

Attendees



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Dr. Butler as a Psychiatrist

Continual Development of the Reminiscence Method

Dr. Butler created the so-called “Reminiscence Method” (or memory-based method) in 1963 some 10 years after first starting out as a psychiatrist. Up until then, “reminiscence” was seen as a denial of reality and perceived in generally a negative way. He tried to seek a positive light on this “reminiscence” of past and memories and applied it to elderly psychiatric patients.

Now some half a century later, how has the reminiscence method evolved and developed in Japan? Here we benefit from the dialogue of two experts who use this method in Japan.

Encounters with Dr. Butler and the reminiscence method

Endo: I first met Dr. Butler some 20 years ago when I studied abroad at NIA*. I wanted to master the area of clinical geriatrics and so attended a conference at Mount Sinai School of

Medicine which was the only place having a course in gerontology at that time. I thought he would be old but was surprised to find out he was young. I got along well with Dr. Butler and the other professors pretty well and I confess I had the bold thought that “from what I see

here, maybe Japan can catch up if we really try.” Actually, at that point in time I had absolutely no idea that he was the proponent of the reminiscence (memory-based) method and ageism. Later I painfully realized how thoughtless I was at the time (laughter).

Since the time I met him, Dr. Butler served as a focus for my goals and something for me to aim for or surpass. In Japan, the Nagoya Group had taken the lead in the field of geriatrics and I believed we would have an impact on the world. So when I heard he had died, I was stunned and truly felt “A giant has fallen.”

Now that we have taken a second look at his concept, I find the book that won him the Pulitzer Prize, “Why Survive? Being Old in America” 30 years ago, advocates a variety of ideas and accurately predicts the current situation in America and its future. Almost all of these ideas hold true for Japan also. He had a colossal, immeasurable effect on me and now that he is gone I feel I was only a speck of dust on his collar.

Now I feel all the more what a great man he was.

Kurokawa: I have met Dr. Butler several times but unlike Professor Endo I have never had any experience studying directly under him. To the contrary, when invited by Dr. Butler to do research with him on the Reminiscence method I had to refuse because of a joint

research effort already in the works with another researcher. Dr. Butler was very surprised and said “You don’t need me?!”

Dr. Butler advocated the Reminiscence method in the 1960s. According to Dr. Butler’s very own words, the Reminiscence method is a natural looking back process or a “natural universal occurrence.” He applied this idea as a therapeutic tool.

In Japan, the Reminiscence method is considered as one approach to deal with dementia but it was originally intended for elderly patients with anxiety or depression. Then attentive listening to the patient’s personal history serves to activate a self-healing mechanism which has the effect of helping the patient recover. So I think the process of the patient recalling and talking of the old days, which was once seen as negative, is now applied to therapy and is newly being advocated.

I can truly recognize that he conveyed this method in a simple, easy-to-understand yet profound way and people have started using this technique all over the world. Dr. Butler himself practiced the method at that time but after a certain period his activities transcended the borders of clinical medicine and he released it to others at an early stage. He never got over-fixated on small details in this method, which was good I think the method was spread in extremely flexible form around the world.

*NIA
NIA is the National Institute of Aging established in 1975 under the National Institute of Health. Dr. Butler was its first director.

Talk/ Dialogue

Development of the reminiscence method “Reminiscence Method Center” in Kitanagoya city

Kurokawa: Reminiscence was originally a form of therapy practiced by psychiatrists or clinical psychologists or social workers who had received professional training but its form has gradually diversified. You can now see a gradual expansion of the method in which local people and volunteers are listening to elderly people talk. This method has a solid philosophical background which probably helped it penetrate so deeply.

Endo: The reminiscence or memory-based method has certainly transcended the boundaries of clinical treatment and evolved into different forms. When I visited the “Age Exchange Reminiscence Center” in England about 5 years ago I got a real look at how the reminiscence method has evolved in the UK. There, the local people casually drop in and reminisce about days of old, talking with one

another regardless of race which might be people of Caribbean or African descent. What I learned in the UK is that reminiscence method does not have to be considered a psychological therapeutic method but rather a mixture of various approaches such as plays (theater) from past days.

Kurokawa: Pam Schweitzer who hosts the “Age Exchange Reminiscence Center” specializes in the drama approach to the reminiscence method. There, the young and older people in the area gather at a small stage in the center and reenact dramas recounting the memories of the past.

To give one example, elderly gentlemen who fought on different sides for their own countries share their war experiences with each other. People who reach a certain age are free from evil and ambition and can share memories that exceed mere political matters. The age exchange is extremely significant as a place where people can encounter one another.

Endo: I had some experience with

the English style reminiscence method around the time when I really began to appreciate how interesting it could be and started thinking it might prove useful to healthy senior citizens as a kind of preventive medicine. I thought to myself, yes this will work in Nagoya.

I then swiftly made contact with local officials from the country, prefecture and towns and first of all built the reminiscence center as a symbol. It was first targeted for those with dementia but it eventually spread to those without dementia as a form of preventive medicine and was truly fun.

You first of all talk to people and take in what they have to say. What happens next is at first a type of companion making process and develops into a generation cross-over experience.

The point where in one respect it no longer seemed like the reminiscence method was where the entire local area adopted to it as a participative type reminiscence method. That’s the reason why the mainstream professors are mad at me for changing it too much (laughter).

But Professor Kurokawa did not say anything.

Kurokawa: I myself believe that the reminiscence method comes in all types, levels, targets, and approaches so I think it is very important to recognize that they are different from treatments and therapies. I am trying out a method called the Terakoya (temple school) reminiscence and have borrowed a temple to perform the method.

Endo: There is a facility called the Showa Daily Life Museum ² in former Shikatsu-cho (currently Kitanagoya city) where they have nostalgic memorabilia and objects from daily life in the Showa period (1926-1989). Once when I went to check the place out, an old woman in a wheelchair got excited about one wicker chest and talked to her daughter and grandchildren about it in an encounter lasting for nearly an hour. This was truly stirring and shows its usefulness. This talking of the old days keeps the elderly healthy. It’s as good as medicine, no that’s wrong; you could even say it is better than medicine.

^[*2] Showa Daily Life Museum
Formal title is the North Nagoya
Historical Folk Archive Hall



“ On a visit to the UK,
he was surprised at seeing how
the reminiscence method had evolved ”

Talk/ Dialogue

Kurokawa: Systematically listening to someone talk is extremely important but I think that a conversation can really get sparked by a particular object is also extremely fascinating. This is something that can happen between any two people and not just the elderly.

When a complete beginner hears about the reminiscence method there is the danger to the contrary of turning in a negative direction because it involves confronting a past one might not want to face so this method also has a side that isn't for everyone at any time. Even though I recognize this difficulty I think that people casually meeting each other to talk about the past as one type of starting point is the local approach to the reminiscence method. Even assuming that mutually unpleasant feelings arise, one can still recover, and once things are back to normal the relation is somehow better, that is one good thing about human beings.

Endo: When a session is over at the Reminiscence Method Center, the

people there form a "lively teams" and dozens of these "lively teams" go around to nursery schools and grammar schools to teach and to be taught. Their activity spans generations and is spreading out more than anyone has anticipated

Kurokawa: I think this is extremely significant in terms of children's education since it conveys the experiences of the elderly. When the elderly people's talk of the old times comes alive, it brings human exchange to a whole new level don't you think?

I sometimes have classes in school with the "Old Age" as the theme. This is a serious activity but when the older person actually come and talk about things in their own words then the children's reactions seem to really be strong.

Endo: This is the age of the nuclear family so many children don't know about the elderly. I think it would be interesting to actually have them come in contact with the elderly and experience how people deal with dementia and accept death but our vertically segmented

administration system often interferes, so doing this is really difficult.

Kurokawa: Some schools allow regular visits by the older people but I think it is really unfortunate that there is no regular class to study about "Old Age" at school.

Endo: I am a doctor (physician) but I feel that there is a limit to what you can do for the bodies and minds of the elderly by medical treatment alone. That is why I am working to set up a narrative base section that listens to dialogue in parallel with medical treatment. The place to make this happen is the "Reminiscence Method Center."

Dr. Butler was scheduled to come to Japan in 2011 and I really wanted him to see the treatment happening at the Reminiscence Method Center in Nagoya. I wanted to convey to him that Japan is actually doing what he wrote about in his book 30 years ago. I also wanted him to pat us on the back and say, "You guys are really trying aren't you" (laughter).

Reminiscence method as therapy and medical treatment for the elderly

Kurokawa: Reminiscence method as a therapy is sometimes misunderstood. However reminiscence is not simply talking of the old days. People talk to the contrary mainly about their current problems such as about headaches or that death is scary and I feel the reminiscence method is something that has to be accepted as a process.

In fact, I think that talk about the future should be taken up as a theme sometime.

Local use of reminiscence is generally carried out by staff at geriatric hospitals and nursing facilities for those people thought likely to benefit from the method.

When they reach old age, many people wonder what will happen when they die, what will happen to the body, and think and feel about this on both conscious and unconscious levels. Currently there are also many people "who are hoping to die" and the reality of the situation is that the young staff members worry about how to deal

“ I think the reminiscence method took a firm hold due to deeply rooted background in philosophy ”



with the issue of death and dying.

The example of Elizabeth Kubler-Ross³ however, shows that the last stage of life does not proceed smoothly in some cases. A big problem is those that don't listen carefully and regard what was expressly told to them as incomprehensible or inconsistent.

Endo: Individuality is extremely important in medical care for the elderly. In that regard I think that the reminiscence method is effective.

The importance of recognizing the individuality, according to the assessment approach called CGA⁴ originating in the UK, stresses looking not only at the particular illness, but also trying to get a look at that patient's life. This is gathering information and processing it quantitatively and numerically, after which the medical treatment team incorporates it into their medical treatment. In this kind of gerontology treatment everyone works to support that individual.

In terms of care levels, there is the "person-centered care" theory which is the concept of care focusing on the individual as

advocated by the British clinical psychologist Tom Kitwood and others, which was first introduced to Japan some 10 years ago. Care methods that involve special treatment of each and every elderly person are gradually making progress but I feel this concept is still in the minority when viewed from the big picture.

Kurokawa: It is important to look after the needs of people individually. Besides clinical psychology, Kitwood also studied natural science and theology, lived in Africa and is extremely deep into philosophy and so arrived at this approach from those directions I suppose.

The utilitarian approach on the other hand maintains that "Looking more carefully and individually after each elderly requires time and money. Therefore we should give up the idea of caring for them." Here there is no recognition that investing time and work is so important and valuable, and if you use that kind of logic then if taken to extremes one could say it's better to have the older person die.

Endo: Though the need for gerontology or medical care for the elderly is currently recognized even in Japan, the current reality is that the field of geriatrics in universities is getting smaller. Social needs do not match the needs of the university. How to deal with this gap looks to be a huge problem in the future.

What Dr. Butler left for us

Endo: Besides his work as a doctor, philosopher and sociologist, Dr. Butler was also a so-called producer and heavily involved in work to set government policies.

Stepping back for a minute we can see that he had a firm vision of a framework for the future. I feel that he tried to make things happen in the world while working within that framework.

That is an extremely important point, I want to follow in the doctor's footsteps and get involved in setting government policies as much as I can while maintaining links with the administration. Nothing will change unless we work to make it happen.

Kurokawa: Yes, that is just as you say. After advocating the reminiscence method Dr. Butler then moved on to act on a worldwide scale and changed society by involving the mass media and politicians. The facility that Professor Endo formed in Kitanoagoya city is also extremely important in that regard.

Endo: Researchers and physicians in Japan tend to look only towards their own university and their own research and have only a limited view of what Japan is like overall or what it will be 10 years in the future. In spite of the fact that there have been a number of epoch making government policies, there is no real vision for the future.

That is precisely the reason why I must return to Dr. Butler's starting point, sort out what are vital issues for Japan, and work to resolve problems faced by the elderly 20 years or even 30 years from now. I strongly feel that we must fully take in all that this great man has handed down to us.

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³ Elizabeth Kubler-Ross (1926 to 2004) Psychiatrist and author of book, "On Death and Dying" involving the process of death. Suffered a brain stroke in 1995 that left here half-paralyzed, her final years were painful.

⁴ CGA Comprehensive Geriatric Assessment. An approach advocated by English geriatric physician Marjorie Warren.