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Life Review as an Alzheimer's Intervention: Results of an American-Japanese Project

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"Life Review: Treating the Dyadic Family Unit at Home" was a research project in Japan that conducted structured life reviews in the homes of older couples with one member diagnosed with Alzheimer's disease and the other acting as caregiver. The project brought together American and Japanese researchers in an innovative, interdisciplinary effort. Although the sample was small, the qualitative results suggest that life review may be therapeutically useful to both caregivers and care receivers dealing with Alzheimer's.

We had some difficulty in getting the project started because we needed the cooperation of the psychiatrists and neurologists from Iwate Medical University in Morioka, Japan, to help us locate potential subjects. Gaining the physicians' respect took from three to four weeks. Subsequently, we have been very pleased with the level of cooperation and collegiality that has existed throughout the project. We were so well received by the subject families that the neurologist we worked with wanted us to find a way to continue the intervention as a service when the project finished.

Except for baseline data, we do not yet have quantitative findings for the six families that started in this project. We do, however, have a wealth of qualitative data in case study format. Following are two examples describing the effects of the intervention on both members of a couple who participated in the project. (To protect their confidentiality, they are referred to only as "Mr. and Mrs. Y.")

Mr. and Mrs. Y shared a house with their son's family. The couple have what we in the United States call a "mother-in-law suite," with their own kitchen, bedroom and all-purpose "tatami" room. Upon our arrival, Mrs. Y, who was the caregiver, always served us fruit and tea. Then one of the members of the project team would go to the bedroom to work with Mr. Y, who was suffering from Alzheimer's disease; the other team member would stay in the tatami room with Mrs. Y. We assessed Mr. Y as suffering from a fairly advanced stage of Alzheimer's, with moderately severe cognitive decline.

The Case of Mrs. Y. As soon as Mrs. Y, age 84, was left alone with the therapeutic listener, Mrs. Y told her how glad she was to finally have someone to talk to and revealed that she had fallen in love with Mr. Y at a time when she was still married to another man. She eventually married Mr. Y, the man she loved and was now caring for. Mrs. Y had been married to Mr. Y for more than 60 years, yet she revealed that still felt guilt about the way the relationship had started. She was finally able to gain relief by telling someone—a stranger who was safe and who did not judge her.

After she shared the guilt that had been weighing on her mind for several years, Mrs. Y was able to review her past life. She recalled that the traumas and deprivations of life during World War II were especially difficult; during that time, due to malnutrition, she lost a baby she was carrying. Mrs. Y was an extremely private woman who was not used to sharing her problems. Once she opened up, however, the life review was especially enjoyable for her.

The Case of Mr. Y. Mr. Y, age 92, was a charming man who enjoyed company and loved to talk. However, like so many people with Alzheimer's disease, he did not enter into the conversation until we isolated him and began to talk to him directly. I think it is universally common for people in the advanced stage of the disease to remain quiet and let their caregiver answer for them so they won't make a mistake. Often they will look at the caregiver to see if they have the right answer.

A structured life review offers them an opportunity to have a successful conversation. Their memory is better for events in their early life, so the life review starts with the question, "What is your first memory?" We also ask the caregiver to bring in pictures of the care receiver's parents and early childhood; these can help trigger memories in the person with Alzheimer's and can spark the life review.

For Mr. Y., a picture of a family gathering was especially memory-inspiring. He talked about his rich aunt, who was kind to him and gave him food. His memories were slow in coming at first, but as the life-review interview progressed, Mr. Y. focused on the poverty and hunger he had felt when growing up. He recalled that he used to forage in the woods for food and steal vegetables from neighboring farmers. A picture of boys swimming reminded him of trying to catch fish for food.

For the first four of our weekly visits, Mr. Y. focused on his childhood poverty and looking for food and never having enough to eat. Then, during our fourth visit, as we were looking at the flower garden he cared for, he said, "If it was vegetables, we could eat it." Then he began to laugh at himself and his obsession with food. He made the statement that it may have been good for him to be deprived as a child because it made him a good worker and family provider.

From that visit on he joked, laughed and smiled. His family commented on the change in him. He had managed to review his memories of hunger, evaluate their meaning to him and integrate the recollection into the tapestry of his life as a learning experience. Through repetition, he had worked out his concerns and had experienced a catharsis.

It is my belief that because he has ridden himself of a worry and has understood the impact it had on his life, Mr. Y will have a peaceful disease process until his death. Without the life review, he might always have been looking for food as the disease process took over and his mind returned to childhood. He might have been agitated without knowing why and, as a result, would have been difficult for his wife to manage at home. All Alzheimers patients do not do as well as Mr. Y in using life review as a therapeutic tool, but his case is one example of a successful intervention. ♦

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