Older people’s experience of participating in a reminiscence group with a gerotranscendental perspective: reminiscence group with a gerotranscendental perspective in practice

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Older people’s experience of participating in a reminiscence group with a gerotranscendental perspective: reminiscence group with a gerotranscendental perspective in practice

Tornstam’s theory of gerotranscendence provides the theoretical underpinning for two small reminiscence groups that met for eight weekly sessions in a Swedish daycentre. Tornstam’s theoretical perspective provides a developmental model for understanding positive progressive changes in values, attitudes and behaviour in the second half of life. Practical guidelines derived from this theory informed the groupwork approach used. Participants’ opinions about their reminiscence experience were analysed to determine the relevance of gerotranscendental theory as a basis for understanding older people’s use of reminiscence in the ageing process. The study aimed at investigating older peoples’ experiences of participating in a reminiscence group with a gerotranscendental perspective. The study used a qualitative approach. Older people were invited to participate in reminiscence group sessions arranged at a daycentre. When the sessions were finished, participants were interviewed about their experience of the reminiscence group. Data were analysed and categorized by using qualitative methods. The participants were satisfied with the arrangement of the group sessions. All participants believed they had reminisced and thought much more about their childhood and also recalled other memories from their lives during the period. Three quite different views emerged of the recall experience and effects of participating in the reminiscence group: ‘An activity like any other; an activity that led to thoughts about memories from life or an activity that influenced my thoughts about life.’ Findings suggest that it is possible to arrange reminiscence groups from a gerotranscendental perspective that serve as an intervention in gerontological nursing. This paper provides some guidance concerning how this type of group may be arranged and the various categories of participant response that may be expected.

Key words: gerontological nursing, gerotranscendence, guidelines to promote gerotranscendence, nursing intervention, reminiscence group, reminiscence therapy
Introduction

Reminiscence therapy is an intervention sometimes used in gerontological nursing. Irrespective of the particular intervention used, it is important that the clinical nurse has a theoretical background in the area of nursing interventions because theory determines how interventions should be performed. In other words, the nurse’s theoretical perspective will influence the aim, performance and description of the outcome of reminiscence or any other therapy. Having knowledge about different theoretical perspectives concerning reminiscence will assist the nurse in using an intervention likely to meet the needs of different care recipients. This article describes a study of older people’s opinions about participating in a reminiscence group with a gerotranscendental perspective.

Background

Theoretical framework

The theory of gerotranscendence

In his theory of gerotranscendence, Tornstam (1989, 1994, 1996, 1997a,b, 1999a,b, 2003, 2005) has introduced a new understanding of ageing, stating that human development is a process that continues into old age and that, when optimized, results in a new perspective. This process involves a development in which individuals gradually change their basic conceptions, from a materialistic and rational view of the world to a more cosmic and transcendental one, normally accompanied by an increase in life satisfaction. Not everyone will automatically reach a high degree of gerotranscendence. Rather it is a process that, at very best, culminates in a new perspective.

Tornstam explains that cosmic transcendence refers to a vision in which the individual no longer considers him/herself particularly significant, but has a growing feeling of being part of a larger context, part of ‘the universe’. The fear of death is lessened, while there is an increasing feeling of affinity with former, present and coming generations. The boundaries between past, present and future are erased, causing ‘then’ and ‘now’ to flow together. Even the sources of enjoyment in life change, such that ordinary everyday events become more important than grand ones. The development of the self involves an understanding of the self. Even previously hidden aspects of the self become clear, both the good and the bad. Many thoughts return to childhood, and childhood is revised and understood in a new way. This is followed by an understanding, on the part of the individual, of how different experiences throughout life have influenced and produced him/her as a person. There is an increased need for positive solitude. As a consequence, the individual with a transcendent perspective experiences in old age a need to spend more time on meditation and less on material things and superficial social relations (Tornstam, 2005).

The developmental process towards gerotranscendence is generated by normal living but can be obstructed or accelerated by life crises and grief, but elements in the culture can also facilitate or impede the process. Even the caring climate can obstruct or accelerate the developmental process towards gerotranscendence (Tornstam, 1996).

Gamliel (2001) states that the theory of gerotranscendence offers a new paradigm both for the developmental shift into old age and for the situational shift in the daily life of older people. Hauge (1998) suggests that the theory of gerotranscendence is extremely relevant for nursing because it offers a new understanding of the ageing process. It also generates ideas on what nursing activities for older people could include.

Guidelines for the practical application of this theory in the care of older people have been derived from the theory of gerotranscendence (Wadensten & Carlsson, 2003). The guidelines advise nursing staff on what aspects of care are important if such care is to facilitate the process of gerotranscendence. The guidelines suggest how to encourage and support older people in their development towards gerotranscendence. They could also be of value for people who have already attained a state of gerotranscendence (Wadensten & Carlsson, 2003). The guidelines are summarized in Table 1.

Table 1 Guidelines for practical care of older people, based on the theory of gerotranscendence

<table>
<thead>
<tr>
<th>Focus on the individual</th>
<th>Focus on activities</th>
<th>Focus on organization</th>
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<tbody>
<tr>
<td>Accept the possibility that behaviours like the</td>
<td>Create and introduce new types of activities</td>
<td>Encourage and facilitate quiet and peaceful places and times</td>
</tr>
<tr>
<td>signs of gerotranscendence are normal signs of ageing</td>
<td>Groups to discuss the ageing process in the view of gerotranscendence</td>
<td></td>
</tr>
<tr>
<td>Reduce preoccupation with the body</td>
<td>Reminiscence therapy</td>
<td></td>
</tr>
<tr>
<td>Permit an alternative definition of time</td>
<td>Meditation course</td>
<td></td>
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<tr>
<td>Allow thoughts and conversations about death</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choose topics of conversation that facilitate and further</td>
<td></td>
<td></td>
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<tr>
<td>older people’s personal growth</td>
<td></td>
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</table>
One of these guidelines encourages a ‘new activity’ called reminiscence therapy based upon a gerotranscendental perspective (Wadensten & Carlsson, 2003). A previous study investigated one of the other activities from the guidelines, namely the activity:

arrange group discussions about ageing and introduce the theory of gerotranscendence for older people.

The aim of that activity is also to promote the process towards gerotranscendence (Wadensten, 2005).

Reminiscence
There is no one universally accepted definition of reminiscence (Woods et al., 2006). Burnside (1996) defined it as a process of recalling past events or experiences, and suggested that such recall could be silent or oral. Butler (1963) introduced the concept of life review in gerontology. Burnside (1996) stated that the roots of the concept of reminiscence lie in Butler’s article. Butler (1996) described how people of all ages review their pasts at various times in life. Therefore, the life review is a normal developmental task of the later years characterized by a return of memories and past conflicts. Further, Butler argued that the life review is not synonymous with, but includes reminiscence. It is one level or one type of reminiscence that like the individual life review approach developed by Haight et al. (1995) stresses an evaluative dimension.

Burnside (1996) discussed the notion that reminiscence, as a modality, is different from life review in objectives, processes and outcomes. This accords with Butler’s (1996) definition above although Gibson (2004) argues that there are different types of individual, group and couple reminiscence, some of which seek to promote evaluative, transforming outcomes while others serve different functions such as social or cognitive stimulation or cultural preservation and transmission.

Jonsdottir et al. (2001) and Lin et al. (2003) reviewed and evaluated empirical evidence concerning the prevalence and function of reminiscence among the elderly. They found inconsistent results because many different types of reminiscence techniques with unclear theoretical standpoints were used as well as different outcome measures.

Burnside and Haight (1992) argued that nurses in gerontological practice implement life review and reminiscence as nursing interventions without thoroughly understanding the differences between them. It is important that nurses understand that the theoretical standpoints often fail to specify what aspects a particular intervention should include, why it should include such aspects and what the desired outcomes of the nursing intervention should be.

Reminiscence in different theoretical perspectives
Reminiscence is sometimes used simply as a pleasurable social activity. The goals may be to increase socialization and reduce isolation. Such goals are typical from an activity perspective. This is probably the most common goal of reminiscence groups when they are used as nursing interventions. In the activity theory perspective, there is an underlying assumption that activity is vital to well-being. Ageing should be denied as long as possible, and this should be accomplished by not changing the individual personality (Havighurst, 1953). Some have described reminiscence therapy and life review as successful because they help to maintain and stabilize the identity (Butler, 1963; Bornat, 1994; Parker, 1995). Such descriptions point out the value of reminiscence and life review from the perspective of continuity theory. In this perspective, reminiscence and life review are seen as tools for maintaining roles and identity (Parker, 1995). From the perspective of Erikson’s psychodynamic theory (Erikson, 1950, 1982; Erikson et al., 1986; Erikson & Erikson, 1997), reminiscence could be seen as an opportunity to change and develop the Self within the same ontology as before, that is the entire definition of reality is not changed (Tornstam, 1999b). In a gerotranscendental perspective, reminiscence may be important for older people’s developmental process. It may contribute to the change and reconstruction not only of identity, but also of the way people understand reality (Tornstam, 1999b). Tornstam has found inspiration in the work of Jung (1967) who talked about a constantly ongoing process of individuation in which the individual’s tasks are different during different phases of life. He considered that the main task of the later part of life is to learn to know oneself and the collective unconscious.

Tornstam states that using reminiscence in a gerotranscendental perspective is different from using it in other theoretical perspectives because the goal is to promote the process of gerotranscendence rather than merely maintaining the present identity, which is the most common use of reminiscence. From the perspective of gerotranscendence (Tornstam, 1999b), the goal is to develop the identity through reminiscence. Tornstam therefore concluded that reminiscence work should focus on the development of identity rather than mere identity maintenance.

No previous study has focused on the practical use of reminiscence therapy using a gerotranscendental perspective for practical application in the care of older people derived from the theory of gerotranscendence (Wadensten & Carlsson, 2003). Therefore it was considered important to carry out a study in which reminiscence therapy, aimed at supporting the process of gerotranscendence, is introduced and to investigate older people’s opinions about it.
The study

Aims

The aim of the present study is:

- To investigate older people’s experience of participating in a reminiscence group with a gerotranscendental perspective.

The specific study questions were:

- What are participants’ thoughts about the organisation of the group sessions?
- How do participants experience their participation in the reminiscence group?
- In what ways are participants influenced by the reminiscence work?

Design

The study uses a qualitative design in which retrospective interviews combining structured and semistructured aspects are used to assess the views of participants concerning engagement in the process of nurse led group reminiscence informed by a gerotranscendence perspective.

Setting and selection of participants

The study was conducted in Sweden in 2005 at a daycentre that offers a variety of activities for older people. A range of older people visit the daycentre 1 or 2 days a week over a period of 2–3 months. The older people using the daycentre at the time of the study were invited to participate in this project through an information meeting. They were also given a short introduction to the theory of gerotranscendence and told that this theory was the philosophy underlying the research project. The information was given on three different occasions. The older individuals were encouraged to report to one of the staff at the day-time activity centre if they were interested in participating in a reminiscence group; this was, therefore, a self-selecting convenience sample. The information about the reminiscence group included stating that this was the first time this sort of group would be started and that it was part of a research project. Eight persons (two men and six women), ranging from 74 to 85 years of age, reported their interest in participating in the group. They were all living in their own homes. They used the facilities at the daycentre to engage in the activities offered there. Some participants had problems walking independently, but no other disabilities were noted.

Procedure of group sessions

Two groups were arranged at the daycentre. Each group included four participants and met for eight weekly sessions during an eight-week period. Each session was planned to be about 1.5 hours long and concluded with a coffee break. The session leader for both groups was a nurse (UL) with long experience of both teaching and working with older people. Important functions for the leader included guiding the discussions so they actually dealt with the intended themes and helping participants reflect upon their own lives. The leader used reflective questions to help the participants reflect upon their narratives. Every session began by considering the previous session and by asking whether participants had something more to tell or whether they had thought more about the theme they discussed in that session.

Brief summary of the content of each session

Session number:

1 The participants introduced themselves and the leader introduced the idea of reminiscence. The leader presented the themes that could be the topics of discussion in future sessions. The participants agreed that the themes were relevant as points of departure for the discussions. They also agreed on the rules for the group (see Appendix 1).

2 Memories of early childhood. This included memories of parents and siblings and memories of being a child and their lives during early childhood.

3 The school years. This included the first day of school and memories from school, friends, teachers and relationships.

4 The first occupation. Where did you first live memories in connection with that.

5 What did you enjoy? Enjoyments during your younger life. What were your dreams and expectations for life. Perhaps including giving birth and the role of being a parent. Different roles performed in life.

6 Technical innovations, radio, TV, telephones, vacuum cleaner, etc. How has your life been influenced by technical developments?

7 Describe one or a few persons who have meant a lot to you. Why were they important?

8 Summary, time to go back and discuss things we did not discuss enough in previous sessions. Looking forward.

In every session, participants were encouraged to reflect upon the meaning and significance of the memories recalled. They were prompted to ask themselves questions such as: What did it mean to me? In what ways have I been affected by my experiences?

Interviews

Interviews were conducted of another nurse (BW) with the participants 5–6 weeks after the reminiscence groups had been concluded. The interviews started with an open-ended question that encouraged the older persons to speak as frankly as possible about their experience of and thoughts about
participating in the reminiscence group. The interview was both of a structured and open form, although an interview guide was used, and the remaining areas were introduced into the conversation at occasions that seemed natural (Kvale, 1996). The interviews covered the following areas: experience of and thoughts about participating in the reminiscence group, opinions about the content of the sessions, and the duration and number of sessions as well as the ways in which they may have been influenced at the time of participation in the group and in the time since. The audio tape-recorded interviews were about 30–50 minutes long. All interviews were transcribed.

Data analysis
The interview transcriptions were analysed using qualitative analysis inspired by a method described by Grinnell (1997). The first step in the analysis was to read the interviews and note differences and similarities in the texts. This coding phase identified properties clearly evident in the text. Descriptions with similar meaning but from different interviews were grouped together in categories as answers to the study questions. This step of the coding procedure constituted a kind of constant comparison. The second step of the analysis was more abstract and involved interpreting how participants were influenced by participation in the reminiscence group. In this step, every interview was treated as a unit and compared with the other interviews as well as with the goal of reminiscence according to the theory of gerotranscendence. As a result of this analysis, three qualitatively different views of the experience of participating in the reminiscence group were derived.

Ethical considerations
The participants were informed about the study and told that participation was voluntary and that they had the right to withdraw at any time. The information was given both orally and in written form. They were also told that, if they desired further contact with the group leader after the group had finished, this would be possible to arrange. Some days after they received the information, they were asked whether they were willing to participate, and all expressed an interest. The interested persons were then sent a letter that provided more information about the study and about the content of the group meetings. When they had expressed interest in participation, they were asked to give their informed consent. Informed consent also included an agreement not to recount the narratives presented in the group. All information revealed in the study was treated as confidential. The study design was examined and approved by the regional ethical board.

Findings

Thoughts about the organisation of the group sessions
Number and length of meetings
Most of the participants were satisfied with the number of meetings. They said it might have been boring to have too many meetings. Three felt it would have been of value to have more than eight organized sessions because they would have had a chance to narrate more. They thought they had much more to reminisce and talk about.

All participants thought a meeting time of 1.5 hours per session was sufficient. They explained that it was problematic to sit too long. They gave different reasons, for example, difficulties in concentrating on one thing for several hours; persons with disabilities found it difficult to sit for hours, or they had to visit the toilet often.

Only one of the participants was disappointed about her opportunity to narrate in the group. She said that one other person had talked too long. The others, however, felt that everyone had the opportunity to speak as much as they wanted.

Number of persons in the group
All participants felt that four persons would be good in this sort of group. One mentioned a maximum of five persons. One reason was that everyone must have the opportunity to speak, which would be difficult in a larger group. Another reason was that it might be difficult to hear in a large group and the participants would not be able to sit close to each other. One person felt it was important to be familiar and to feel secure with each other and that this is easier in a small group.

Themes
Everyone welcomed the structure that using selected themes provided. Knowing what would be discussed every meeting helped participants to reminisce at home and to prepare themselves before the sessions.

Experience of participating in the reminiscence group
All participants felt the group activity was an interesting experience. They all considered it pleasant and interesting to recount their stories and listen to the others in the group.

It was interesting and rewarding.

However, not everything was pleasant to remember. Some found it painful to think of events in the past, and also painful to talk about them.
I didn’t want to… couldn’t tell everything… some memories are too painful… it’s hard to think about them.

Some expressed the positive aspects of hearing others describe and discuss their lives and felt this helped them remember more from their own lives. One common opinion was that there were many things to tell and that it was nice to share the narratives of others. They also felt time passed too quickly during the sessions because their time together was so interesting. It was easy to narrate for the others in the group, and some said that the things they related were things they usually did not discuss with friends. Two participants said they had been selective about what they chose to recount and had excluded their most painful experiences. Some expressed feeling sorry for other group members, but it had not been painful to listen to their narratives.

When asked to describe ‘the best thing’ about this group activity, six mentioned listening to others talk about remarkable events in their lives. Two said that the opportunity to reminisce and reflect upon their own life was a great experience for them. When asked to share ‘the worst thing’ about the group, most were unable to think of anything, only that time in the group passed too quickly. One participant thought the worst thing was the painful memories that were stirred up.

Participants were also asked to consider how other older people might benefit (or not) from participation in an activity such as this. They had participated in previous groups arranged at the daycentre. Most thought previous activities had not been like this group, which they felt was enjoyable in several respects. Only one was of the opinion that this was an activity like any other. They all considered that the group reminiscence activity was a good idea for older people.

Two of the women spontaneously commented on the value of organizing different types of activities such as this, not only the types of activities commonly offered, for example needlework and gymnastics.

**Effect of the reminiscence work on participants**

**Reminiscence during the group work period**

All participants reported that they had reminisced and thought much more about their childhood. The childhood memories predominated in number and significance. But they also recalled more memories from their lives during the groupwork period.

**Reminiscence now – after the group sessions ended**

Here the participants had different opinions. Actually three different opinions were reported. Some felt they had stopped reminiscing now that the group sessions had ended. Others considered that they had reminisced more afterwards. Still others felt they had been influenced a great deal and reminisced and reflected much more following participation in the group.

**Other thoughts on effects of the group sessions**

Some were of the opinion that they had not been affected in any way by participating in the group. Others explained that they had recalled memories and reminisced about life before joining the group, but that it was different to narrate for others. It had helped them to structure their memories and influenced how they had re-appraised their memories and the significance they attached to them.

In addition to the general opinions above, it is possible to identify three quite different views of the experience and effects of participating in the reminiscence group:

An activity like any other; an activity that led to thoughts about memories from life or an activity that influenced my thoughts about life.

Using the second stage of the analysis of the interview transcripts, these three diverse appraisals of the reminiscence group experience are illustrated by referring to three individuals.

**An activity – like any other activity**

One of the male participants, we call him Alan, said it was a pleasure to join the group. He felt it was interesting to talk about his own life and to hear others talk about their lives. He was fascinated with the developments in society that had occurred during his lifetime. When he described the discussions of the group, he mentioned that talking about changes in society and historical events was more interesting than talking about personal experiences.

It was nice… it’s good to pass the time… now I’m taking gymnastics here instead.

Alan said that during the weeks of group reminiscence he recalled more memories from his life than he does now. He stopped reminiscing as the group meetings ended. He felt that, when the others narrated, discussions in the group helped him to recall memories. But he did not say the group experience influenced his memories in any way. He seemed to feel that the reminiscence group was an activity like all other activities offered at the daycentre. The activity represented an enjoyable time in the group, but reminiscence did not seem to encourage him to talk about personal relationships.

**An activity that led to thoughts about memories from life**

One of the women, we call her Betty, also thought it was a pleasure to participate in the group. But for her it brought up...
many bad memories, which were difficult to think about again, and this was painful. The reminiscence group made Betty think more about her life, but it did not change her opinions about her life. There were still many things she did not understand in her life and things she could not reconcile herself to.

It has meant that I think more about how my life has been.

Betty described some events in her life that she thought a great deal about. She asked herself questions like:

What would have happened if I had chosen to do it another way? Or if I had had other opportunities?

Her descriptions showed that she was struggling with these things and that she thought a lot about her life. In some ways this thinking was hard work.

An activity that influenced my thoughts about my life

Another woman, we call her Charlotte, said that listening to the others was very stimulating. It helped her to recall many of her own memories, especially from her childhood. She also related that now, after narrating and reflecting in the group, it was possible to view things in another perspective. Charlotte mentioned that she felt her childhood and adolescence had influenced her considerably.

I've thought a lot about how we're shaped by our childhood... it affects what you become...well, it's that way for me anyway...it's been important for who I am as a person... it follows you. The group work has helped me put some things into words.

Furthermore, Charlotte said she felt the reminiscence group was a very different activity from other activities arranged for older people. She thought this activity helped her in her thoughts and reflections about her life. She also mentioned that she spent considerable time remembering and reflecting on her life even before the group. According to her, sharing her memories with others and getting their reactions was helpful. Charlotte said that, after the sessions ended, she has continued to spend a great deal of time reflecting upon her life.

Discussion

The study's aim was to investigate older people's experience of participating in a reminiscence group with a gerotranscendental perspective. However, it seems that not everyone was influenced in a way that is in line with the intention of the reminiscence group, which is that work with one's own life history should help one understand and give coherence to life (Tornstam, 2005). Consider Alan, who said the reminiscence group was an activity like all other activities offered at the daycentre. The group activity did not offer Alan anything special or different from the other activities. He was most interested in discussing societal developments, not his own development during life. It seems that he only recalled memories from the past, he did not reflect upon them. Thus, for him, the reminiscence group was just another pleasurable social activity. A pre-selection interview may have classified him as not being suited to a group such as this. Betty, on the other hand, seems to have recalled memories and reflected upon them, but this work did not, according to her, help her understand things in her life. It seems that she had begun a process of re-appraisal. Perhaps she needed more sessions and more help with reflection. Charlotte felt this activity had helped her in her thoughts and reflection about her life. She was stimulated by the group activity. But she also said she usually thinks a great deal about her life. Thus this activity was something natural for her.

The fact that participants experienced the group and described their thoughts in quite different ways has several explanations. It may depend on how they understood the intention of the group sessions. It may also depend on their capacity to manage memories. If a person has painful memories, one way to manage this is to suppress them. According to the theory of gerotranscendence, gerotranscendence is a process, and the group participants had presumably developed to different degrees in their own gerotranscendence process. The present study has not investigated whether the older people identified their ageing as being in line with the theory. However, it could be supposed that Charlotte had a development partly in line with the theory, because she stated that she often recalls memories from life and reflects upon them. Therefore, the reminiscence group activity suited her, although it is not possible to say that it started her process of identity development, but probably that it helped her in that process. For Betty, recalling memories may have started such a process.

We may consider why it was the female participants who were more reflective. Perhaps women more frequently seek activities such as this and are more familiar with private discussions in groups. Further, more women than men describe a process towards gerotranscendence (Tornstam, 2003).

The process of gerotranscendence is in principle universal. But elements in the culture can facilitate or impede the process, just as elements in the caring climate can obstruct or accelerate the process towards gerotranscendence (Tornstam, 1996). The reminiscence group was intended to promote the process of gerotranscendence and was a way to put one of the derived guidelines (Wadensten & Carlsson, 2003) into
practice. It is an activity aimed at encouraging and supporting the process towards gerotranscendence. Reminiscence is an activity aimed at learning to know oneself, which is in line with both Tornstam’s (1999b) and Jung’s (1967) ideas that attaining such knowledge is the main task of the later part of life. It is important to remember that, in a gerotranscendence perspective, the goal of reminiscence is to develop, reorganize and change the identity. Therefore, it is not relevant to discuss the findings of this study in relation to other studies about reminiscence, because other studies with other theoretical standpoints have different aims. For example, from the perspective of Erikson’s developmental theory, reminiscence serves to stabilize the identity.

When arranging a reminiscence group with a gerotranscendence perspective, it is critical that the group leader uses reflective questions that help participants reflect upon their lives. Otherwise the group sessions will be unlikely to achieve their objectives. Thus, a trained and competent facilitator is necessary. The method of beginning every session by reflecting upon the previous session was also a measure intended to strengthen participants’ ability to reflect.

The composition of each session was also important in stimulating reflective reminiscence. Having pre-arranged themes gave a structure to each session, but may also have kept participants from relating things they felt were more relevant. The length of each session, 1.5 hours, seems to be important, as many older people find it difficult to sit for longer periods. The number of sessions was perhaps too few for those who would like to have talked more or who needed longer to recall memories and to develop sufficient trust and confidence to recount, particularly if such memories were painful to recall. It seems as if about four participants per group is ideal although slightly larger numbers may be desirable to ensure continued viability, given the frailty and vulnerability of this age group.

When arranging groups, it may prove to be a good idea to have about five sessions with more participants, about six in each group. And after these sessions, participants could be asked whether they wish to continue in a group for a longer time, about six more sessions. This might reduce the number of participants and result in a more homogeneous group of individuals who are more motivated to work with their life history. Offering individual reminiscence sessions is also possible, but this would be more expensive and the benefits of group dynamics, for example, when participants’ narrations trigger others to remember, are missed.

The groups comprised a convenience sample consisting of all interested individuals and included more female than male participants. It was not possible to determine beforehand who might be interested in participating, and the fact that this was a study could have caused some interested individuals to refrain from participating. Such factors may have influenced the findings in the study.

Based on the present findings, some practical recommendations for reminiscence groups with a gerotranscendental perspective may be offered. They are summarized in Table 2.

### Ideas for further research and conclusions and relevance to clinical practice

This was the first study focused on a reminiscence group with a gerotranscendental perspective. More studies with more groups are desirable to explore the ideal conditions for this sort of reminiscence intervention. In further studies, it may be advantageous to measure participants’ satisfaction with the activity as well as their gerotranscendental development. It may be beneficial to use a pre-test in order to establish each potential group member’s personal style of reminiscing and whether they are already accustomed to using reminiscence and for what purpose(s). Then it may be possible to identify those who show signs of developing towards gerotranscendence.

It is possible to arrange reminiscence groups from a gerotranscendence perspective. This study provides some guidance as to how such a group could be organised, making it possible to use this intervention in gerontological nursing. Nurses are in an ideal position to improve the quality of life

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**Table 2** Recommendations for reminiscence groups with a gerotranscendental perspective

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<th>Recommendation</th>
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<tr>
<td>The group leader must be familiar with the theory of gerotranscendence and understand how important it is to ask reflective questions based on the narratives.</td>
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<tr>
<td>Small groups are necessary</td>
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<tr>
<td>Put the main focus on discussions of childhood and adolescence</td>
</tr>
<tr>
<td>Decide on themes in consultation with the participants. The themes presented in this paper are ideas, but could be adjusted to fit the group.</td>
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<tr>
<td>About 1.5-hour-long sessions and eight to ten sessions. This could be adjusted.</td>
</tr>
<tr>
<td>Introduce the next theme at the end of every session and start every session with a retrospective on the previous session.</td>
</tr>
<tr>
<td>The leader must use reflective questions and inspire the participants to ask such questions as well.</td>
</tr>
<tr>
<td>Have rules for the group, such as those in the appendix.</td>
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for older people and to promote health by using nursing interventions such as the reminiscence groups described here.

Acknowledgements

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References


Appendix 1

Rules for the group
The sessions should be prepared in accordance with the agreed-upon themes. Feel free to bring any belongings or material that is connected to the theme, for example pictures, books, clothing, music or tools.

Every session will start with a reflection on the previous session. Everybody must have the opportunity to narrate at every meeting. Everybody should listen to all the others, and encourage them to narrate and to reflect by asking questions like: How did you feel? How did it turn out? How did it influence your life? What is your perspective today?
The things being told should be personal; they may be both pleasant and sad memories. What is being told in the group should not be repeated to anyone outside the group.
Participation is voluntary; it is perfectly acceptable to quit at any time.