Effectiveness of integrative and instrumental reminiscence therapies on depression symptoms reduction in institutionalized older adults: An empirical study

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Objective: Reminiscence therapy is a psychological intervention which is specifically designed to address issues of particular relevance to older adults, such as depression. The latest approach to the research on therapeutic utility of reminiscence is gaining popularity among researchers and practitioners, and has yielded promising results. Specifying different types of reminiscence is a crucial component of the approach. The aim of this study was to examine the therapeutic effectiveness of integrative and instrumental types of reminiscence for the treatment of depression in institutionalized older adults dwelling in a nursing home.

Method: The study employed a three-group pre–post-test design with random allocation to instrumental or integrative reminiscence or an active social discussion control condition. Twenty-nine institutionalized older adults (12 men and 17 women) with depressive symptoms varying from mild to severe constituted the sample. The interventions were implemented in a short-form group format.

Findings: Analysis of changes from pre-test to post-test revealed that integrative reminiscence therapy led to statistically significant reduction in symptoms of depression in contrast with the control group. Although instrumental reminiscence therapy also reduced depressive symptoms, this improvement was not statistically significant compared to the control group.

Conclusion: This study provides additional support for the effectiveness of integrative reminiscence therapy as an intervention for depressed older adults living in residential care settings. This study also provides support for the hypothesis that certain types of reminiscence produce their own specific effects.

Keywords: reminiscence therapy; psychological and behavioral symptoms; depression; psychosocial and cultural factors

Introduction

Reminiscence therapy was first developed by Butler (1963) as a psychological intervention for older adults; however, research findings regarding its therapeutic utility are inconsistent and inconclusive (Bohlmeijer, Smit, & Cuijpers, 2003; Chin, 2007; Pinquart, Duberstein, & Lyness, 2007).

Chin (2007) conducted a meta-analysis of controlled trials. After reviewing 15 studies included for analysis, it was reported that reminiscence therapy has significant beneficial effects on happiness and depression. However due to some problems, such as the limited number of included studies, the small sample size of the trials, and the possible play of publication bias, Chin pointed out that no convincing conclusion about the effects of reminiscence therapy can be drawn. Reviewing 57 controlled studies to assess the effects of psychotherapy and other behavioral interventions on clinically depressed older adults, Pinquart et al. (2007) concluded that cognitive behavioral therapy and reminiscence therapy are particularly well-established and acceptable forms of depression treatment. Hsieh and Wang (2003) reviewed nine studies that were randomized controlled trials. It was concluded that half of the reminiscence interventions resulted in statistically significant decrease in depression.

Lin, Dai, and Hwang (2003) carried out a systematic review. They reported a lack of consistency in the findings of the research on therapeutic utility of reminiscence and ascribed it to some theoretical and methodological issues, such as different therapeutic goals, different types of reminiscence, different sample populations, and small sample size. Conducting a literature review, Parker (1995) summarizes the problems in reminiscence studies as follows: (1) a notable lack of consistency concerning the conceptualization and operationalization of reminiscence; (2) contradictory findings with regard to reputed therapeutic benefits; (3) confounds across contexts of reminiscence; and (4) an absence of theoretical base. Parker stated that the methodologies in reminiscence studies have been questionable, and the attempts to ground reminiscence in theory have been virtually abandoned.

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Scogin, Welsh, Hanson, Stump, and Coates (2005) conducted an evidence-based review of psychological treatments for geriatric depression. Five studies of reminiscence interventions that met the criteria of being methodologically sound (e.g., having theory-based protocol, random assignment) were considered for the review. According to the results of this review, four out of five studies supported reminiscence therapy as an evidence-based treatment.

Watt and Wong (1991) suggested that inconsistency in the outcome research literature on reminiscence interventions is due to the fact that most clinical trials have approached reminiscence as a unitary phenomenon, while in effect reminiscence is a general concept which comprises various specific types of reminiscence. They introduced a widely accepted taxonomy that includes integrative, instrumental, transmissive, narrative, escapist, and obsessive reminiscence types, each one with its specific beneficial or harmful effects on psychological well-being.

Watt and Cappeliez (1995) stated that the inconsistency in the finding of trials investigating the therapeutic benefits of reminiscence would continue until research is guided by a comprehensive theoretical framework of reminiscence which specifies the content, therapeutic components, and in general, the effect mechanism of reminiscence interventions on different psychological targets. The recognition that reminiscence is not a unitary phenomenon (Watt & Wong, 1991) was recognized by Watt and Cappeliez (1995) as the first step toward removing ambiguity from research examining the therapeutic utility of working with reminiscence. Following the identification of integrative and instrumental reminiscences as particularly beneficial for positive adaptation and psychological well-being in older age (Watt & Wong, 1991), Watt and Cappeliez (1995) presented a theoretical rationale for developing interventions for depression in late adulthood that integrated contemporary cognitive models of depression with reminiscence work.

Reminiscence can be used to discover meaning and continuity of life (integrative), to draw on past experiences to solve the present problems and to cope up with them (instrumental), to provide an instructive story (transmissive), to provide a descriptive story (narrative), to escape from the present and dwell on the good old days (escapist), and to ruminate about unresolved disturbing events of the past (obsessive) (Cappeliez, O’Rourke, & Chaudhury, 2005). Integrative reminiscence is a process that promotes acceptance of self and others, conflict resolution and reconciliation, a sense of meaning and self-worth, and the integration of the present and past. Instrumental reminiscence involves remembering past plans and goal-directed activities, recalling how one coped with past problems, and drawing from past experience to solve the present problems (Wong, 1995).

The purpose of this study was to investigate the utility of two reminiscence interventions, integrative and instrumental, for reducing depressive symptoms in a sample of illiterate institutionalized older adults. These interventions were implemented in a short-term (six sessions) group format and compared to an active social discussion control group as the placebo condition. The hypothesis that integrative and instrumental interventions produce statistically significant reduction in depression symptoms was examined.

Method
Participants
The participants were residents of Kahrizak Nursing Home (the largest nursing home in Iran, located in the town of Kahrizak). Although a few residents are engaged in some work activities, such as assembling small tools (e.g., socket) in a workshop inside the nursing home, the majority of the residents lead inactive lives. They were invited to participate in the study orally. They qualified if they: (1) had been living in the Kahrizak Nursing Home for more than six months; (2) were aged 60 or above; (3) were not currently receiving antidepressant medication, or if taking must be stabilized on the medication for at least three months; (4) were able to understand and speak Persian easily; (5) were suffering from depression as suggested by a score of five or more on the Geriatric Depression Scale-15 (GDS-15). Exclusion criteria were as follows: (1) significant cognitive impairment as suggested by a score below 21 on the Mini Mental State Examination (MMSE); (2) physical impairment prohibiting participation in group sessions; and (3) current participation in another psychotherapeutic intervention.

Since participants were from different ethnic groups, including Turks, and Kurds, first a brief interview was conducted to assess the capacity of prospective participants to understand and speak Persian (Iran’s official language). Of the 109 volunteers, 94 passed this initial interview and were assessed for eligibility. Forty-eight participants met the inclusion criteria, and finally, 39 participants were randomly selected. In order to form matched groups in terms of depression severity, and gender, participants were systematically divided into three groups, and were then randomly assigned to the three conditions of intervention (integrative, instrumental, or social discussion). Ten participants were excluded from the study for different reasons, including suffering from an illness or not attending at least 60% of the sessions. Finally, the sample constituted 29 participants (12 men and 17 women); 10 in the integrative reminiscence group, nine in the instrumental reminiscence group, and 10 in the social discussion group.

The age of the participants ranged from 64 to 87; the mean age was 70.5 with gender distribution of 59% women and 41% men; four men and six women in the integrative group, four men and five women in the instrumental group, and three men and seven women...
in the social discussion control group. Of the participants, 86% were unable to read and write, 62% were widowed, 14% divorced, 14% single, and 10% married. Level of depression on the GDS prior to the interventions revealed that across the three groups, the participants demonstrated mild, moderate, and severe symptoms of depression.

Although larger sample sizes increase statistical power, the number of participants in a group therapy intervention is limited (usually 8–12) for reasons associated with issues of the therapeutic components in a therapy group; in a group with a large number of participants, it would be less possible for all the group members to share their feelings and thoughts, and on the other hand, building intimacy and confidence in a large group would be challenging (Sanai, 2004).

**Measures**

The cognitive state of participants was tested by the administration of the MMSE (M.F. Folstein, S.E. Folstein, & McHugh, 1975). The MMSE is a short, structured interview that is designed to offer a rapid screen of an individual’s mental state. It yields a score ranging from 0 to 30. Lower scores indicate the existence of cognitive impairment. Taking the demographic characteristics into account, a score below 21 was indicative of the presence of cognitive impairment for this study and this cut-off was used to exclude patients from the study. In this study, the Iranian version of the MMSE was used (Foroughan, Jafari, Shirinbayan, Ghaem Magham Farahani, & Rahgozar, 2008).

Depression symptoms were measured with the GDS-15. The GDS-15 is a 15-item shortened version of the full GDS (Yesavage et al., 1983) that Sheikh and Yesavage (1986) proposed as a more suitable instrument adjusted for use with patients where fatigue is an issue and time is limited.

Of the 15 items, 10 indicate the presence of depression symptoms when answered Yes, while the remaining five (No. 1, 5, 7, 11, 13) indicate depression when answered No. Scores of 0–4 are considered normal; 5–8 indicate mild; 9–11 moderate; and 12–15 severe depression symptoms. If a patient cannot read because of illiteracy or poor vision, the GDS-15 should be administered by interview (Greenberg, 2007). For the purpose of this study, the Iranian version of the GDS-15 was applied (Malakouti, FataheLahi, Mirabzadeh, Salavati, & Kahani, 2007).

**Evaluation procedure**

All assessments of participants were conducted by a master’s level clinical psychologist who was not the therapist and was blind to the subjects’ intervention group. Then the psychologist administered the MMSE, the GDS, and a demographic questionnaire. The MMSE was administered in order to make sure that the selected participants had no serious cognitive problem interfering with their active participation in group activities. All the questions of the MMSE, GDS, and the demographic questionnaire were asked orally and the oral answers were written down by the psychologist. At the conclusion of the intervention, participants were again assessed on the GDS-15.

**Format of the interventions**

The interventions were conducted following the intervention manual proposed by Watt and Cappeliez (2000), who outlined the implementation of integrative and instrumental reminiscence interventions. Intervention strategies in this manual are based on an understanding of the reminiscence processes (described briefly in section ‘Introduction’) integrated with contemporary cognitive models of depression (Watt & Cappeliez, 1995). The integrative reminiscence intervention is implemented within a cognitive re-attribute framework and the following strategies are used: disconfirmation of negative beliefs about the self and the future; alternatives to self-blame; internal guidelines for the evaluation of self-worth; and renewed sources of self-worth. The intervention strategies in the instrumental reminiscence intervention belong to a stress and coping framework and include: coping resources, primary and secondary appraisal strategies, and problem- and emotion-focused coping responses.

While translating the manual into Persian, some materials were adjusted in order to make the content culturally suitable. Since the manual is designed for use with literate people and indeed was first used for a sample with a high level of education (Watt & Cappeliez, 2000), some more changes had to be made to make the manual more appropriate for use with participants who could neither write nor read. The initial translation was modified by the substitution of appropriate words and concepts so that they fit into the Iranian culture and were understandable to the participants.

The sessions were conducted in a group format and a master’s level therapist who was supervised by a registered clinical psychologist led the three groups. The three groups consisted of six weekly sessions of 90 min each. The memories recalled by the participants focused on a different theme during each weekly session. The themes included: family history, life accomplishments, major turning points of life, history of loves and hates, experiences of suffering and meaning of life and belief. The first session was about introducing the program and socializing the participants to the intervention (the second session was actually the first session of actual reminiscence work).

As a homework task, the group members were asked to think on the topic for the next session in order to be ready and prepared to share their memories with the group at the following session. According to the original manual, each week a worksheet with one of the themes...
and accompanying questions on it should have been given to participants in order to help them identify appropriate memories. Since the majority of participants in this study were unable to read and write, as a way of making up for their inability to make use of the worksheet, for each of the two reminiscence groups, a person (a nurse) from the Kahrizak staff was invited to collaborate with the study and asked to remind the participants of the previously identified theme and the related questions a day before the particular session (P. Cappeliez, personal communication, May 7, 2008).

In order to differentiate the general and specific effects of the groups, an active social discussion control group was chosen as it had the same typical common group factors (e.g., universality and social support).

Participants in the active social discussion control group were invited to participate in a series of six weekly meetings dealing with topics of concern to Iranian contemporary older adults. The topics were as follows: the physical problems and their effects on daily living, the changes in family relationships, the status of older adults in religious and public laws, the difficulties the young generation is facing, the relationship between the nursing home staff and the residents, the supportive organizations for older adults and their responsibilities.

Data analysis
Analysis of covariance (ANCOVA) was used to determine differences in the depression scores between pre-test and post-test in the three groups, taking into account the effect of pre-test scores (depression severity) as a covariate variable. ANCOVA tests whether certain factors have an effect on the outcome variable, after removing the variance for which one (or more) covariate variables accounts. The criterion for statistical significance was p-value less than 0.05 for all analyses.

Results
Means and standard deviations (SDs) of depressive symptoms (dependent variable) in the three groups (independent variable) are reported in Table 1.

The results of ANCOVA, as reported in Table 2, show that the groups differed significantly in their post-treatment scores of depressive symptomatology after adjusting them by removing the effect of pre-treatment scores (covariate). To elucidate the significant group effect, Scheffé post-hoc test was used to compare the three groups with each other. Table 3 shows the results of these comparisons.

As indicated in Table 3, there is a statistically significant difference between the integrative reminiscence group and the control group. The two reminiscence groups did not significantly differ from each other. Together these findings suggest that integrative reminiscence intervention was superior to instrumental reminiscence intervention in terms of reducing symptoms.

Discussion
In comparison to an active control group, individuals of an institutionalized sample of older adults in an integrative reminiscence group demonstrated statistically significant reduction in the depression symptoms. Although means showed relative reduction in the scores of GDS-15 in the instrumental group, the Scheffé test showed that in comparison to the control group, the reduction was not statistically significant.

Statistical significance of the effectiveness of integrative reminiscence therapy on the reduction in depression symptoms in older adults is consistent with the findings of research on the adaptive benefits of reminiscence therapy, and its therapeutic utility for treatment of depression in older adults (Bohlmeijer et al., 2003; Chin, 2007; Hsieh & Wang, 2003; Pinquart et al., 2007). This finding is also in line with the findings of research on the functions and effects of reminiscence (Cappeliez & O’Rourke, 2006; Watt & Wong, 1991; Webster, 1997; Webster & McCall, 1999).

Any intervention that can decrease depression to some extent in older adults has its clinical significance (Hsieh & Wang, 2003). In this study, the mean score of the instrumental group at pre-test (9.22) is within the range for moderate depression, while the adjusted post-test mean score (7.017) is indicative of a mild depression. This could be considered as an evidence of clinical significance of the instrumental reminiscence intervention. However, the results of our study showed that the therapeutic effectiveness of instrumental reminiscence was not statistically significant. In an initial study,
Watt and Cappeliez (2000) investigated the utility of integrative and instrumental reminiscence interventions as a treatment for depression in older adults. It was reported that both integrative and instrumental reminiscence interventions led to clinically significant improvement in the symptoms of depression producing effect sizes in the moderate to high range. In the results of this study, it is stated that the two interventions appeared to be equally effective at the end of the six-week intervention; however, at the three-month follow-up the integrative reminiscence intervention appeared to be more effective than the instrumental group. Watt and Cappeliez pointed out that the short duration of follow-up and the small sample size preclude any firm conclusions about this finding.

The superiority of integrative reminiscence over instrumental reminiscence shown in this study does not concur with some research on the functions of instrumental reminiscence (e.g., Cappeliez & O’Rourke, 2006; Watt & Wong, 1991; Webster, 1997).

The reason that integrative reminiscence therapy was more effective than instrumental reminiscence treatment may be due to the differential process components of the two interventions in terms of suitability for use with the sample of this study. It seems that the components of integrative reminiscence intervention are more familiar to an illiterate person from the Iranian culture, and on the other hand, the components of instrumental reminiscence appear to be out of institutionalized older adults’ realm of concern.

Older adults living in an institute are less likely to be facing challenges like those of older people in the community, thus drawing upon the past to manage the present which is the hallmark of instrumental reminiscence (Watt & Cappeliez, 1995; Watt & Wong, 1991) would not match the real context of their lives. However, since the intervention manual was initially designed for use with a literate community dwelling sample of older adults in a western society (Watt & Cappeliez, 2000), it had to be adapted for the purpose of this study and it is acknowledged that perhaps with further adaptation there could have been a different result.

The practice of filial piety is still common in many eastern societies whereby frail parents typically receive care from their children (Gu, Dupre, & Liu, 2007). According to the culture of the Iranian society which has strong religious bases, the lives of the older adults are judged as right and proper if they have children assuming the responsibility of taking care of them. As a consequence, living in a nursing home instead of being among family members and relatives is culturally regarded as an unwelcome destination in later life for both those who are childless and those whose children do not assume responsibility for taking care of them. Issues, such as this pertain to finding the worth and meaning in life as it was lived, which is not addressed in the instrumental reminiscence. Given the demographic features of the participants of this study and the cultural factors, it appears that they had a predisposition to engage in spiritual matters addressed in the integrative reminiscence intervention. Furthermore, cognitive changes in learning and memory associated with normal aging can highlight the importance of this tendency toward a certain type of content, since providing age-appropriate content (Zeiss & Lewinsohn, 1986) can be a way of compensating for some constraints that otherwise may preclude active participation of older adults in therapy groups.

The covariate variable (depression severity) effect was shown to be statistically significant. This finding seems to be in line with the findings of some studies reporting that psychological interventions with participants suffering from less severe levels of depression were more effective compared to those working with severely depressed patients (Pinquart et al., 2007; Scogin & McElreath, 1994; The Brown University Geriatric Psychopharmacology Update, 2006).

There are several limitations in this study. There was no follow-up study to discover the level of stability of the intervention effects. Small sample size and the reliance on a single measure of depressive symptoms as an outcome measure are also the limitations of this study.

Researchers approached reminiscence as a unitary phenomenon until the taxonomies (Watt & Wong, 1991; Webster, 1997) were presented. Following development of these taxonomies and the identification of certain types of reminiscence, trials were directed toward investigating the therapeutic utility of certain types of reminiscence specifically. Wong (1995) stated that by channeling the recall of memories, reminiscence would result in health benefits for older adults. The integrative theory of Watt and Cappeliez (1995) not only considers the notion of channeled remembering of past experiences, but also incorporates the guided interpretations of the past events as a key element.

There have been many advances in the field of reminiscence. Theorists have made progress in elucidating the structure, processes, and components of reminiscence, and its role in human life, but still questions remain to be answered in this field. Taxonomies include some forms of reminiscence (e.g., instrumental reminiscence) that do not meet

### Table 3. Results of multiple comparisons of Scheffe test.

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<th>Integrative (1)</th>
<th>Instrumental (2)</th>
<th>Social discussion (3)</th>
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<tbody>
<tr>
<td>Group</td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Depression</td>
<td>4.555</td>
<td>2.67</td>
<td>7.017 (3.317)</td>
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<td></td>
<td>8.125</td>
<td>(2.261)</td>
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<tr>
<td>Comparisons</td>
<td>1 &lt; 3 = 2</td>
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### Notes:

- **Aging & Mental Health**
- **Table 3. Results of multiple comparisons of Scheffe test.**
- **Textual Content:**
  - Investigating the utility of integrative and instrumental reminiscence interventions as a treatment for depression in older adults.
  - Reporting that both interventions led to clinically significant improvement in the symptoms of depression with effect sizes ranging from moderate to high.
  - The integrative reminiscence intervention was more effective than the instrumental group.
  - Highlighting cultural factors such as filial piety practices in eastern societies.
  - Discussing the role of cognitive changes in aging.
  - Presenting the limitations of the study and future research directions.

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Butler’s (1963) first conceptualization of reminiscence. Some authors argue that reminiscence is not limited to older ages but reminiscing is well-distributed across the adult lifespan (Cappeliez, Rivard, & Guindon, 2007; Parker, 1999; Webster & McCall, 1999). From their point of view, the age of the person or the phase of life is related to the relative importance of some forms of reminiscence. It seems that the labels of reminiscence and recall are not comprehensive enough to represent all the processes related to reviewing and thinking about past experiences in later life. However, adopting concepts and notions from other established psychological theories can be a way of clarifying the vague facets.

In summary, theorists have taken important steps in the field of theory, and these steps have set the stage for advances in the field of practice leading to the implementation of more purposeful reminiscence interventions for use with older adults suffering from mental disorders, such as depression. The mechanisms that may account for the links between emotions and reminiscence are among the theoretical aspects of great importance in the field of practice (Cappeliez, Guindon, & Robitaille, 2008; Webster & McCall, 1999).

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References


