International Psychogeriatrics (2021), 33:6, 531–533 © International Psychogeriatric Association 2021
doi:10.1017/S1041610220000460

COMMENTARY

Not so simple after all . . .

This study by Satorres *et al.* (2020) focuses on a program of social activities designed for well-functioning older adults from the community, aimed at promoting the recall of essentially positive reminiscences, presumably in order to foster well-being. Participants were actually screened out for significant cognitive impairment and depressive symptomatology. Specifically, it examines if completion of such a program effectively changes the participants' habitual uses of personal memories in their daily life, that is, increases memories sustaining self-understanding and identity (self-positive reminiscences) and decreases memories dwelling over mishaps and negative aspects of oneself (self-negative reminiscences).

I will formulate comments on the following issues: the necessity of a theoretical framework, the study of change processes, reminiscence interventions for what purpose and what problem, the differential power of reminiscence interventions, individual variability in value placed on reminiscing, and benefits to be drawn from it.

An enduring problem in the field of reminiscence is that interventions are launched without the backing of a theoretical framework that normally should provide direction and structure for the intervention. It limits the capacity of practitioners to reproduce the approach in their own work. It does not allow researchers to replicate the findings and more generally to guide further development and validation of interventions. A basic/applied iterative process is most desirable to drive research and applications forward.

Shedding light on the influence of such a reminiscence program on the functions of reminiscence constitutes the distinctive contribution of this study. Indeed, rare are the studies on outcome of any type of reminiscence activities that examine the influence on reminiscence functions, even though it represents a cornerstone in our understanding on the processes mediating the effects of reminiscence interventions (Cappeliez, 2013). Evaluation of reminiscence functions in outcome studies on any form of reminiscence could help answer crucial questions on the processes mediating the changes, an essential component in theory building.

To properly contextualize the scope of this study and introduce further comments, it is useful to pinpoint recent milestones in the field of reminiscence and life review.

This domain of interest has flourished exponentially over the last three decades, with a diversity of interventions being proposed, mainly for older adults, as a means to enhance well-being, stimulate social connections and cognitive functioning, or cope with depression or dementia. The interventions developed over the years have varied widely in terms of goals, methods, contents, and target groups. In the early 1990s, when mental health practitioners began to consider reminiscence-based interventions as potential *bona fide* psychological therapies, several authors were keen to point out that the nagging ambiguity about the usefulness of reminiscence interventions stemmed from the lack of specification of targeted reminiscence processes and goals. This statement from our early work makes the point clear: "To assess adequately the effectiveness of reminiscence interventions, clinicians need to identify the components of the reminiscence process that play a critical role in achieving a specific adaptive goal for a specific clinical problem" (Watt and Cappeliez, 1995, p. 222). Progress achieved by research since that period has led to the recognition that the various types of reminiscence-based interventions, in different ways and degrees, build up psychological resources such as positive relationships and feelings, sense of mastery, coping, and worth, and meaning in life (for overviews: Cappeliez, 2013; Westerhof and Bohlmeijer, 2014). Clearly, these psychological resources are differentially related to well-being in general and mental health in particular. A major step toward bringing order ordering among the various reminiscence-based interventions and distinguishing their clinical applications came with the proposition of three broad types: simple reminiscence, life review, and life review therapy (Webster *et al.*, 2010). Simple reminiscence facilitates social bonding and the emergence of good feelings. Life review focuses on personal memories as coping resources and buildings blocks of identity in order to consolidate mental health. Life review therapy aims at reducing ruminative reminiscing and providing more adaptive meaning to negative life experiences in order to alleviate symptoms of mental illness such as depression.

The key point here is that, whereas simple reminiscence interventions make the most of the social function of reminiscence in the recall and sharing of personal memories, life review interventions purposely activate the integrative function. As pointed

https://doi.org/10.1017/S1041610220000460 Published online by Cambridge University Press

out recently by Westerhof and Slatman (2019), in a major review of outcome studies of life review interventions for depression in older adults, and further underlined by Molinari (2019) in its commentary about that article, the core and defining elements of life review interventions are their integrative, construction-of-meaning healing activities. Available research on the processes mediating the efficacy of life review therapies in depression further support this point by demonstrating that meaning making plays a crucial role (Westerhof *et al.*, 2010). This argument provides a key for interpreting the finding of the present study about the lack of effect on the identity function of reminiscence. This lack of effect may be attributed to the fact that the intervention, being centered on simple reminiscence, did not contain this self-integrative component. Such intervention capitalizes on the positive features of the social functions of reminiscence, in particular the fact that it enhances mood and sustains social bonding (recognition, understanding, connection) (O'Rourke *et al.*, 2011). Such an approach is considered appropriate when the goal is to improve well-being and life satisfaction in general. On that account, it would have been interesting to include measures of mood, life satisfaction, and psychological well-being as outcome variables in the present study. This would have allowed to examine more comprehensively the interactions between changes in these variables and in reminiscence functions.

A simple reminiscence program is unsuitable for helping distressed individuals. Undoubtedly, to be of assistance to older adults presenting with serious psychological distress, such as depression and anxiety, one needs to rely on an approach that systematically helps them deal with negative memories and guide their life stories toward a more positive identity and life narrative. Life review therapies are more likely to contain integrative, meaning-construction healing components and, as such, are potentially more powerful vectors of change than simple reminiscence. Data on the effect size of reminiscence-based interventions support this point. Available evidence indicates that life review therapy has an effect of moderate size in reducing depressive symptoms in older adults, both at the conclusion of the intervention (0.57) and at follow-up 3 months later (0.46) (Westerhof and Slatman, 2019). Simple reminiscence and life review, lumped together, have a moderate effect of similar size (0.54) on increasing psychological well-being in older adults (Bohlmeijer *et al.*, 2007). However, when simple reminiscence and life review are considered separately and compared, it appears that this effect on psychological well-being is much greater for life review than simple reminiscence (1.04 vs 0.40) (Bohlmeijer *et al.*, 2007).

It is worth adding a caveat on an issue largely overlooked by all programs of interventions that are based on prompting reminiscences in one form or another. An aspect rarely considered when selecting participants for a program of intervention or for a research is that individuals differ in the value they place on reminiscing. Peter Coleman (1986) took a stance on that issue, 34 years ago, at a time when the therapeutic use of reminiscence with elderly people still lacked empirical support. Some individuals place a very high value on their personal memories, nurturing them often with recollections in private or with others. The perspective of losing these treasured possessions that make them the person they are worries them tremendously. For other individuals, the opposite is true: the past is exactly that, that is, gone. Although they recognize the relevance of memories for scaffolding personal identity to some degree, they do not value actively revisiting the past, they consider it as a mental activity that at worst can interfere with fully living in the present.

This means that one cannot make quick generalizations about the value of reminiscence and its potential benefits. The needs and preferences of each person in that respect have to be taken into careful consideration when organizing a reminiscence intervention and proposing it to people. Whether reminiscing is cherished, loathed, or pointless, whether it should be stimulated or avoided, and whether reminiscences should be explored or better left alone are all delicate questions which call for careful consideration when one sets up an intervention based on reminiscence.

Actually, there is research evidence indicating that, as far as (spontaneous) reminiscing is concerned, more is not necessarily better, it may actually be worse. In an earlier study of reminiscence functions among older adults, focusing on association with personality traits, perceived stress, and life attitudes (Cappeliez and O'Rourke, 2002a), we identified three distinct profiles of "reminiscers": the negative reminiscers, the meaning seekers, and the infrequent reminiscers, constituting, respectively, 38, 16, and 46% of the sample. One notable finding was that the infrequent reminiscers stood out as the better adjusted, reporting the lowest levels of stress and emotional vulnerability (neuroticism) of the three groups. Examined from a different angle, these data showed that a high level of neuroticism predicted a greater frequency of reminiscence for both self-positive and self-negative functions (Cappeliez and O'Rourke, 2002b). Clearly, one should be cautious about indiscriminately encouraging older adults to

https://doi.org/10.1017/S1041610220000460 Published online by Cambridge University Press

reminisce, without proper assessment of the needs and preferences of the person, identification of clear goals, and especially without providing adequate guidance.

In short, when considering its benefits for mental health and psychological well-being, reminiscence is not so simple after all.

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