
REMINISCENCE 'Focused Remembering'

by

Sarah Clevely

"The recovery of knowledge by mental effort, or that known to the soul in previous existence." (Oxford English Dictionary) 'Reminiscence' is a word differently interpreted by different people. It is associated with the long drawn out, often repeated rambling story - the sudden flash of vivid recall evoking the unexpected memory of an incident or sensation long buried. Most people enjoy reminiscing, thinking back to past events, times when, especially in childhood, new experiences and sensations have a powerful impact on perception of ourselves and our surroundings.

Old people talk of long hot summers and snow in winter:- the heat and smell of a summer day, the cold and wet of snow and the way it transforms the landscape, but perhaps in childhood we tend to remember extremes. We also remember events invested with feelings:- joy, excitement, fear, freedom, anger, embarrassment and amusement.

When old friends meet after a period of absence, the conversation often turns to shared funny or embarrassing incidents or sometimes events associated with fear of authority, punishment and failure. Some memories are very painful though not necessarily a deterrent, for memories can bring relief. For many, reviewing and sharing the past can be a comfort:- a strengthening of self assurance and therefore a resource for living in the present.

What I have to say is based on two years' experience working with residents in long stay hospital wards and Residential Homes.

I believe a useful way to describe reminiscence is as 'focused remembering'. By this I mean an invitation to focus on a specific subject using props like music, objects, pictures and photographs, smells and textures. An example of a subject I have used recently in a group setting is 'The Bedroom'. This meant building a tableau of as many articles as I could find, a bed covered by a patchwork quilt, a chamber pot, bedside table light and candle, teddy bears and dolls, brushes and combs and anything else I could find which seemed to fit including a few white elephants, things which I liked. This was used as a background over several weeks and prompted discussion on 'going to

bed', 'nighttime stories', 'dreams', 'getting up', 'clothes and hair-styles'. The props used were in the context of a scene ; so there was room for suggestion and the imagination of the residents.

This kind of project involves a lot of planning and transport. A much simpler subject is 'names' this leads straight in to the family background, questions like 'who named you', 'who were you named after', 'other names in the family', 'family traditions', 'birthdays, birth signs and astrology' prompted a lively discussion on the personalities of members of the group. We also discussed the meaning of names using a dictionary, most names have exotic derivations, for example Lucy, a woman who hardly ever joins in because she is very deaf, was highly delighted to discover her name meant 'child of light'.

I also like to talk to people individually; often I turn this into a project, like compiling a booklet of 'life stories' or making a map of where people have lived. This is a useful reference for staff and if they know there is a purpose to the conversation which is open to anyone, it gives permission to talk and helps prevent alienation from others.

For me, one of the greatest difficulties is the temptation to go too fast. By this I mean I bring my own sense of time and hurry into a place where time is perceived differently. For most old people in homes and hospital, time is at a slow pace and there is no hurry except perhaps at mealtimes.

This brings me to the involvement of staff in Reminiscence: their support and interest is crucial to the success of a Reminiscence group or project. Many places are short staffed which means that any attempt to take time to talk to residents is vulnerable to interruptions and demands. There are three different time structures which must mesh together: the staff, mine and the residents. To show this, I asked an officer in charge to give me a staff timetable and a residents' timetable.

The staff timetable included a multitude of tasks which had to be performed to keep the home running. For staff the day was divided into short stretches of activities, some of which might last for only a few minutes. The residents timetable was based on an active person, but many old people in homes seldom move from their chair except to go to the toilet, and their time seems to extend for hours or even days. Between these two groups, I sometimes feel trapped, unable to attract the attention of staff, as they whirl past me, or residents who sit listless and uncomprehending.

Not everyone finds value in Reminiscing; for some it is simply not relevant or interesting; for some it is disturbing; nor do I believe that Reminiscing is the prerogative of old people though some may think back on the past more often in old age because they have the time. My belief is that reminiscence can be a valuable way of communicating with

people for whom past memories are important and the encouragement and stimulation of focusing on a subject can draw people together. So much of the daily communication between staff and residents needs to be concerned with physical care which

highlights helplessness. Reminiscence provides an opportunity to talk and communicate with people in a different way, to engage the child by recapturing childhood memories and to learn from and recognise the experiences of a long life.

Sarah Clevely is a co-ordinator of The Reminiscence Project for Age Concern, Devon, and works on a free lance basis for Age Concern, London.

Age Exchange run training workshops and have recently opened a Reminiscence Resources Centre which has exhibitions and sells a reminiscence handbook 'lifetimes'. Details from: Age Exchange, Reminiscence Centre, 11 Black Heath Village, London SE3. Tel: 01-318 3504. Two useful books are: Ageing and Reminiscence Process Social and Clinical Implications by Peter G. Coleman. Published by John Wiley & Sons 1986.



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