

## About reminiscence by Mathias Gunst

"It's been 84 years, and I can still smell the fresh paint. The china had never been used. The sheets had never been slept in."

(Rose Dewitt Bukater – Titanic)

In 1997, "The Titanic" was one of the most popular films. Everyone remembers the love story of Rose. Because of **the discovery of a well-preserved painting in the ship**, she told the whole story again. By her way of telling you saw she experienced the whole story again as it was yesterday. With appropriate emotions and feelings in her voice, she takes the listener into her story.

We call this phenomenon "reminiscence", the act or process of retrieval of past experiences or events, the act of recalling or narrating about past experiences, hidden memories triggered by stories, tools, pictures, smells etcetera.

*Reminiscence is the retrieval of memories associated with specific emotions and feelings*

Reminiscence is of all times and **everyone** does it. Very often we are telling stories about the past, without being aware that we are reminiscing. It makes us think back to our youth, our rather worry-free time when we were children. The purpose of reminiscence is that fun is central. However, this does not mean that we don't have to pay attention to more sensitive issues (like war, loss of a child, ..).

It stimulates the self-image of the narrator and confirms his self-esteem. For them it can also be an 'escape' from the complicated present, to go back - just some moments - to the past. This is called defensive reminiscence.

One of the residents of our care home – an old women - told:

*"I still remember that cold winter day in 1938. I was at home with my sister and mother. Father was going to work and mother was preparing the meal. I still remember exactly what it was: fresh pork belly bacon from the butcher with congealed fat from the sauce pan with a thick slice of dark brown bread. To drink, there was some table beer. Hmm, when I think back, it makes my mouth water. The woodstove filled the house with warmth and my sister and I were helping in the household. On that day my sister was engaged in the bathroom and I was cleaning the animal shed, until suddenly .....*

*..... a big snowball burst at the window of the animal shed. And another one, and another one, again and again. Until I had enough and went to see where the snowballs came from. Across the street I saw someone standing there: a small, slender boy of about fifteen years old. He was wearing gray plus fours with a thick black overcoat and a type of military cap. His stockings were drawn up to his knees. I didn't recognize him immediately but it was André of a few houses away. With his snowballs, he tried to attract my attention. Did he have a crush on me? Did he just want to play? What was the purpose of this? But*

*look; now we are married almost 65 years and we have five children, 12 grandchildren and 3 great-grandchildren. How beautiful love can be".*

This is just a story of a resident who spontaneously started to tell about the first meeting with her future husband. The trigger - this is the precipitating, stimulatory factor causing this story - was just a picture of a snowy landscape. The fact that she still knew in detail what she had eaten that night and what her André was wearing, means that this moment in '38 must have been very special for her. Far sunk but brought to the surface by the snow picture.

For people with dementia often memories of the past give them some hold. It is a sign of recognition. Where we, as 'normal' people think of our memories, people with dementia can effectively experience again specific parts of their past. As care workers we often can discover and understand the cause of patterns of behavior in it.

There are several ways to practice reminiscence. It can happen in little groups, or individual. Individual has the advantage that you can concentrate at only one story, while within reminiscence groups you must take account of different stories. But at the other hand these may be complementary to each other. It's the expertise of the caregiver or ergo therapist to recognize and influence this.

The following table summarizes the differences between individual reminiscence and reminiscence in (small) groups:

Key word	Individual	Group
Emphasis	Inequality between narrator (the resident) and listener (the therapist)	Exchanging stories between different residents
Themes	Subject is the interest of only 1 person	Subject must be interesting for everyone, most
Tempo	Is determined by only 1 person	Is determined by the group
Proceedings	One person is speaking most of the time	Participants/residents can interrupt others
Location	Can take place in the personal room of the individual	A neutral room with enough (individual) space
Preparation time	Quite intensive: one hour only 1 person	Less intensive: about the same time, (1 hour) for the whole group
Trigger	No stories or remarks from others to use as trigger	Stories or remarks from others can be used as additional trigger
Atmosphere	Sometimes rather monotonous	A group sociability is present and can be used

*Life review*





Another way of technique working with elderly residents is life review. Life review means that the resident goes through his whole life, his past. Not only positive events but also the negative ones are taken and discussed. It's an overview of all kind of experiences of the resident, in chronological order. It's a kind of life story.

Life-review is an overview of main facts that a person has experienced in his life. These are facts and not specific the memories that are associated with them. So in life review the emotional part is not essential. It is more a chronological sequence of events.

In contrast of life review **remembrance** is the retrieval of memories, **associated with one particular event** and its **specific emotions and feelings**. However, this does not mean that no other events can be discussed, because ultimately one story can lead to another.

So, in practice you often see that therapists mainly worked on integrated remembrance. This means that during daily operations (like washing, lunch or dinner, coffee chats) memories of the past actively can be inspired. It is a means to get in contact with the resident to build up a bond of trust.

### *Remembrance and nature*

How to remembrance in a good way about nature. To do this you have to think good about the objectives of the activity. Objectives as learning about the nature or exchange knowledge with each other actually is not quite remembrance. Remembrance will take place if you give residents the opportunity to tell themselves rather spontaneous about own nature experiences. In an emotionally charged atmosphere residents will narrate about their experiences. These are about memories and not knowledge. As leader of the activity you can use some knowledge about nature to inspire memories. As soon a resident is going to narrate an own story, give him the opportunity and be aware if others are willing to add own experiences.

Almost all elements in nature can be studied by all senses: smell, sight, hearing, touch and taste. And our residents like it very much to do smell, feel or taste activities. Here is the link to be laid to people with dementia. For especially elderly or residents with severe forms of dementia only the sensory channels can be used.

The following story makes this clear:

A child develops in four stages. It experiences his environment mainly through his senses: he wants to grab everything and puts everything into his mouth. Step by step he is also becoming more alert to all sorts of movements he sees (= sensory phase). At the next phase, he learns to sit, crawl, and steps (= psychomotor phase). If the child grows older, he learns what is good and evil, happiness and sadness (= emotional phase). Later on the child goes to school and actually then he begins to study and solve problems single-handedly (= cognitive phase).

This development is always in that order.



When a resident is diagnosed having dementia, the development of devaluation by dementia occurs just in reverse. The first thing that disappears is cognitive functions. In the next phase is the phase of unrestrained, more uncontrolled emotions. Then elderly people can be or become very angry or upset. The third phase manifests itself if they move with shuffling feet and the step pattern is becoming smaller and smaller. Ultimately, there is only left the final phase: the sensory perception. But even people in advanced stages of dementia can still recognize several tastes and odors.

Finally, I will mention some one-liners of residents. Note the bold words. These are typical reminiscence activities:

"**I remember when I was young**, my mother was always angry that her flowers would not bloom in the garden. She never knew I always peed on them."

"When I consider how the **past was better**, today's youth would not be able to live then."

"The years fly by, and we are becoming grayer and grayer. But **we really have had a wonderful childhood**. "

"If we are **baking waffles I always think about the street fair we had each year** in our neighborhood. It always smelled so good there. "

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