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Creative reminiscence as an early intervention for depression: Results of a pilot project

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Abstract

Reminiscence may help in resolving conflicts from the past and making up the balance of one's life. Life-review may be further enhanced by the creative expression of memories in stories, poems or drawings. In this way people are encouraged to create and discover metaphors, images and stories that symbolically represent the subjective and inner meaning of their lives. In this article, a new intervention, which combines reminiscence and creative expression aimed at early treatment of depression, is described. A pilot project showed that the intervention *Searching for the meaning in life* may generate small-sized effects in reducing depression. Additionally, it appears to generate effects of medium size in enhancing mastery. Several possible ways to improve the effectiveness of the intervention are described.

Introduction

Reminiscence may be a good method to improve the service uptake and treatment of depressed elderly, as it is an attractive, non-stigmatizing, and easy to administer intervention (Bohlmeijer, Smit & Cuijpers, 2003; Haight, 1988; Watt & Cappeliez, 2000). In this type of intervention elderly are asked to systematically review their lives on the basis of questions about their past (Haight, 1988; Watt & Cappeliez, 2000). Resolving conflicts from the past and making up the balance of one's life are important goals (Butler, 1963). Life-review may be further enhanced by creative expression of memories in stories, poems or drawings. In this way people are encouraged to create and discover metaphors, images and stories that symbolically represent the subjective and inner meaning of their lives (Mazza, 1988; Moore, 2000; Randall, 2001). Butler (1963) was the first to note the positive, adaptational aspects of reminiscence. He considered reminiscence to be a naturally occurring process of recalling the past, taking stock, reviewing and sometimes even resolving conflicts from the past and making up the balance of one's life (Butler, 1963). Successful reminiscence would lead to ego-integrity and unsuccessful reminiscence would lead to despair and depression (Erikson, 1956). Since then, reminiscence has been actively used in group-work and therapy with the elderly. It has been used with different goals, including the stimulation of cognitive functioning in older people with dementia (Goldwasser, Auerbach & Harkins, 1987); and improving life satisfaction, quality of life and meaning in life (Cook, 1992; Haight, 1992), and as a method for early intervention among elderly with depressive symptoms or major depression (Fry, 1983; Stevens-Ratchford, 1992; Watt & Cappeliez, 2000). Examples of formats for reminiscence are life-review (Haight, 1988), integrative reminiscence therapy (Watt & Cappeliez, 2000) and guided autobiography (Birren & Deutchman, 1991; Birren & Birren, 1996).

The new intervention: *Searching for the meaning in life*

Recently, we developed a new type of reminiscence intervention. There were two reasons for developing this intervention. Many of the above-mentioned intervention types (i.e., life-review and guided autobiography) focus on broad themes like family history, accomplishments, and turning points. This requires that people have the ability review their life, to select the most important events, to summarize them and find a meaning in them. For some people this may be too complicated. In the new intervention, explicit and narrowly focussed themes are selected and more guidance is given during the intervention.

The second reason is that most reminiscence interventions are oral, and mainly challenge cognitive functions (Watt & Cappeliez, 2000).

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However, non-verbal and creative expression may be an important approach in reminiscence, but this approach has not been explored in any depth. The combination of reminiscence and creative expression can be of importance for two reasons. The first reason is that for some people, non-verbal methods are more appropriate for self-expression and are a good way to cope with experiences in their lives (Pizzi, 1997). The second reason is the consideration of the importance of symbols and metaphors in therapy (Combs & Freedman, 1990; Pearce, 1996). The meaning in life is not so much contained in the life events, but in the stories we create about our lives (Kenyon & Randall, 1997). According to narrative gerontology we are continuously 'composing a life' (Bateson, 1993). It is the knowledge that 'our life-course is unique and that we are one of a kind, as rich and filled with meaning as any example of literary art' (Randall, 2001). Stories, poems, drawings, metaphors are important means to express the experience of authenticity and meaning of our life-stories that arise during the process of reminiscence. By using our imagination and focusing on images of our lives in creative ways, the symbolical dimensions of life are taken into account (Mazza, 1988; Moore, 2000; Randall, 2001). *Searching for the meaning in life* is an intervention, based on this approach to reminiscence. (The Dutch title of the intervention is: 'Op zoek naar zin'. In the Dutch language 'zin' means both meaning and energy or eagerness).

Evaluation

The program was developed by the Trimbos Institute (which is the Netherlands Institute of Mental Health and Addiction) in cooperation with six community mental health services (Franssen & Bohlmeijer, 2003). It consists of 12 group sessions of 2.5 hours each. Each session focuses on one theme (for example: friendships, houses where you lived). Each session has a structure in which reminiscence, dialogue and creative expression alternate (for more information about the program, please contact the first author).

To evaluate the effects and feasibility of the new intervention, a simple one-group pre-post test design was used. A week before and after the intervention the participants were asked to complete questionnaires measuring depressive symptoms, mastery and meaning of life (see for the latter: Westerhof et al., 2004). After the intervention the participants were also asked to complete a questionnaire evaluating their opinion about the intervention. Our main research question was: Are depressive symptoms significantly reduced and is a sense of mastery increased?

Two questionnaires measuring depressive symptoms and mastery were used. The centre of epidemiological studies on depression scale (CES-D; Bouma, Ranchor, Sanderman & van Sonderen, 1995), and the Pearlin Mastery Scale (PMS; Pearlin & Schooler, 1978) which consists of five items about perceived control over one's own life. Analyses were conducted on an intention-to-treat basis.

Results

Seventy-nine elderly participated in eight different courses. The mean age of the participants was 66 years; 70% were female. Most were married (37.2%), divorced (24.4%), or widowed (26.9%). The majority lived independently (55.7%). Of the participating elderly, 20.3% had completed elementary school or lower vocational training, 32.9% middle vocational training, and 32.9% higher vocational or academic.

The central finding of this study was that the participants significantly improved on the depression scale ($T = 3.86$, $df = 76$, $p < 0.0001$): at pre-test (T_0) their mean score on the CES-D was 23.8 (95% CI: 21.6–26.0), at post-test (T_1) the mean score was 20.4 (95% CI: 18.4–22.5), a reduction of 3.4 points.

Participants also showed significant improvement on the Mastery scale ($T = 5.71$, $df = 76$, $p < 0.0001$). At T_0 the mean score was 12.8 (95% CI: 11.9–13.7) and this became 14.3 (95% CI: 13.4–15.2) at T_1. It is of note that after the intervention, the mastery scores still fall well below the mean score for elderly in the general population, which is 17.4 ($SD = 3.3$) in the Netherlands (Deeg, Beekman, Kriegsman & Westendorp-de Seriere, 1998). This indicates that there is room for further improvement.

We used age, gender, education, mastery at T_0, and depressive symptom level at T_0 as predictors and found that only depression level at baseline had prognostic value ($OR = 1.09$, $SE = 0.05$, $z = 2.08$, $p = 0.038$), implying that people with greater symptom severity benefit more from this intervention.

Discussion

In this article a new reminiscence intervention aimed at elderly with moderate depressive symptoms was introduced and the results of a pilot-study were presented. The focus of the project was on innovation and getting some direct experience with the new intervention and not on evaluating its effectiveness. The latter would require a randomized control group comparison. The one-group pre-post study that we conducted allows only tentative conclusions and points for discussion.

It appears that the target-group was successfully reached. The level of mastery of the respondents was much lower than the average elderly population and the level of depressive symptoms was considerably higher than the average population (23.8 versus 7.5; Deeg et al., 1998).

A pre-post measurement on relevant outcomes was conducted as part of the pilot project. The results

indicate that the reduction of depressive symptoms was not as large as may be expected from reminiscence and life-review (Bohlmeijer et al., 2003). There are two possible explanations. First, many participants mentioned during the program that they couldn't see the relationship between the program and depression. As to the structure of the sessions, there was no time to discuss experiences and thoughts that were evoked by reminiscence. This experienced lack of linkage between the activities in the program and coping with depression may have subdued the effects. Second, although evaluation and review are part of the program, their role in the intervention is not explicit. Many authors claim evaluation and review are the most effective ingredients of reminiscence (Haight et al., 1998; Watt & Cappeliez, 2000). Adding evaluative questions about the meaning of past experiences to the program and to discuss the answers could help to boost the process of integration and increase the effectiveness of the intervention. By explicitly introducing evaluation and review in the course, larger effects may be expected.

About one third of the elderly showed a large reduction of depressive symptoms (ES > 0.5). An intriguing question remains if there are any patient characteristics that can predict who will benefit most from this specific approach and who will not, or to a lesser extent. Only baseline level of depression had prognostic value, but nevertheless, we feel that this is a research area that warrants further research.

In the near future we will adapt the program according to the above-mentioned recommendations and further specify the theoretical basis of the intervention and the factors that promote effects on depression. Then a randomized clinical trial with multiple measurements is in order. This may also lead to greater understanding of who precisely benefits from this intervention and who does not.

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