Forum

Reminiscence and ageing

GILLIAN COHEN* and STEPHANIE TAYLOR*

ABSTRACT

This paper questions assumptions about reminiscence and looks at definitions of it. Functions of different types of reminiscence are examined and distinctions are drawn between these and autobiographical memories. Methodologies of eliciting reminiscences are critically considered. Finally, types and amounts of reminiscence are related to life style and age group.

KEY WORDS – ageing, reminiscence, autobiographical memory, age effects, life review, therapy.

Introduction

The view that older people tend to 'live in the past' is part of the folklore of ageing. It was endorsed, for example, by Ribot (1882). It is commonly believed that people tend to reminisce more as they grow older and that they reminisce increasingly about their early lives rather than about more recent events. These ideas persist tenaciously in spite of evidence from formal studies that fails to support them. It is important to challenge facile generalizations of this kind because they contribute to the stereotype that characterizes older people as disempowered, side-lined and no longer involved in current issues. Research-based findings suggest a much more complex relationship between age and reminiscence but the results have not always been consistent. Inconsistent claims can often be attributed to two causes: failure to agree a precise definition of reminiscence, and failure to recognize that some aspects of the methodologies used are biasing the nature of the reminiscences that are elicited.

What counts as reminiscence?

Parker (1995), focusing on process, defined reminiscence as 'a selective process in which memories are evoked and reconstructed' whereas the

^{*} Psychology Department, The Open University, UK.

definition of Wong and Watt (1991), 'personal memories of a distant past: long term memories of events in which the reminiscer is either a participant or a observer', focuses on the content. The first of these is too broad, encompassing almost any kind of remembering, and the second is too narrow in that it makes the unwarranted assumption that all reminiscence is about long past events. Webster and Cappeliez (1993) noted that, although autobiographical memory has been the province of cognitive psychology whereas reminiscence has been studied in a clinical context, both are concerned with personal memories. It would be profitable, they suggested, to explore the common ground and bring the two approaches closer together. However, Rubin and Schulkind (1997) differentiated sharply between autobiographical memory and reminiscence. They preferred to confine 'the theoretically richer term reminiscence to refer to conscious recollections seemingly done for their own purposes rather than those requested by another or used for the retrieval of specific information'. Rubin and Schulkind's definition makes clear that the defining features of reminiscence are the ways in which memories are elicited and the purposes that they serve. This emphasis on process and function in the definition of reminiscence has implications for the kind of methods that are appropriate for studying it. The definition of reminiscence has become further complicated by the realization that it is not helpful to treat it as a unitary phenomenon. It proves more useful to distinguish between different kinds of reminiscence.

Types of reminiscence

A very important dimension of difference is between the kind of reminiscence that consists of private internal thinking and the kind that consists of external communication in a social context. This distinction is also linked to differences in the ways that reminiscence is elicited. Private reminiscence may occur involuntarily, consisting of personal memories that become conscious without preceding intentional attempts at retrieval (Berntsen 1996). Alternatively, it may be evoked by contextual cues, by preceding trains of thought, by moods and emotional states or in response to current problems. Social reminiscence is more likely to be elicited by prompts and questions in conversation, by shared activities or settings. Private and social reminiscence also serve different functions, and further distinctions between types of reminiscence are based on the inferred function.

Researchers have produced different but overlapping taxonomies. Coleman (1974) distinguished between *simple reminiscence* consisting of

non-directed, relatively automatic, narrative recollection of past experiences as in day-dreaming; *informative reminiscence* which serves to teach or entertain others; and *life review* which is a more analytic and evaluative exercise. LoGerfo (1980) also identified *informative reminiscence* and *evaluative life review*, and in addition *obsessive reminiscence* which dwells on negative memories of guilt and failure.

Wong and Watt (1991) used content analysis to identify six types which include some of those already noted by others. *Integrative reminiscence* is similar to life review but may include negative aspects. It is designed to support the self image, and to increase self understanding and self esteem. *Instrumental reminiscence* is concerned with plans and goals and solving problems. *Transmissive reminiscence* involves passing on cultural and personal knowledge. *Escapist reminiscence* is defensive, allowing the reminiscer to escape from present difficulties into a happier past. *Obsessive reminiscence* consists of bitter memories from the past. *Narrative reminiscence* is simple story telling, equivalent to informative or simple reminiscence.

Some of these types are not mutually exclusive since reminiscence may serve several purposes at the same time. Moreover, generating labels for types of reminiscence is not an end in itself but raises further questions. What is the relative frequency of the different types and does this vary with such factors as age, personality and clinical status? Which types of reminiscence are associated with beneficial, therapeutic effects? Do different periods of the lifespan give rise to different types of reminiscence? The value of attempts to answer these questions depends on the methods that are used and some of these are unsatisfactory.

Methods of studying reminiscence

The study of reminiscence poses difficult methodological problems. Some methods can be discounted as inappropriate. For example, there are methods which are used to elicit autobiographical memories which include word cueing. Single words, usually concrete nouns, are used as prompts. Participants are asked to record and date the first autobiographical memory that comes to mind in response to the cue. Fitzgerald (1996) has attempted to integrate data derived with this method within the framework of reminiscence behaviour, but Rubin and Schulkind (1997) regard it as a way of exploring the relative accessibility of autobiographical memories that is not relevant to reminiscence. Producing discrete memories to word cues in an

experimental setting does not conform to definitions of reminiscence that emphasize process and function, and cannot be equated with naturally occurring reminiscence.

Some studies (e.g. Sherman 1987) have initiated group reminiscence sessions in which individuals share memories from their past lives which are then analyzed. Wood and Kroger (1995) have advocated the application of discourse analysis techniques to conversations. Wong and Watt (1991) asked individuals to report important events from their past in a semi-structured interview. All these methods are tapping social reminiscence occurring in an artificially contrived situation. There is absolutely no reason to assume that private covert reminiscence would be similar – and some grounds for concluding that the output is not even representative of normal social reminiscence. For example, Coleman (1994) suggested that the low incidence of transmissive reminiscence in Wong and Watt's study occurred because an interview setting is not appropriate for passing on personal wisdom or cultural traditions.

Other studies rely on questionnaires and rating scales. Typically these ask participants to reflect on their own experience of reminiscence and report on their habits. This method can be used to explore individual differences in reminiscence behaviour and to correlate selfratings with measures of emotional well-being. Sherman and Peak (1991) derived their questionnaire from the Reminiscence Uses Scale of Romaniuk and Romaniuk (1981). They asked older participants to rate the frequency of using reminiscence for each of a list of specified purposes. Frequency was not significantly related to measures of adjustment although some items did correlate with affect. Webster (1993) constructed a Reminiscence Functions Scale of 43 items analysed into seven factors (boredom reduction; death preparation; identity/understanding self; making conversation; intimacy maintenance; bitterness revival; and teach/inform). Participants rated their frequency of each type of reminiscence and age and gender differences were analyzed. The use of self-ratings has the advantage that it provides direct information about private as well as public reminiscence, and function is characterized by the reminiscer rather than inferred by the researcher. However, it is doubtful if responses are entirely free from bias since respondents may be unwilling to admit the true frequency of negative thoughts.

None of these methods is entirely satisfactory since the pattern and content of reminiscence elicited or probed in these conditions may not be the same as when reminiscence is naturally occurring. It is inevitable that any attempt to study a covert phenomenon like reminiscence is liable to distort it.

Age effects in reminiscence

Studies that have addressed the issue of age-related changes in reminiscence have focused on the frequency with which people reminisce; the relative importance of different types of reminiscence with different functions; and the distribution of the memories that form the content of reminiscence across the lifespan. These issues tend to be inter-related but have sometimes been studied separately.

Age differences in frequency and function of reminiscence

It proves unhelpful to consider the frequency of reminiscence without breaking it down into different types with different functions. There is now a growing consensus that age is unrelated to the frequency of simple reminiscence. For example, Merriam and Cross (1982) and Hyland and Ackerman (1988) found that both older and younger adults reminisced more than the middle-aged, and Webster (1995) concluded that frequency is determined by gender and personality rather than age. However, numerous studies have shown that age effects vary with the type of reminiscence although the results are not always consistent.

Early studies of reminiscence (e.g. Butler 1963) reported that life review increased with age and inferred that it functioned as preparation for death. Merriam (1993), however, reporting results from the Georgia Centenarian Study, noted that 46% of respondents said that they had not reviewed their lives and seldom thought about death. Lieberman and Falk (1971) supported Butler, finding that middleaged people used reminiscence primarily for problem solving, seeking solutions to current problems from past experience, whereas older adults spent more time in 'cognitive restructuring' through life review and self-assessment. These claims are consistent with results obtained by Webster (1995). He found that older adults scored higher on his Reminiscence Function Scale than young or middle-aged respondents for death preparation, and this can be seen as a form of life review. They also scored higher for intimacy maintenance and for the 'teach and inform' function. On the other hand, the younger groups scored higher for boredom reduction, identity problems (trying to understand oneself) and bitterness revival. Cohen and Taylor (1996) similarly noted that older adults spent more time reminiscing about their children, friends and partners, which can be equated with intimacy maintenance.

Webster's study underlines the importance of examining a full range of age differences since older adults may differ from the middle-aged but not from younger adults. He surmised that middle-aged adults reminisce less because their lives are busier and they have less time to spare. The effects of lifestyle may also underlie his finding that women spend more time than men on the types of reminiscence labelled as identity/problem solving, conversation and intimacy maintenance.

The type and frequency of reminiscence is also affected by individual differences. Wong and Watt (1991) found that individuals who were classified as 'successful agers' in terms of mental and physical health and adjustment, spent more time in integrative and instrumental reminiscence and less time in obsessive reminiscence than 'unsuccessful agers'.

Although age differences have been reported for some types of reminiscence it is not easy to evaluate them. Different researchers have classified reminiscence in different ways and used different methods. All of the methods used are liable to bias the results to some extent, since responses are likely to be shaped by reticence, and by what is perceived to be normal, expected or credible. Age differences are confounded with cohort effects and differences in lifestyle and attitudes. Gender, health status and personality may also exert powerful effects on reminiscence behaviour, obscuring or overriding any effects of age.

Age differences in lifespan distribution of reminiscence

When people reminisce, on which period of their lives do they focus? The validity of the idea that older adults spend more time reminiscing about their early life in the distant past can be assessed by examining the frequency of reminiscence across the lifespan. However, much of the relevant research has relied on the word cueing method which is inappropriate for the study of reminiscence.

Numerous studies using this method (e.g. Rubin et al. 1986; Fitzgerald 1988, 1996) have reported a consistent pattern which is interpreted in terms of three factors. The retention factor produces a linear decline in memory availability with elapsed time so that more recent memories are recalled than remote ones. The so-called reminiscence factor produces a peak of memories (known as the reminiscence bump) clustering in the period roughly between the ages of 10 and 30 years. The third factor noted by Rubin et al., the childhood amnesia factor, is responsible for disproportionately few memories being recalled from below the age of about seven years. It has been argued (Fitzgerald 1996) that the reminiscence bump which is usually only observed in the memories of people over 35 years, is evidence that older adults do tend to reminisce more about remote memories.

Fitzgerald suggests that the bump is due to the fact that the majority of highly significant self-defining events tend to occur between the ages of 10 and 30 years, and might therefore become the focus of life review. There are, however, several reasons why this argument is easily dismissed. Firstly, the bump has been observed in younger people as well as older people (Jansari and Parkin 1996). Secondly, all the studies have found that recent memories are far more numerous than those drawn from the 'bump period'. And, finally, memories elicited by word cueing cannot be considered representative of naturally occurring reminiscence. In fact, Jansari (1995) has reported that participants in his studies denied reminiscing more about events from this life period.

The claim that older people tend to 'dwell in the past', retaining vivid recollections of remote events from their early lives and evoking these in reminiscence in preference to more recent memories, was challenged by Holland and Rabbitt (1991). They compared a group of active, community-dwelling, older people, a group, matched for age and IQ and living in residential care institutions, and a younger group. They found that the community-dwelling older group, like the younger group, recalled more recent events than remote ones, and rated their rehearsal of recent events as more frequent. By contrast, the institutionalized older people recalled and rehearsed more remote memories than recent ones. It was concluded that older adults leading busy independent lives do not spend their time dwelling on the distant past, but those in institutions, who no longer manage and control their own daily lives, have less motivation to think about recent events and prefer to escape, in memory, into a more interesting and significant past. In this study then, the pattern of reminiscence appeared to be influenced by lifestyle rather than by chronological age. However, the data was collected by asking participants to produce as many memories as possible in ten minutes from each third of their lifespan. This method tests the relative accessibility of memories from across the lifespan, but does not necessarily relate closely to the frequency of naturally occurring reminiscence.

Cohen and Taylor (1996), focusing directly on reminiscence behaviour, asked younger and older adults to rate the frequency of reminiscing about different lifespan periods (early childhood; teenage; young adulthood; middle age and later life) and about different topics within each period. They were also asked to rate the frequency of thinking about the future. Although this cannot be considered as reminiscence, exploring age differences in prospective as well as retrospective thinking allows a more balanced evaluation of whether older adults are more backward-looking than the young. The results

showed that younger adults reminisced more than older adults about their early childhood and teenage years, and there was no age difference for the young adult period. Older adults spent less time thinking about their childhood, teenage and young adulthood than they did about their middle age, later life and the future. So, although this study was too small to be conclusive, there was no support whatever for the idea that older adults spend more time reminiscing about the distant past.

Age differences in the therapeutic value of reminiscence

The view that reminiscence in later life has a beneficial effect is again one that needs to be qualified. Butler (1963) thought that life review was useful in maintaining identity and self esteem, and this idea underpins the use of group reminiscence therapy with older people. Haight (1988) agreed that life review had a beneficial effect but suggested that it needed to be maintained over a fairly long period rather than restricted to occasional short sessions. Wong and Watt (1991) noted that only certain types of reminiscence (integrative and instrumental) were associated with mental and physical well-being, and here the direction of causation is not clear. Good adjustment may be the cause, rather than the consequence, of this type of reminiscence. Sherman and Peak (1991) reported that frequency of reminiscence devoted to self-understanding correlated negatively with scores on an Ego-Integrity scale (Boylin et al. 1976). Further inspection of the data showed that these scores were contributed by a group who appeared to focus on negative memories rather than pleasurable ones. Coleman (1994) similarly has perceptively remarked that the effects of reminiscence depended on whether the past had been enjoyable or a matter for regret. In the latter case, it may be better not to reminisce than to dwell on past unhappiness. In this context it is worth emphasizing that most methods of studying reminiscence are liable to underestimate the prevalence of negative memories, since these are usually only disclosed in intimate relationships.

Conclusions

There is no method of studying reminiscence that is entirely satisfactory. When social reminiscence is 'staged' it is bound to lose spontaneity and private, naturally occurring reminiscence is, almost by definition, impenetrable. Researchers are forced to rely on self-reports and, to some extent, these are likely, either consciously or unconsciously, to

have been 'cleaned up'. Nevertheless, some consensus has emerged. The overall pattern of results suggests that age-related changes in reminiscence behaviour are not marked. Predominantly, the findings reveal a U-shape when the frequency of reminiscence is plotted against age with older and younger people reminiscing more than the middleaged. This finding, on consideration, proves unsurprising. Reminiscence requires free time and most people in middle life have very little to spare from the demands of work and family. It is similarly unsurprising that the functions of reminiscence are driven by the preoccupations of each age group. Roughly speaking, young people are trying to keep boredom at bay; middle-aged people are trying to solve problems; older people are concerned to maintain the family relationships and friendships on which they are increasingly dependent. These differences are related not to age itself but to lifestyle. Research has also shown an age-related increase in reminiscence focusing on life review and death preparation. However, it is interesting to speculate whether these functions would also be seen to increase in a younger person who knew that their life was coming to an end. This line of thought suggests that the observed differences may arise from awareness of the terminal stage of the lifespan rather than from age. Furthermore, given that differences in reminiscence behaviour are also associated with gender, personality and health status, the role of ageing can be seen as only one of several factors.

References

Berntsen, D. 1996. Involuntary autobiographical memories. *Applied Cognitive Psychology*, **10**, 435–454.

Boylin, W., Gordon, S. K. and Nehrke, M. F. 1976. Reminiscing and ego integrity in institutionalized elderly males. *The Gerontologist*, 16, 118–124.

Butler, R. 1963. The life review: An interpretation of reminiscence in the aged. *Psychiatry*, **26**, 65–76.

Cohen, G. and Taylor, S. 1997. Age differences in patterns of reminiscence. Paper presented at the International Conference on Memory, Padua, 1996.

Coleman, P. G. 1974. Measuring reminiscence characteristics from conversation as adaptive features of old age. *International Journal of Aging and Human Development*, 5, 281–294.

Coleman, P. G. 1994. Reminiscence within the study of ageing: the social significance of story. In Bornat, J. (ed), *Reminiscence Reviewed; Perspectives, Evaluations and Achievements*. Open University Press, Buckingham.

Fitzgerald, J. M. 1988. Vivid memories and the reminiscence phenomenon: the role of a self narrative. *Human Development*, **31**, 261–273.

Fitzgerald, J. M. 1996. Intersecting meanings of reminiscence in adult development and aging. In Rubin, D. C. (ed), *Remembering Our Past: Studies in Autobiographical Memory*. Cambridge University Press, New York.

Fitzgerald, J. M. and Lawrence, R. 1984. Autobiographical memory across the lifespan. Journal of Gerontology, 39, 692-699.

Haight, B. K. 1988. The therapeutic role of a structured life review process in homebound elderly adults. Journal of Gerontology, 43, 40-44.

Jansari, A. S. 1995. The reminiscence bump in autobiographical memory. Unpublished PhD. thesis.

Jansari, A. and Parkin, A. J. 1996. Things that go bump in your life: explaining the reminiscence bump in autobiographical memory. Psychology and Aging, 11, 85–91.

Holland, C. A. and Rabbitt, P. M. A. 1991. Ageing memory: use versus impairment. British Journal of Psychology, 82, 29–38.

Lieberman, M. A. and Falk, J. 1971. The remembered past as a source of data for research on the life cycle. Human Development, 14, 132-141.

LoGerfo, M. 1980-81. Three ways of reminiscence in theory and practice. *International* Journal of Aging and Human Development, 12, 39-48.

Merriam, S. B. 1993. Butler's life review: how universal is it? International Journal of Aging and Human Development, 37, 163-175.

Merriam, S. and Cross, L. 1982. Adulthood and reminiscence: a descriptive study. Educational Gerontology, 8, 275-290.

Parker, R. G. 1995. Reminiscence: a continuity theory framework. The Gerontologist, **35**, 515-525.

Ribot, T. 1882. The Diseases of Memory. Appleton, New York.

Romaniuk, M. and Romaniuk, J. G. 1981. Looking back: an analysis of reminiscence functions and triggers. Experimental Aging Research, 7, 477-489.

Rubin, D. C., Wetzler, S. E. and Nebes, R. D. 1986. Autobiographical memory across the lifespan. In Rubin, D. C. (ed), Autobiographical Memory. Cambridge University Press, Cambridge.

Rubin, D. C. and Schulkind, M. D. 1997. Distribution of important and word-cued autobiographical memories in 20-, 35- and 70-year old adults. Psychology and Aging, 12, 524-535

Sherman, E. 1987. Reminiscence groups for the community elderly. The Gerontologist, **27**, 569–572.

Sherman, E. and Peak, T. 1991. Patterns of reminiscence and the assessment of late life adjustment. Journal of Gerontological Social Work, 16, 59-73.

Webster, J. D. 1993. Construction and validation of the reminiscence functions scale. Journal of Gerontology: Psychological Sciences, 48, P256–P262.

Webster, J. D. 1995. Adult age differences in reminiscence functions. In Haight, B. K. and Webster, J. D. (eds), The Art and Science of Reminiscing: Theory, Research, Methods and Applications. Taylor & Francis, Washington, D.C.

Webster, J. D. and Cappeliez, P. 1993. Reminiscence and autobiographical memory: complementary contexts for cognitive aging research. Developmental Review, 13,

Wong, P. T. P. and Watt, L. M. 1991. What types of reminiscence are associated with successful aging? Psychology and Aging, 6, 272-279.

Wood, L. A. and Kroger, R. O. 1995. Discourse analysis in research on aging. Canadian Journal on Aging, 14, 82–99.

Accepted 4 February 1998

Address for correspondence:

Gillian Cohen and Stephanie Taylor,

Psychology Department, The Open University, Milton Keynes, MK₇ 6AA, UK.