Getting to know you
A guide for reminiscence and life story work with older people living in care homes
Introduction

My Home Life Cymru is working with care homes to make good quality of life a reality for all who live, visit and work there. This is achieved through relationship-centred care and evidence based practice.

This booklet is a guide for care staff working with residents, to get the best out of life story and reminiscence work. It uses the eight best practice themes that have been developed by the My Home Life programme.

• The first three themes are focused on how you approach and personalise care.

• The next three themes are concerned with how you help navigate residents and relatives through the journey of care.

• The last two themes are aimed at managers to help them support their staff put the other six themes into practice.

At the core of best practice in care homes is relationship-centred care that includes all stakeholders – the residents, their families and care staff. Also, relationship-centred care means giving everyone voice, choice and control in their lives.

My Home Life Cymru is lead by Age Cymru and is part of a UK wide initiative.
Understanding reminiscence

Reminiscence refers to our personal recollections of memories from the past, whatever our age. It can be highly beneficial to older people. Encouraging them to reminisce can improve their general wellbeing, their self-esteem and their sense of identity, notably with people who have a dementia.

Reminiscence involves conversational exchanges of memories between old and young, friends or relatives, caregivers or professionals. In passing on historical, cultural, social or personal information, wisdom and skills it can give the ‘teller’ a sense of value, importance, belonging, power and peace. We all use reminiscence activities in our own lives, for pleasure, for example, recalling a favourite song, TV programme or special occasion – and in times of stress, for example, during a personal bereavement.

Reminiscence can create feelings of intimacy and add special meaning to our conversations with others.

Older people, even those with dementia, can live more meaningful, purposeful lives when their identities and histories are creatively identified, protected, and preserved.

The ‘Reminiscence Bump’

When older people talk about the ‘good old days’ they are likely to be talking about their teens and 20s. Why should this be the case? In 1986, US researcher Dr. David Rubin first established the so-called ‘reminiscence bump’. His research showed that, regardless of his subjects’ age, people had a greater number of memories between the ages of 10 and 30 than at any other time in their lives.
A variety of triggers that recognise different senses can help people to reminisce, so that those that have difficulty communicating verbally can express themselves in other ways. Establishing identity with or without words can provide valuable opportunities to acquire and use new communication skills.

- **Sight:** photographs, pictures, objects and images with autobiographical meaning that trigger conversation.

- **Sound:** the radio, records from their reminiscence bump period, CDs, or making music using various instruments.

- **Taste:** different foods, food stuffs and drinks.

- **Touch:** textures, fabrics, sculpture, pottery, singing and making music.

- **Smell:** coffee, tea, freshly baked bread.

Reminiscence can take place in small groups or in family sessions and can involve not only residents but caregivers, friends and relatives. For people with dementia, one-to-one conversations are often best.

**Types of Reminiscence**

- **Informative** reminiscence involves recalling memories for the pleasure of reliving and retelling them that can revive interest, self-esteem and personal relationships.

- **Evaluative** reminiscence is more therapy than activity and is sometimes used as life-review, or for conflict-resolution.

- **Offensive-defensive** reminiscence can be recalled. This is unpleasant or stressful information which may be either the cause or the result of a person’s behavioural or emotional issues. Working through these can help the person coming to terms with life events.

- **Obsessive** reminiscence describes when someone may seem ‘stuck’ on certain memories and unable to move on that may result from anxiety, guilt, stress or grief. Understanding the root cause can help in the planning of the quality of care delivered to residents – as well as their interpersonal relationships.
Refusal
If a person does not want to be involved in an informative reminiscence activity, their right to refuse should always be respected. However, sometimes people may be reluctant to, or may even refuse to participate in reminiscence because they are worried that they won’t be able to remember. However, pleasurable reconnection with their past usually leads to a life-affirming, meaningful and enjoyable experience.

Distress signals
Not all memories are happy and sometimes elderly people may cry when they reminisce, particularly about loved ones who are gone or deceased. Such emotional expression rarely lasts long, and the person will be ready to continue after a few minutes. The care giver needs to understand that it is not he or she that has caused the person to cry or upset them. The best thing is to sit and wait sympathetically, maybe hold their hand and offer a tissue. If the person apologises, give reassurance that it’s quite normal to have these feelings. The key is not to rush the person, but wait until they are ready and let them move on in their own time.
Methods of engagement and enquiry

There are two types of questions, closed and open, that are very different in character and usage.

Closed questions - how they work
In principle, a closed question can be answered with either a single word or a short phrase: ‘What is the time?’, ‘Where do you live?’ or ‘Are you happy?’ are closed questions. A closed question might also be answered with either ‘yes’ or ‘no’. ‘How are you?’ may be a closed question because the expectation on the part of the enquirer is that the person will only provide a short answer (e.g. ‘fine, thanks’).

People may turn opinions into closed questions, by adding tag questions, such as ‘isn’t it?’, ‘don’t you?’ or ‘can’t they?’ to a statement e.g. ‘closed questions limit conversation, don’t they?’

Closed questions
• provide facts
• are quick and/or easy to answer
• allows the questioner to maintain control of the conversation

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<th>Usage</th>
<th>Examples</th>
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<td>Opening questions in a conversation, they are easy for the other person to answer, they do not need to reveal too much about themselves.</td>
<td>Did you have nice weather on holiday? It’s often like that there, isn’t it? Where did you stay? What time of year was it?</td>
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<td>For testing their understanding (asking yes/no questions) or seeking facts.</td>
<td>So, you went to the seaside on holiday? What time of year was that?</td>
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<td>For setting up a desired positive or negative frame of mind (asking questions that are likely to have obvious answers - either yes or no).</td>
<td>Were you happy to go there? Did you like it? You like the sunshine, don’t you?</td>
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<td>For persuasion (seeking yes to the big question).</td>
<td>If I do this now, will you do that for me later?</td>
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Open questions - how they work

Open questions are those that are likely to prompt a longer answer, description or explanation and are deliberately framed to draw the other person out. They may begin with ‘what, why, how, describe, or tell me’. Well-placed open questions allow you to steer their interest and engage the other person more meaningfully. A good balance may be three closed questions to one open question.

The closed questions start the conversation, get the basic facts and summarise progress, whilst the open question encourages the other person to think and share.

Open questions have the following characteristics:

- they provide opinions and feelings.
- they ask the respondent to think and reflect.
- they hand control of the conversation to the respondent.

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<td>As a follow-on from closed questions, to develop a conversation and encourage someone to talk.</td>
<td>What did you do on your holiday? How did you get there?</td>
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<td>To find out more about a person, their background, history, experiences. To encourage them to share the pictures in their mind.</td>
<td>What was the sea front like in those days? Can you tell me about the beach?</td>
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<td>To encourage someone to express their feelings.</td>
<td>I wonder how it felt to be there then? What was it about the hotel that you liked?</td>
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<td>To help them to feel safe with you by demonstrating human concern.</td>
<td>You’re looking a bit tired. What’s up?</td>
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Understanding body language – are you reading me?

Body language is a form of non-verbal communication that we send and interpret subconsciously, like body posture, gestures, facial expressions and eye movements.

Research shows that body language and non-verbal cues may account for as much as 60 – 70 per cent of our communication. The rest is accounted for by the tone of voice we use, and the words, which surprisingly perhaps, account for only about 10 per cent of communication.

Understanding body language helps us understand the attitude or state of mind of another person, like aggression, anxiety, attentiveness, boredom, relaxation, pleasure, amusement, interest and so on. Although some indicators of emotion such as smiling/laughing when happy or frowning/crying when sad are largely universal, there is no full-proof way to “read” someone. “Reading” body language accurately is not necessarily easy to do but, certain more obvious clues can help us.

In general, people will ‘mirror’ another person’s body language when they are in an authentic conversation and feel understood and at ease with them. Gesticulations like waving, pointing, touching and slouching are all forms of nonverbal communication. We may move our bodies when communicating because it helps to ease the mental effort required. Physical expressions reveal many things about the person using them. For example, gestures can emphasise a point or relay a message, posture can reveal boredom or great interest, and touch can convey encouragement or caution.
**Example**

One of the most obvious body language signals is when a person crosses his or her arms across the chest.

This may indicate that they are:

- putting up an unconscious protective barrier between themselves and others.
- cold - which might be clarified by rubbing the arms or huddling.
- that they are thinking deeply about what is being discussed.
- expressing opposition, especially so if they are leaning away from the speaker.

If a person is looking at you with their arms crossed, their eye contact could be indicative that something is bothering them, and that they want to talk about it.

**Eye contact**

Maintaining eye contact can indicate that a person is paying attention and/or thinking positively about what the speaker is saying. Lack of eye contact may indicate negativity, but someone who is shy or who has a social anxiety disorder may be unable to make eye contact without discomfort. Eye contact can also be a secondary and misleading gesture because cultural norms about it vary widely.

**Tone of voice**

Tone of voice is often more important to the listener than what is being said. People respond better to someone whose voice tone is warm, gentle and encouraging.
Informative reminiscence with people with cognitive impairment

Informative reminiscence involves conversation about someone’s past life, their activities, hobbies, their life events and experiences.

If the person has dementia, it is best carried out individually or in a small group or only three or four people at the most.

There is some evidence to suggest that reminiscence is effective in improving mood in older people without dementia. Its effect on mood, cognition and well-being in dementia are rather less well understood, although no harmful effects have been identified or recorded.

The key to reminiscing with people who have dementia is empathy, active listening and time. If the person wanders off the subject you have started with, so much the better. The best thing is to ‘go with’ them wherever they want and stay fully involved in the story.

Memory aids such as conversation, trigger cards, personal photographs, household and other familiar items from the past, music and / or archive sound recordings can be very helpful, as they assist the enquirer as much as the person remembering, providing visual clues to help frame questions.

Items that provide a ‘touch’ experience can help trigger memories for older people with dementia who may have impaired hearing and/or eyesight as well. Much enjoyment can be triggered by conversations about most simple and seemingly ordinary of subjects from their childhood, like ‘how your mother washed your hair’ or ‘how you travelled to school’, or ‘mucking about in the street’ or even just ‘sweets’ which explore the details where, how and when this happened.
Memories of the kitchen and cooking, the journey to school or school uniforms, underwear, smoking, dancing, hair dressing, keeping warm in winter or someone’s family, their favourite toy or first kiss... these can lead to many other fascinating topics.

But the journey must be taken very slowly, with stealth – and great sensitivity. People with advanced dementia tire easily and quickly and a reminiscence session with one person should be no longer than about 20 minutes, unless they are enjoying themselves and want to talk for longer.

People remember in pictures, so it’s always a good idea to try and imagine the thing they are talking about for yourself and try to ‘paint’ your own version of it - noting where there are gaps in information that they can provide.

If someone with dementia behaves aggressively, appears depressed, or refuses to talk or answer questions, never argue with them. It is better to imagine that you are looking out at the world with them, not against them. One technique that can help is to agree with them in general without patronising them, and then move gently on.

Life stories in pictures

Life story enquiry typically involves individual sessions, during which the person is guided chronologically through their life and life experiences, from birth onwards, in order to produce an autobiographical pictorial life story book.

A personal life history should capture the ‘heart and soul’ of someone, so it must be written as an autobiography for it to be meaningful. It needs to start at the beginning and finish at a time in the recent past or better still, the present. Extended captions are quite enough if there are images to trigger the person’s memory.

Crucially, a life history needs to represent the person and the parts of their life that are, for them significant. This can include events or activities, places or people so that it reflects their important life stages and relationships, whether family or friends. Key triggers can be personal photographs, other printed memorabilia and other materials. Images from childhood, teens and twenties are particularly important, if they are available, as these tap into the person’s ‘reminiscence bump’.
The life review may encourage the person to evaluate the memories of their experiences and at times it is possible that they may be upset or cry.

Having said that, most people tend to remember the happy times – a common remark is that the sun always seemed to be shining during childhood.

Generally speaking the person will not cry for more than a short while and will be able to move on. Touching their forearm affectionately, holding their hand, providing a tissue, sitting quietly with them and letting them know they are not alone is usually enough to comfort them.

Families or friends can often provide old photographs or offer their own memories and background of events in the person’s life. These can increase the pleasure in remembering them and engage the attention of a person with dementia more fully. They can also provide valuable information on any subject(s) that a person may find distressing or upsetting that require increased sensitivity or support on the carers’ and enquirers’ part. The internet can also be a useful resource in providing images to help to support the telling of a person’s story.

Not everyone has a happy childhood, so it is important to be very sensitive to a person’s memory of life events that may have been unpleasant or which they had no control over.

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This training guide is one of a series of booklets supplementing My Home Life Cymru training sessions.