used by demographers to assess attitudes and relationships. The next development described is the use of cohort analysis to study "life cycle matrix concepts and methods," which, in turn, may clarify an understanding of age grouping,

age stratification, etc. The author contends that this approach may in time clarify "...the social environmental sources of what have been previously accepted by many as 'natural' stages of the life course."

In a discussion of the "self" in aging theory, the author refers to Erikson's 1959 work, *Identity and the Life Cycle,* to describe the "ordered change account" of development as contrasted with the "stability" account dominant in psychoanalytic theory. Both are said to focus almost exclusively on the early years of life. This in turn has led to a view of mid-life as "uneventful." It is in this context that the author quotes Butler, from the 1970 work, *Looking Forward to What? The Life Review, Legacy, and Excessive Identity Versus Change,* as saying,

> " I deem identity potentially to be a reactionary concept implying that the consolidation of one's past identifications...is to be valued and regarded as healthy. But the active confusion and searching on the part of the youngster may perhaps more appropriately be viewed as an endeavor on the part of that youngster not to accept and consolidate the past identifications and past experiences, but rather as the effort to transcend them... While early experiences leave their indelible imprint, development may be described more accurately as a sequence of events that goes on from birth to death."

The author uses this statement to support the acceptance of an account of aging that "...calls attention to the flexibility of developmental patterns..." in which the individual is seen as an active agent, capable, through self reflection, of autonomous or self directed change. This view of aging is consistent with the interpretive paradigm, that is, that symbols and meanings change over time through interaction, and the self is "...both agent and object..." The author states, " In an existential sense, each individual makes behavioral choices and, in the process, chooses himself or herself."

In this view, of "self as process," life histories are never taken at face value,

but rather, are termed "accounts" and the important questions are not "...how people respond to life changes or proceed through stages, but how they negotiate and generate the reality and meaning of change, stages and development; how they come to have a sense of them as things separate from themselves...and how they subsequently respond to them as real things."

In the 1988 article *Autobiography: The Negotiation of a Lifetime,* author Vera I. Tarman also looks at reminiscence and life review within the framework of the interpretive paradigm. Following a review of developmental theory that draws on both Erikson and Butler, she describes the interpretive approach as seven basic premises, then explains the role of Goffman's theory of dramaturgy as applied to life review. She discusses Erikson's work as a deterministic view within the developmental perspective. She quotes from his 1950 work, *Childhood and Society,* "The individual integrates the timetable of the organism with the structure of social institutions." (Tarman1988:173) He describes life review as an individual process, in which the elderly reviewer seeks to accept the life that they have lived, so that death is faced, and integrity achieved. He is quoted as saying of the individual,

> "For he knows then the individual life is the accidental coincidence of but one life cycle with but one segment of history, and that for him, all human integrity stands or falls with the one style of integrity of which he partakes...before this final solution, death loses its sting."

In a discussion of Butler, she remarks, " Much of the literature on life review and reminiscence stems from, or is heavily influenced by, his initial developmental interpretation of this phenomenon." She quotes Butler from his 1964 work *New Thoughts on Aging,* as saying,

> "The Life Review is conceived of as naturally occurring universal mental process characterized by the progressive return to consciousness of past experience, and particularly, the resurgence

> of unresolved conflicts; simultaneously, and normally, these revived experiences and conflicts are surveyed and reintegrated."(173)

She moves from the discussion of Butler's work to a description of the interpretive framework by discussing researchers who gradually expanded the scope of the developmentalist perspective by including the interactive effect of cultural or historical dimensions on the individual, by looking at the ways that people actually perceive themselves as aging, and by describing the individual's life review as an example of a social construction of reality. This work, by Riegel, Cohler, and Ryff, was done in 1975, 1982, and 1986 respectively and is credited with helping to produce the interpretive perspective.

The interpretive perspective is said to allow a broader and "more sociological framework" to be applied, which, in the case of life review, gives greater emphasis on social influences as opposed to "universal" characteristics, which in this perspective, are seen as the standards of our own Western culture. The author cites seven descriptive propositions of the interpretive approach which are here paraphrased briefly. The first is that distinctly human behavior and interaction are carried through the medium of symbols and their meanings, thus reality is socially constructed because of the individual's need for consistency and meaning. The second is that the individual becomes humanized or socialized through interactions with other persons, or the life stages postulated in developmentalism are social constructions to which many have become socialized. The third is that human society may be conceived of as consisting of people in interaction, or society itself does not exist beyond the people who actively endorse it. The fourth is that humans are active in shaping their behavior and can change their interpretation of events or even themselves. The fifth is that, thinking itself is a kind of human interaction with itself, thus internalizing the social process into the psychological process to influence consciousness. The sixth is

that humans construct their behavior in the course of its execution. The final premise, as given by the author, is, that one needs to understand the meanings and interactions that make up covert behavior in order to make sense of observable overt actions.

This leads up to a description of Goffman's theory of dramaturgy and its application to some selected life review stories. According to the author, in the dramaturgical approach, individuals are viewed as actors who control the impression that they make on others by a conscious performance. By manipulating the symbols, verbal, and nonverbal cues, they produce a desired effect and thus manage their situation. The author states, "Goffman envisions the world as a series of complex interactions composed of self presentations, of people struggling to maintain themselves." (Tarman 1988:178) Part of this interaction may involve strategies to control potentially disruptive breaks or flaws in the presentation. Both partners in the interaction may "...go to great lengths..." to avoid exposure. Those unable to act out a socially agreed upon successful performance are thought to be stigmatized, or to have spoiled identities. Those who are stigmatized have three options for saving their performance, concealing the signs of the stigma, presenting the signs as evidence of less stigmatized attributes, or accepting the stigma, but denying its importance. An unspoken assumption is that individuals seek consensus and that interaction depends on the cooperation of all participants.

The author describes the aged as possessing a spoiled or stigmatized identity and the life review process as a type of performance intended to repair identity and maintain power. She quotes Goffman from his 1950 work *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* as saying, " Given the stage that any person has reached in his career, he typically finds that he constructs an image of his life course-past, present and future- which selects, abstracts, and distorts

in such a way as to protect him with a view of himself that he can usefully expound in current situations." Though acknowledging that Goffman didn't specifically have the aging in mind when he wrote this statement, the author contends that dramaturgy still represents an interpretive approach to "...understanding the life review that occurs in old age." (179)

As an example of a previous study to which the interpretive approach may be successfully applied, the author uses McMahon and Rhudick's 1964 conversational reminiscence with Spanish-American War Veterans. Tarman departs from the results described in 1985 by Molinari and Reichlin, and referred to by LoGerfo in 1980, and instead, divides the styles of reminiscence into four categories, those who glorified the past, those obsessed with past guilt, storytellers, and those who were depressed and avoided reminiscence. In the dramaturgical approach as applied by the author, those who glorified the past were seen as rewriting their autobiography so that others were impressed, or as offering a distortion to repair their spoiled identity. The storytellers are seen as successfully manipulating the interviewer. The author states, " He has been classified as a storyteller, and he is able to negotiate impressions and identity with the experimenter. For those few moments he has reality back on his side." In this interpretation, the reported "joy and pride" of the storytellers would stem from the manipulation of the experimenter rather than from the passing on of their legacy.

It may well be that Goffman's theory of dramaturgy could be applied to life review, but if so, it would apply equally to those who study the interactive process or seek to implement interventions with therapeutic intent. It's best use would be as a tool to understand the interaction. The therapeutic results for the reviewers previously described by many researchers, in many settings, over several decades,

seemingly cannot all stem from the pleasure derived by these elderly or dying individuals in manipulating experimenters. In Goffman's 1959 *Presentation of Self in Everyday Life*, he states, "Regardless of the particular objective which the individual has in mind and of his motive for having this objective, it will be in his interests to control the conduct of the others, especially their responsive treatment of him." In other words, the actors on both sides of the social situation present the type of information about themselves that is best calculated to result in being treated as they would wish.

The 1993 article *Comment 'I Don't Feel Old': The Significance of the Search for Meaning in Later Life*, by Paul Thompson, offers a critique of the way that social scientists have previously studied aging, arguing that researchers have skewed the results described in the literature by focusing on the pathology of aging and neglecting the use of life story and oral history to obtain a clear understanding of the entire life course. This has resulted in the unfortunate perpetuation of negative stereotypes and demeaning attitudes, which, in turn, has only compounded the problems that face the elderly. His criticisms are based on the results of a 1990 study from the United Kingdom based on fifty-five life story interviews with randomly selected participants between the ages of sixty and eighty seven.

In reference to life story sociology and oral history, he notes that the need for such research is being recognized for three reasons, being, that there is a new willingness to listen to the older people themselves as popularized by Butler and others, that aging is now viewed as a process rather than an event and life history is a useful tool for the understanding of the process, and that the life patterns of the elderly are complex and individualized as opposed to homogeneous. He describes old age as "...a time of active challenge" in which individuals draw upon their

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The other important theory cited by the authors is that relating to Aaron Antonovsky's concept of sense of coherence. Several researchers are cited whose work supports the contention that sense of coherence "...is a crucial factor concerning degrees of well-being and health...also in the elderly." It was, according to the authors, defined by its originator in 1987 as,

> "A global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from ones internal and external environments in the course of living are structured, predictable and explicable. (2) The resources are available to one to meet the demands posed by these stimuli and (3) these demands are challenges, worthy of investment and engagement."

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The final theoretical perspective to be considered is that of George Herbert Mead. Mead was a professor of philosophy at the University of Chicago in the early part of this century. He is usually credited with beginning symbolic interactionism through his writings and lectures, later expanded by his students and others (Charon 1998:28). He is described as a pragmatist, influenced by both William James and John Dewey. (28-29) Mead has influenced the interpretive paradigm, which in turn has made it's contribution to the study of life review research and interventions, but he has otherwise not been cited in this connection. He gave attention to the way that identity is negotiated, and also realized the social and interactive nature of the process. Some of the basic tenants of pragmatism illustrate both Mead's work and the influence it had on later sociological approaches. These are taken from Charon, in 1998, who cites Strauss (1964) and Desmonde (1957).

> of unresolved conflicts; simultaneously, and normally, these revived experiences and conflicts are surveyed and reintegrated."(173)

She moves from the discussion of Butler's work to a description of the interpretive framework by discussing researchers who gradually expanded the scope of the developmentalist perspective by including the interactive effect of cultural or historical dimensions on the individual, by looking at the ways that people actually perceive themselves as aging, and by describing the individual's life review as an example of a social construction of reality. This work, by Riegel, Cohler, and Ryff, was done in 1975, 1982, and 1986 respectively and is credited with helping to produce the interpretive perspective.

The interpretive perspective is said to allow a broader and "more sociological framework" to be applied, which, in the case of life review, gives greater emphasis on social influences as opposed to "universal" characteristics, which in this perspective, are seen as the standards of our own Western culture. The author cites seven descriptive propositions of the interpretive approach which are here paraphrased briefly. The first is that distinctly human behavior and interaction are carried through the medium of symbols and their meanings, thus reality is socially constructed because of the individual's need for consistency and meaning. The second is that the individual becomes humanized or socialized through interactions with other persons, or the life stages postulated in developmentalism are social constructions to which many have become socialized. The third is that human society may be conceived of as consisting of people in interaction, or society itself does not exist beyond the people who actively endorse it. The fourth is that humans are active in shaping their behavior and can change their interpretation of events or even themselves. The fifth is that, thinking itself is a kind of human interaction with itself, thus internalizing the social process into the psychological process to influence consciousness. The sixth is

that humans construct their behavior in the course of its execution. The final premise, as given by the author, is, that one needs to understand the meanings and interactions that make up covert behavior in order to make sense of observable overt actions.

This leads up to a description of Goffman's theory of dramaturgy and its application to some selected life review stories. According to the author, in the dramaturgical approach, individuals are viewed as actors who control the impression that they make on others by a conscious performance. By manipulating the symbols, verbal, and nonverbal cues, they produce a desired effect and thus manage their situation. The author states, "Goffman envisions the world as a series of complex interactions composed of self presentations, of people struggling to maintain themselves." (Tarman 1988:178) Part of this interaction may involve strategies to control potentially disruptive breaks or flaws in the presentation. Both partners in the interaction may "...go to great lengths..." to avoid exposure. Those unable to act out a socially agreed upon successful performance are thought to be stigmatized, or to have spoiled identities. Those who are stigmatized have three options for saving their performance, concealing the signs of the stigma, presenting the signs as evidence of less stigmatized attributes, or accepting the stigma, but denying its importance. An unspoken assumption is that individuals seek consensus and that interaction depends on the cooperation of all participants.

The author describes the aged as possessing a spoiled or stigmatized identity and the life review process as a type of performance intended to repair identity and maintain power. She quotes Goffman from his 1950 work *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* as saying, " Given the stage that any person has reached in his career, he typically finds that he constructs an image of his life course-past, present and future- which selects, abstracts, and distorts

in such a way as to protect him with a view of himself that he can usefully expound in current situations." Though acknowledging that Goffman didn't specifically have the aging in mind when he wrote this statement, the author contends that dramaturgy still represents an interpretive approach to "...understanding the life review that occurs in old age." (179)

As an example of a previous study to which the interpretive approach may be successfully applied, the author uses McMahon and Rhudick's 1964 conversational reminiscence with Spanish-American War Veterans. Tarman departs from the results described in 1985 by Molinari and Reichlin, and referred to by LoGerfo in 1980, and instead, divides the styles of reminiscence into four categories, those who glorified the past, those obsessed with past guilt, storytellers, and those who were depressed and avoided reminiscence. In the dramaturgical approach as applied by the author, those who glorified the past were seen as rewriting their autobiography so that others were impressed, or as offering a distortion to repair their spoiled identity. The storytellers are seen as successfully manipulating the interviewer. The author states, " He has been classified as a storyteller, and he is able to negotiate impressions and identity with the experimenter. For those few moments he has reality back on his side." In this interpretation, the reported "joy and pride" of the storytellers would stem from the manipulation of the experimenter rather than from the passing on of their legacy.

It may well be that Goffman's theory of dramaturgy could be applied to life review, but if so, it would apply equally to those who study the interactive process or seek to implement interventions with therapeutic intent. It's best use would be as a tool to understand the interaction. The therapeutic results for the reviewers previously described by many researchers, in many settings, over several decades,

seemingly cannot all stem from the pleasure derived by these elderly or dying individuals in manipulating experimenters. In Goffman's 1959 *Presentation of Self in Everyday Life*, he states, "Regardless of the particular objective which the individual has in mind and of his motive for having this objective, it will be in his interests to control the conduct of the others, especially their responsive treatment of him." In other words, the actors on both sides of the social situation present the type of information about themselves that is best calculated to result in being treated as they would wish.

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"Reality does not impose itself on us without our taking a role in it." (Charon 1998:29) This is an obvious connection to the interpretive perspective. "What do we end up believing and remembering? To the pragmatist knowledge is judged by how useful it is in defining the situations we enter." (29) "...things in situations are defined according to the use they have for us at the time." (30) Objects, including thoughts and memories, exist, but they are interpreted in context in relation to their utility. "Start with action," to study humans and what humans do in real situations. (30) In this focus on reality, pragmatism parallels Marxism.

In *The Self, the I, and the Me,* originally published in 1934, Mead discusses these concepts, and touches on the concepts of experience, consciousness, identity, rational conduct, communication, and some of the social and interactive aspects of experience.

The self is first described as separate or distinct from the body. " The self has the characteristic that it is an object to itself, and that characteristic distinguishes it from other objects and from the body." (O'Brien and Kollock 1996:298) The various parts of the body are distinguished from each other and from the self, but are seen as belonging to the self. "There are of course, experiences which are somewhat vague and difficult of location, but the bodily experiences are for us organized about a self." (298) The self is described as entering into the experience of the self. "It is the characteristic of the self as an object to itself that I want to bring out. This characteristic is represented in the word 'self', which is a reflexive, and indicates that which can be both subject and object." (298) This object is different from others and "...in the past it has been distinguished as conscious, a term which indicates an experience of one's self." (298)

It is possible to have experiences in which the self does not enter at the time

they are taking place, the example being, running away from something. To clarify this, Mead refers to those experiences of intense action in which memories and anticipations occupy the self. "Tolstoi as an officer in the war gives an account of having pictures of his past experience in the midst of his most intense action." (299) In this situation, there is "...an experience that is absolutely wound up in outside activity in which the self as an object does not enter, and an activity of memory and imagination in which the self is the principal object." (299) This resembles the phenomenon of the dying person who's life flashes before their eyes, and is used, in this context, to illustrate that the self is not only separate from the body, but from physical experience.

Reason is described as enabling the self to become self-conscious, and this involves impersonally viewing the self in the same way that one views the other selves in social situations. Self-consciousness means that, "The individual experiences himself as such, not directly, but only indirectly, from the particular standpoints of other individual members of the same social group, or from the generalized standpoint of the social group as a whole to which he belongs." (299)

The importance of communication is that it enables the individual to become an object to himself. The communication referred to consists of "...significant symbols, communication which is directed not only to others but also to the individual himself." (299) This type of communication introduces a self. This self is not primarily the physiological organism, though of course, that is essential. " The self, as that which can be an object to itself, is essentially a social structure, and it arises in social experience."(300) Following a description of how it is possible for the self to communicate with this socially derived self, he states, "One inevitably seeks an audience, has to pour himself out to somebody."(300) Thought itself is

described as an inner conversation, preparatory to social action. One thinks to oneself and responds to oneself, but the inner conversation implies eventual expression to an audience. " That the person should be responding to himself is necessary to the self, and it is this sort of social conduct which provides behavior within which that self appears."(300) To have more than one self in this sense is normal.

> "There is usually an organization of the whole self with reference to the community to which we belong, and the situation in which we find ourselves. What the society is, whether we are living with people of the present, people of our own imaginations, people of the past, varies of course with different individuals", and, "We would be glad to forget certain things, get rid of things the self is bound up with in past experiences. What we have here is a situation in which there can be different selves, and it is dependent upon the set of social reactions that is involved as to which self we are going to be."(301)

The response of the social world that we are involved in gives rise to our complete selves, both the I and the me, which objectively and subjectively constitute our identity and the structure of our identity is dependent upon the structure of our social interactions. A complete self, capable of integrity in the face of death thus reflects a complete interaction. The self then, may be seen as comprised of an I and a me, both of which arise in social interaction, and which together make up the identity of the individual. As social interaction is complex and variable, the I, and the me, and hence the identity, may also vary. This is not really so different from the view expressed by Antonovsky. The current social interaction represents his "superior forces" which may give rise to new identities. For him, the identity is best viewed as a social role complex through which the self, a collection of personality traits, is manifested. This definition leaves out the role of experience, or the collection of interactions which constitute the life history of any individual. It also leaves out the unique, personal I that arises as a result of these complicated variables. This I would

more closely resemble that which Erikson described as an almost "existential" identity, far removed from the ego. This identity is not the social role, nor is it the personality traits. These may be considered objectively as belonging to the me that is engaged in a given social interaction.

The identity described by Mead is the complete self, comprised of both a unique and personal I, and a me, that possesses and uses both personal and social attributes to interact. What is reflected back from the partner(s) in the interaction constitutes the me, and will try to be anticipated beforehand by the I. This rehearsal of social action and anticipated response is thought and takes place between the I and the me. As Mead notes, the rehearsal implies an eventual audience. If the I is considered as being relatively stable, the me must be considered as being flexible or dynamic, changing in response to the current context, and capable of responding to the feedback received from partners in interaction. If identity, or the complete self, may be considered as arising from an I and a me, identity then may vary. When the social action is the communication of the life history and the response is correctly anticipated by the I, the me is reinforced and identity is confirmed. For example, if the I anticipates that the me engaged in the interaction will be responded to as uninteresting, sick, dying, or any other spoiled identity that may frequently be associated with the elderly, and if the response received confirms this identity, then the me will be unlikely to shift and the identity will remain stable though spoiled. The life review will be said to be ineffective. If on the other hand, the communication is valued, and the response is one of interest and respect, a different, unspoiled me will be reflected back by the partner in the interaction. The more stable I will then be in a different position relative to this new me and a quite unspoiled identity can emerge. If past events are to be reevaluated and integrated, this can

really only be achieved by a new unspoiled identity. As the past events are recounted and the new me is consistently responded to, the basic thoughts of the individual, or the rehearsals of action between the I and the me, will change, reflecting a changed identity. This type of new, effective identity could account for the various therapeutic effects attributed to life review. Thus the therapeutic effects can be traced to the character of the interaction.

Discussion and Summary

"They would like you to take something from them, anything, a pinch at least of these disembodied, timeless stories, absorb it into your young life, into your bloodstream; save it, and try to live with it." Bruno Schultz

The nature of the topic of the therapeutic effects of life review and reminiscence with the elderly and dying, because of it's complexity, lends itself to both a pragmatic and sociological approach. The elderly and the dying exist in reality, and eventually, every individual will take part in that process, one way or another. Both growing old and dying are social processes. Both reminiscing and life review are intrapersonal, cognitive, and affective, and interpersonal, social, processes. Both kinds of processes have utilitarian and interpretive aspects. The issues involved are some universal issues.

The definitions of the terms are unclear. Life review and reminiscence overlap, touch on older philosophical questions and impinge on other fields of study. The orientations are variable, and so are the methods of approach. Therapeutic effects have been observed, recorded, and reported, and though perhaps not consistent, are still convincing. Motivations to use and apply imperfectly understood and unpredictable interventions abound, ranging from economic to altruistic.

The nature of the research may introduce new variables, changing not only what is being studied, but also those who study. The topic has received the attention of great researchers over many years, and only gradually become accessible to clarification. The topic has implications that range from how health care and social program dollars should be spent in the future, to whether or not one ninety year old man will say good morning to his ninety year old wife.

The therapeutic effects of reminiscence and life review with the elderly and the dying are real, as supported by the evidence. The evidence has been painstakingly

gathered and reported over a number of years, albeit in a not always consistent way. The dying have reportedly received relief from psychospiritual pain, (Jones and Churchill 1994) relief from the anguish of feeling that life is without meaning, decreased apathy and depression, increased self-worth and self-esteem, enhanced quality of life, reconciliation with family members, relief from physical symptoms, even remission of fatal disease. (Lichter, Mooney, and Boyd 1993)

Some elderly individuals have had grief resolution, reinforcement of self-identity, and been better able to cope with stress. (Pincus 1970) Some elderly veterans had improved adjustment, (Boylin, Gordon and Nehrke 1976) and some passed on their stories with joy and pride. (McMahon and Rhudick 1964; LoGerfo 1980) Some elderly patients had improved relationships with their doctors, and became able to communicate with others with more trust (Harris and Harris 1980). Some former community leaders and ordinary folks became revitalized, were able to pass on history, increase their satisfaction, have intergenerational contact, and feel included (Baum 1980). Some isolated Jewish nursing home patients were able to become part of a group and feel proud of their past. (Ingersoll and Goodman 1981) Fifty very elderly nursing home patients were able to leave a tangible legacy and enjoy talking to new friends. (Becker Blumenfield and Gordon 1984) Thirty two cognitively impaired patients had significant increase in orientation and ability to remain engaged in activities. (Tabourne 1995) The staff at one nursing home was able to receive one patient's memories as devotional, to help one patient continue to read and have intergenerational contacts, to form a relationship and provide activity for a third. (Heliker 1997) Eighty elderly outpatients with depression felt less isolated. (McDougall, Blixen and Suen 1997) Some German elderly people were able to speak of death and loss, to learn from each other, offer and receive comfort and support.

(Spinkart 1988) Some elderly Hispanic Americans were able to feel less isolated and hand down their cultural traditions. (Zuniga 1989; Andrada and Korte 1993) An elderly Englishwoman was able to break six years of near silence and share her memories with the nursing home staff. (Plummer 1997)

Many other anecdotal accounts exist in the literature, and no doubt, many anecdotal accounts exist that have never been published. Something about the nature of the process, for those who have actually engaged with the elderly and dying reviewers, seems to deter objective scientific speculation, and encourage researchers of even Butler's stature to wax poetic, and to quote creative thinkers, like Lillian Hellman, William Carlos Williams, (or Bruno Schultz), to describe their experiences. The nature of the interaction for anyone who works face-to-face with the elderly and dying reviewers seems to be at odds with a detached viewpoint.

Those who attempt to study the topic without coming face-to-face with the elderly and dying reviewers are practicing a form of research far removed from the pragmatic approach, the focus on the real, that is such an integral part of the fundamental theories of Mead and Marx.[3] They are also astray from the fundamental teachings of Emile Durkheim, who, in his description of Nietzsche's viewpoint, said, "We can know things only through processes that distort them, that transform them, to a greater or lesser degree, into our own thoughts,"(Wolf 1960:388) hence, truth may not be arrived at, only conceptions that have utility. This is contrasted with the pragmatist, who is dominated by "..a realistic sense and a practical sense...For him, truth is something to be accomplished." (Wolf 1960:390) This, in turn, is contrasted with the sociological viewpoint, "The sociological point of view has the advantage of permitting us to analyze even the august thing that is truth," (430) and, "Action

[3] See Theses on Feurbach

cannot be separated from thought." (433)

In the sociological teachings of Durkheim, fundamental emphasis is given to the role of a "vast symbolism" that is responsible for every aspect of social life throughout all of history. (Durkheim 1912) A manifestation of this symbolism is the structure of interactions, from the individual, face-to-face encounters of everyday life, to the large-scale cultural rituals of entire societies. Erickson parallels this view and perhaps draws upon it, in his example of the mother's greeting for her child leading, eventually, to the belief in a personal God, capable of a loving embrace with each individual. For Erikson, the stages from the trust of infancy to the integrity of old age are negotiated through the larger structures of social life.

As described by Butler, a structured and purposive life review is a form of ritual, as described by Durkheim. It is interpersonal, has copresence, has a focus of attention, common emotions, and may involve objects such as a book or photos and other mementos that have a symbolic value to those involved in the interaction. This is one of the things that distinguishes life review from simple memory. The fact that it is a natural ritual on a small scale as opposed to a formal, large scale ritual does not lessen the potential for providing rewards to the participants (Collins1988:198). As author Randall Collins notes, "A ritual then, is a kind of energy-producing machine, a sort of social 'battery' for charging up individuals. Participating in rituals gives a feeling of strength and support, which individuals can then use in their daily lives." (192) The structure adds value to the process and increases the likelihood of therapeutic outcomes for the individual.

As demonstrated by the literature, life review involves social interaction. The goal of life review is to recall and integrate the past to achieve integrity and acceptance in the face of death. The psychological task is to recognize within the

individual stories universal themes. The most elderly reviewers tend to focus on mythic events or the mythic qualities of recalled incidents. This may not be a random characteristic, but may rather reflect the structured or ritual characteristics of the process. The very mechanism of life review, verbalizing these unseen or personal events from the past, is accomplished through language, in itself the ultimate symbol. When the words are recorded and received as a legacy, a contribution to the history of the time, the ritual aspects may be expanded to include society as a whole.

All this is not to say that there isn't utilitarian value in understanding the various components of the factors that make up the process of life review. For application purposes, there is. But research that attempts to define the underlying mechanisms responsible for therapeutic outcomes of the process without first engaging in it, may create a suspicion that the research itself is subject to some undisclosed underlying mechanisms. Methods that fail to take into account the interaction that inevitably takes place between the individuals being studied and those who study, may actually be inappropriate for this topic. The nature of the topic, the recalling of life in the face of death, may cause some researchers to distance themselves.

Researchers who do not view the process as interactive, but rather as capable of being explained by the interpretation of second-hand statistics, seemingly turn up a number of contradictions. Their finding may reflect their own ambivalent, or contradictory, feelings toward the elderly or dying. Similarly, those who view the process as interactive, but focus solely on the process variables, are capable of concluding that the therapeutic benefits derive from manipulating the situation, without even considering that the opportunity of passing on of this final, unique, and infinitely valuable legacy to society as a whole may just possibly offer greater

satisfaction than that to be derived from controlling an experimenter.

Some choose to focus on relatively minor facets that may pose interesting questions. When they attempt to answer these questions without talking to a single elderly or dying person, it poses an even more interesting question as to the nature of the researcher's desire to distance themselves from their subject. Does this stem from scientific impartiality, or simply from avoidance of the elderly and dying? Some research seems geared toward demonstrating that this is not a topic on which any agreement has been reached, mainly because they neglect to look at the common factors in every piece of research that's been reported, the use of an individual's memories and the amount and caliber of social interaction involved in communicating them. As has been previously noted, research can perpetuate stereotypes that in turn complicate the issues being studied.

On the topic of therapeutic interventions with the elderly and dying, Butler, who interviewed many elderly and dying, wrote,

> "Reality must be central. If there were simple alignments between our drives, our moral strictures, and the workings of the world, if Freud were dead wrong, we could move merrily along", and, "If aging and disability did not exist; if lives were not filled up with malevolence, acts of violence and real wrongs done to others and oneself, then we could simply reassure the older people who are sick with guilt" , and also, "The therapist cannot win out against death, but he or she can win out for life, for a sense of the real, for the kind of growth that truly matters, dealing as it does with the ways to love-and hate-with the meanings of human conduct, with an appreciation of human nature and the succession of the generations." (Butler 1998:351)

Butler pointed out that many questions remain unanswered about life review and reminiscence therapy, not concerning the therapeutic value, but concerning the mechanisms which best effect therapeutic outcomes. He notes that we may not have current research methods in use that would answer all of the remaining questions,

such as " How do self-representations change over time? What are the connections between memories and identity and self-definition? What is more important, that which we remember or that which we forget, or both?" He advocates that gerontologists and other professionals turn their attention to these questions.

I contend that these questions have already been addressed, though not specifically in this context. George Herbert Mead answered these questions in a way that makes sense of the real interaction that takes place between the elderly or dying reviewer and the listener, the researcher, the therapist, the volunteer, the family member, the friend, in other words, the other who represents society. The self is essentially a social structure and arises in the social experience. The self changes over time. There can be different selves. What determines the self that we are, or can become, depends upon the social reactions, or the reaction of the other that represents society in the particular interaction of life review.

If the reviewer's story is seen as a valuable addition to the larger history of the time, then the reviewer will feel a part of a larger group. Their life can be seen as having meaning and making sense in a historical context. Their self-esteem will be improved to the degree that their stories are perceived as valuable. They will develop a self that is connected, communicative, and valuable. On the other hand, if their story is not received as connected to their current reality, they will feel isolated. Their self will be withdrawn. The self that is presented will be the one that has the greatest utility to their current situation and it will be determined by the response that they receive in the social interaction. The individual will be aware of himself, self-conscious, indirectly, from the standpoint of the other involved in the interaction and also from the generalized standpoint of the group or society to which he perceives himself as belonging.

The identity arises from this socially derived self, the product of experiences. Experiences may be something that we recall gladly or would like to forget. Experiences may include those that never engaged the self, were oriented to action. This self and these social relations can vary, can include current circumstances, people from the past, and even people of our own imagination. If it is useful to be a story teller, preferable for instance to being a dying old person, then the self will draw on experiences, both real and imaginary to tell stories. If the stories and their reception by the other enhance the sense that the recalled life has been coherent, then this may produce the therapeutic effect on health, may account for the improvement of symptoms, even the remission of disease.

If those intense, action oriented experiences are recalled, and the current self becomes engaged in the remembrance, communicates them to the other, and becomes self-conscious from the standpoint of the other, then, depending on what that standpoint is, the identity may resemble a new identity, in as much as the experiences engaging the self in the current context, were never engaged in before. This type of experience may well contain an element of conflict. They might in fact have a quite mythic quality in themselves, or resemble the archetypal myths of the entire social cultural frame of reference belonging to the individual.

The engagement in these types of interaction is a two way process. The other individual involved with receiving the life review must interact, minimally by being an attentive listener, or possibly to the extent of perceiving the recalled events in their own mind to such an extent that they, too, can perceive the experience in the future through the act of recall. When the events are historically far back in time, culture and experience will be transmitted, and a new self, with new insights, can emerge in the listener, the other. This new self may reinforce or alter the identity of the listener.

When these changes are carried forward, for example in the case of increased historical knowledge or cultural sensitivity, into the everyday and future social interactions, then society itself may be changed.

Society may be changed by the simple collection of life history stories in an archive, collected purely for their historical value. Society may also be changed when researchers change, as in the case of Butler with his vast influence on a number of interventions designed to enhance quality of life, ease suffering, or simply save money. When the most favorable elements are present, a complete social interaction may take place. The therapeutic outcome for the reviewer may result in improved health, better communication skills, reconciliation with family members, and a feeling that they are truly a part of society, of history, that their life had meaning and death is not something to be faced with fear. A valuable legacy may be created, history recorded, and understanding enhanced. The partner in the interaction may come away with more knowledge and deeper insight, which in turn may alter the outcomes of a range of social endeavors.

It would be well if future researchers would take the interactive nature of this process into account in the design of their projects. Shying away from engagement on this level with the elderly and dying doesn't guarantee accuracy of results. Perhaps some understanding of the historical period and the cultural tradition under review would assist in making the right responses, asking the right questions, and in recognizing the appropriate myths.

A grasp of what empathy and empathic listening means may offer some insight into how the use of memory with the elderly and dying can yield therapeutic outcomes for the individual. From a sociological, interpretive perspective, having empathy may be understood as taking the role of the other in an interaction as well as

being able to predict the impact on the other of various considered lines of action. (Weinstein 1969:757) Empathic listening then, would resemble the trance-like state described by Sprinkart (1988), in which, when the story is told correctly, the listener or partner in the interaction also sees the story as real, and may later be able to recall the mental picture acquired from the story teller. Thus the empathic listener, identifying with the teller, may respond in a way that enhances the therapeutic outcome. This type of listening is not something really out of the ordinary, but occurs in everyday life whenever one visualizes a story being told. In the case of life review, the story is the teller's own experience. By empathic listening, the story is made real to the listener who in turn may offer accurate and pertinent feedback, thus creating the type of interaction in which new selves or older forgotten selves may be recognized in both participants. The recognition and incorporation of these hitherto unrecognized selves provides a context in which identity may be renegotiated.

A key component of future research may be a consideration of the meaning of the terms therapy and therapeutic. In the case of life review, depending as it does on the individual's own unique, personal, and internal mental pictures, therapy cannot be something administered entirely from without. Planned interventions, no matter how well intentioned, cannot yield the reported therapeutic outcomes for individuals unless they mesh with the individual's own internal needs and goals. Planned therapeutic interventions fail to meet an original criteria of life review, that is, that it is spontaneous. Spontaneity implies that the impulse arises within the possessor of the memories, in this case, the elderly or dying. The extent of true therapy may be that this impulse can be met appropriately by an empathic listener able to offer the appropriate responses, thus creating an opportunity for the negotiation of new and more effective identities, which in turn may account for the reported therapeutic

outcomes.

If social interaction is considered to be the common thread running throughout life review and reminiscence research, then the definition of one of the partners in the interaction as a "therapist" will of course alter the outcome. This may explain why so many of the reported therapeutic benefits of life review are anecdotal in nature. It is possible that the therapeutic benefits are greatest when both partners in the interaction are mutually perceived as being interested, involved participants, as opposed to a therapist/patient, or a researcher/subject relationship. Unfortunately therapists and researchers are more likely to publish their findings, thus leading to an underestimation of the therapeutic potential of the process.

Perhaps an archive collected systematically would offer a chance to identify and understand what the common themes and therapeutic outcomes really are. To have insight on what it means to achieve integrity in the face of death would be insight indeed. To approach the interaction with a certain amount of humility and respect would not be incompatible with the sociological viewpoint, nor would it preclude the acquisition of objective data. To enter the social process, knowingly, and on an individual level, might yield a complete interaction with therapeutic results for everyone involved, which is everyone.

Appendix

Life Review Case Study of E.W., Nov. 1998

E. W. is an eighty-nine year old white male. He resides in Bath County, Kentucky and is a life long resident, being born within one hundred yards of the house where he has lived for over fifty years. He was introduced to me in mid-August, 1998, through the local hospice program where I serve as a volunteer companion to the dying. He was described as withdrawn. His hobby was listed as "playing solitaire." He is the father of five, now ranging in age from sixty to seventy years old. He has been married to M. for sixty-seven years, and resides in the same house, but according to his care-taker daughter, R., they haven't spoken to each other since 1945 when E. W. returned from the army. He is a decorated veteran of W. W. II, landing at Omaha Beach in the Normandy Invasion, receiving two bronze stars in the Ardennes Campaign, captured in the Batttle of the Bulge, and a prisoner of the Germans from December 1944 until liberation. According to R. he had "never talked about the war." He is blind in the left eye due to a detached retina, with minimal vision in the right, and deaf in the right ear. He had told his first hospice volunteer companion to "Go away." His diagnosis is terminal cancer of the bowel thought to have metasticized and his prognosis in July was less than six months life expectancy.

I was advised by one of the directors of hospice that they would appreciate an attempt at life review with this patient. He had mentioned his military service to the hospice nurse and stated "I wish I could just remember the name of that town." I contacted his daughter, R. about companionship visits and was given approval. It was initially arranged that I would visit twice per week for one hour. After eight weeks this was reduced to one hour per week. On my first visit I showed R. and his spouse M. a list of sample discussion questions and was given their permission (but not much hope) to

attempt the life review. M. told me that E. W. had enlisted in the army without consulting her when he wouldn't have been drafted. She evinced anger, after more than fifty years, that he had left her with five children. She stated, " I never had time to talk to him when he came back. I had the children to care for and everything to see to. " Both agreed that he had never talked about the war, indeed had hardly talked to his family at all, preferring to go fishing alone before daylight and returning after dark. Both R., and M. and subsequent, present family members freely discuss E. W. in his hearing, believing that he is too deaf to overhear. They stated that their primary concern was his refusal to get out of bed and refusal to eat.

He was in a darkened room alone, in bed, when I was introduced and appeared, generally, pale, weak, underweight, and with noted edema in the extremeties. An oxygen tank was at the bed side but not in use. E. W. was willing to talk to me and moved, with assistance to a couch. It is necessary to sit close to him and look in his "good" eye while speaking in his "good" ear. He describes his remaining vision as such that "I can just discover ye." He has since demonstrated that he is capable of reading large print with a magnifying glass. It is necessary at times to raise the voice or repeat statements to be understood. This can be modified by proximity, and I usually sit close enough to hold his hand or give him an occasional pat on the back. He apparently cannot see facial expressions that signify attention, so frequent responses indicating agreement and attention are also employed. (As time has passed, this element has seeemingly decreased so that recent recorded conversations have a more ordinary pace.) I explained the life review to him, along with the disclaimer, that he did not have to answer everything I asked, just what he felt comfortable with. He agreed by stating, "I'll help ye anyway I can."

Over the first three weeks, or five visits, I covered the list of questions contained in the printed life review form used by hospice volunteers. He directed the topics of conversation. I was recording his responses in a notebook, but the process seemed

disruptive to the flow of conversation, so I obtained his consent and also that of M. and R. to tape record the process, to facilitate the compilation of his memories in a written story format. At first I feared that he would die before we completed his story and was trying to cover the span of years.

During the course of the first interview, he was unable to recall facts such as the names of his grandparents, though he did state that both grandfathers were Civil War veterans. He also frequently seemed to not understand the question, or would respond with "Ask T. (older daughter) she could tell ye more about it than I can." He repeatedly made comments such as "I'm old," "I can't remember much," and even "I'm not long for this world." I politely declined to agree with these statements. He stated "I would blow my brains out but they took my shotgun."

On my second visit, E.W. was expecting me, and was already up on the couch. He appeared to be better groomed and more alert. He hastened to tell me that he recalled his grandfathers' names and in fact retold much about them. He also was able to tell me some stories about his school days with the central theme of misbehavior and subsequent punishment, though he seemed to derive great amusement from these tales, actually laughing out loud while recounting a story of being beaten by a teacher with a buggy whip for "playin' truant"

By the third visit, he was able to tell me something about being liberated from the POW camp. He recalled leaving the military hospital in Paris on the day that Germany surrendered and being served a great deal of food and liquor by the French. He stated that he couldn't tell me everything " ...cause its too terrible to talk about."

Another central theme to his story began to emerge and that was food. His earliest childhood memories are connected with food, the growing, gathering, preparation, and consuming of food "..such as ye don't get nowadays." Describing the passage of time, he states, "Everything changes. I was taught that it's breakfast, dinner, supper. Now they call it breakfast, lunch, and dinner. I don't know where that supper

went."

I consulted with the hospice staff at a care plan meeting after three weeks. They reported that his family was very pleased with the degree that he was "opening up." His nurse stated what I had already noted, that is, his edema was so far reduced to enable him to walk around on his walker. She also said that the visits were helping to orient him to the days of the week. When initially examined he had been unable to state the date or day of the week but had subsequently improved in this respect. Also his appetite had improved and he could be persuaded to take some nourishment. He had become more communicative with the hospice staff and told the nurse that he was helping me write a story about his life. He told her "She knows what she's doing".

By the third week, E. W. had visibly improved in his physical condition. R. stated "He sure looks forward to talking with you." I made inquiry on each visit about his appetite and began to find him at the kitchen table consuming diverse foods, sweet potatoes on one occassion, doritos on another. When I began to tape record, he started to recall or recount a lot more detailed information about his enlistment, training, overseas service, captivity, and hospitalization. When I first asked the name of his outfit, he stated "I just couldn't tell ye." but by the end of September he recalled that he was with the 28th Infantry, 110th Division. With this information I began to do library research, bringing copies each week from other sources. I particularly looked for information that confirmed his version of events. His daughter R. began to take more interest in my visits, often sitting in the room, though early on, E. W. ignored her presence. She stated in regards to the library materials "I read every word."

At the end of September a difficulty arose. When I arrived at his house for my weekly visit, R. was not present but the eldest daughter T. was. She informed me that she had come to take care of her father. She stated "He's a sick old man. He's not in his right mind. He doesn't know what he's saying." I tried to explain life review and even hospice service to her. She said "R. made all these arrangements. She ain't fit to take

care of a sick person. She'd let anybody come here so long as she could get away for an hour." I politely insisted on seeing E.W. anyway and she allowed a brief visit but remained standing in the room. He was in the darkened room, in bed, and appeared unkempt (unwashed, unshaven, with soiled clothing). T. would not permit us to converse. He stated " I nearly went last night." I said "Bad night?" He responded "Oh yes. I thought I was a gonner." T. stated " I was up all night a standin' over him. I thought he would stop breathin." I said "Did you call his hospice nurse?" and she replied by saying "They wouldn't do nothing." She hadn't called them. She indicated that she would call EMTs and have him transported to the hospital so "Everything possible to save him " could be done. She said "I couldn't live with it on my conscience if I didn't do everything possible to save him."

She followed me to my car and said "My dad ain't able to talk to you no more. He's too sick. He's too old." I went directly to hospice offices and reported what had occurred to the Volunteer Coordinator, E. W.'s nurse, the Director and the Chaplain. They all reassurred me that they would visit next day and let me know how to proceed. The director said my visits were helping him as much as anything that hospice was doing and that they would arrange a family meeting if neccessary to get approval for me to continue. The Chaplain said that the family was "Full of praise" for the improvement in his condition and definitely to continue my work. They voiced the opinion that T. feared he would communicate some embarrassing family secrets to me. The hospice staff understands that its process I'm looking at, not anyone's family secrets.

I missed one week, when I was gone for training, and returned after calling R. in October. She met me at the car and said T. had returned to Indiana. She apologized profusely and said "Dad run her off. He got up and was walkin' around the house. He got to hollerin' that it was his business who he talked to, not hers" She also said that the family consensus was for me to continue, that to have his life story would be a gift to the grandchildren and "...its a honor that you want to write about him."

E.W. did indeed appear glad to see me, was up dressed, alert, sitting at the kitchen table eating peaches,and was what I can only describe as fiesty. He had got candy there, called it a "snack bar." After this episode, E.W. not only recalled far more detail on every topic, he produced documents which he had previously told me were "lost" such as discharge papers, telegrams, a letter from Harry Truman and photos. Throughout I have urged him to remember names and he has progresed to a great extent in this area. In mid-November he "found" an address book containing twenty-two names and addresses of men he served with.

The family seems to have become more heavily involved in the process. In November, I have met E.W.'s two surviving sisters and his fishing buddy and had conversations with both sons. R. has continued to sit in on the conversations and takes a more active part as she has gained knowledge. She has been reading aloud to him from the library materials. He has lately begun to look at her and speak to her directly in my presence and this, I will admit, thrills me. She will often comment "Daddy you never said a word about this" and he will reply "It was too bad to tell about." His wife, also has lately appeared more companionable, sitting just out of his sight, but occasionally sticking her head around the corner and grinning at me over something he's just said.

E. W. has no medals, doesn't think they were ever awarded because he was in the prison camp. R. and his son H. have undertaken, with my help in securing addresses, a letter writing campaign to get his medals sent and awarded in a ceremony. Since we're dealing with the government this could take months, but he asks every week. When he initially mentioned his medals, he was diffident, saying only "They got lost," or "I'd like to have 'em for the grand kids." This seemed to be part of a larger pattern of self-deprecation. For example, when recounting a situation where he had displayed particular courage he stated "I wasn't smart enough to be afraid." When he last mentioned the medals to me, he stated "I'd like to have 'em cause...well, I deserve 'em." He has agreed to pose for pictures for the paper when they are awarded.

The "book" is progressing though expanding faster than I can type. More details come to light with each conversation. I asked how many copies they want me to print and that keeps growing too. I plan to print a large type copy for him.They are considering putting a copy in the local archives. The library research has turned up no first person acccounts similar in scope or detail to his. The book is assuming the form of a life story in chronological order. He tells me about events in the order that he remembers, always choosing subjects that he wants to talk about. I don't call attention to the obvious themes of food and punishment, but symbolically I think the recall and telling of these events has given him a measure of peace and self esteem. To use a psychological term he may be achieving ego-integration. The finished copy will be about thirty pages but the version his family has contains much archival material, photos, and maps. I am trying to complete a copy for Christmas. His son H. states "Its interesting to see it written down like a story."

I am assisting R. and H. in attempting to contact other survivors from his address book, though this may take awhile. Because he was older than most it is likely that we can contact surviving comrads. In military parlance he is a "Grand Old Man of the Corps" and I told him that. I also told him he's a war hero. These are both good roles for him that I did deliberately suggest and he seems to have assumed. In this case I am not anxious to bring all projects to conclusion, as E. W. seems to be thriving on activity. The hospice director said "I think he wants to live." The record for a patient under hospice care is said to be two and one half years.

The process that is producing all of these results is so basic that it seems that I do nothing except listen and respond. As far as theoretical explanation of the results I can only fall back on George Herbert Mead. In the last few weeks I've had the feeling that he isn't even talking to me but to literally everyone that cares about him through me. In a sense he's talking to himself.

The most rewarding moment occurred just last week. When I arrived, E.W. was

napping on the couch and R. was not there yet, having gone to pick up a grandchild at school. His wife, M. said "Oh I'll wake him up. He always looks forward to talking to you." She put her hands on his shoulders and said "E. Wake up. Edth's here" and he said "O.K. I was looking for her."

Addenda, May 2000

E. W. continued to improve mentally. He suffered a health set-back with lung congestion in January but bounced back. We completed the printing of his story in time for Christmas and he requested eight copies to give away as well as a large print copy for himself. I made copies of two photos of him in uniform to accompany the transcript. In December E. "discovered" some of his medals. Apparently they had been locked in an old safe that he owned and had "forgotten" the combination. When we looked at his discharge papers, we realized that he had not received two medals that had been awarded. I arranged for these medals to be sent and awarded them to him myself, accompanied by the hospice volunteer coordinator, who took pictures. He showed me a copy of POW Magazine which prints survivor's stories and expressed a willingness to have his story in print. I prepared the manuscript and in February his son and daughter helped me prepare it for the mail.

At this time E.W. was reassessed by Hospice and found to no longer qualify for hospice care. He had been a patient for about 18 months but no longer presented terminal symptoms. He was transferred to Home Health Care and T. returned on the scene. I was encouraged by the hospice staff to continue visiting but T. strenuously objected. Wishing to not cause upset in the family I withdrew from the project. I learned from a family member that he died in the early summer of 1999.

After all the time that has passed I still think of my friend, E.W. I feel sure that there was something of value in the relationship that we developed, both for him and for me. I have attempted in my Master's Thesis to answer some of the underlying questions about the nature of the exchange. I believe that E.W. returned from his experiences in

W.W.II with a damaged identity. The experience in the POW camp in particular destroyed his self esteem and his ability to communicate in anything like a normal fashion with his family. The camp that he was in was notoriously overcrowded and noted for being "foul and cruel" according to the historical references I was able to locate. He lost 60% of his body weight and was hospitalized for this condition after the camp was liberated. He also received injuries to his vision and hearing which further impeded communication. The trauma of combat, incarceration, torture, loss and wounds was too much for him to cope with on his return. The resentment of his family coupled with his own impairments made communication difficult to impossible. As he told his daughter in my hearing "I couldn't tell you. You were a kid." But his love for his family brought him through the experience itself and also gave him a focus during the years after the war. He was able to communicate but primarily with other veterans, his brothers and "fishing buddies." It was not until most of them died that he went into a sort of delayed tailspin of grief where he sought death too.

In reviewing his life, he recalled many incidents of his boyhood when he , the oldest of six brothers, had set an example for them or defended them from "bullies." In recounting why he enlisted, though he was in his thirties with five children, he related that when his youngest brother was drafted, he thought he should go too and do his part. He actually did more than his part, playing a pivotal role in the allies' victory in the Battle of the Bulge, the turning point of the war. Though he had formerly rejected the status of war hero, the materials from the library seemed to confirm that, yes, the German's delay at capturing the little town where he put up such a fight had enabled "General Patton" to head them off, and ultimately cost them the victory. The recovery of his medals after fifty years and the desire to share his story confirm that these traumatic experiences had assumed a new significance for him which was perhaps a reflection of the interest and pride of his family. He told me many times how proud he was of his family.

I actually broached the subject of death with him after his bad bout in January,

asking what did he think happened after death? He told me that some people believe its nothing and that would be OK. Other people believe in an afterlife, and when you think of all that have gone before (in his case a lot) that would be OK. He personally leaned that way. He also told me that he heard a preacher say that if you took a one inch steel ball and let a fly walk on it till it was worn away, that wouln't be a moment in eternity. Through the relationship he shared with me he was able to communicate his story, first to an interested stranger, then to his family, and finally to some unknown society as a whole. During the process he came to view his part in history as worthwhile in spite of the suffering endured. He made the change from being a dying patient, to a well elder, in fact a Grand Old Man, one of the last survivors of one of history's most difficult campaigns. He learned to communicate from this new perspective with his family, with me, and with society as a whole. What was reflected back to him, that is love, respect, belief, interest and gratitude no doubt reinforced his new found self esteem.

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