

# Use of reminiscence in research activity: some examples

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Over 30 from 10 different countries, including people with dementia

First Edition: Feb 2002; now on Volume 10

# John: My Father's Life

- 'Living in a hole'
- Wrong Shoes
- Lists and memory aids
- Strength of our relationship
- Familiarity and routine
- A changed life

## **Reference:**

Keady, J. and Keady, J. (2006). The wrong shoes; Living with memory loss. *Nursing Older People*, 17(9): 36-37

# **CENTRE STAGE DIAGRAMMING**

Acknowledgements to Dr. Sion Williams, Bangor University, our PhD students (past and present) and to various funding bodies

# **Centre stage diagramming**

- Reached by the researcher and participant mutually engaged and interacting with two interrelated questions:
  - i) what is the centre stage storyline in the lived representation of the phenomenon under study?
  - ii) who is centre stage in that lived experience?
- Presents 'storied meaning' and 'diagramming' into a method of data collection, analysis and theory development/presentation

# Sarah's Biography

- 70 year old woman who lives alone;
- Supported by her friend Laura;
- Diagnosed with AD in September 2002;
- First practitioner co-research visit commenced in March 2004 and is ongoing.

## Sarah's chapter headings

The development of Sarah's Life Story Script resulted in:

- Chapter 1 An introduction to my life
- Chapter 2 Childhood
- Chapter 3 Teenage years
- Chapter 4 Working life
- Chapter 5 Married life
- Chapter 6 Life after the death of my husband
- Chapter 7 Megan and the fellowship
- Chapter 8 Current life with Laura

# <u>Chapter 5 – Married Life: Extract</u>

I married when I was about 29; I had several boyfriends before. We went out for 12 months, there were no signs of any problems between us; it went very well. He did his National Service and then we got married, and it didn't last, the marriage lasted but nothing else! I had 2 children eventually. It wasn't a very good marriage 'How dare you do this, How dare you do that'. He had a violent, explosive temper. Great long sulks, this was the way he was. I didn't expect him to be like that, there had been no signs of that before we married.

# Chapter 8 – Current life with Laura (Extract)

Although I live alone I'm not alone. And I just love my life at the moment. I go to the day centre and I love it there. And I got on well with the older people there. Because I like older people, I always have done they fascinate me. I know the illness will progress so I do everything now; I live life to the full. I try not to look too far ahead. I tell people I have Alzheimer's disease, it's nothing to be ashamed of and we all know where we stand.

# Working with Sarah

Developing a Life Story Script involved19

researcher-practitioner visits;

- The first 7 visits were with Sarah and Laura; all subsequent visits were with Sarah alone;
- Of the 19 research contacts, two became clinical visits.

## Sarah's Storyboard

## (What) Lonely journey (1) Why?:

- Only and lonely child
- Respite: leader of the bleeders
- Marriage and addiction
- Worm that turned
- Merry widow

## (What) Journey of survival (2) Why?:

- Recovery, Anonymous and Fellowship
- 'Beautiful spiritual messages'
- Chris and the dog
- Dad and the 'saddest day'

(What) Making mistakes (3)

### Why?:

- It isn't normal
- Embarrassment
- It doesn't add up
- 'Where do I go?'

(What) Walking a pathway (4)

## Why?:

- Journeying
- Worm that turned too late
- Contentment and later life
- People that matter

## Sarah's diagrams

- Visually, Sarah saw her experience as a 'seesaw'
- Movement and momentum are constantly changing and stability goes 'up and down'
  - Three diagrams were eventually presented and co-constructed as an agreed representation of her life.







# Sarah: Practice implications

- Working from Sarah's knowledge, words and understanding of her condition
- Substituting making mistakes for dementia in dialogue
- Keeping the life story script as a living document and rehearsing new lines when recall becomes uncertain/altered
- Providing supportive counselling for an abusive marriage
- Valuing person knowledge
- Changing practice through new working procedures







## **Participants Experience**

'Diagrams useful for thinking about things, after interviews carry on talking about issues, can relate to that... Something concrete like a building blocks'

Joan 21.04.09

# **— PAT AND MO**



Figure 5.2 MQ's personal theory.

#### **Reference:**

Keady, J., Williams, S., Hughes-Roberts, J, Quinn, P. and Quinn, M. (2007). 'A Changing Life': Co-constructing a personal theory of awareness and adjustment to the onset of Alzheimer's disease. In: M. Nolan, E. Hanson, G. Grant and J. Keady (Eds). User Participation Research in Health and Social Care: voices, values and evaluation. Maidenhead: Open University Press/McGraw Hill. Pp. 69-88

## **Optimal care**

Optimal care depends upon the family and professional caregivers communicating well. If they are to communicate well they must operate with the same concepts and use a common vocabulary

Reference

Zgola J.M. (1999). Care that Works: A Relationship Approach to Persons with Dementia. John Hopkins University Press p. x

# Thank You