

The case study below is taken from:

Gibson, F. (1994) 'What can reminiscence contribute to people with dementia', in Bornat, J. (ed.), *Reminiscence Reviewed: Evaluations, achievements, perspectives*, pp. 46-60

The second project...developed from reflection on the earlier groupwork project...The earlier experience of group reminiscence had suggested that using reminiscence in highly focused, intensive and special ways with individual people with dementia may possibly be more fruitful than general groupwork. This second project involved a series of five case studies of four women and one man whose ages ranged from seventy to eighty-five years. In order to develop ideas about the practice of 'specific' reminiscence work with individuals with dementia, I invited officers in charge of three statutory specialist homes for elderly mentally infirm people (known as EMI homes) to select their most 'troubled and troubling resident'. They were asked to commit staff time by attaching a senior care assistant as key worker to each identified individual in order to see whether or not it might be possible for this worker to use reminiscence as a means of ameliorating or modifying challenging or disturbing behaviour. Subsequently, a statutory specialist elderly care fieldwork team joined this second project to work in similar ways with two identified clients who lived in the community.....

Evaluation rested on an analysis of written and verbal reports prepared by the key workers, officers in charge and line managers, and periodic meetings of all staff involved to ascertain their views about the project, which ran for ten months.....It is readily acknowledged that this is a small number of case studies, yet this approached highlighted qualitative aspects of reminiscence work which others may wish to test. To provide a conceptual framework for this 'specific' individual work, eight stages of work were identified and each worker was free to proceed as best fitted their particular residential or community setting. The stages of work were as follows: achieving the backing of management; identifying the subject person; special observation; compiling a detailed life-history; planning the special work; making a written care plan; implementing the plan; evaluating the work; and continuing the work and generalizing from it. Everyone when asked to identify their most troubling resident could immediately do so. The people chosen varied greatly. Some were noisy, hostile, aggressive, disruptive, violent and non-conforming (Mary and Elizabeth). Some were very suspicious (Mary and Anabel) and two (Andy and Joan) were so withdrawn and silent that workers worried they paid them so little attention.

Two homes began with a period of very close observation. Simple proformas were used to record observations made by both key workers and other staff throughout the twenty-four hour cycle over several days in order to identify any patterns of recurring behaviour or times of the day and night when the person was particularly disturbed.....

In addition to drawing a detailed picture of the person's contemporary lifestyle, clues were elicited about significant past events, places and people. This led to the compilation of detailed life-histories which drew on all available sources of information including the older persons themselves and wherever possible their contemporary relatives and friends. Planned and spontaneous reminiscence with both the older person and his or her friends and family provided a major source of information about the life-histories which then suggested pointers to possible later work.

The person with dementia was a fruitful source of information and staff were encouraged to believe, rather than disbelieve, what was said. Often conversations needed to be decoded, but when staff began from the assumption of truth rather than falsity, belief rather than disbelief, worthwhile information was gleaned. Staff struggled to learn to decipher partial, symbolic and coded communications and to respond to people's underlying feelings rather than be preoccupied with establishing factual accuracy. This was very difficult because they were so accustomed to labelling people as 'confused' and, as a consequence dismissing seemingly incoherent conversation as confabulation, that they often failed to listen acutely and empathize appropriately. This was especially true if the conversation was accompanied by tears or sadness when the worker would either hastily change the conversation, try to distract or actually physically withdraw. When several bizarre stories were subsequently checked with relatives, they were found to be accurate in every detail. Because of their preconceptions, the workers had lost opportunities to gather past history and to explore past pain.

For example, Mary, who seldom talked other than to say 'Go to hell' to anyone who came near her, unexpectedly told the key worker she had once had a baby who had not lived long. Her records showed her as childless, so the worker did not respond. A relative later corroborated the story, saying Mary had one child who dies shortly after birth. The worker had missed an opportunity to empathize and relate to a painful experience which had leaked into the present, although it was a recollection of loss which had occurred over fifty years before.

Another example was Andy, once a sociable, friendly man who had increasingly withdrawn into a private world and abandoned talking even to his devoted wife with whom he lived. During a planned reminiscence session held with him in a day-centre, he recounted a long tale about a family holiday at Niagara when a woman had thrown a baby over the Falls. Likewise, this was quickly dismissed but subsequently corroborated in minute detail by his wife.....

By actually reminiscing with the older people and their relatives, sometimes together, sometimes separately, comprehensive histories were gathered. Details of chronological events, family life and work, major life-crises, landmarks and transitions, places lived and visited, and personal idiosyncratic preferences were all important. Through reminiscing, the rich colour and fine-grained texture of a person's life was sketched. Some may think the information gathered was pedestrian. On the contrary, it provided the key to reaching into the increasingly private world now inhabited by these people. Examples of questions asked included: where they were born and grew up; who was in their family; where they went to school; what had they, their parents and siblings worked at; where they spent their holidays; who were and are the important people in their lives; did they like fashionable clothes and jewellery; did they have their hair permed; did they use a hard or soft pillow or wake to an alarm clock; did they prefer sliced or unsliced bread; were they houseproud or casual; what were their hobbies and interests.

The reminiscence process itself, apart from yielding information which could be put to work for the person with dementia in the present, proved also to be valued by the older contemporary informants. Spouses especially said they were pleased to contribute to the care of their relatives in a world where they increasingly felt redundant, being able to do so little. On their own account, they were able to review, rework and revalue the whole long life they had shared with the person who was inexorably becoming a solitary stranger.....

The detailed knowledge of the life-history was exploited in the present and used in many different ways. Trips, pilgrimages and activities which brought immense pleasure to the older person, key worker and others were undertaken. The reminiscence process provided the raw material for later work because it opened up conversational possibilities by giving clues and cues to potentially fruitful topics and themes. This seemed particularly important, because although the residential homes taking part in the project tried hard to provide an active care regime, day-to-day living could be experienced as monotonous, inward looking, boring with little to distinguish one day from another and providing little stimulus to conversation.

For example, Joan, a quiet withdrawn woman, her key worker and a member of the domestic staff with whom she had a good relationship went together to visit her sole surviving sibling who lived in a nursing home. Through reminiscing during the visit, Joan's lifelong love of greyhounds and dog racing came to light. She and the key worker had a night out at the dogs and the worker's enthusiastic report of a splendid outing was persuasively matched by a photograph of Joan laughingly patting the head of a winning dog.

The most obvious outcomes for the older people in the second project who received concentrated personal attention informed by detailed knowledge of their life-histories were undoubtedly increased sociability accompanied by decreased aggressive or

seemingly attention-seeking behaviour. These changes were demonstrated in various minor ways. For example, an excerpt from Mary's key worker's records noted:

'Hitherto she had always sat alone in the little lounge and would chase anyone who came near, using very colourful language. Mr. H, a new quiet resident was sitting in the room as well yesterday with two visitors. She let him sit on and thinking there would be trouble I suggested they should go to his bedroom. 'It's alright dear, let them stay' she said.'

A later record noted:

'Occasionally another resident will wander into her room. She doesn't shout at them now or hit out. She lets the domestic clean her room without fuss and actually talks to her, initiating conversation and calling her back to continue talking. She let three of us come into her room to admire her new dress and seemed pleased to show it off. On bad days she still sits looking at the floor, she will not come to the lounge. On good days she lifts he head up and intermittently looks at people passing in the corridor. We have decided to turn her chair around so she can see people passing.'

It was also possible to identify a number of consistent gains for staff. Both key workers and officers in charge said that reminiscence work of this highly individualized kind was a powerful and largely unexploited tool which had tremendous potential for staff development...Sympathies were enlarged as the person was seen within the perspective of a whole long life and not just as they were in the present, demented, difficult and often demanding.

Staff learned to use detailed knowledge of the life-history to select triggers and to set up situations which related very closely to known interests and past activities so as to stimulate conversation and increase sociability.

This deliberate use of tailor made triggers was particularly effective with Anabel who lived in a sheltered dwelling but who was thought to be at risk because of her encroaching dementia and increasing isolation. Meticulous research about the changing nature of her neighbourhood and detailed life-history gathering from a variety of sources were used to compile several reminiscence packs covering shopping and money, fashion and family events and anniversaries. The pack consisted of old money, photographs, fashion catalogues, clothing and footwear. They were left in Anabel's house and used successfully by her daughters, home help,, neighbourhood warden, and community nurse to catch attention and focus conversation. When stimulated in this way, Anabel responded appropriately with a fair degree of accuracy and could sustain coherent conversation for several minutes. Both her daughters and the various paid carers felt better about their visits, her social isolation and its attendant risks were substantially reduced and she was able to continue to live at home.

A similar approach was used with Andy. He quickly deteriorated during the time of the project and became so impaired that he would dig the garden with a dustbin lid and put his feet down the lavatory but his wife was determined to care for him at home. A well-ordered family photograph collection matched with detailed recollections by his wife were used to initiate and sustain conversation. The worker found it imperative never to set Andy up for failure and always to locate the conversation within safe territory by taking the initiative to refer to known familiar places, people and events. Andy's after-lunch agitated restlessness was eliminated when his lifelong interest in classical guitar music was discovered while compiling his life-history. Although he could no longer play, he used to settle back in his favourite armchair and seemingly listen to guitar cassette recordings for up to an hour, thus decreasing the demands on his wife and prolonging her capacity for caring.