Biographical approaches provide older people with opportunities, if they so desire, to talk about their life experiences – family, friends, work history, hobbies – often using photographs and personal belongings as triggers to discussion. Exploring older people’s past and present lives with them, particularly the circumstances which have shaped their experiences, potentially provides greater insights into their needs and aspirations and may help to challenge ageist stereotypes about later life. Listening to a person’s life story is a powerful way of showing that they are valued as an individual and may also have a cathartic value.

Clarke, Hanson and Ross (2003) supporting those with dementia: reminiscence therapy and life story work

References


Heathcote J (2009) Memories are made of this: Reminiscence activities for person-centred care, London: Alzheimer’s Society


Murphy C (2000) Crackin’ lives: an evaluation of a life story book project to assist patients from a long stay psychiatric hospital in their move to community care situations, Stirling: Dementia Services Development Centre


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supporting those with dementia: reminiscence therapy and life story work

Key points

- Reminiscence therapy and life story work are valuable psychotherapeutic approaches.
- Reminiscence therapy and life story work are valued by those with mild to moderate dementia.
- Life story work can improve the relationship, whether family or professional, between the person with dementia and their carer(s).
- Reminiscence therapy and in particular life story work provide a context for the provision of person-centred care, whether in the home, nursing home or hospital context.
- Life story work can be especially valuable when the person with dementia is transferred from a home to an institutional setting, or between institutions.
Dementia is a priority for the Scottish Government, with the publication of Scotland’s National Dementia Strategy in 2008. A key aim of this Strategy is to ensure that people living with dementia receive the best care possible. This number is expected to double over the next 20 years, and triple over the next 40 years. The current number of people living with dementia is estimated to be 71,000, of which 70% of care home residents may have dementia. Dementia is a degenerative condition that prevents the onset of the condition.

Barriers to using reminiscence therapy and life story work

Dame Carol and colleagues (2002) expressed the concern of care staff that psychological type of therapy involving discussion and personal interaction are not seen as useful in care settings. This concern is related to reminiscence therapy, the life story work and the use of psychoactive drugs. The use of reminiscence therapy involves ensuring that people with the disease can have a good quality of life while living with dementia. However, there is no single physiological disorder that can explain this condition.

The typology that underpins the care and treatment of people with dementia involves ensuring that people with dementia receive appropriate care and treatment and that barriers to their care are removed. Other research has highlighted the use of reminiscence therapy, including life story work, as a form of support for people with dementia. Within Scotland, policies relating to dementia and the provision of social and other types of support have also been developed (Chiar & Aitken, 2015). Other research has highlighted the importance of reminiscence therapy for those with dementia and their families (Murphy, 2000; Clarke et al, 2003). The research highlights the importance of reminiscence therapy and the life story work in providing opportunities for those with mild to moderate dementia, including the fluids and liquids and not just their diagnosis, has been seen as an important aspect of the strategies (Scotland’s National Dementia Strategy, 2008).

Research evidence

The research evidence on reminiscence therapy has shown its impact on people with dementia. The evidence suggests that reminiscence therapy has a positive effect on people with dementia (McKee et al, 2010). The results are encouraging in terms of the positive effects of reminiscence therapy and emphasised the enjoyment of those involved. The Alzheimer’s Society is aiming to encourage the practice of reminiscence therapy and the main benefits to the individual are cited as improving communication and self-esteem. The main benefits to the individual are cited.

For example, the life story approach allows the individual to face the experiences of their life, although this can be challenging. The life story approach is intended to be indicative, rather than exhaustive, of the various approaches to delivering reminiscence therapy and life story work.

Aims and models of delivery

The aims of reminiscence therapy and life story work are to improve the quality of life for those with dementia. However, the validation of the methods of delivering reminiscence therapy and life story work is still in progress. It is important to note that the results of the Cochrane review (McKee et al, 2003) identified several positive effects of reminiscence therapy and emphasised the enjoyment of those involved. The Alzheimer’s Society is aiming to encourage the practice of reminiscence therapy and the main benefits to the individual are cited.

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Barriers to using reminiscence therapy and life story work

Dame and colleagues (2002) reported to the expressed concern of carers that psychological types of therapy involving discussion and personal interaction are not seen as appropriate or useful. This is a difficult barrier to overcome as the therapy is life story work. A study of a life story about an individual (McEwan & Burns, 2008) questions whether reminiscence and life story work is about the individual. The evidence would suggest that reminiscence therapy and life story work are used by people who tend to focus on putting together biographical memories about life experiences, in a way that is meaningful to them and encourages the development of self-control. The view that reminiscence therapy, including life story work, provides a sense of identity and control over one’s life. It can also lead to a greater sense of well-being and a more positive view of oneself. There are a number of potential benefits to the individual: it can help to reduce stress and anxiety, and increase self-esteem and confidence. It can also improve communication and social skills. For the carer, reminiscence therapy can reduce the burden of caregiving and provide a sense of control and purpose. It can also provide a way of understanding and coping with the experiences of dementia. The benefits of reminiscence therapy and life story work are as follows:
- **Empowerment**
- **Improvement**
- **Stress relief**
- **Enhancement**
- **Education**
- **Stimulation**
- **Active engagement**

Research evidence

The research evidence on reminiscence therapy has been inconsistent in its impact on older people with dementia, with some studies showing a positive effect and others failing to find any consistent effects. However, the research has suggested that reminiscence therapy can improve the quality of life and well-being of people with dementia. It can also help to reduce the burden of caregiving and provide a sense of control and purpose. It can also provide a way of understanding and coping with the experiences of dementia. The benefits of reminiscence therapy and life story work are as follows:
- **Improvement in functional ability of dementia participants**
- **Reduction in a range of psychological symptoms of depression**
- **Reduction in the number of care-related visits**
- **Improved communication and social skills**
- **Stress relief**
- **Enhancement**
- **Education**
- **Stimulation**
- **Active engagement**

Aims and models of delivery

Reminiscence therapy and life story work can be used in a variety of care settings and situations, from hospital wards to care homes. In some cases, it may be used as a stand-alone therapy, while in others it may be combined with other interventions. There are a number of potential benefits to the individual: it can help to reduce stress and anxiety, and increase self-esteem and confidence. It can also improve communication and social skills. For the carer, reminiscence therapy can reduce the burden of caregiving and provide a sense of control and purpose. It can also provide a way of understanding and coping with the experiences of dementia. The benefits of reminiscence therapy and life story work are as follows:
- **Empowerment**
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- **Active engagement**


**Current situation and policy context**

Clement is a pensioner for the Scottish Government. This is a refreshing update of Scotland's National Dementia Strategy (2009) and its Implementation Plan (2010). This number is expected to double over the next 20 years and may increase to 500,000 by 2040, with females being three times more likely to have dementia than males. This shows a clear trend towards increased awareness of the importance of dementia. In Scotland, dementia affects an estimated 70% of care home residents. Approximately 20% of the population of those aged 70 and over has been identified as having some form of dementia. The Alzheimer's Society has recommended that dementia should be considered a health issue, not just an age-related illness. In the UK, dementia affects 850,000 people, with around 64,000 new cases diagnosed each year. The Alzheimer's Society estimates that 85% of people with dementia live in the community, with only 15% living in care homes. The National Institute for Health and Care Excellence (NICE) issuedguidance on the care of people with dementia in 2006, which includes recommendations on the use of medication. This guidance highlights the importance of using non-pharmacological interventions when possible.

**Barriers to using reminiscence therapy and life story work**

David and colleagues (2002) noted that the use of reminiscence therapy is a valuable tool for healthcare professionals in the care of people with dementia. They highlighted the benefits of reminiscence therapy, which include improving mood, reducing behaviors such as agitation, and enhancing cognitive function. However, despite the evidence supporting the use of reminiscence therapy, it is not widely implemented in practice. This is due to a lack of training and support for healthcare professionals in its use, as well as a lack of understanding of the potential benefits of the therapy.

**Research evidence**

The research evidence on reminiscence therapy has been limited to date, but several studies have investigated its use in dementia care. These studies have found that reminiscence therapy can improve mood, reduce agitation, and enhance cognitive function. For example, a study by Blyth and colleagues (2009) found that reminiscence therapy was effective in improving mood and reducing agitation in people with dementia. Another study by Murphy and colleagues (2009) found that reminiscence therapy was effective in improving cognitive function in people with dementia.

**Aims and models of delivery**

Reminiscence therapy and life story work are widely used in care homes and in the community. They offer opportunities for people with dementia to engage in meaningful activities and to share their life stories. A number of models of delivery are available, ranging from individual reminiscence therapy to group reminiscence work. The choice of model depends on the individual needs of the person with dementia, as well as the resources available.

**Implications for practice**

Clement and colleagues (2002) argue that the implementation of reminiscence therapy should be guided by a vision of person-centered care. This means that the therapy should be tailored to the individual needs of the person with dementia, and should be delivered in a way that respects their autonomy and dignity. The National Dementia Strategy (2009) highlights the importance of person-centered care, and emphasizes the need to involve people with dementia in decisions about their care. This is crucial in ensuring that the therapy is effective and that it meets the needs of the individual.
Biographical approaches provide older people with opportunities, if they so desire, to talk about their life experiences – family, friends, work history, hobbies – often using photographs and personal belongings as triggers to discussion. Exploring older people’s past and present lives with them, particularly the circumstances which have shaped their experiences, potentially provides greater insights into their needs and aspirations and may help to challenge ageist stereotypes about later life. Listening to a person’s life story is a powerful way of showing that they are valued as an individual and may also have a cathartic value.

References
Clarke, Hanson and Ross (2003) seeing the person behind the patient: enhancing the care of older people using a biographical approach. Journal of Clinical Nursing, 12, 697-706

Key points
- Biographical approaches and reminiscence therapy are valuable psychotherapeutic approaches.
- Reminiscence therapy and life story work have been found to improve mood, cognitive ability and well-being of those with mild to moderate dementia.
- Research suggests that the effects of biographical interventions are weaker for people with severe dementia.
- There is evidence to support the view that life story work can improve the relationship, whether family or professional, between the person with dementia and their carer(s).
- Reminiscence therapy and in particular life story work provide a context for the provision of person-centred care, whether in the home, nursing home or hospital context.
- Life story work can be especially valuable when the person with dementia is transferred from a home to an institutional setting, or between institutions.

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