



A quasi-experimental study of a reminiscence program focused on autobiographical memory in institutionalized older adults with cognitive impairment



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ABSTRACT

Working with past memories through reminiscence interventions has been practiced for several decades with successful outcomes on mental health in older adults. Few studies however have focused on autobiographical memory recall in older individuals with cognitive impairment. This study aims to analyze the impact of an individual reminiscence program in a group of older persons with cognitive decline living in nursing homes on the dimensions of cognition, autobiographical memory, mood, behavior and anxiety. A two-group pre-test and post-test design with single blinded assessment was conducted. Forty-one participants were randomized to an experimental group (n=20) and a control group (n=21). The first group attended five weekly individual reminiscence sessions. Changes in the outcome measures were examined for cognition (Montreal Cognitive Assessment; Autobiographical Memory Test), behavior (Alzheimer Disease Assessment Subscale Non-Cog) and emotional status (Cornell Scale for Depression in Dementia; Geriatric Depression Scale, and Geriatric Anxiety Inventory). Participants attending reminiscence sessions exhibited better outcomes compared to the control group in cognition, anxiety and depression ($p < 0.001$), and presented a higher number of retrieved autobiographical events, specificity of evoked memories and positive valence of events ($p < 0.001$), and also presented lower latency time for recalling events, and lower negative recalled events ($p < 0.01$). This study supports the potential value of reminiscence therapy in improving the recall of autobiographical memory. Reminiscence therapy can be helpful to maintain or improve cognitive function, decrease anxiety and manage depressive symptoms and altered behavior, but further investigation is needed to clarify long-term effects.

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1. Introduction

Reminiscence can be conceptualized as a normative process of thinking about the past that is inherent across lifespan of the human being (Gonçalves, Albuquerque, & Martín, 2008). It is a voluntary and spontaneous mental process of retrieving autobiographical memories, associated with life events that are considered significant and truthful to the person (Afonso, 2011;

Cappeliez, Guindon, & Robitaille, 2008; Westerhof, Bohlmeijer, & Webster, 2010).

Reminiscence therapy is based on sensorial stimulation issuing from the patient's emotional memory of past events (Peix, 2009). The contemplation of the past has inspired a huge set of theoretical studies (Westerhof & Bohlmeijer, 2014) that lined the way for the investigation of reminiscence as a structured intervention. This is based on the assumption that stimulating reminiscence's positive functions (narrative, integrative, instrumental) can improve mental health (Cappeliez et al., 2008; Gonçalves et al., 2008; Pinquart & Forstmeier, 2012).

Depending on the mental health objectives to be achieved and the diverse functions of reminiscence used in interventions,

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recovery of past events can be differentiated in simple reminiscence, life review and life review therapy (Pinquart & Forstmeier, 2012; Webster, Bohlmeijer, & Westerhof, 2010; Westerhof & Bohlmeijer, 2014; Westerhof et al., 2010). Simple reminiscence encourages the unstructured and spontaneous recollection and sharing of positive memories in order to improve mood and promote bonding, stimulating social functions (Pinquart & Forstmeier, 2012; Westerhof & Bohlmeijer, 2014; Westerhof et al., 2010). Life review implies a more comprehensive and evaluative description of the autobiographical positive and negative events through lifespan, integrating them into a coherent life story (Pinquart & Forstmeier, 2012; Westerhof & Bohlmeijer, 2014; Westerhof et al., 2010). Life review therapy focuses on alleviating mental health symptoms by changing negative styles of reminiscence (e.g., obsessive, escapist) that have blocked further development, and aims to increase positive uses of the personal past. The intervention targets a change in how the person generally thinks and feels about oneself and the past (Westerhof & Bohlmeijer, 2014).

In this investigation we focused on simple reminiscence, aiming to stimulate social functions of reminiscence and retrieving positive past events spontaneously to promote positive feelings (Cappeliez et al., 2008; Pinquart & Forstmeier, 2012; Westerhof et al., 2010). The effectiveness of simple reminiscence evidence is limited with regard to its effects on mental health (Westerhof et al., 2010). Several research findings point to the positive effects of reminiscence in reducing depressive symptoms (Bohlmeijer, Valenkamp, Westerhof, Smit, & Cuijpers, 2005; Chiang et al., 2010; Kwon, Cho, & Lee, 2013; Pinquart & Forstmeier, 2012; Shellman, Mokel, & Hewitt, 2009; Stinson, Young, Kirk, & Walker, 2010), improving cognition (Cotelli, Manenti, & Zanetti, 2012; Kwon et al., 2013; Pinquart & Forstmeier, 2012; Woods, Spector, & Jones, 2005), mood (Cotelli et al., 2012; Lin, Dai, & Hwang, 2003; Woods et al., 2005), quality of life (Kwon et al., 2013), satisfaction with life (Chiang, Lu, Chu, Chang, & Chou, 2008; Lin et al., 2003), self-esteem (Chao et al., 2006; Chiang et al., 2008), well-being (Chiang et al., 2010; Pinquart & Forstmeier, 2012; Reis-Bergan, Gibbons, Gerrard, & Ybema, 2000), mastery (Bohlmeijer et al., 2005; Bohlmeijer, Kramer, Smit, Onrust, & Van Marwijk, 2009; Pinquart & Forstmeier, 2012), ego integrity, purpose in life, preparation for death, mental health and social integration (Pinquart & Forstmeier, 2012). Nevertheless, despite the potential beneficial of reminiscence therapy, authors are unanimous in recognizing constraints, particularly in methodological designs, that hampers an effective assessment of the impact of this therapy (Cotelli et al., 2012; Lin et al., 2003; Lopes, Afonso, & Ribeiro, 2014; Pinquart & Forstmeier, 2012; Westerhof et al., 2010; Woods et al., 2005).

1.1. Reminiscence therapy in cognitive decline

Within the scope of non pharmacological therapies recommended for cognitive decline, the use of reminiscence therapy has revealed some benefits, although the effectiveness of this intervention is still inconclusive (Cotelli et al., 2012; Kwon et al., 2013; Lopes et al., 2014; Woods et al., 2005). Even though a recent meta-analysis reported no statistical differences on the results obtained both by individual or group reminiscence therapy (Pinquart & Forstmeier, 2012), few studies had applied individual reminiscence therapy to older persons with dementia (Baillon et al., 2005; Lai, Chi, & Kayser-Jones, 2004; Subramaniam & Woods, 2012). In fact, reminiscence therapy among individuals with dementia is usually conducted in groups (Akanuma et al., 2011; Hsieh et al., 2010; Lalanne & Piolino, 2013; Wang, Yen, & OuYang, 2009).

Studies about the use of reminiscence interventions found that it improves cognition (Akhoondzadeh, Jalalmanesh, & Hojjati, 2014; Cotelli et al., 2012; Tadaka & Kanagawa, 2007; Woods et al.,

2005) decreases depressive symptoms (Chung, 2009; Hsieh et al., 2010; Wang, 2007), decreases behavioral symptoms (Akanuma et al., 2011; Hsieh et al., 2010; Huang, Li, Yang, & Chen, 2009; Wang et al., 2009; Woods et al., 2005; Yamagami, Oosawa, Ito, & Yamaguchi, 2007), promotes happiness (Okumura, Tanimukai, & Asada, 2008), enhances a positive mood (Cotelli et al., 2012; O'Rourke, Tobin, O'Callaghan, Sowman, & Collins, 2011; Woods et al., 2005) and facilitates communication (Huang et al., 2009; O'Rourke et al., 2011; Okumura et al., 2008).

1.2. Reminiscence and autobiographical memory

Reminiscence and autobiographical memory implicitly involve thinking about the past (Bluck & Alea, 2002; Bluck & Liao, 2013; Westerhof et al., 2010), being the memories partially reconstructed in relation to current preoccupations and goals (Bluck, Alea, Habermas, & Rubin, 2005; Conway, 2005). Autobiographical memory is considered the most complex form of human memory (Piefke & Fink, 2005), conceptualized as an uniquely human form of memory that goes beyond recalling to include thoughts, emotions and evaluations of past experiences (Fivush, Habermas, Waters, & Zaman, 2011; Piefke & Fink, 2005). Bluck and Levine (1998) analyzed reminiscence as a particular form of autobiographical memory, which means that reminiscence was a way of recalling information, and autobiographical memory the system that encode, store and retrieve information related to personal experiences (Bluck & Levine, 1998). Theoretical authors, in a recent time, recommended synergy between these two fields with the idea of bringing a new direction to these topics (Cappeliez, 2013; Lalanne & Piolino, 2013; Westerhof & Bohlmeijer, 2014).

Studies about autobiographical memory in cognitive impairment are consensual on the fact that the progression of dementia involves decline in autobiographical memory (Addis & Tippett, 2004; El Haj, Postal, Le Gall, & Allain, 2011; Irish et al., 2011; Martinelli, Anssens, Sperduti, & Piolino, 2013; Muller et al., 2012; Philippi et al., 2012) and that these changes can be observed from early stages (Lalanne, Gallarda, & Piolino, 2014; Lemos, Hazin, & Falcão, 2012), resulting in a loss of personal identity (Lalanne et al., 2014). Some particularities are nevertheless to be highlighted in this process. Firstly, studies observed a phenomenon entitled "positive temporal gradient" (a decrease in autobiographical memories for the recent past events), associated to a characteristic of Alzheimer's disease: the presence of retrograde amnesia (Muller et al., 2012; Philippi et al., 2012; Seidl, Lueken, Thomann, Geider, & Schröder, 2011). Secondly, research has pointed to the presence of overgeneralization of the autobiographical memory (Fromholt et al., 2003; Irish et al., 2011; Lemos et al., 2012; Martinelli et al., 2013), a phenomenon also observed in other psychopathological conditions as depression and suicidal attempts (e.g. Fromholt et al., 2003; Williams et al., 2007), that affects the ability to solve problems and to generate specific images of the future, being a predictor of emotional disorders (Williams et al., 2007).

Presently there is some investigation on structured reminiscence interventions and life review procedures that have a specific focus on autobiographical memory. Such research has been conducted mostly in patients with depression, for whom reminiscence has shown to reduce depressive symptoms (Afonso & Bueno, 2010; Afonso, Bueno, Loureiro, & Pereira, 2011; Serrano, Latorre, & Montañés, 2005; Serrano et al., 2012) and elicit an increase in the number of retrieval for specific autobiographical memories (Afonso & Bueno, 2010; Serrano et al., 2005), principally for positive specific autobiographical memories (Afonso & Bueno, 2010). But there's still a scarceness of solid evidence on the results of individual structured reminiscence sessions that account the complexities of autobiographical memory in older adults with dementia (Lalanne & Piolino, 2013).

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