

Theoretical Background and Procedure for Life Review Psychotherapy Conducted by Nurses in Relation to Older People

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Abstract

The aim of this short communication is to stimulate the discussion on the question whether, indeed, as some say authors suggest-nurses are able to perform so called "life review psychotherapy." The authors of this short communication claim that this therapy has already the well-established theoretical background done in the realm of neural sciences. They present here a brief review of these findings.

The authors propose next a practical working procedure for the application of this form of psychotherapy by trained nurses. They emphasize that the proposed practical procedure becomes comprehensible only if the interested readers begin to try to apply it in their personal practice. This postulate of authors of necessity of personal experimentations with the proposed practical procedure is analogous to so-called "therapeutic tasks" which they proposed in their earlier papers.

Keywords: Psychotherapy; Reminiscence psychotherapy; Life review psychotherapy; Autobiographical memories; Self-defining memories; Nurse; Older people; Therapeutic task

Introduction

Some nurses often talk much with patients. This applies especially to nurses working in institutions of primary medical care, in community care, in elderly care. Nurses often listen the stories about life. Many published papers emphasize the ability of nurses to listen carefully, be in active contact and co-participate in the reorganization of remembrances of patient's life [1-6].

Many authors assume that the majority of nurses are competent to carry out the so-called reminiscence therapy [7-9]. Some authors think that the nurses after training, e.g. in the course of specialization in the direction of psychiatric nursing can lead also the so-called "Life review therapy (LRT)" helpful for the elderly [8,10,11]. The aim of this psychotherapy is to help an older person to mentalization leading to the conclusion that the course of her life was OK. LRT consists on efforts that the patient could accept the course of own life, what it was like, to get a comprehensive overview, based on a combination of both successes and failures and disappointments so that it brings peace and satisfaction.

We tried to check if researchers working in the field of neural sciences found already theoretical basis for this type of treatment. In this short communication, we are trying also to propose a practical procedure, useful for nurses for carrying out such psychotherapy.

It seems to us, that theoretical basis results from the findings regarding so-called life scripts and self-defining memories.

Cultural Life Scripts

Jorgsen et al. explain the concept of "cultural life scripts" [12]. They write that „ life scripts are culturally shared expectations as to the order and timing of life events in a prototypical life course within a given culture". According to them, life scripts are used to organize one's autobiographical memories and then life stories temporally and thematically. They are used as prescriptive schedules for major life events and typical role transitions.

Jorgsen et al. believe that the assimilation of data about the cultural script which is typical in the surrounding society is one of the main processes of socialization, that is, to respect social norms. Data about the cultural life scripts are transferred not only through one's lived experience but also are transmitted from older to younger generations through literature, movies and other circulating narratives. Cultural life scripts are important for identity development, self-development and socially adaptive behavior. It is the source of common ideas about a 'normal life' within a given culture [13]. The life scripts are used to organize personal memories in time, assess life stories, and create a point of reference when evaluating one's past and present life and imagining one's future [14,15]. Individuals who have not acquired the cultural life script are thus lacking an important source for structuring their life-story, and developing the possibility to narrative identity [16,17].

Autobiographical Memories and Self-Defining Memories

The construction of vivid and coherent autobiographical memories and self-defining remembrances requires the capacity to connect lived experiences [18]. This process can be called "mentalization". Mentalization is important for the creation of a coherent identity and coherent autobiographical memories [19-22].

The understanding of this process will be more comprehensible when we consider the important characteristics of persons with “borderline personality disorder” (BPD).

They are characterized by an unstable and primarily negative self-image, poor self-regulation (impulsivity, affective instability, dysphoria). The impaired mentalization seen in most BPD patients will manifest itself in incoherent and impoverished self-narratives and autobiographical memories.

The related concept of autobiographical reasoning was introduced by [20]. It is a self-reflective process through which the person links his own concrete life experiences to the self and attempt to relate their personal past and present. It integrates the memories of the individual with the cultural concept of biography. It refers to culturally shared expectations of the structure of a normal life story. In this way, autobiographical reasoning is related to the concept of the cultural life script. The development of autobiographical reasoning is a precondition for the construction of coherent self-narratives and is related to a mature ego-identity. An incoherent ego-identity or identity diffusion is the essential characteristic of patients with BPD. It manifests itself in incoherent and confusing autobiographical memory- and self-narratives.

Singer et al. try to sort out these concepts, in another word as follows: “autobiographical memories related to critical goals in a lifetime period lead to life-story memories, which in turn become self-defining memories when linked to an individual's enduring concerns...The life story is the individual's overarching narrative that provides unity and purpose over the life course”. They emphasize that healthy narrative identity allows to achieve insight and well-being [23].

The proposed practical procedure

- Step 1. (optional) Ask the patient to draw “something”, noting that it has to be a painting drawn instinctively, without thinking, about something that lies deep in psyche (soul). The aim is to establish one of the possible topics of conversation with the patient. Theoretical background of this activity results from several works [4,24,25].
- Step 2. Ask the patients for some statements about his life, using the tips given in the cited work, which stresses the importance of “presence, empathic listening and even touch” [6]. Afterwards, during the discussion try to ask patients about details of his story of life. You can use the structuralized interview presented by us in one of our previous papers [26]. Determine so called “sequence of unfavourable events” [26].
- Step 3. If you decide that Step 1 and 2 build patient's confidence and established a friendly atmosphere -that ask more or less as follows: “Try to formulate what is the purpose of your life and which are the rules of your endeavors”. This step is equivalent to the activities described by Mariusz Szczygieł [27]. This author believes that in the course of a frank conversation with every person you can find out what his personal, deepest, most important belief (conviction) is, which can be called the “personal truth”.
- Step 4 (optional) Ask the patient more or less as follows: “Do you want to verify the present formulation of the essence of your “personal inner truth” by answers to some exciting, but sometimes unpleasant questions? If the patient agrees, use a modified, shortened versions of the Sentence Completion Test [28,29]. In addition to questions about the negative elements of the self-image

(e.g. “The worst thing that I am thinking about it myself is...”)-a modified version of the test should include e.g. a sentence like “The reason that I am sometimes proud of myself is that... “. Such modification is considered by [28,29].

- Step 5 (optional). If the patient is concerned about certain findings related to his psyche-ask him if he would like to change something in his rules of behaviours. If the patient express such a desire, the way to change has to be formulated in the form of the “tasks to do”, which describe the activities that will increase the probability of change of deep, fixed beliefs [30].
- Step 6 (optional) Actions undertaken according to Step 5 must be long-term. As an examples of their initiation may be recommendations: (1) I recommend to see the movie entitled “Arrivals” [31,32] because I want to discuss with you how Dr. Luise Banks has made that General Chang changed his mind; or for example: (2) we recommend to seek for a novel, which raise the issue that considered couple is puzzled over what is the ‘Inner truth’ of the partner [31,32].

One should remark that the proposed procedure is utilized not only to determine (1) the overview of the story of life, but also (2) the rules influenced the behavior of the patient, called here as the “personal truth”. During the conversations with the patients these detected “personal truth” enable to interpret the determined “sequence of unfavorable events” and persuade the patients that they can be conceived in a positive manner.

Discussion

The purpose of this short communication is to stimulate discussion on the question if nurses are able to perform so called “life review psychotherapy.” Haight et al. and Burnside et al. postulate that this is possible [8,9]. We are convincing that the answer to this question can only arise from taking personal attempts by nurses working with older people. The undersigned authors of this paper, being just nurses (AW, AU, MG, ARM) tried to realize the presented procedure.

Some elements of the proposed practical procedures require probably more extensive discussion. In particular, the understanding of the essence of the above-mentioned Step 1 and Step 3 require familiarization with the content of the website of Arno Stern [24], and reading of some books (novels) consecrated to the discovery of so called “inner personal truth”.

The personal applications of such knowledge are also indispensable. The usefulness of these activities will become clearer the longer the interested reader will realize this type of conversation, with the patients. Step 6 could might seem not explained sufficiently precisely. The authors of this short communications apply here, however, in relation to the readers the same method they propose to use in relation to patients, namely they define so called “task to perform”. In this case, they postulate (as example of possible actions) to look at the film entitled “Arrivals” just to get the reader to reflect on the conditions in which people are willing to change their mind [31]. As we know the purpose to influence people to change their beliefs is usually extremely difficult.

Conclusions

- Properly trained nurses are able to apply to older patients not only the reminiscence psychotherapy but also so-called “life review psychotherapy (LRT)

- The theoretical basis for LRT is established already within neural sciences.
- The proposed practical procedure for the implementation of LRT by the nurses becomes comprehensible only if the reader will try to implement it in personal, real practice.
- The recommendation of authors of the application of proposed practical procedures of LRT is analogous to so-called "therapeutic tasks" for patients explained in previous papers of the authors [30].

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