



Examining Patterns and Functions of Reminiscence in a Sample of Black Adults: Implications for Psychiatric Nurses



Juliette M. Shellman *

University of Connecticut School of Nursing, Storrs, CT

ABSTRACT

The patterns and functions of reminiscence have been shown to be associated with mental health and well-being. The purpose of this study was to examine age and gender differences in the patterns and functions of reminiscence among a sample of Black adults. Multivariate analysis of variance findings revealed age and gender differences on specific reminiscence functions. Age groups > 70 scored highest on the Teach/ Inform function. Men reminisce more for Bitterness Revival while women reminisce more frequently to Teach/Inform and for Intimacy Maintenance. Results indicate there are age and gender differences in the reasons why and how often the participants in this study reminisce for a specific purpose. These findings are informative for psychiatric nurses in order to facilitate therapeutic reminiscence to improve the mental health and well-being of this underserved population.

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Reminiscence is classified as an independent nursing intervention (McCloskey & Bulechek, 1996) that can be utilized in a variety of settings to decrease depression and increase self-esteem. Reminiscence is defined as the recall of past experiences and is a naturally occurring process that can be conducted silently or shared in the company of others (Butler, 1963). Psychiatric nurses are in a unique position to incorporate reminiscence as part of their practice. The purpose of this paper is to describe the patterns and functions of reminiscence in a sample of Black adults across the life span. For the purpose of this program of research and consistent with the National Institutes of Health (2001), the term Black used in this paper includes individuals of African, African-American, and African Caribbean descent.

BACKGROUND

Through the years reminiscence scholars have investigated various aspects of the phenomenon such as understanding the patterns and functions of reminiscence, examining associations with mental health and well-being, and as an intervention to improve mental health outcomes.

Understanding the specific uses and patterns of reminiscence has been a main focus of reminiscence research since Butler (1963). The empirically developed taxonomy of eight reminiscence functions developed by Webster (1993, 1997) include: 1) Bitterness Revival which is having the inclination to reminisce to bring back painful or difficult

life experiences, 2) Conversation is defined as reminiscence that serves a social function in which memories are shared without evaluation, 3) Intimacy Maintenance refers to keeping alive the memory of a loved one who has passed away, 4) Death Preparation involves recalling past experiences in order to come to terms with one's mortality, 5) Boredom Reduction is thinking about the past to fill a void, 6) Teach/Inform is using past experiences to transfer knowledge to younger generations, 7) Self-Identity refers to reviewing memories to create meaning in one's life, and 8) Problem Solving when one reminisces about past experiences to solve present day problems.

Webster (1997, 1999) investigated age and gender differences in reminiscence functions across the lifespan in Canada and the United States with a primarily White sample. Although no age or gender differences were noted in total reminiscence function scores, it was found that women scored lower than men for the Bitterness Revival function but higher for Identity. Cappeliez, Lavallée, and O'Rourke (2001) compared the functions between undergraduate psychology students ($n = 76$) and older adults ($n = 83$) participating in a university-based continuing education class. Results from this study indicated that older adults reminisced more frequently to teach and inform while the younger adults used reminiscence for the functions of Identity, Problem Solving, and Boredom Reduction.

Previous work has shown certain reminiscence functions are associated with age, personality, and life satisfaction (Cappeliez, O'Rourke, & Chaudhary, 2005; Cully, LaVoie, & Gfeller, 2001; Webster, 2002). Cappeliez and O'Rourke (2006) developed and tested an empirical model demonstrating associations between the self-positive reminiscence functions of Identity, Problem Solving, and Death Preparation and psychological well-being. Conversely, O'Rourke, Cappeliez, and Claxton (2011) found that self-negative functions were associated with depression and anxiety.

* Corresponding Author: Juliette M. Shellman, Ph.D., RN, Associate Professor, University of Connecticut School of Nursing, 231 Glenbrook Rd, Storrs, CT 06269-4026.

E-mail address: juliette.shellman@uconn.edu.

Researchers have also studied the adaptive nature of reminiscence functions. For example, Korte, Bohlmeijer, Westerhof, and Pot (2011)) in a study that examined the relationship between reminiscence functions and depressive and anxiety symptoms and life satisfaction in older adults found that reminiscence functions play a role in coping with critical life events. In addition, Cappeliez and Robitaille (2010) demonstrated reminiscence functions are related to positive psychological well-being through assimilative and accommodative coping.

Reminiscence Functions across Cultures

Until recently most of the advances made in understanding reminiscence functions and the physical and psychological well-being of the older adult has been based on populations from Canada, Western Europe, and Australia. In 2012, O'Rourke et al., compared reminiscence functions among English Canadian and Jewish Israeli older adults. They found the Israeli population reminiscence more frequently for Bitterness Revival and less frequently for Identity and Boredom Reduction than the English Canadian group. These findings support the premise that groups may recall their experiences within different historical and geo-political contexts such as unrest and ongoing wars. In addition, Nile and Bergen (2014) compared reminiscence functions between Indigenous ($n = 33$) and non-indigenous Australians ($n = 76$). In this study, using the Reminiscence Functions Scale as a measure, the authors found that the Indigenous reported higher scores on the Teach/Inform and Intimacy Maintenance subscales than the non-Indigenous Australians. In a sample of Portuguese adults aged 18–92 using a five factor RFS, Gonçalves, Guedes, Fonseca, and Martín (2010) found statistically different difference between age groups for the overall RFS score which is contrary to previous work by Webster and McCall (1999). These results also support the belief that reminiscence functions may differ across cultural groups.

Reminiscence research conducted with Black adults is limited, but there are three known studies that shed some light into the patterns and functions of reminiscence in this population. For example, Merriam (1993) demonstrated that Blacks utilized reminiscence more than Whites for the functions of understanding themselves and teaching others about the past. Washington (2009) modified and tested the Reminiscence Functions Scale (MRFS) with Hispanics, Whites and Blacks ($N = 271$). Shellman and Zhang (2014) confirmed the seven-factor scale in a sample of Black adults. Although the scale is a reliable and valid measure in the diverse sample, no other research studies utilizing the MRFS to examine reminiscence patterns and functions in Black adults were found. In a contextual examination of reminiscence functions in older Black adults, Shellman, Ennis, and Addison (2011) found differences in why older Black adults reminisce when compared to Webster's Taxonomy of Reminiscence Functions. Results showed that older Black adults perceived reminiscing to prepare for one's death as more negative and reminiscing for to keep close to the memories of a loved one who has passed away as more positive when compared to other ethnic groups.

The lack of reminiscence research among different ethnic groups has been described as a significant limitation in the field of reminiscence (Cappeliez, 2013; Webster, Bohlmeijer, & Westerhof, 2010). Therefore, this study was undertaken to examine the following research questions:

- 1) What are the patterns and functions of reminiscence in a sample of Black adults?
- 2) Are there gender and age differences related to the patterns and functions of reminiscence in a sample of Black adults?

Theoretical Framework

This program of reminiscence research is guided by the Theory of Cognitive Adaptation (O'Rourke, 2002). According to the theory, the way individuals review and interpret their life experiences is associated

with mental health and well-being in later life. Cognitive reconstruction is the key concept of the theory and is utilized to assist individuals to change their way of thinking about a phenomenon. Reminiscing enables individuals to reconstruct negative thoughts, beliefs, and attitudes to a positive way of thinking and coping. Cappeliez (2007) outlined strategies based on the theory that support reminiscence as a way to decrease depression and prevent major depression. The strategies are: 1) identifying negative thinking and shifting to positive way of thinking, 2) generating another way thinking about the past (reframing), 3) identifying coping strategies, and 4) emphasizing competence. Research has demonstrated a strong association between integrative reminiscence and mental health and well-being (Cappeliez & O'Rourke, 2006). For this program of reminiscence research, it is hypothesized that as a supportive listener facilitates integrative reminiscence with an individual by validating life experiences, acknowledging past coping skills and emphasizing accomplishments, the individual gains a sense of self-worth and attains ego integrity through this positive recollection of life experiences. As a result, the reminiscence process decreases feelings of regret, negative thinking, and despair that emerge as depressive symptoms in daily life. Research demonstrates there are cultural differences in the reasons why and how often people reminisce. Being aware of these patterns is helpful for psychiatric nurses when facilitating therapeutic reminiscence with their patients.

METHODS

Research Design

A secondary data analysis was employed to examine age and gender differences in the patterns and functions of reminiscence in a sample of Black adults.

Sample and Setting

In the original study in which a confirmatory analysis was undertaken to examine the underlying factor structure of the Modified Reminiscence Functions Scale, the convenience sample was recruited over a one year period from two urban areas in the Northeast from senior centers, community clinics, and senior housing. A total of 335 Black adults (185 men, 150 women) participated as part of a study to test the psychometric properties of the Modified Reminiscence Functions Scale. Participants in the study were community-dwelling and English speaking with an average age of 53.6 ($SD = 15.4$). Sixty-five percent of the sample was born in the U.S., twenty-four percent reported Africa as their birthplace, and eight percent were born in the Caribbean while three percent of the sample refused to answer. Of the 335 participants, 18% reported finishing junior high level or less, 46% had a high school education and 36% earned a college degree. Participants reported their living situations as living alone 46%, with a spouse 22%, with an adult child or grandchild 23%, and 8% reported they were homeless. In this sample, 23% self-reported they had diabetes, 24% reported HIV, while 37% reported they had hypertension.

Procedure

Approval for the original study was obtained from the university's internal review board. Black research assistants were trained to collect data by the PI. Each assistant participated in the protection of human subjects training required by the university. Black research assistants were selected to collect the data because shared group membership has been described as a way of facilitating disclosure of sensitive topics (Jackson, 1991) and inclusion of researchers who belong to the ethnic group under study has the potential to reduce the threats to a valid research process (Porter & Villarruel, 1993). All surveys were administered in a designated, private area. As soon as the research assistant confirmed the participant's understanding of the study, the consent

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