

# Life is beautiful: Using reminiscence groups to promote well-being among Chinese older people with mild dementia

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**Abstract:** *This paper describes the design and implementation of a reminiscence group for Chinese older people with mild dementia at a Hong Kong nursing home. Specifically, participant observation indicated that such groupwork resulted in improved social, cognitive, and motor skills, and increased display of positive affect. Thus, this project provides evidence of the relevance of reminiscence groupwork for older people from a Chinese cultural background; most particularly, its ability to create a feeling of family among group members while allowing them to keep memories of their loved ones alive through informative reminiscence. Overall, the findings suggest that reminiscence groupwork is conducive to the physical and mental well-being of older Chinese with dementia and contributes positively to their healthy, successful ageing.*

**Key words:** *Chinese elderly; reminiscence group; mild dementia; gerontology; qualitative research*

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## **Introduction**

Since most nations worldwide have recently witnessed a more rapid rise in the ageing of their populations than during the last century, population ageing has become a major public policy issue whose economic implications and related impact are being closely studied. Equally important is the need to improve the quality of life (QOL) for older citizens.

Among the various definitions of QOL suggested over the years, one oft-cited definition is that of George and Bearon (1980), which encompasses general health and functional status, socio-economic status, life satisfaction and self-esteem. Additionally, Farquhar (1995) observed that much of the QOL framework derives from the WHO's definition of health as a state of complete physical, mental and social well-being with strong emphasis on physical health and functional ability.

Currently, over half of the world's older people live in Asia but, by 2050, Asia will be home to almost two-thirds of this population (Canning, 2007). Because traditionally Asian cultures have valued respect for older people, younger family members are presumed to care for their older relatives. Thus, despite some gradual erosion of such values, many old people in Chinese societies look to their families to maintain their QOL (HelpAge International, 2008). Such maintenance is particularly important to those with varying degrees of sickness or disability.

As with their Western counterparts, Chinese older people, their well-being and its determinants have become key research concerns (Moriarty & Butt, 2004; Lee, 2005; Tang & Lee, 2006). Many such studies look at objective measurements and their variables. For instance, by interviewing 109 randomly selected Chinese aged 60 and over living alone in two public housing estates in Hong Kong, Lee (2005) found that mental health status, number of days stay in hospital, life satisfaction, age, and self-esteem are significant factors in predicting the life quality of older Chinese. However, besides objective measurements of health, economic and social status and function, subjective well-being has also been used increasingly as a key indicator of older people's QOL (Ku et al., 2008). For example, one recent study in Hong Kong examined Chinese people's views on positive ageing (Chong et al., 2006) through focus groups of older and middle-aged participants. The authors noted

two themes. First, the respondents believed that positive ageing should comprise good health, a positive life attitude, active engagement in activities or society, feelings of support from families and friends, financial security and living in a place with emotional ties. Second, they named the following as key factors of positive ageing: adopting a healthy lifestyle, thinking positively, promoting family and interpersonal relationships, and building up financial resources.

In recent years, both human service professionals and gerontologists have promoted the ideas of 'successful ageing' and 'active ageing' in the region to improve the well-being of older individuals; however, the challenge is to find ways of translating these abstract but desirable objectives into reality (Phillips, 2000). To do so, both macro and micro levels of intervention by human service professionals are obviously important, and innovative solutions are needed to improve older citizens' QOL. One such solution used by social professionals in Hong Kong is the reminiscence group.

This paper advocates the use of reminiscence groups to improve the QOL of older people with dementia. Therefore, after briefly reviewing the literature, it describes the design and implementation of a reminiscence group for older people with dementia in an institutionalised setting in Hong Kong. It then outlines the improvements in social, cognitive and motor skills, and the display of positive affect among group participants and discusses the cultural significance and relevance of reminiscence groupwork for Chinese older people with dementia. Finally, it addresses the potential limitations of such groups for this population. The paper concludes by suggesting that reminiscence groupwork is conducive to the physical and mental well-being of Chinese older people with dementia and contributes positively to their healthy, successful ageing.

## **Literature review**

### **Reminiscence groups**

The interest in reminiscence, long used to maintain or improve older people's self-esteem and life satisfaction (Lin et al., 2003), can be traced to Butler's (1963) seminal description of it as a universal, natural phenomenon for adults of all ages, although it has since been variously defined (Parker, 1995).

Although generally defined as the act or process of recalling the past (Butler, 1963) – meaning that ‘reminiscence’ and ‘life review’ are often used interchangeably (Lin et al., 2003) – operationally, reminiscence can be defined as a process of recalling long-forgotten yet memorable experiences (Burnside & Haight, 1992). Lo Gerfo (1980) identified three categories of reminiscence: informative, which focuses on reviewing factual material to provide pleasure and enhance self-esteem; evaluative, which serves a positive adaptational function by trying to reconcile and put into perspective successes and failures; and obsessive reminiscence, informative or evaluative reminiscence that is dysfunctional.

Since the mid-1980s, reminiscence groupwork – the recall of past events, feelings and thoughts to facilitate pleasure, QOL or adaptation to present circumstances (McCloskey & Bulechek, 2000) – has been widely used in health care settings for elders both in and out of institutionalised settings (Baker, 1985). Such intervention can increase socialisation, reduce isolation, increase self esteem, prevent or reduce depression, increase life satisfaction and improve social adjustment (Harrand & Bollstetter, 2000). With specialised approaches, reminiscence groups can also help confused older adults with dementia (Soltys & Kunz, 2007).

### **Reminiscence groups for older people with dementia**

Several studies have documented the positive effects of reminiscence groupwork for older people with dementia. For example, one early evaluation of the effects of a group reminiscence activity on three groups of nursing home residents ( $N = 23$ ) over a 10-week period found that group attendees regularly showed the most behavioural improvement (Kiernat, 1979). Moreover, many group members enjoyed the activities and gradually started addressing and spontaneously responding to one another instead of communicating only with staff.

Positive effects on mood were also reported in a controlled study that compared the effects of reminiscence group therapy and supportive group therapy with a no-treatment control group (Goldwasser et al., 1987). The reminiscence group, which like the other two groups included 9 nursing home residents with a clinical diagnosis of dementia, showed significantly improved scores on the Beck Depression Inventory immediately following intervention. These improvements, however, had

declined sharply by follow-up six weeks later, leading the authors to recommend that reminiscence groups be implemented on an on-going basis. Subjective reports also indicated that the cognitively less impaired elders responded most positively to the reminiscence work.

Similar positive changes on behaviour and mood were also found by Gibson (1994), who reported that in all mixed membership reminiscence groups studied (that is, some subjects with dementia, others not), older people with dementia exhibited substantial pleasure and enjoyment, appearing delighted with their recall experience, even if their recollections were seemingly soon forgotten. There was also a marked reduction in restlessness and agitation among such participants and appetite improved.

Positive effects have been reported not only for older people but also for staff. For instance, Baines et al.'s (1987) controlled study, which compared the effects of reminiscence and reality orientation groups on 15 confused older people in a residential setting, found both interventions to be associated with a significant increase in staff knowledge of the participants' personal histories. There was also evidence of positive effects on staff enthusiasm, staff attitudes and job satisfaction, which has implications for residents' QOL.

Finally, Woods and McKiernan (1995) commented that although the long-term benefits of reminiscence groupwork among the older people with dementia are inconclusive, there is no evidence that reminiscence is inappropriate for those with a degree of memory impairment. In fact, even people with severe dementia can be stimulated by reminiscence work both individually and in a group. Therefore, the potential of reminiscence for people with dementia is still open for exploration.

### **Reminiscence groups for older people with dementia in the Hong Kong context**

Chong and Wong (1997) identified both intra-personal and inter-personal functions of reminiscence groups for Chinese institutionalised elders in Hong Kong. Intra-personally, recalling past achievements or happy events not only brought a sense of joy and fulfilment, thereby lightening a depressed mood, it provided intellectual stimulation normally lacking in routine, institutional life. Moreover, through evaluative reminiscence, the older people could re-evaluate their past

successes and failures, and find new meaning for their experiences. Inter-personally, sharing similar past experiences heightened the sense of closeness and belongingness and provided a good opportunity for residents to learn about each others' life experiences, which facilitated mutual understanding, often increased trust and acceptance, and helped extend the social support network.

Based on their practical experience as social workers in Hong Kong, Chong and Wong (1997) introduced a practice model for implementing reminiscence groups among frail elders. They concluded that participation in such groups can indeed contribute to individual well-being by enhancing both self-esteem and QOL.

Subsequently, Chong (2000) suggested five areas in which reminiscence group design and implementation could be sensitised for the Hong Kong Chinese culture: membership, group content, the interaction process, identification and appreciation of positives and the leadership style of the helping professional.

In terms of membership, Chong (2000) identified three important considerations – size, age and gender – and recommended unisex groups with 8-10 participants aged 65 or above. As regards group content, she suggested that each session should have a theme; for example, developmental tasks like marriage, common experiences of war and relocation, and food. She particularly stressed the importance of face-saving, rapport building and trust and confidentiality in the interaction process, as well as identification of the positive aspects of past experiences. This latter, she claimed, is especially important in relation to experiences that trigger sad emotions, unresolved conflicts or guilt. Chinese elders also tend to consider talking about one's own achievements or strengths to be boasting, a practice frowned on by followers of the Confucian Middle Way. Lastly, even though leadership style may need to be directive when a group begins, its ultimate aim should be to foster autonomy so that participants feel free to talk about topics that interest them.

## **The research project**

The project reported here, a case study of a reminiscence group for older people with mild dementia in a Hong Kong nursing home,

sought to contribute to the empirical data on the design and delivery of reminiscence groups specifically for this population. The study findings may also contribute to knowledge on cultural sensitivity in the implementation of reminiscence groups for Chinese elderly and could be used to formulate recommendations on how reminiscence groups might promote well-being among institutionalised older people with dementia in Hong Kong.

## **Data collection**

Data were collected through two channels: three in-depth interviews with the reminiscence group leader and participant observation (Spradley, 1980). The interviews were conducted by the authors assisted by student helpers. The interviews took place once before the start of the reminiscence group series, again in between the series, and a third time after the series ended. One author (AS) also joined the reminiscence group for three sessions as an observer.

## **Group design and implementation**

For about a year, the group, named Life is Beautiful, met twice a week on Tuesday and Thursday afternoons for a 45-minute session based on a primary theme that changed every three months. Feedback from both the workers and participants at the institution, a government-subsidised nursing home with 107 residents, was overwhelmingly positive.

### *Membership*

To maximize reaction opportunities and encourage response, the group leader invited only those older people with mild dementia to participate. Because the themes and topics chosen were general and simple to accommodate group members' cognitive degeneration, there was no need for the unisex groups suggested by Chong and Wong (1997). All group members participated on a voluntary basis, and those with mobility problems were escorted by staff. Even though all had been diagnosed with mild dementia, some were more active than others and could initiate responses.

### *Group format*

The first five to 10 minutes of the group session, whose group structure provided a sense of continuity for older people with dementia, introduced the new topic and briefly reviewed the topic discussed in the previous session. The members were also reminded of the day's date and weather conditions to facilitate their cognitive functioning.

Following the introduction, the members discussed the week's topic; for instance, Chinese festivals, Chinese traditions, modes of transportation and items related to daily living. Although weekly sessions were independent of each other, all were designed based on the quarterly theme. The three sessions observed for this study were based on the daily living theme and hence addressed small household items, large household items and nostalgic food items, respectively.

This (approximately 30-minute) discussion component, focused on stimulating thoughts and memories, was non-directive: the group leader merely facilitated conversation among the members and introduced items for discussion. Because of the group members' cognitive impairment, there was usually no in-depth sharing involving evaluative reminiscence. The sessions observed usually concluded with a 10-minute summary by the group leader of items discussed, followed by a tea break and casual conversation among participants.

### *Props and audio-visual aids*

In all three sessions, hearing-impaired members were given headphones with amplifiers. For the first session on small household items, actual items – an antique clock, a radio, an umbrella, a comb, a mirror, slippers, dollar bills, and coins – were on display. The group leader picked up these items randomly and passed them around to group members while asking open-ended questions designed to stimulate thoughts and memories. Likewise, to accommodate participants with visual impairment, in the second session on large household items, large pictures were displayed on a projector, and pictures of household items – a propane cooking top, large bamboo steamers and Chinese table settings – were passed around the participants.

Finally, in the session on nostalgic foods, group members were especially excited about receiving Chinese dim sum, cookies, bread and other snacks for consumption and discussion, which grew rich with stories of past excursions for dim sum with the family. Participants were



particularly touched by such memories of family meals because most now had health-restricted diets and, as nursing home residents, seldom shared meals with family members. Nevertheless, although seeing and eating the nostalgic foods reminded them of healthier and happy times with their families, sharing the food within the group, by making group members seem more like a nursing home family, facilitated bonding and minimised feelings of isolation.

#### *Group content*

According to the group leader, group members became especially excited about quarterly themes related to celebrations and happy occasions. For each theme chosen, the leader developed topics related to life-span development, developmental tasks and basic daily activities. The key to topic selection was to stimulate these participants' cognitive functioning in as many life areas as possible. For example, among the small household items (for the theme of daily living) was a set of traditional straps used to carry babies on women's backs. Group members discussed how they had used these straps to carry their children and grandchildren, and even male participants talked about the usage and played with the baby doll on display. This discussion also touched on the topic of marriage and family, and the happy occasions of wedding and childbirths. Hence, the session not only revolved around life-span development – childhood, young adulthood, middle age and old age, it also tapped developmental tasks like parenthood and grandparenthood. It also touched on basic daily activities like child-rearing and traditional festivities like celebration banquets on the birth of a child.

#### **Positive effects observed for this group**

##### *Social skills*

One of the most noticeable effects of this reminiscence group was social skill development. For instance, after a session, one group member remarked that she had not realised her fellow group mates were so friendly because previously they had barely spoken to each other. Hence, the group allowed members to share common life experiences and develop friendships. This same group member, who had only moved

into the facility a couple of months earlier, invited the observer to visit her room and reported liking her new living environment. Invited to join the reminiscence group as a channel for adapting to these new living arrangements, she has found the reminiscence group fertile ground in which to express herself and establish friendship networks with fellow residents. As a result, she has become one of its most active members, often taking the initiative to respond to the group leader's questions.

During the group sessions, less cognitively impaired members took care of more impaired members, for example, helping to pass the food in the session on nostalgic food items. Besides encouraging conversation, this session offered a rare opportunity for participants to consume nostalgic foods not on the nursing home menu; especially as many have limited mobility that makes leaving the nursing home to buy such foods particularly difficult.

Overall, group members were orderly during the discussions, waiting for another member's response to end before adding a comment. Even when the responses from more cognitively impaired members wandered off topic, other members would simply laugh it off rather than correcting or criticizing. For example, when the group leader asked about Christmas, one member responded that it celebrates Santa Claus, which elicited much laughter from other members. The group leader later reported that, because of cognitive impairment and limited mobility, the older people with dementia seldom initiate conversations with other nursing home residents, making group sessions one of very few opportunities for members to converse and connect.

#### *Cognitive skills*

Another positive effect was group member use of cognitive skills; that is, although the study could not demonstrate that reminiscence groups improve such skills, participants were clearly exercising them during group sessions. For instance, even group members wheeled into group in silence with closed eyes would open their eyes and share stories of their past when the leader initiated the week's discussion topic. Hence, as the group leader commented, group sessions 'wake up' more severely cognitively impaired participants who would otherwise remain 'dormant'. Reminiscence group participation, therefore, can exercise whatever cognitive skills members have left and hopefully slow the degeneration process.

The group leader also reported that group sessions are not about 'right or wrong' memories: comments or stories may sometimes be off topic, but the key is to give members a chance to share their past experiences and exercise their cognitive skills. Thus, the leader always tries to include some reality in group sessions, for example, discussing the topic of marriage on February 14, the Western Valentine's Day. This activity included such questions as what Valentine's Day Gifts participants might give, so even though the holiday was not part of their past, relating it to the present helped them connect past and present. Their responses are also worth mentioning: some members said that instead of flowers, which are impractical, they would give practical gifts like money or useful items. However, one member who had never been married insisted that he would give flowers because they are more romantic.

The observer also noted that even members who remained silent during the group session would start talking afterwards during the tea break. Hence, the most important point is that for elders with dementia, any form of cognitive exercise is better than none.

#### *Motor skills*

The group leader also pointed out that the reminiscence group offers a multi-dimensional experience for these older people, one that not only provides members an opportunity to build friendships and exercise cognitive skills, but also stimulates their visual, auditory and tactile senses. For instance, during the session on small household items, one member explained in detail how to knot the baby-carrying straps so that the child would not fall out. When asked whether she was sure the baby would be secure, she confidently responded 'yes!'. Thus, although this practice of carrying babies is no longer common, the participant still remembered how to tie the knots and could still perform the ritual accurately.

In the same session, the group leader brought in an old Chinese oiled-paper umbrella, which immediately elicited some comments that this type of umbrella is no longer used because it breaks easily and may leak water. Some members even touched the oiled paper and confirmed the ease of its breakage. Finally, the group leader initiated a discussion on the antique clock of a type, some participants reported, once heard to chime every hour. Others commented that only rich people owned such

clocks because they cost almost a month's wages. While reminiscing, members were able to recall sights and sounds from memory.

During other sessions on the topic of nostalgic music, the group leader played old songs that not only stimulated participant memories but also exercised their auditory skills. The members, he reported, would listen to the songs and recall who had sung it and what life was like when these songs were popular. In fact, this reminiscence group's name, *Life is Beautiful*, is the title of a popular song sung in the 1970s by artist Sam Hui.

#### *Positive affect*

After participating in the reminiscence group session, the members were clearly more lively and awake. Even members who had seemed dormant when escorted into the room woke up and laughed during the discussion. According to the group leader, to awaken group members, he specifically picked topics related to happy occasions like weddings, childbirth, birthdays and Chinese festival celebrations. As a result, the reminiscence group provided an emotional outlet for its members. For example, in the session discussing marriage, the never-married participant appeared quite sad but all the other group members provided emotional support, which made him feel better. Hence, even when reminiscing about past happy occasions does not immediately bring about positive affect, it can provide group members an outlet for both positive and negative emotions and help them arrive at such a state through mutual support and evaluative reminiscing.

The group leader also explained that because every human being needs positive reinforcement, he makes every effort to encourage and praise group members during sessions, a practice noted by the observer. Even when members responded slowly or with remarks that were totally off topic, the group leader never held back verbal encouragement and provided physical reinforcement like a pat on the shoulder, a nod of the head or a bright smile.

## **Discussion**

### **Cultural significance of reminiscence groupwork**

It is evident from this case study that the Life is Beautiful reminiscence group is instrumental in promoting the well-being of these older nursing home residents with mild dementia. Therapeutic effects aside, the group provides them with opportunities to exercise their social, cognitive and motor skills in a relaxed, interactive group setting. It also provides an emotional outlet in a supportive environment and helps participants achieve a positive affective state. Hence, for older people with dementia, reminiscence groupwork is an efficient means of promoting overall well-being.

One of the most apparent contrasts between Chinese and Western cultures is the emphasis on collectivism versus individualism (Hofstede, 2001). Whereas Chinese are described as valuing family and tradition, harmony, conformity and obedience to authority, the West prizes individualism, autonomy and original thinking (Rosenthal & Feldman, 1996). Indeed, Sit's (1996) overview of the characteristics of Chinese culture places heavy emphasis on the importance it gives to the family as a unit and on conformity, patience and modesty. Such cultural characteristics can be traced back to traditional Confucian thinking in which the self is defined within the social context or milieu (Lau, 1996) and the individual's self, identity and role derive meaning from relations with others. Hence, to the extent that there is only the concept of 'we' under which everything connected with 'I' is subsumed, emphasis is placed on the larger entity such as family or society.

Consequently, this type of reminiscence groupwork is especially significant for older Chinese in an institutionalised setting because it facilitates a sense of family with fellow members. That is, reminiscing on a common theme provides a sense of collective memory which reinforces the concept of 'we' and the perception of having gone through old times together. Likewise, performing exercises and exchanging ideas creates a feeling that no one person is alone in experiencing dementia.

One particularly important point is that reminiscence groupwork targeted on older Chinese people with dementia should concentrate primarily on informative reminiscence, in which participants review factual material to gain pleasure and enhance self-esteem (Lo Gerfo,

1980). Such reminiscence can help them keep the memories of loved ones alive while living away from their family in a nursing home. It is also appropriate for reviewing customs and traditions valued in the Chinese culture. Nevertheless, as occurred in the study group's discussion on marriage, some degree of evaluative reminiscence may result from certain group activities. However, because of group members' cognitive impairment, obsessive reminiscence and its negative effects are unlikely.

The results of this case study also support Kiernat's (1979) finding of behavioural improvement following 10 weeks of reminiscence group participation. Most particularly, as the group leader remarked, group activities allow members with behavioural issues to work off excessive energy. In addition, like Goldwasser et al. (1987), this study found positive effects on mood: group members appeared more alive and happy after participation. Such positive changes in behaviour and mood also characterised Gibson's (1994) mixed (dementia vs. no dementia) reminiscence groups, whose members appeared delighted with their recall experiences even when the recollections seemed soon forgotten. Although the group studied here all suffered from mild dementia, the participants had varying degrees of cognitive degeneration, and although all enjoyed the recall experience, those with more severe cognitive degeneration appeared more aware compared to their pre-recall state. Thus, this study of Chinese elders with dementia confirms the benefits identified by research on similar populations in other cultures.

### **Relevance of reminiscence groupwork for Chinese older people with dementia**

The data provided here on reminiscence groups targeted specifically at Chinese elders with dementia expands Chong and Wong's (1997) work on the delivery and implementation of reminiscence groups for institutionalised elderly in Hong Kong. Specifically, the findings point to both intra-personal and inter-personal reminiscence group functions. Intra-personally, members showed positive affect and stimulation of cognitive and motor skills; inter-personally, they were able to cultivate their social skills, develop friendships and experience social support. Hence, our results confirm reminiscence groups' potential contribution

to the well-being of Chinese elders (Chong and Wong, 1997) and demonstrate their importance for Chinese older people with dementia.

The findings also confirm that in developing and implementing reminiscence groups conducive to the well-being of this population, addressing the five areas suggested by Chong (2000) is crucial to ensuring cultural sensitivity. First, because older people with dementia require more stimulation and staff attention, the group size should remain small and manageable but large enough for member interaction (optimally, six to eight members). The degree of cognitive impairment among group members should also be comparable since great variation could hamper member interaction. However, given that mixing gender has no apparent negative effect on the group process, groups need not be unisex. In fact, including both males and females could facilitate interpersonal stimulation.

Secondly, the findings suggest that each session should have a theme to stimulate participants and help them focus. Choosing themes related to joyful occasions can facilitate reminiscence because discussing happy moments, although not always productive of positive affect, provides an outlet for both positive and negative emotions that do lead to evaluative reminiscence and thereby help older people with dementia achieve a positive affective state.

Thirdly, as the group leader pointed out, if this population is to participate and respond to group activities and discussion, the group facilitator must build a close personal relationship with its members. Moreover, such interaction should not be limited to reminiscence group sessions but rather be part of an on-going caring relationship. As important, although trust and confidentiality may not be key concerns among older people with dementia, who may forget group discussions almost immediately, leaders and workers should still adhere to these standards.

Fourthly, because older people with dementia are losing their cognitive abilities, it is especially important to identify and appreciate the positives: as the observations confirmed, group members really appreciate any form of encouragement from the leader or their peers. Group sessions also provide a good opportunity to acknowledge members' past accomplishments in order to facilitate the feeling of well-being.

Finally, the facilitator's leadership style is of paramount importance

in any reminiscence group. For example, the group leader observed here, being much interested in the past, not only designs pertinent topics for his weekly reminiscence groups but researches and seeks out relevant props. Thus, he combines his interest with this reminiscence groupwork. Moreover, by being patient and caring yet directive and authoritative, he is able to build a rapport with the group members that facilitates open sharing among the group.

In sum, these results demonstrate that reminiscence groupwork is conducive to the well-being of institutionalised Chinese elders. Among older people with dementia, especially, reminiscence groupwork stimulates and exercises social, cognitive and motor skills and provides an emotional outlet through which to achieve a positive affective state.

### **Potential limitations of reminiscence groups for older people with dementia**

#### *Reminiscence groupwork is not group therapy*

Bender (1994) argued that reminiscence groupwork is not (and should not be confused with) group therapy because participants do not present to the group the problems they wish to address. Moreover, members do not attend the group hoping to alleviate their dementia symptoms, nor does the group leader aim to minister to the dementia. Rather, although the reminiscence group experience can be therapeutic, such work aims to create a therapeutic environment that promotes well-being rather than treating members' medical condition.

#### *Emotional experiences in reminiscence groupwork*

Inevitably, some group members may experience emotional turmoil during the reminiscence process, as when the unmarried group member became upset. Because experiencing both positive and negative emotions during reminiscence is normal, group leaders and staff must be aware of the potential risk and provide adequate support as needed. For example, the group leader observed here turned the negative emotion experienced by one group member into an opportunity for him to experience and build social support with fellow group members. Thus, negative emotions were ultimately restructured into a positive self-affirming experience.



### *Training and supervision of group leaders*

The success of the group studied was, to a large extent, dependent on the group leader's experience, skills and knowledge, not only sensitivity to members' needs but directive instruction together with caring communication. The group leader was also able to acknowledge participants' positive and negative feelings and was educated in handling their emotional turmoil. Above all, he showed genuine interest in the reminiscence process and enjoyed running the reminiscence group.

If reminiscence groupwork is to be successful, Bender (1994) suggested, group leader training and supervision should achieve the following: First, the group leader of any reminiscence group should be able to communicate respect for and interest in what members are saying. Second, if groups are to be conducted in the most appropriate manner, the leader should be open to supervision by a competent supervisor, one well-versed in groupwork, who allows sufficient time for supervision. Finally, in a successful reminiscence group, the positive benefits are reciprocal for both group leader and members (Parker, 2006).

## **Conclusion**

Research has consistently indicated that, during the normal and inevitable process of ageing, physical and mental health affects the QOL of older adults (Stein and Barrett-Connor, 2002). The findings reported here provide preliminary data on the benefits of reminiscence groups for the physical and mental health of Chinese older people with dementia. Not only were group participants able to exercise their sensory and motor skills through different group activities, they also had the opportunity to exercise their cognitive skills, express their emotions, establish social support networks and build rapport with staff. Admittedly, reminiscence groups are not free of risk such as possible emotional upheaval as the participants recall unpleasant moments during the reminiscence process; however, running systemic reminiscence groups with trained staff and adequate supervision can minimise these potential shortcomings. Most important, the health benefits of reminiscence groups far outweigh the potential limitations.

Previous research has also indicated that older adults with better

health status tend to age more successfully than those in poorer health (Rowe & Khan, 1995). Therefore, using reminiscence groups to promote elderly well-being fits well with the paradigm of healthy, successful ageing. Nevertheless, since cultural values are integral to the lives of all elders, more cross-cultural comparisons of the benefits of reminiscence groups are warranted (Lai, 2007). Moreover, future empirical research on reminiscence groups for older people should go beyond the framework of therapeutic effects and practical guidelines and fit into the paradigm of health promotion, quality of life and successful ageing.

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