

Life Review Therapy

Researchers are now finding stories of strength, character, endurance, joys, sorrows, and recovery are helping some elderly alleviate symptoms of depression that have settled in during their later years or while they are nearing the end of life. By sharing their life stories, individuals can look back over their years and see worth and meaning. They can pass this history on to others and entrust that a part of themselves may always live on.

Life Review Therapy, also called Reminiscence therapy, is a treatment where the review of one's life gently helps diminish depression as a person enters their end stage of life. Through positive memories, current negative thoughts may be dispersed and acceptance and worth of their lifetime achievements can be appreciated. Life Review Therapy is recommended for older adults who suffer from depression, dementia, Alzheimer's disease, or who are in hospice or end-of-life care facilities.

Assessment Process

Structured life review is performed on an individual basis and involves only the reviewer and the therapeutic listener. The therapeutic listener asks probing questions in an attempt to elicit the reviewer's experiences, deepest thoughts, and secrets. Participants reflect on both the positive and negative aspects of their lives, evaluating the significance of these events and working through unresolved conflicts. During the assessment process, a suitable environment is selected and information about the reviewer is collected. Through observation and direct questioning, the therapeutic listener assesses the reviewer's physical, psychological, and cognitive functioning. A meeting location that ensures privacy is selected; also important is adequate lighting and minimal noise interference to accommodate individuals with visual and hearing impairments (Haight & Haight, 2007).

When structured life review is initiated, the reviewer is provided with a list of potential questions and informed about the process. The intervention typically consists of six to eight 1-hour sessions. The conversation begins with the individual's earliest memory and progresses to the present. Generally, the first two hours are devoted to childhood, family, and home. The second two hours are devoted to adulthood. The final two hours focus on summarizing and evaluating the reviewer's life in its entirety (Haight & Haight, 2007). These two hours provide a unique opportunity for the therapeutic listener to gain insight into what the process has meant for the reviewer. While structuring the intervention is essential to the process and all parts of the lifespan should be discussed; reviewers often move back and forth between developmental stages.

Several techniques are available to enable the therapeutic listener to facilitate discussion. If these techniques do not effectively elicit memories, the therapeutic listener can ask the

reviewer to recall what he or she was doing on the day of a significant historical event. Narrowing the focus of questions in this manner may prove to be less threatening because the perception of right or wrong answers is alleviated. Reviewers can be encouraged to complete a genogram or timeline and include family members in the process.

A current lack of standardized interventions may complicate the evaluation of life review's therapeutic utility and make replication difficult. The best attempt to evaluate a life review intervention is the use of a pretest/posttest design. Baseline emotional well-being and physical functioning should be established prior to the intervention and should be reevaluated after. The results can be used to establish a correlation between life review and a decrease in depression.

Assessment Principles

Three active principles of Life Review Therapy can be described (Maercker, 2002b):

1. Life Balance: The intervention promotes a balanced accounting of positive and negative memories ("ups and downs in life"). Positive memories (e.g., pleasant experiences, coping success, skills) should dominate over negative ones (e.g., failures, experiences of loss, trauma).
2. Find meaning: Negative experiences, including trauma, can be given a meaning. Even if trauma or death of a spouse remains a negative fact, the subjective experience of having been altered by the event in a positive sense, enables and supports a new extended view on one's own life.
3. Elaboration of memory, that is, greater detail of what is remembered actively. In depressed patients not only negative aspects are remembered, but also positive ones. In the case of trauma, memories should be elaborated and processed into a narrative.

A typical approach can be outline into the following:

- Initial phase, when the course of therapy and its relation to their main symptoms is explained to the patients/clients.
- Middle phase, when on the basis of an individually adapted plan, different stages of life are discussed in succession.
- Final phase, in which integrating and balancing therapeutic conversations and planning for the time after therapy (relapse prevention) are in focus.

Initial Phase

In the initial phase, goals and actual processing are discussed with the patient. Depending on the level of education or comprehension of the patient, the reasons/rationales for the following process vary. In patients with good comprehension, all of the above suggested three active principles (life balance, meaning and elaboration) are discussed.

For those who experience from dementia or Alzheimer's disease, a journal, photographs, or songs from a certain era may help stimulate and inspire memories and words. Bringing these memories back to life can be achieved in a number of ways. Some of the most effective ideas are:

- photo albums/collages, scrapbooks
- art forms (drawing, painting or using clay can be a replacement for words)
- historical items and significant objects (toys, antiques, or clothing)
- drama (acting out short scenes that invite the role playing of past experiences)
- vocal and instrumental music (can lead to memory recall)
- life story work (recorded oral histories about childhood and early life or autobiographies)
- memory boxes (a three-dimensional box that displays personal items to signify one's life and highlight memories)
- All of these creations can generate conversations, valuable recollections and outcomes for the family and the generations that follow.

Middle Phase

This process follows the succession of stages of life, with an individually set time frame, depending on the precedent anamnestic interview. Each period of life, from infancy to present age, will be discussed in at least one session. However, if a client and reviewer/clinician only have a small amount of time together, these discussions may move faster.

Sample case of a life-review intervention:

1. Childhood to schooldays I
2. Childhood to schooldays II: continued
3. School days to puberty
4. Youth to career start

- X. Traumatic experience (is placed before stage of life in which the event happened)

5. Adulthood I: working life, partnerships, until first child birth
6. Adulthood II: children from birth until moving out of family
7. Adulthood III: from age 50 to retirement
8. Retirement age to present

Note these stages are only a guide and do not need to be discussed sequentially. A reviewer/clinician may facilitate discussion through stages as identified by the client's interest and memory.

Final Phase

In the final sessions, when experiences of individual stages of life are integrated and assessed, usually several times, the following questions can be asked: “We have been talking about your life for a while. However, why don't you now give an account of what you have learned in life? What would you describe as the three most important things in your life? Why? What would you change, do better or leave unchanged? What are now the most important things in your life?”

These sessions work preferentially with cognitive restructuring techniques to overcome the remaining dysfunctional thoughts (e.g., trauma has damaged parts of my personality forever) or to positively reframe experiences (e.g., I lived my life intensely and experienced history closely.). These sessions can extend therapeutic discussions of post-traumatic growth issues (Zoellner & Maercker, 2006).

As a supplementary therapeutic method, the individual may be instructed to write their biography during or after the treatment. This can be done in chronological order or by incorporating selected stages only. The biography should not include solely facts, but also the associated feelings at the time, as well as at present.

In some cases, it is advisable to apply other psychotherapeutic techniques after LRI. This may be a behavioral therapy to build up pleasant activities, or other forms of therapy such as cognitive therapy.

Helpful Guidelines

Although no formal qualifications are required to do reminiscence work, the following skills are beneficial, especially with people with dementia:

- Ask open-ended questions that will elicit the sharing of personal stories and experiences.
- Listen attentively and show an interest in the past memories that are shared.
- Retain what you have heard and make reflective comments.
- Empathize and relate in a sensitive way, especially when painful emotions are expressed.
- Stimulate the senses and respond positively to both verbal and non-verbal attempts to communicate.
- There is a tendency to think of dementia as a “disaster,” a hopeless decline in a person’s memory and a loss of functioning about which nothing can be done. Yet, people with dementia often have a keen ability to recall long-term, personal memories when the details of the present may escape them. Imagine the storehouse of one’s memories as a locked box; its contents accessible only with a key, and that key is hidden in the entanglement of dementia. Perhaps through asking questions, one can make a duplicate key that allows the flow of silent experiences to come forward once again. Reminiscence increases confidence and builds on people’s remaining skills. It concentrates on early memories that remain vivid when recent events fade. It also allows a person to return to a

time in their life when they were active, healthy and productive. As a result, the listener can learn more about the life of the person with dementia, which can aid in understanding current behaviors and enhance supportive feelings.

Conclusion

Those who face life-threatening illnesses often feel an increased need to explore the meaning of their lives and identify what has been important. Psychologist Erik Erikson suggested that as we approach the end of our days, we need to bring together the strands of our lives. Most people hope to die in a way that is consistent with how they have lived. Re-opening the book of the lives of older adults may help bring a closure free of depression, anxiety, or regret. Researchers hope that Life Review Therapy can gain momentum in helping older adults always close the book with a happy ending. As Victor Frankl said, “All of us need to leave knowing the things we’ve done, the things we’ve loved, the things we will leave behind with meaning, and the things we’ve believed in.”

References

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