

REMINISCENCE IN AGEING PEOPLE WITH INTELLECTUAL DISABILITIES: AN EXPLORATORY STUDY

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Introduction

Reminiscing can be defined as 'remembering memorable events or experiences of long ago' (Burnside and Haight, 1992). It is a concept widely explored in psychological literature (Haight, 1991; Haight and Hendrix, 1995; Hendrix and Haight, 2002), with different terms being used: life review, oral history, life history, life reflection, auto-biography, and narratives. The reason for this widespread interest is the belief that reminiscence can help a person to age 'successfully' (Butler, 1963). It is described as: a means to understand and come to terms with one's own past; a pleasant, satisfying activity; a way to communicate and make contact; a way to earn recognition; and finally, a means to get a better understanding of changes (Coleman, 1986; Gibson, 1994).

Until now, research into the process and method of reminiscence in people with intellectual disabilities has focused primarily on gathering life stories from a socio-historical and critical point of view, and on supporting life transitions and/or bereavement. 'Life history'-research has drawn attention to the 'lost voices' of persons with intellectual disabilities in (re)writing the history of care and (de)institutionalisation (Atkinson *et al.*, 1997). Autobiography is also seen as a suitable way to raise critical consciousness regarding the past and to reach self-representation (Atkinson and Walmsley, 1999). A link can also be made with research into the bereavement-process of people with an intellectual disability. Since Oswin's pioneering work (Oswin, 1991), the body of literature in this area has been growing steadily, with many links to the concept of

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reminiscence (Read, 1996). A lot of research has focused on the analysis and support of 'atypical' bereavement behaviour, including obsessive reminiscing (Summers and Witts, 2003). Bereavement therapy therefore involves the support of coping with loss and successfully integrating the past into the present. Stimulating reminiscence is supposed to aid in preparing for and coping with important life transitions (Husain, 1997).

Many examples of attention being paid to reminiscence can also be found in the practice of care. In most cases, the emphasis is put on charting the life story of the elderly. Reminiscence then is seen as an indirect means of gathering information, for example to help a person making plans for the future (Stuart, 1998) or simply as a recreational activity (Porter, 1998). For ageing persons with severe intellectual disabilities and/or dementia - who cannot speak for themselves anymore - it is also regarded as a way to protect their life story from getting lost (ENIDA, 2000).

We want to make a conceptual difference between reminiscence as a naturally occurring psychological phenomenon and reminiscence as a guided activity, aimed at stimulating reminiscence. Types of 'natural' reminiscence are described by Wong and Watt (1991). Simple, or narrative reminiscence can be seen as 'storytelling'. Integrative reminiscence refers to an evaluative form of reminiscence, with signs of successful reconciliation, while instrumental reminiscence means recall of successful problem-solving. Transmissive reminiscence, which completes the row of positive forms of reminiscence, is conceived as a transfer of important beliefs and values. Negative forms of reminiscence include defensive reminiscence, in which the past is idealised, and obsessive reminiscence, when one cannot overcome traumatic experiences. Reminiscence ac-

tivities can best be defined as 'guided reminiscence'. It includes methods such as group reminiscence, individual life review therapy, the compilation of a scrapbook or photo album, autobiography, a reunion or pilgrimage to former living homes, or a museum visit. Watt and Capelliez (2000) point out that reminiscence activities should focus on integrative and instrumental reminiscence, because only these types were found to be clearly associated with positive emotional well-being. Integrative reminiscence can counter a negative self-concept by creating a balance between positive and negative memories, by diminishing feelings of guilt by new external attributions (situated in the past), by generating internal instead of external standards for self-judgement, and finally, by giving meaning to one's life. Instrumental reminiscence can raise self-esteem by bringing back into memory experiences of successful problem-solving and by learning to see the importance of earlier goals in an historical perspective.

In this exploratory research project we wanted to learn how ageing persons with intellectual disabilities reflect upon their personal past, i.e. talk about it. Our research questions focused more specifically on 1) occurrence: how often do persons with intellectual disabilities reminisce spontaneously; 2) content: what themes from the past are ageing persons with intellectual disabilities talking about in their reminiscence conversations? 3) feelings: how do people feel about their past, and 4) type of reminiscence: can we find all reminiscence types mentioned above?

Method

Given the exploratory aim of our research questions, a qualitative approach

was chosen. We conducted semi-structured interviews with a limited number of persons (n = 10). This way we were able to analyse reminiscence thoroughly by means of a multiple case content analysis.

Participants

Persons with mild/moderate intellectual disabilities were selected. The aim was to have as much variation as possible regarding the variables sex, age, region (every interviewee was living at a different address) and setting of support. A number of services all over the region of Flanders were addressed (n = 24). The invitation to participate stated that we would like to interview persons with a mild/moderate intellectual disability older than 50, willing to tell about their past. In a separate letter, intended for the people

themselves, the aim of our research was explained in clear, simple language, and permission to visit them was sought. Eleven persons responded positively, but 1 person turned out to be younger than 50. This person was interviewed, but the interview was not analysed afterwards. The average age was 58.5 years. IQ scores for each individual were derived from individual dossiers, after we received a written permission from each care provider. WAIS-scores varied between <50 and 71.

Procedure and Data Gathering

The research questions and methods were evaluated by the ethics committee of our faculty to ensure that several important ethical conditions were met, the most important being 'informed consent' (Stalker, 1998). Apart from obtaining a

TABLE I
Characteristics of the Participants

No.	Sex	Age	Form of care	Intellectual functioning [†]
P1	F	58	residential care***	moderate intellectual disability [†]
P2	M	50	living independently*	mild intellectual disability [†]
P3	F	51	residential***	moderate intellectual disability [†]
P4	M	57	community care**	mild intellectual disability [†]
P5	M	66	residential care***	mild intellectual disability [†]
P6	F	53	living independently*	mild intellectual disability [†]
P7	M	56	community care**	moderate intellectual disability ^{††}
P8	F	52	living independently*	moderate intellectual disability [†]
P9	F	70	residential care***	mild intellectual disability [†]
P10	F	72	living independently*	moderate intellectual disability [†]

* living in the open community in a house, alone or with 1 or 2 cohabitants, with some but regular support

** living in the open community in a house with less than 5 cohabitants, with regular half daily support

*** living in a not community based residential home (sheltered environment), with less than 7 cohabitants, with permanent support

† derived from IQ scores in individual dossiers

†† clinical judgement by staff

handwritten acknowledgement before we visited the participants, permission was also asked at the beginning of each interview. The participants were interviewed at a location of their own choice. The interview always started with an extensive getting acquainted. The aim of the interview was explained each time and permission was asked to use the data later for analysis. If, during the interviews, there was any sign of emotional distress, the subject of the conversation was abandoned, unless the participant explicitly expressed a desire to continue. At the end of an interview photos were taken from interviewer and interviewee. These photos were sent back afterwards, along with a thank-you note, a transcription and a summary of the interview.

Previously drafted guidelines were used for the interviews. These guidelines included both questions about the personal life story and questions about occurrences of or reasons for thinking/talking about the past. Using these interview guidelines did not imply however that the interview was completely structured. The interview always began with an open question like 'What do you remember about your past?' If the interviewee asked what he had to say, it was always made clear to this person that this was something he or she could choose for him or herself, to avoid social acquiescence (Finlay and Lyons, 2001). All conversations were held in a spontaneous atmosphere. When certain topics of interest, cited in our interview guidelines, arose during the interview, additional questions were asked. If necessary, these questions were paraphrased to ensure that the participants understood them (cf. Appendix A).

In 8 of the 10 interviews a coach, who had been chosen by the interviewees themselves, was present. In all cases this coach was the personal, professional

caregiver. The average duration of the interviews was approximately 1 hour. Interviews were digitally recorded and fully transcribed. Sometimes it was difficult to understand the participants because of their dialect or speech-problems.

Transcriptions

The interviews were fully transcribed, including fragments that didn't relate to the past. Recorded fragments that were not understandable, due to dialect or speech problems, were annotated with a special symbol [], and not 'filled in' based on the context of the fragment. Silences, explicit emotions, and volume of speech were also transcribed. Repeated sentences were fully transcribed. The names of the participants were substituted by numbers (P1-P10), the name of the interviewer abbreviated to FAC (facilitator) and the name of the coach to COA. The quotations used in this text were literally translated into English. Paragraph numbers refer to the original Dutch transcription.

Analysis

The transcriptions were processed using the NUD*IST programme (QSR, 1998). The original scheme included codes for several theoretical aspects of reminiscence, the most important being: 1 code for 'occurrence', 10 codes for 'content' and 6 codes for 'types'. In order to help determine the type of reminiscence, another two concepts were added to the scheme during analysis, namely 'past feelings' (8 codes) and 'present feelings' (5 codes).

As suggested by Kovach (2001) the

paragraph was taken as a unit for analysis. The reason for taking a fairly large unit of analysis was to be able to assess the meaning of an event in a sensible way. The content or type of reminiscence was determined by examining a number of combined sentences that described an event, situation or relationship. The meaning of the content was derived from one or more paragraphs and non-verbal annotations in the transcript. Interview fragments relating to the present (e.g. present activities, hobbies, . . .) were not coded, unless they appeared to have an origin in the past. At a certain moment during analysis, the coding scheme was adapted when it became clear that too many fragments could not be integrated into a particular sub-scheme (concerning content of reminiscence), without losing a great deal of their specific meaning. These fragments were double-coded: one time with the existing scheme, and another time with an alternative, inductively developed scheme.

Results

Occurrence

The first research question pertained to the occurrence of reminiscence in persons with intellectual disabilities. It should be noted that the interview was not only about verbal reminiscence; we were also interested in non-verbal reminiscence (thinking of the past, keeping and watching pictures). The question *whether* persons with intellectual disabilities are actively occupied with their past, can be answered in the affirmative on the basis of the interview data. As to the *non-verbal* individual-reflective form of reminiscence ('thinking of it'), 8 out of 10 respondents

testified that they are regularly occupied with the past. Two respondents confirmed that they think daily of the past. As to the *verbal forms* of reminiscence a slightly different picture emerged. All participants said they talk to others about their past, but that this depends on a number of factors: the urge one feels to talk about the past, a group where one feels at home, a trusted person or a caregiver who is able, available and/or willing to converse and the nature of the remembered event or circumstance.

Content

Themes

In order to answer the second research question, we used the same taxonomy as O'Leary and Nieuwstraten (2001). Their classification includes: childhood memories, domestic life and relocation, education and work, significant others (those people who have relatively important relationships with the participant), dating and marriage, children and grandchildren, societal events, health, death and existential beliefs. The percentages in TABLE II reflect the proportional number of paragraphs coded with a certain topic, relative to the total amount of paragraphs in an interview.

Interrater agreement turned out to be 'moderate' ($\kappa=0.54$) (Altman, 1991). Disagreement was mainly due to the fact that the coding scheme included other topics than merely 'content'-codes, resulting in a greater chance for overlap. Also, a number of fragments could justly be coded to different categories at the same time. Therefore, these numbers have to be interpreted with care. They can merely give an impression of which themes occurred

TABLE II
Percentages of paragraphs coded or double coded with a certain topic, relative to the total amount of paragraphs in the interviews.

Parti- cipants	Childhood memories	Domestic life and relocation	Education and work	Significant others	Dating and marriage	Children and grandchildren	Societal events	Health	Death	Existential beliefs
P1	4,8	13	31	18	8,5	0	5,4	1,6	2,4	4,4
P2	6,8	7,4	2,7	8,4	11	0	4,1	5,2	0	0
P3	1,5	4,2	4,2	15	5,4	0	1,0	14	2,1	0
P4	2,1	6,5	29	14	5,7	0	2,2	9,1	6,0	0
P5	12	2,7	28	17	1,7	0	6,9	2,4	1,8	0
P6	3,8	8,1	5,5	35	3,0	0,73	6,1	2,4	7,3	0
P7	2,8	7,1	7,7	24	0	0	1,9	6,6	5,3	0
P8	5,8	6,3	1,2	9,2	0	0	3,4	0,5	7,8	2,1
P9	0,17	12	13	23	1,7	0	3,1	6,5	5,3	1,7
P10	0	13	9,4	1,9	2,0	0	2,3	2,3	2,3	0,33
Mean	3,977	8,03	13,17	18,26	3,9	0,073	3,64	5,06	4,03	0,853

more than others during the interviews.

The first striking feature is that certain themes did not or did not often get a mention. This applies to, among others, 'existential beliefs' and 'children and grandchildren'. None of the participants has children. The analysis further revealed that there is very frequent talk of 'significant others' and 'education/work'. They were part of each participant's regular subjects. As to 'significant others' the parents turned out to be the most important source of memories. An interesting feature of people who have been living at home for a long time, is the theme of their parents' death, their moving, and the places where they have been staying since. Several participants talked especially about the special 'bond' with their mother, and also about the feeling of 'belongingness' in this relationship. Several persons constructed their life story mainly by citing the places where they had been living ('domestic life and relocation'). The topic 'dating and marriage' had always to be

asked after explicitly, except for P2. The topic 'death' was mentioned most in the context of the parents' passing away.

Working activities covered work at the parents' home, activities in a day centre or sheltered workshop. According to Verwoerd (1988) men are more inclined to emphasise activities and performance, whereas women tend to put more emphasis on ties and relationships. This exploratory research project has confirmed this to be true to a certain degree. P5 put much emphasis on his year long work in a sheltered workshop, P4 remembered himself assisting his father (a farmer), and P7 stressed his and his parents' responsibility in running a business. The female respondents on the other hand emphasised the relationship with others, especially the family. The female respondents (P6, P8 and P9) had the highest scores on this topic. There can however be no question of a strict division. All male interviewees, and certainly P5, also spoke of important persons and relations. Further-

more, some female respondents (P1 and P8) talked quite a lot about their past activities. However, it appeared that they merely reported their activities as information, without the specific intention to communicate a feeling of self-respect or performance.

Feelings

The content of the interviews was not only analysed thematically, but also according to how the participants experienced their memories (third research question). A distinction was made between 'past feelings' (feelings one experienced in the past) and 'present feelings' (feelings regarding the past). The attribution of feelings to memories was mostly based on explicit wordings (e.g. [P5: 836] "I became angry", [P4: 332]: "We had fun"), in some cases on interpretation (e.g. [P:420] "I think a lot about my mom [. . .]

In winter, when leaves are falling, it becomes difficult, I get touchy"). Interrater agreement was calculated: for the classification of present feelings this agreement was "moderate" ($\kappa=.58$), for past feelings it turned out to be "good" ($\kappa=.72$) (Altman, 1991).

Similarly to the classification method of Kovach (2001), we categorised the memories of feelings as 'positive' or 'negative' ($\kappa=.88$, "very good"), and related these to broad categories of reminiscence content.

It is striking that from a qualitative point of view a greater variety of negative rather than positive memories came forward during the interviews. The negative memories were also often directly or indirectly related to the person's disability. Negative feelings included anger, sorrow, fear/anxiety, shame, regret, envy, disappointment and compassion. Yet there were also many memories about joy, pride, love and relief.

TABLE III
Memories with a Positive or a Negative Feeling

	Positive	Negative
Persons Relationships	mother, father, brother, sisters, professional care-giver education, protection, caring	father, mother, brother being a victim of: authoritarian treatment, abuse of trust, patronising protection, pestering, group treatment, banning/ordering
Circumstances or time periods	time with parents, work at home or in sheltered workshops, good transport facilities	bad accommodation, heavy work rhythm or harsh work circumstances, health, psychiatry, handicap, exclusion, loneliness, army, clothing, money/possession, nourishment
Personal characteristics	ability to cope, memory, stubbornness/resistance, ability to work hard	handicap, booze, responsibility as a burden, ignorance, disorientation
Events	visits, joke, party, a test, act of courage	punishment, theft, war, deceit, fight, victim of joke, accident, revenge, gossip, danger, crisis (e.g. during transition period), pain, injustice

[P10 : 319 - 322]

*FAC: And then you left that place, that home for the elderly, [and you went] to . . .

*P10: Yes, [I moved] to M. I was happy then! Oh! As happy as can be!

'Present feelings' included: anger, sorrow, anxiety, nostalgia, guilt/regret, bitterness, prudence/shame, but also resignation, happiness, pleasure, pride, satisfaction and relief. The participants exhibited very individual strategies to cope with their own traumatic experiences (positive, negative, neutral or discrepant). P6 for example was still grieving about her mother, but she showed herself rather determined not to get carried away too much:

[P6 : 784 - 797]

*FAC: You went to the funeral?

*P6: Yes. Yeah . . . yeah
(silence, sigh, silence,
P6 starts to cry a little)

*FAC: You don't have . . .
it's not pleasant to
recall this, is it?

*P6: No.

*FAC: Then we will not
continue talking about
it . . .

*P6: (decisive) No.

Negative present feelings about the past seemed never really problematic, except for P7. The advantages of this 'experimental' analysis are that it shows a past that is 'lived through' and that it proves how a similar memory can be experienced very differently by different persons. It also helped us in determining the type of reminiscence.

Types

Regarding the last research question, the taxonomy of Wong and Watt (1991) was used. We wanted to check whether the usual types and possibly other forms of reminiscence could be distinguished. All cited quotations were agreed upon by two independent raters.

Narrative reminiscence

This type of reminiscence is most frequent in our analysis. It is also described as simple reminiscence, because it means nothing more than relating a fact, a simple story. Memories are passed on as information for the listener. These memories describe certain events, circumstances, persons. To give a few examples: P1 described in detail all the places where she had worked, P3 talked about her brother's problems in his marriage, P9 described the pub where she used to stop by and have a drink.

Integrative reminiscence

Erikson (1963) stated that integration is a developmental task for the elderly. At the end of one's life, one needs to resolve past conflicts, in order to achieve reconciliation. The hypothesis is that, when this integration is successful, self-understanding, personal meaning, self-esteem and life satisfaction will increase. It should be noted that conflicts need to be resolved in a reflective way, i.e. by putting the past in its right perspective. If integration doesn't succeed, feelings of guilt, failure and depression can arise (Butler, 1963).

[P4 : 865 - 886]
 *FAC: And your mother was at home, when you arrived drunk?
 *P4: Yes
 *FAC: Did she like that?
 *P4: I gave it up for her. I said: []. And I gave up drinking.
 *FAC: I didn't understand what you just said.
 *P4: I said: 'I'll stay with my mother, instead of drinking'. 'Just go and drink, you're not worried about your mother at all,' she said.
 *FAC: Yes . . . yes. And then you stayed home for the sake of your mother?
 *P4: Yes.
 *FAC: And your friends kept on drinking?
 *P4: Yes. [silence]
 During the last years of her life, I have taken good care of my mother.

P4 lived many years with his mother. Several negative incidents (going out and coming home drunk) are still a matter of conflict to him. In the interview however he emphasised his decision not to drink any more. This decision reconciles him with the past, although it is still not easy for him to think of his mother's grief (cf. silence). P4 finds comfort in the fact that for years he has taken care of his mother.

Instrumental reminiscence

This form of reminiscence means that one recalls former plans, objectives, and attaining these objectives. Such reminis-

cence is said to add to feelings of competence and continuity (the feeling of being master of the situation having learned from the past). Instrumental reminiscence means recalling past coping strategies, to communicate a sense of pride, of mastery. It can also help to overcome present stressful problem situations (Billings and Moos, 1981). Past knowledge and skill are emphasised in order to convey to the (young) listener the importance of an achievement. For example, P5 loved to talk about the work he did at home on a farm. He remembers pitching the hay up onto the hay wagon:

[P5 : 1678 - 1687]
 *P5: In those days all was still done by hand, with a pitch-fork . . . loading the wagons . . .
 *FAC: All by hand
 *P5: By hand . . . corn . . . everything, with a pitchfork
 *COA: Yes.
 *P5: Up the wagon. Unloading the wagon. That was one of my specialities . . . unloading them

Both P4 and P5 had several memories from which they drew self-esteem. The fact that they had been able to do some heavy work made them proud of themselves.

Transmissive reminiscence

Transmissive reminiscence involves the transfer of values or ideas that are felt to be important. It answers a need to preserve an inheritance of culture or wisdom. Instructive stories that tell about the past belong to this category. It is said to in-

crease self-esteem (McMahon and Rhudick, 1964). This form of reminiscence may be moralising. P4 for example, showed satisfaction with the fact that somebody, who works with him in a day centre, respects his love of work. Another example was found in P1, who talked about hard working conditions, much different to what young people have to go through now. She sought an agreement with the facilitator (a younger person) on this particular past-present contrast:

[P1 : 167 - 168]

*P1: I did my share of work, and I know what it means [to work hard]. I did it all. It was all a bit of misery. Now they [youngsters] are spoiled. They don't know, do they?

Escapist/defensive reminiscence and nostalgia

Idolisation of the past, possibly along with a depreciation of the present, can be characterised as 'escapist' or 'defensive' reminiscence (LoGerfo, 1980). It is considered to be a pathological form of reminiscence, although it may help someone to keep one's self-esteem. No clear examples of this form were found after analysis.

Obsessive reminiscence

Obsessive reminiscence is also known as 'lamenting' (Kovach, 2001). This form is said to have its origin in feelings of guilt (LoGerfo, 1980). One repeatedly comes back to past events, expressing feelings of guilt, bitterness and despair. This kind of

reminiscence is supposed to generate depression, irritation, panic, and even suicide. One never has come to terms with the event(s) of the past, one always comes back to it.

P7, P9 and P10 spoke very bitterly of the past. P10 always came back to a certain period in a home, for P9 the loss of father, brothers and sisters in a bombardment during the war was the central event, to such an extent that even now she can burst out in tears and P7 introduced the same topic of 'importance' exclusively in many subjects.

P7 remembered several family deaths. Every time he remembers a certain death, he gets bitter about the fact that his family didn't share these events with him. His despair and fatalism were present during the whole conversation. Not so much in one expression of bitterness, but through repeated lamenting [underline] a pathological picture emerged:

[P1 : 71 - 74]

*FAC: And your father, your dad?

*P7: Well, my father was even worse. He died and I didn't know how he died. He didn't let me know. Firstly, I didn't know how he died. I didn't know to whom he had called. I didn't know to which family member he had called.

(*P7's emotional problems were well known to staff, and special support was already foreseen)

The negative memories are revived, but from a psychological point of view not in a constructive-explanatory (interpreting) way, but in a rather

repetitive-alarming way.

Discussion

As this research project was carried out on the basis of a limited sample of volunteers who were interested in the subject, the results must not be generalised in a sense that all people with a mild or moderate intellectual disability often reminisce. Butler's thesis that all ageing people (want to) reminisce (Butler, 1963) was already refuted by several studies (Merriam, 1993). However, we did find ageing persons with intellectual disabilities willing to reminisce about several themes, with a lot of sentiments involved, resulting in a variety of types of reminiscence. This study was not intended to prove that people with intellectual disabilities reminisce similarly to people without intellectual disabilities, but it nevertheless showed that general reminiscence concepts are applicable to their stories.

The participants' memories were often quite simple, grave reflections were scarce. Their life review did not appear as an *intellectual* labour, driven by the prospect of mortality (Butler, 1963). Such reminiscence would imply an abstract understanding of the concept of death and a high level of mental state reasoning, skills that are both quite difficult for people with intellectual disabilities (McEvoy, 1989; Benson *et al.*, 1993). The participants rather wanted to *talk about* bad memories, and the feelings involved. Based on their stories, we interpreted successful integration as 'being able to talk about the past in a positive, resigned way, even if it is traumatic'. Before the study, we had some doubt whether we could ask people to talk about the past, including the bad memories, but it quickly

became clear that the participants turned out quite willing to share their most personal memories. This study showed that reminiscence feelings could be interpreted quite convincingly during analysis. Still, we only included people with mild/moderate intellectual disabilities. Further research could try to gain insight into the phenomenon of reminiscence in people with more severe forms of intellectual disability. Life story research is already making great progress in this field (Middleton and Hewitt, 1999). Speech analysis is then replaced by behavioural observation, and adequate forms of communication have to be sought to let memories be expressed in an authentic way (Jones *et al.*, 2002).

An implicit objective of this study was to check whether it makes sense from a caregiver's perspective to focus on reminiscence in people with intellectual disabilities. We will give some examples based upon our results. Regarding reminiscence topics, the results show that social relationships from the past were very important to the participants. Adequate coaching must therefore have an eye for this (early) social network. This may imply a reconstruction of the past social network.

Another interesting finding was the occurrence of obsessive reminiscence. Detecting and analysing such reminiscences can possibly help in bereavement counselling (Blackman, 2003). To help P7 cope with his grief is to help this person to grasp the context of a negative event: his family prudently excluding him from sad news. A reminiscence approach clarifies this; it can help P7 by stressing positive instead of negative family relations, and trying to re-establish old contacts.

We want to make a plea for broadening the interest in reminiscence from a pathological view (bereavement, coping with

loss) to a more positive approach, which pays attention to stimulating 'successful' (integrative and instrumental) reminiscence. Both types of reminiscence were already successfully stimulated by means of group reminiscence therapy, resulting in increased emotional wellbeing (Watt and Capelliez, 2000). Considering the high risk of psychosocial problems in ageing people with intellectual disabilities (Tyrell and Dodd, 2003), future research on how reminiscence activities can effect emotional wellbeing in this target group, could prove to be very useful.

Besides this, reminiscence activities like group reminiscence or creating life story books don't necessarily have to be therapeutic. Bender *et al.* (1999) give more than twenty reasons for stimulating reminiscence in elderly who live in a care setting. Being a pleasant and satisfying activity, it can improve mutual understanding between the elderly and their carers. It can facilitate social contacts, and it can help to personalise every aspect of care. Similar to the effect of reminiscence on subjective wellbeing (and hence, quality of life), reminiscence activities can result in very individual support strategies, respectful to an individual's life story, contributing moreover to a person-centred quality of care.

Summary

This study explores the occurrence, content, feelings and types of reminiscence in ageing people with mild/moderate intellectual disabilities. It searches to find out whether and how ageing people with intellectual disabilities think and talk about their past, what themes arise during their reminiscences,

and why they talk about these memories. A limited number (n=10) of people with mild or moderate intellectual disabilities were interviewed. Transcripts were analysed in depth. Results show that reminiscence, whether in a verbal or non-verbal form, occur regularly or often in our sample of participants. Most frequent themes of reminiscence were 'important others', 'work/education' and 'living at home'. The content analysis further resulted in a rather large variety of negative themes, which can be directly or indirectly related to the individual's disability. Instances of all types of reminiscence, derived from the taxonomy of Watt and Wong (1991), were found. The results feed the assumption that reminiscence theory is also applicable to ageing persons with a mild/moderate intellectual disability.

Appendix A: interview guidelines

A. Introduction

My name is and I am interested in memories. I would like to learn a little more about you, by listening to the memories you have. I will pose you some questions; you should always feel free to answer them. There are no bad answers. You cannot make mistakes.

I am recording our conversation, because I want to write down your memories, so I can recall them later. After our conversation, I can take some pictures of you and me together, if you want to. I can mail them to you later.

B. Reminiscence

Free recall

- Do you think about the past?
- What do you remember?

Additional questions

- Do you remember your home? Where did you live? Did you move away sometime?
- Do you remember the place where you worked? Where did you work?
- Do you remember your parents? What do you remember about them?
- Do you remember your friends? What do you remember about them?
- Do you remember your brothers or sisters? What do you remember about them?
- Do you remember the time when you were just a little kid? What is your earliest memory?
- Do you remember when you were in love? When you were dating someone?
- I heard you have (no) children. What memories do you have of your/other's children?
- Do you remember big events? Like parties? Or weddings, or . . .
- How's your health? Has it always been like this?
- Have you lost someone dear to you?
- Do you remember praying and going to church? What do you remember about it?

C. Thinking about reminiscence

- How often do you think about your past?
- Why do you think about the past? Why do you think about <example: an important positive/negative memory>?
- Do you like things better now? Or do you wish you could go back to the time when . . . ?

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