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# The Possibilities of Life Review in Palliative Care

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# Aim & Objectives

This workshop aims to outline the possible use of life review in palliative care.

- Recognise the theoretical framework underpinning the intervention.
- Determine the main constructs of life review in relation to palliative care.
- Consider the differences between life review and reminiscence.
- Identify the benefits and limitations of life review.
- Recognise the future use of life review in the palliative care arena.

# Erikson's Modification of Psychoanalysis

## Eight Ages of Man

- Early Infancy - Trust vs Mistrust
- Later Infancy - Autonomy vs Shame and Doubt
- Early Childhood - Initiative vs Guilt
- Middle Childhood - Industry vs Inferiority
- Adolescence - Identity vs Role Confusion
- Early adulthood - Intimacy vs Isolation
- Middle Adulthood - Generativity vs Stagnation
- Late Adulthood - Ego-integrity vs Despair

(Erikson, 1982)

# Ego-integrity

vs

# Despair



Being the final 'crisis' in a person's life, it tends to be associated with older people who experience an accumulation of losses and adjustments.

- Decreasing income
- Decreasing physical strength
- Decreasing social activities
- Deteriorating health
- Increased sense of inadequacy where their help is no longer requested

# Criticisms of Erikson's Theory

- The notion of fixed stages tend to homogenise people thus failing to acknowledge individuality.
- The ideology of resolution may be unattainable for many individuals.
- Reaching a point of compromise or acceptance is more realistic.

(Davis and Clifton, 1985; Coleman, 1986; Boeree, 1997)

# Achieving Ego-integrity in Palliative Care

- The adjustments made by older people mirror those required by terminally ill people, often in a shorter time-frame.
- Individuals able to take the long term view that their life had meaning and purpose have achieved ego-integrity.
- Those who do not may become pre-occupied with their failures and bad decisions and fear death.

# Life Review and Ego-integrity

“Life review can be regarded as an important developmental task in older adulthood to facilitate ego-integrity”

(Erikson, 1982)

“Life review offers individuals the opportunity to integrate past experiences, whilst valuing the present with an eye on the future”

(Coleman, 1986)



# Life review & Reminiscence

- Both interventions use memory as the tool and recall as the process to allow reflection upon the past.
- Both emanate from Butlers theory and often hold a therapeutic function for older people.
- Used therapeutically, the facilitator taps into the memory using guided recollections, allowing the person to re-establish their identity.

# Reminiscence

- Less structured
- Often used recreationally
- Often occurs as a 'one off' session
- Can be initiated during other nursing activities
- Tends to focus on positive memories
- Tends not to be used for recent events

# Reminiscence & Palliative Care

- Recreational use of simple or spontaneous reminiscence may not assist the terminally ill patient to the degree intended.
- The less structured focus on specific incidents may leave patients harbouring unresolved emotional and psychological issues.
- Patients may wish to engage in a more profound discussion relating to painful memories.

# Defining Life Review

“Life review is a universally occurring mental process where people recall their life experiences and unresolved conflicts, which they evaluate and attempt to reconcile”

(Butler, 1963)

# Life review

- Process of organising and evaluating the overall picture of one's life.
- Must be performed individually.
- Cover the entire lifespan.
- Address both positive and negative life events both recently and in the past.
- May address areas of conflict or disturbance in a persons life.

# Life Review & Experiencing Form (LREF)

- Allows the entire life span to be covered through attending a one hour session over six consecutive weeks.
- The questions act as probes to guide the life review and cover:

Childhood  
Adolescence  
Family & Home  
Adulthood  
Summary

# Example questions on the LREF

- Tell me about your work. Did you enjoy it? Did you earn an adequate living? Did you work hard during those years? Were you appreciated? (adulthood)
- What was the happiest period of your life? What made it so? Why is your life less happy now? (summary?)

# Lester's Adaptation of The Life Review and Experiencing Form

- Reduced from 6 weeks to 3 weeks.
- Childhood (family life)
- Adulthood (work life)
- The present (Here and now)
- This structure allows the opportunity to consider the current situation and make links with the past in order to cope with the future

# The Potential Benefits of Life Review in Palliative Care

- Reaffirmation of self esteem and identity
- Reduced feelings of loss or isolation
- Deeper insight into past and present relationships
- Renewed emphasis upon the positive aspects of their life
- Offers the opportunity to anticipate and grieve for the end of their life, thus assisting them in letting go
- Assist in clarifying their perception of the present.

# Desirable Qualifications of Facilitators



- The facilitator aims to promote self-expression through supportive listening.
- Health care support workers, lay people or volunteers are effective facilitators (Haight and Olson, 1989).
- Qualified professionals are likely to possess the requisite skills necessary for effective facilitation (Lashley, 1993; Puentes, 1998).
- Advanced practice psychiatric nurses should facilitate the intervention. (McDougall et al, 1997).

# 'Can of Worms'



- Very few studies.
- Failure to allow patients the opportunity to choose their life review.
- Severe distress leading to despair and hopelessness.
- Previous mental health problems.
- Possible negative impact on facilitator.

# The Need to Refer

- Facilitator needs to recognise limitations
- Community psychiatric nurse
- Clinical psychologist
- Psychotherapist

# Research Question

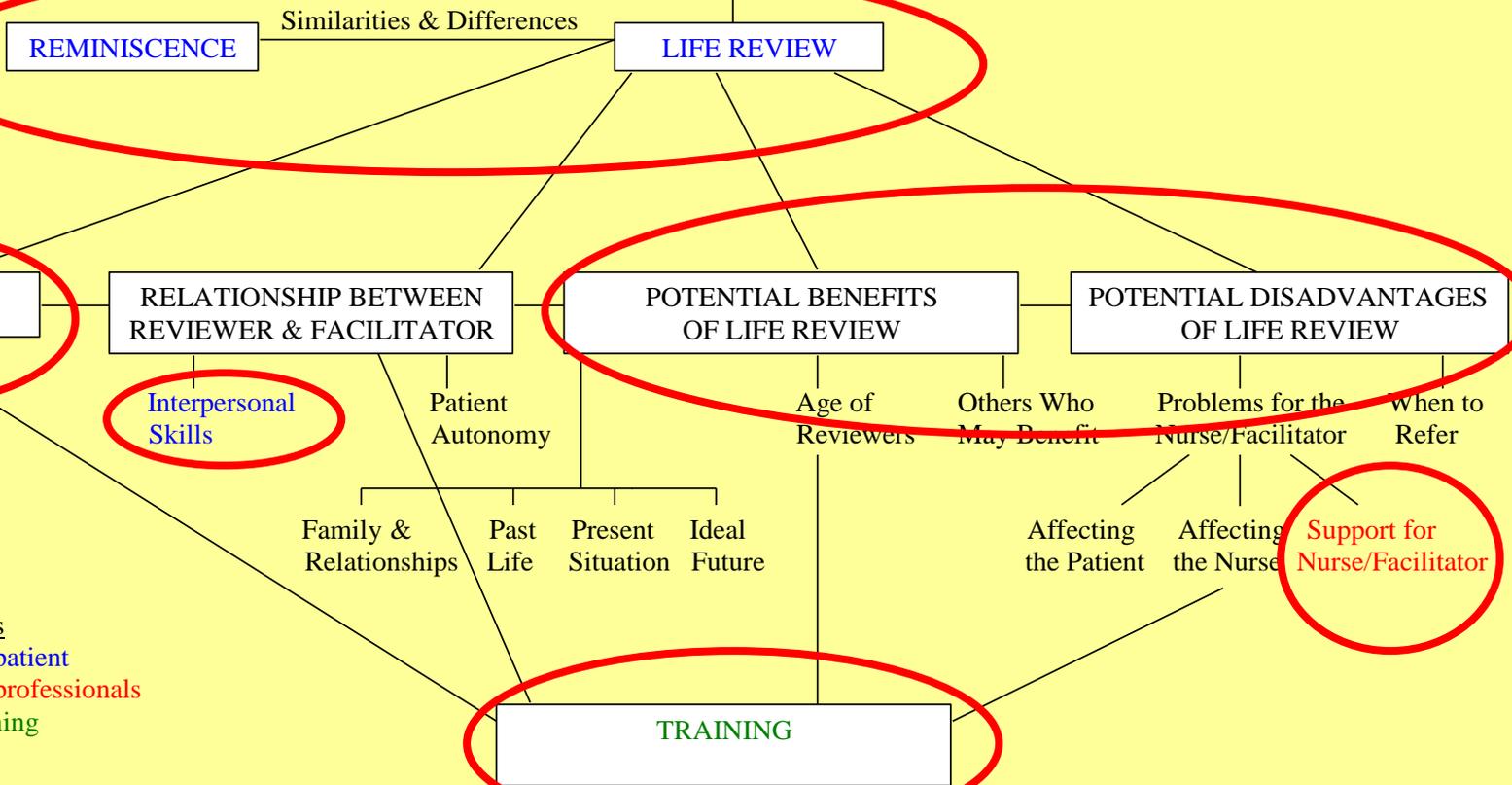
“What do nurses delivering palliative care in the community understand about the use of life review with people with a life threatening illness?”

# Methodology

- Descriptive study (Burns & Grove, 1997)
- Qualitative design (Morse & Field, 1996)
- Purposive sample (Holloway & Wheeler, 1997)
- Focus groups (3) (Kitzinger, 1994; Clifford, 1996; Burrows, 1998)
- Thematic data analysis (Strauss, 1987; Krueger, 1994)

# DIAGRAMMATIC REPRESENTATION OF THE RESULTS

WHAT DO NURSES DELIVERING PALLIATIVE CARE UNDERSTAND ABOUT LIFE REVIEW AS A THERAPEUTIC INTERVENTION WITH PEOPLE WITH A TERMINAL ILLNESS?



# Recommendations

- Training on life review in palliative care
- Simultaneous supplementary communication skills training
- Each facilitator would be required to identify a suitably qualified clinical supervisor
- To undertake a wider study with patients to generate further evidence to support the structured use of life review in palliative care