

The use of reminiscence in the prevention and treatment of depression in older people living in care homes: A literature review

Sarah Housden¹

Abstract: *With a growing older population, and depression affecting a considerable proportion of care home residents, it is imperative that effective methods of treating depression in this population are found. Systematic reviews of research into reminiscence as a treatment for depression have produced contradictory results, partly due to the lack of a standardised approach to reminiscence in the original studies. A literature review was therefore carried out to answer the question: ‘What factors influence the effectiveness of reminiscence approaches in treating and preventing depression in residents of care homes for older people?’ Six electronic databases were searched using the terms ‘Reminiscence AND Depression’. After inclusion and exclusion criteria had been applied, a total of ten papers were critically appraised. Two of these were subsequently excluded due to serious weaknesses in methodology, leaving eight papers for analysis and synthesis. From these eight papers, five key themes were discerned, leading to insights into factors which assist and limit the effectiveness of reminiscence. These include the social aspects of reminiscence, together with opportunities for self-expression, sharing of emotions, and developing trusting relationships with group leaders. Reminiscence was found to be a particularly useful activity for care home residents because of combining a number of different benefits in one activity. However, a cautionary note is sounded about reminiscence work being undertaken by untrained staff who may have little appreciation of the dangers of reminiscing for some clients.*

Key words: *reminiscence; groupwork; older people*

1. *Freelance Occupational Therapist and Reminiscence Trainer for Norfolk Adult Education’s Health and Wellbeing for Older People Team*

Address for correspondence: 28 Racecourse Road, Thorpe St Andrew, Norwich NR7 9HX. sarah.housden@homecall.co.uk

Introduction

Research indicates that 12-18% of long-stay residents in care homes suffer from depressive illnesses (Rovner et al., 1991). A number of factors contributing to this have been identified, such as '[d]eterioration of health, lack of economic and social resources, loss of established interpersonal relationships, and a sense of weakened control over one's life' (Chao et al., 2006, p.36). Given the growing older population, and a likely increase in demand for residential care, it is important to identify effective ways of managing the problem of depression in this population.

Systematic reviews and meta-analyses of research into the effectiveness of reminiscence in treating and preventing depression amongst older people have produced contradictory results (e.g., Bohlmeijer et al. 2003 & 2007, Hsieh and Wang 2003, Lin et al. 2003, Woods 2004 and Woods et al. 2007). Reviewers have noted significant differences between studies in the reminiscence approach used, making reliable meta-analyses more difficult. This suggests that clarification is needed as to what is meant by 'reminiscence' and the manner in which it can best be used in different contexts.

Jones and Beck-Little (2002, p.282), while acknowledging that anti-depressants can be effective when used appropriately, express the view that '[m]edication can lead to harmful side effects without alleviating the underlying depression', largely because of poor tolerance of pharmacological treatments amongst older people. There is therefore a growing interest in seeking effective non-medical treatments for depression. The National Institute for Clinical Excellence (NICE) has recently undertaken a review of the evidence of alternative treatments for depression in later life, but reminiscence was not included in their consultation document (NICE, 2007). An initial search of the literature on reminiscence, which threw up more questions than answers, motivated the present review. The research question has been refined to answer questions of specific interest to therapists working in care homes for older people:

What factors influence the effectiveness of reminiscence approaches in treating and preventing depression in residents of care homes for older people?

Definition of terms

For the purposes of this review, the following definitions of terms are used:

Depression

A condition characterised by a sense of hopelessness, loss of interest in life, sadness, guilt, slow thinking and poor concentration, with disturbances in appetite and sleep pattern

Reminiscence:

A structured groupwork or individual approach to stimulating and talking about personal memories

Care homes for older people

Any residential or nursing facility where clients are aged over sixty-five and for whom the facility is their principal accommodation.

Search strategy

The following electronic databases were searched using the terms 'Reminiscence AND depression' – MEDLINE, EMBASE, PsycINFO, CINAHL, Web of Science and AMED. After excluding articles in languages other than English, those which referred primarily to young people or those with physical conditions (to which depression was secondary) eighty-four articles were identified.

Although the search terms appear limited and a wider range of terms may have ensured a more comprehensive review, using terms specific to the research question meant that most of the research detected was relevant. With 'reminiscence' being a term with a specific meaning to researchers working in this area, these terms were likely to elicit most relevant research. The eighty-four articles were also felt to be sufficient material to explore within a limited time period.

Screening of abstracts was carried out using the inclusion and exclusion criteria identified in Table 1. These criteria ensured that the review focused on research containing material directly relevant to the research question. After applying the inclusion and exclusion criteria to a reading of the abstracts, ten articles were selected as being directly relevant to the research question. Table 2 provides details of the articles selected.

Table 1
Inclusion and exclusion criteria and their rationale

<i>Inclusion criteria</i>	<i>Rationale</i>
<ul style="list-style-type: none">• Studies focusing exclusively on older people• Depression is one of the main issues explored• Most participants are residents in care homes for older people• Primary empirical research• Articles in English	<ul style="list-style-type: none">• The first three inclusion criteria were necessary for answering the research question• This ensured that all data in the original publication was available to the reviewer.• No facilities for translation were available.
<i>Exclusion Criteria</i>	<i>Rationale</i>
<ul style="list-style-type: none">• Studies focusing on young people or people of any age• Studies concerned with depression caused by physical illness• Those relating to people with learning disabilities• Studies published prior to 1995• Systematic reviews and meta-analyses	<ul style="list-style-type: none">• The first three exclusion criteria related to the need to have a tightly focused range of data in order to answer the specific research question.• More recent evidence is increasingly empirical and evidence-based. Reports on reminiscence prior to 1995 tend to be anecdotal and opinion-based.• To enable the reviewer to access primary data and the original reflections of researchers.

Table 2

Key features of articles selected for review

Chao et al. (2006): *The effects of group reminiscence therapy on depression, self-esteem and life satisfaction of elderly nursing home residents*

Design and sample: Quasi-experimental; 12 controls 12 intervention

Main findings: Group reminiscence therapy significantly improved self esteem, but effects on depression and life satisfaction were not significant. Social interaction between participants increased

Key strengths and limitations

Participants matched for demographic characteristics and dependent variables.

High drop-out rate.

Control and intervention groups resided in the same facility

Gidron and Alon (2007): *Autobiographical memory and depression in the later age: the bump is the turning point*

Design and sample: Cross-sectional correlational study; 25 (19 of whom lived in care homes)

Main findings: Specificity of recall of episodic events occurring during adolescence and the recent decades of life is inversely correlated with depression in later life

Key strengths and limitations

Standardised approach used with all participants.

Small sample and lack of clarity about cause and effect - only speculative conclusions possible

Jones (2003): *Reminiscence therapy for older women with depression: Effects of nursing intervention classification in assisted living long-term care*

Design and sample: Quasi-experimental; 15 controls 15 intervention

Main findings: Experimental group had significantly greater reduction in scores on the Geriatric Depression Scale compared to scores for the control group

Key strengths and limitations

Standardised procedure for carrying out reminiscence sessions.

Different group leaders for intervention and control groups may account for differences in effects.

McKee et al. (2005): *Reminiscence, regrets and activity in older people in residential care: Associations with psychological health*

Design and sample: Cross-sectional, interview-based questionnaire; 142 participants

Main findings: Reminiscence enjoyment was associated with positive psychological health, but high frequency of reminiscence and the presence of regrets were associated with negative psychological health.

Key strengths and limitations

Age, dependency, self-reported health and social well-being were controlled.

Cross-sectional design limits interpretation of causal factors.

Rudimentary measures of reminiscence, regrets and activity.

Plastow (2006) *Libraries of life: Using life history books with depressed care home residents*

Design and sample: Qualitative Case Studies – practice development project; 10 participants (3 case studies described)

Main findings: Life history books, tailored to individual needs and abilities, can facilitate reminiscence and reduce depression by increasing social interaction.

Key strengths and limitations

Case studies describe the point of view of the therapist rather than exploring the experience from the participants' perspective.

No in-depth analysis.

Stinson and Kirk (2006) *Structured reminiscence: An intervention to decrease depression and increase self-transcendence in older women*

Design and sample: Quasi-experimental; 12 control, 12 intervention

Main findings: Non-significant decrease in depression and increase in self-transcendence. Inverse relationship between depression and self-transcendence.

Key strengths and limitations

Use of mixed design ANOVA.

Openness about the limitations of the study.

Control and intervention groups resided in the same facility.

Wang (2004) *The comparative effectiveness among institutionalised and non-institutionalised elderly people in Taiwan of reminiscence therapy as a psychological measure*

Design and sample: Quasi-experimental; 25 institutionalised, 23 non-institutionalised

Main findings: Significant changes in self-health perception, depressive symptoms

and mood status in institutionalised group. Reminiscence therapy is especially appropriate for older people residing in care facilities.

Key strengths and limitations

Standardised intervention with the two groups.

No blinding of researcher carrying out tests.

Volunteer based sampling - participants may differ from target population.

Wang (2005) *The effects of reminiscence on depressive symptoms and mood status of older institutionalised adults in Taiwan*

Design and sample: Longitudinal, quasi-experimental; 23 control 25 intervention

Main findings: Experimental group demonstrated fewer depressive symptoms and better mood status on the post-test compared to the control group

Key strengths and limitations

Assessment and intervention carried out by same researcher.

Participants in same care facility could be in either control or intervention group.

Wang et al. (2005) *The effects of reminiscence in promoting mental health of Taiwanese elderly*

Design and sample: Longitudinal, quasi-experimental; 48 control, 46 intervention

Main findings: Significant reduction in depressive symptoms in intervention group. Reminiscence empowers nurses to become more proactive in caring for residents.

Key strengths and limitations

Assessment and intervention carried out by same researcher

Zauszniewski et al. (2004) *Focused reflection reminiscence groups for elders: Implementation and evaluation*

Design and sample: Quasi-experimental; 43 in total

Main findings: The focused reflection programme reduced symptoms of depression and anxiety but not those indicating agitation.

Key strengths and limitations

Participants asked to evaluate intervention, which followed a structured protocol.

Emotional Symptoms Checklist may not have been reliable as a measure of depression, anxiety and agitation (it was not validated as a measure for agitation)

Quality of the studies

Seven of the ten studies had a quasi-experimental design, and in some cases this was seriously flawed through using control and intervention groups residing in the same facilities. Structured reminiscence work within a care home has been found to have an effect on the social milieu of the whole home (Bender et al., 1999, p.50). It is therefore difficult to allocate residents of a single care home to more than one group without confounding the results.

In addition, because control rather than comparison groups were used it is not possible to be sure that the effects measured were not due to increased social contact, rather than to the actual reminiscence activity. In most cases the control group received either no intervention, or normal activities. The one exception was the study conducted by Jones (2003), but in this case, because the comparison group was led by a different researcher, it is possible that differences measured between groups were due to differences in the researchers' approaches.

The studies described by Wang (2005) and Wang et al. (2005) were further flawed through the same person carrying out assessments and delivering the intervention. This makes it difficult for the researcher to remain unbiased in their assessments, but also increases the likelihood that participants report an improvement in mood as an expression of gratefulness to the researcher. With an individual approach to reminiscence being taken in these two studies, the researcher would have formed a particularly close relationship with participants. These two studies appear to be flawed to such an extent that it is not possible to draw reliable conclusions from their findings. They are therefore excluded from the analysis of the literature.

Of the remaining studies, two are cross-sectional in design, and involve extensive correlational analysis (McKee et al., 2005 and Gidron and Alon, 2007). Both studies are meticulous in the standardisation of their approach. Their main weakness is the difficulty of determining the direction of effect with cross-sectional designs. Thus, while McKee et al. (2005) determine that there is a relationship between depression and regrets for past events, and Gidron and Alon (2007) establish an association between poor recall of memories from adolescence and depression, it is difficult to draw conclusions about whether these are features of depressive illness or causes of depression.

Plastow (2006) uses case studies to illustrate how life story work can be used to prevent depression developing in older people who have experienced loss. Her report is a subjective account, seen from the point of view of the therapist. Nonetheless, as an innovation in developing the use of reminiscence in a practice context, this study makes a useful contribution to the literature on reminiscence by providing ideas for future practice development.

Exploration of themes in the selected literature

Five key themes emerged from an analysis of the selected studies.

1. Social Interaction

A theme which recurs throughout these studies is the role of reminiscence in increasing social interaction. While much of the emphasis in care homes is on physical care, McKee et al. (2005) suggest a strong need for social interaction amongst care home residents. Social withdrawal can be a feature of depression, so participation in therapy which enables an increase in social engagement without pressure to participate, may be an effective way of overcoming this. Likewise, social isolation may be an aetiological factor in depression (Coleman, 1993), suggesting that reminiscence, by enhancing opportunities for socialising, may have a preventative role. Plastow (2006) sees reminiscence as a means of tackling social isolation and withdrawal related to depression while Stinson and Kirk (2006) suggest that self-transcendence (described as being inversely related to depression) is linked to social interaction and meaningful activities.

Socialisation with the opportunity to talk and make friends was the primary aim of the reminiscence groups in Zauszniewski et al.'s (2004) research, while Chao et al. (2006) found that social interactions between participants increased during the study, both within the reminiscence group and through greater engagement in other activities in the home. They also attributed improvements in self-esteem to the strong sense of belonging and social significance achieved within the reminiscence group. Similarly, Jones (2003) reported increased rapport between group members coinciding with an increase in self-confidence.

The Nursing Intervention Classification for reminiscence cited by Jones (2003), contains several guidelines related to enhancing social interactions, while McKee et al. (2005) see reminiscence as an appropriate social activity for later life because it is not limited by physical frailty or the early stages of cognitive decline. Through reminiscence older people can engage in a meaningful activity which provides social contact and breaks social isolation, or this can be taken to a deeper level by using life review which focuses on both positive and negative memories. The products of reminiscence, such as life story books, might also be used to enhance communication and social interaction more widely by sharing them with visitors, staff and fellow residents (Plastow, 2006).

2. The Functions of Reminiscence

One of the key issues arising for a therapist planning a reminiscence programme is the question of what they aim to achieve through it. The Nursing Intervention Classification describes reminiscence as 'an intervention using recall of past events, feelings and thoughts to facilitate pleasure, quality of life or adaptation to the present' (McCloskey and Bulechek, 2000, cited by Stinson and Kirk, 2006, p.209). Chao et al. (2006) describe participants using reminiscence to integrate past experience, improve self-understanding, reduce feelings of loss and increase socialisation, and Plastow (2006) found that individuals used life story books to review the past, accept the present, and consider an alternative future.

McKee et al. (2005) cite the work of Coleman (1986) suggesting that attitudes to reminiscence are related to psychological morale, with those who enjoy reminiscing benefiting from stirring up happy memories, while those who dislike the activity often have unresolved issues which they either do not wish to discuss or ruminate on without resolving. McKee et al. (2005) relate this to Erikson's theory of lifespan development, which describes the main task of later life as resolving the conflict between ego-integrity and despair. Wang (2004), considers that reminiscence can provide a mechanism by which individuals adapt to changes that occur throughout the lifespan, and that maintaining a positive self-image can help people adapt to the negative impact of ageing. Stinson and Kirk (2006) see reminiscence as providing

opportunities for working through unresolved conflicts, especially when structured life review techniques are used.

The effectiveness of reminiscence might therefore depend on the functions the therapist and participants attribute to it. This is likely to have a considerable impact on how sessions are structured.

3. Purposeful structuring of groups and activities

Some studies suggest the need for structured reminiscence sessions, with activities chosen to meet the needs of individuals. Stinson and Kirk (2006) used a structured approach designed to decrease depression and increase well-being. Plastow (2006) used life story books as a goal-directed activity aimed at enabling participants to cope with loss. Adapting each session to suit individual needs and abilities, her three case studies illustrate three alternative approaches to life story work. Interestingly, in the structured approach used by Zauszniewski et al. (2004), no discussion of past difficulties or health-related issues was permitted. This may have provided a way of preventing the problems described by McKee et al. (2005), who suggest that reminiscence could be counterproductive for participants who ruminate on past regrets and that increasing the structure of the group could help to prevent this. Furthermore, McKee et al. (2005) describe a complex relationship between reminiscence and psychological health: while enjoyment of reminiscence is associated with good psychological health, high frequency of reminiscence is associated with low psychological morale. They suggest that reminiscence about regrets and depressive rumination may be related and that the outcome of reminiscence may thus depend upon the function it serves for the individual. Structured approaches to reminiscence can be seen as enabling therapists to focus on a particular aim, whether this involves dealing with unresolved issues or increasing social interaction.

Jones (2003) reports that reminiscence is most effective amongst care home residents working in groups, but points out the need for compatibility between group members in terms of their careers, hobbies and social activities, as well as their levels of physical and mental ability. Other studies suggest that men and women have different kinds of interest and so might prefer to work separately (Chao et al. 2006; Zauszniewski et al. 2004) and that groups for those under and over

the age of seventy-five should be differentiated (Stinson & Kirk, 2006). Wang (2004) emphasises the need to consider the specific cultural values of participants.

Some studies describe using tangible artefacts and memorabilia as a way of stimulating conversation. Wang (2004) used sounds and photos, while Chao et al. (2006) encouraged participants to use personal memorabilia to assist the sharing of memories. Jones (2003) describes the use of photos, scrapbooks and personal memorabilia in an approach adapted to the interests of individuals. Using such items can be seen as another way of adding structure to a group, as each item is introduced and discussed in turn. The structured approach used in Zauszniewski et al.'s (2004) study limited participants to discussing photographs provided by the therapist. While this may have increased the level of psychological safety in the sessions by placing clear boundaries on what could be discussed, it nonetheless runs the risk of being inflexible in enabling individuals to explore memories which are important to them.

4. Participants' relationships with group leaders

Jones (2003) describes the group leader as having a vital role in providing structure and guiding the content of the memories shared. However, their role within the group may go much further than this. By creating an emotionally warm, listening and empathic environment the therapists themselves may be a key factor in the reduction of depression (Wang, 2004). Data collected by Stinson and Kirk (2006) appears to indicate an increase in depression as sessions come to a close. Likewise, Zauszniewski et al. (2004) recorded an increase in anxiety immediately after finishing the programme, suggesting that some of the benefits of participation may have been due to contact with the therapist. They also found that at twelve weeks post-intervention the depression scores had increased again, and relate this to a feeling of loss over the end of the relationship with the therapist. This could also be seen as indicating that the effects of short term reminiscence interventions are not enduring. Jones (2003) suggests that a minimum of six sessions is needed before any significant decrease in depression can be detected, again suggesting that rather than benefits deriving directly from reminiscence activities, they may have more to do with the sense of safety and belonging which forms within groups over a period of time. In this case, reminiscence,

while being a useful format for group activities to take, is not vital to the therapeutic process.

5. Expressing feelings

A counter argument to the above might be posed by taking into consideration the expression of feelings. Chao et al. (2006) describe residents as experiencing 'catharsis' through expressing their feelings about the past, while the participants in Zauszniewski et al.'s (2004) study reported that one of the most useful aspects of the programme was having the chance to share thoughts and feelings. These features of reminiscence are rarely provided by other activities available to older people living in care homes. Gidron and Alon (2007) suggest that nostalgia may have a protective effect against depression, and that if not being able to remember specific events from the past is a risk factor for depression, then activities which stimulate memories may help to reduce it.

Wang (2004) emphasises the effect of relocation on increasing depression and a sense of loss. He suggests that those residents who have most difficulty in adjusting to life in a care home may benefit most from reminiscence because it provides opportunities to express fears and feelings about entering residential care. As many of the people with whom new residents come into contact are strangers, reminiscence may provide a platform for expressing feelings which might otherwise remain repressed because of a shortage of close relationships. This relates to Plastow's (2006) belief that life story books help staff to understand their clients. Reminiscence could enable care staff to see clients as whole people with interests, thoughts and feelings similar to their own.

Implications for knowledge and research

This review highlights the importance of using an approach to reminiscence which is structured to meet the aims of therapists and participants. However, no models of standardised interventions for specific purposes currently exist, and this is an area of knowledge which needs development. Linked to this is a need for greater understanding

of how participants themselves see the purposes and value of reminiscence - qualitative research could usefully explore what taking part in reminiscence activities means to individuals. This might assist the process of assessing which clients derive most benefit from reminiscence, particularly where relieving or preventing depression is an issue. The fact that some older people neither enjoy nor benefit from reminiscence has been established by this review, with those experiencing rumination on past regrets being at particular risk of depression.

Many of the studies reviewed use quasi-experimental designs, and little high quality research exists to shed light on a definitive answer as to whether, why and how reminiscence might be an effective treatment for depression in later life. A single-blind randomised controlled trial with clustered sampling could provide more answers, especially where using no-intervention and comparative activity groups in addition to an intervention group provides a control for the positive effects of regular contact with a therapist. Such a study would be expensive to carry out, due to the need to include a large number of people.

Implications for practice

Each of the themes explored has practice implications for nurses, support staff and occupational therapists using reminiscence approaches with older people living in care homes. The central issue arising from the review was whether reminiscence is of direct benefit in the treatment and prevention of depression, or whether these effects are due largely to opportunities provided for social interaction, closer relationships with members of staff and the expression of feelings. It might be argued that any activity has the potential to provide these therapeutic benefits and that there is nothing inherent in the process of recalling the past which relieves or prevents depression. However, few other activities available to older people living in care homes provide each of these potentially therapeutic purposes in one activity. Reminiscence can therefore be seen as a useful tool for staff working in care homes because of its wide-ranging therapeutic potential. However, this potential can be enhanced by careful structuring of sessions, as well as by targeting groups to meet the needs of specific clients. This challenges the assumption by some care staff that reminiscence is an activity which can have equal benefits

when it takes place spontaneously with no advance planning.

One of the key reasons for the therapeutic potential of reminiscence is its use of the personal memories of participants. This leads to discussion of thoughts and feelings relevant to individual participants, and thus to the expression of personal feelings. Differentiation needs to be made between reminiscence as therapy, where it is used specifically as a treatment for depression, and reminiscence as a social activity, which happens to have therapeutic benefits. In either case it is essential that the activity facilitator is clear about what they are aiming to achieve, as this determines the format of the session and the focus of discussion. In each case the content and themes of sessions will be different, with reminiscence therapy exploring more private memories and experiences, while simple reminiscence, with its focus on social interaction and communication, is likely to concern memories which are already public knowledge and therefore encourage a less personal stance.

One implication for practice is the training which ought to be received by those facilitating reminiscence sessions. This will differ markedly between the two approaches, with reminiscence therapy being more suitable for qualified health professionals, but simple reminiscence being an activity which might be undertaken by support staff and volunteers, following training on methods of stimulating memories and encouraging group discussion. This has further implications for the extent of reminiscence training provided on qualification courses for occupational therapists and nurses. This is currently brief and rudimentary, with little acknowledgement of the role reminiscence may take in the treatment and prevention of depression. Of particular importance is that all training in reminiscence should raise awareness of the potential harm reminiscence may cause some people, especially where they have a tendency to ruminate on past regrets. Much current reminiscence training for support staff is provided by charitable organisations, and recognition of the distress experienced by some older people when talking about the past is limited.

A further implication for practice leading from this is that potential participants should be assessed for their suitability for taking part in reminiscence. This is a role more suited to qualified health professionals. Current practice in care homes rarely includes any form of pre-activity assessment, with residents being encouraged to take part without consideration of any harmful effects which may result. Indeed in some

care homes, reminiscence activities take place in the main lounge, with no selection of participants, the assumption being that all older people enjoy and benefit from talking about the past. Not only does this risk stereotyping older people, it may also place participants with unresolved past conflicts or traumas at risk of emotional and psychological harm. More effective training of potential reminiscence facilitators is therefore essential, with a clear demarcation of indications and contra-indications for participation in reminiscence activities.

This review highlights the need to take greater care in planning and facilitating reminiscence activities in care homes for older people. The necessity of understanding the potential of reminiscence to both bring benefits and cause harm, leads to a challenge of the current practice of reminiscence being undertaken by care staff with little or no training. While it may indeed be a pleasant diversionary activity for some participants, for others there can be serious implications for their psychological health. The assumption should not be made that reminiscence is a naturally therapeutic activity for all older people, and ideally assessments should take place before, during and after participation in order to monitor effects on psychological well-being. The implication of this is that the use of casual reminiscence by support staff should be limited, and that there is a strong argument for qualified health professionals taking a greater role in such interventions.

References

- Bender, M., Bauckham, P. and Norris, A. (1999) *The Therapeutic Purposes of Reminiscence*. London: Sage
- Bohlmeijer, E., Smit, F., and Cuijpers, P (2003) Effects of reminiscence and life review on late life depression: a meta-analysis. *International Journal of Geriatric Psychiatry*, 18, 1088-1094
- Bohlmeijer, E., Roemer, M., Cuijpers, P., and Smit, F. (2007) The effects of reminiscence on psychological well-being in older adults: A meta-analysis *Aging and Mental Health*, 11, 3, 291-300
- Chao, S.Y., Liu, H.Y., Wu, C.Y., Jin, S.F., Chu, T.L, Huang, T.S., and Clark, M.J. (2006) The effects of group reminiscence therapy on depression, self-esteem and life satisfaction of elderly nursing home residents. *Journal of Nursing Research*, 14, 1, 36-44

- Coleman, P. (1993) Adjustment in later life. in J. Bond, P. Coleman, and S. Peace (Eds.) *Ageing in Society: An introduction to social gerontology*. (2nd ed.), London: Sage (pp.97-132)
- Gidron, Y. and Alon, S. (2007) Autobiographical memory and depression in the later age: The bump is the turning point. *International Journal of Ageing and Human Development*, 64, 1, 1-11
- Hsieh, H.F. and Wang, J.J. (2003) Effect of reminiscence therapy on depression in older adults: A systematic review. *International Journal of Nursing Studies*, 40, 335-345
- Jones, E. (2003) Reminiscence Therapy for older women with depression. *Journal of Gerontological Nursing*, 29, 7, 27-33
- Jones, E.D. and Beck-Little, R. (2002) The use of reminiscence therapy for the treatment of depression in rural-dwelling older adults. *Issues in Mental Health Nursing*, 23, 279-290
- Lin, Y.C., Dai, Y.T., and Hwang S.L. (2003) The effect of reminiscence on the elderly population: A systematic review. *Public Health Nursing*, 20, 4, 297-306
- McKee, K.J., Wilson, F., Chung, M.C., Hinchcliff, S., Goudie, F., Elford, H., and Mitchell, C. (2005) Reminiscence, regrets and activity in older people in residential care: Associations with psychological health. *British Journal of Clinical Psychology*, 44, 543-561
- Plastow, N.A. (2006) Libraries of life: Using life history books with depressed care home residents. *Geriatric Nursing*, 27, 4, 217-221
- Rovner, B.W., German, P.S., Brant, L.J., Clark, R. Burton, L., and Folstein, M.F. (1991) Depression and mortality in nursing homes. *Journal of American Medical Association*, 265, 993-996
- Stinson, C.K. and Kirk, E. (2006) Structured reminiscence: An intervention to decrease depression and increase self-transcendence in older women. *Journal of Clinical Nursing*, 15, 208-218
- Wang, J. (2004) The comparative effectiveness among institutionalized and non-institutionalized elderly people in Taiwan of reminiscence therapy as a psychological measure. *Journal of Nursing Research*, 12, 3, 237- 244
- Wang, J.J. (2005) The effects of reminiscence on depressive symptoms and mood status of older institutionalized adults in Taiwan, *International Journal of Geriatric Psychiatry*, 20, 57-62
- Wang, J.J., Hsu, Y.C., and Cheng, S.F. (2005) The effects of reminiscence in promoting mental health of Taiwanese elderly. *International Journal of Nursing Studies*, 42, 1, 31-36
- Woods, B. (2004) Review: Reminiscence and life review are effective therapies for depression in the elderly. *Evidence Based Mental Health*, 7, 81

- Woods, B., Spector, A.E., Jones, C.A., Orrell, M., Davies, S.P. (2005) Reminiscence therapy for people with dementia (review). *Cochrane Database of Systematic Reviews*, 2, CD001120
- Zauszniewski, J.A., Eggenschwiler, K., Reechawong, S., Chung, C.W., Airey, T.F., Wilke, P.A., Morris, D.L., and Roberts, B.L. (2004) Focused reflection reminiscence group for elders: Implementation and evaluation. *Journal of Applied Gerontology*, 23, 4, 429-442