

# Life Review With the Terminally Ill

Mimi Jenko, MN, RN, CHPN

Leah Gonzalez, MSN, RN

Mary Jane Seymour, MS, RNC

❖ Life review is the systematic and structured process of recalling past events and memories in an effort to find meaning in and achieve resolution of one's life. Although traditionally used in gerontology, life review is applicable with any person facing the end of life. The hospice nurse, as a provider of end-of-life care, is well positioned to holistically assist the unit of care. This article chronicles the origins, theory, and varied applications of life review. Specific clinical examples and techniques are included to assist the nurse in initiating the life review process for one's patients and becoming an effective therapeutic listener. As life review becomes an integral part of core clinical practice, it may be used to provide emotional and spiritual support for all recipients of hospice care.

## K E Y W O R D S

hospice  
life stages  
palliative care  
terminal illness

“So talk to me; I'll listen to your story” — Jimmy Buffett<sup>1</sup>

The ability to tell an intriguing story propels the sales of countless musicals, movies, and songs—look to Broadway, Hollywood and Nashville for examples. Why are these stories so captivating? Curtis and Eldridge respond: “The deepest convictions of our heart are formed in stories and reside there in the images and emotions of story... Life is not a list of propositions, it is a series of dramatic scenes...if we're going to find the answer to the riddle of the earth—and of our own existence—we'll find it in story.”<sup>2(pp38-40)</sup> When a person confronts a terminal illness, his or her life's story becomes a poignant one. Noted 20th century author John Steinbeck wrote, “We are lonesome animals. We spend all our life trying to be less lonesome.


*Mimi Jenko, MN, RN, CHPN, is from the Center for Cancer Care and Research, an affiliation of Watson Clinic, LLP, Lakeland FL.*

*Leah Gonzalez, MSN, RN, is a Private Practice Nurse, Lakeland, FL.*

*Mary Jane Seymour, MS, RNC, is a Gerontology Program Coordinator, Lakeland Regional Medical Center, Lakeland, FL.*

*Address correspondence to Mimi Jenko, MN, RN, CHPN, Watson Clinic, LLP 1600 Lakeland Hills Blvd, Lakeland, FL 33805 (e-mail: mjenko@watsonclinic.com).*

*The authors have no conflict of interest.*



One of our ancient methods is to tell a story begging the listener to say—and to feel—‘Yes, that’s the way it is, or at least that’s the way I feel it. You’re not as alone as you thought.’”<sup>3</sup>

Mohl reported that nothing is more healing than being “found by another,” that the purpose of therapeutic listening is to “seek and find the patient.”<sup>4</sup> Without question, a universal hospice goal is to alleviate emotional suffering; therefore, a working knowledge of life review is a benefit to hospice professionals. When a person’s life ends naturally, versus accidentally, various developmental tasks are possible: adaptation to finitude, adaptation to the process of physical debilitation, and constant restructuring because of the loss of significant others.<sup>5</sup> These tasks are certainly the core issues of hospice work.

The scope of this article offers the means to integrate the concept of life review into daily clinical practice. As Forman asserts, “It was and is the mission of nursing to care for sick people”... and it is the “bedside care environment where patients daily present themselves for often mundane care needs.”<sup>6(p195)</sup> Through the presented theory and skills, the hospice practitioner can support the well-being of the whole patient, because the concern of nursing is “broader than the organ system that is affected.”<sup>7</sup>

## ❖ ORIGINS AND THEORY

Life review, as a formal concept, refers to a progressive return of the memories of past experience in search of meaning and in striving for emotional resolution.<sup>8</sup> Rubinstein<sup>9</sup> described review as a “recasting of the past life in the context of the present day” that resulted from a range of causes: from “a deep desire to comprehensively understand one’s life to a slight need to merely explore it.” The chance to re-examine one’s life, solve old problems, make amends, and restore harmony are among the complex therapeutic possibilities reported by Lewis and Butler.<sup>10</sup> Life review involves the review of remote memories, expression of related feelings, recognition of conflicts, and relinquishment of viewpoints that are self-inhibiting.<sup>11</sup>

Drawing heavily from the theories of Butler and Erikson, life review has roots in the orientation of lifespan developmental psychology, which “refers to the changing structure of behavior and thought over time.”<sup>12</sup> Basic tenets state that many psychological and behavioral changes are associated with the journey

from birth to death, which is a direct contrast to traditional psychology before the 1970s; development was not considered to occur after adolescence.<sup>13,14</sup>

With a lifespan orientation, development is lifelong: the behavior-change process can occur at any point in the life cycle.<sup>5,14</sup> According to Garland and Garland, lifespan development “deals with the complexities of developing as a changing individual in a changing society.”<sup>13(p10)</sup> Adult development, which occurs in countless dimensions, is influenced by a host of factors throughout the lifespan: the historical time in which one lives, economics and culture, and positive and negative life circumstances. Furthermore, adult development is sequential; individuals evolve rather than merely grow. Past progress is not lost, despite frequent cycles of personal change and instability.<sup>14,15</sup> Modern gerontologists view life review as an “opportunity for personal integration, psychological healing and self actualization.”<sup>16(p9)</sup> In his seminal 1963 article, Butler proposed that older people naturally review their lives, and denounced reminiscence as a dysfunctional symptom. Butler conceived life review as a “naturally occurring, universal mental process characterized by the progressive return of consciousness of past experiences, and, particularly, the resurgence of unresolved conflicts... Presumably this process is prompted by the realization of approaching dissolution and death and the inability to maintain one’s sense of personal invulnerability.”<sup>17(p66)</sup>

The subsequent 40 years of life review research has focused primarily on elderly persons; studies often have been contradictory and inconclusive regarding reputed therapeutic benefits.<sup>18</sup> Critics agree that aging is not the same for all people, at all times, in all situations, and few older adults “naturally” engage in life review.<sup>16,19</sup> Nevertheless, most critics concur that review is a useful mechanism for understanding self and others.<sup>18</sup> Numerous forms of Butler’s approaches are widely practiced among geriatric practitioners,<sup>19,20</sup> especially in assisting the older person in “finding new meaning in the face of impending death.”<sup>19(p120)</sup>

In addition to a gerontological viewpoint, concepts of life review and life completion have been explored by religious and spiritual disciplines. Approaching the millennial year, there was a surge of public interest in spiritual topics, ranging from New Age phenomena to traditional Christian and mystical Judaic teachings. Schachter-Shalomi, founder of the Spiritual Eldering Institute, and Dass, a former Harvard professor, emerged as national leaders of the “conscious aging”



movement, which includes the elements of holistic healthcare, life review, and mystical religion. This movement is based on the assumption that late life could be a period for positive spiritual growth and is called “From Aging to Sage-ing” by Schachter-Shalomi. Sage-ing is the process of approaching the second half of life as a journey filled with new possibilities, enriched with wisdom and learning gleaned from life experience. Approaching life in this positive way provides an opportunity to reflect on personal intentions, values, interpersonal relationships, and legacy. These concepts and techniques of Sage-ing mirror the life review process.<sup>21</sup>

### ❖ VARIOUS APPLICATIONS

In addition to therapeutic goals, such as assisting the terminally ill to attain psychological integration, life review concepts serve various purposes. For instance, cultural transmission passes values or lessons of the past to future generations. The famous “Foxfire” series of books and “Little House on the Prairie” are classic examples of recounting vanishing folk traditions. Furthermore, life review is used in a powerful way with the purpose of an ideological or political agenda, such as in the films “Schindler’s List” or “Roots.”<sup>16</sup> Other disciplines, such as anthropology and gerontology, extensively use life review methods in field research. Illustrating cross-cultural dynamics, documenting traditional beliefs and practices in the midst of rapid social change, and “giving a voice” to the underserved populations are examples.<sup>9</sup> In career planning and vocational guidance, the “life-skills consultant uses life review as a tool to help a client identify changes that can be made in personal and professional lifestyle.”<sup>13(p55)</sup> Finally, review of one’s life may be offered with the intent of helping others. Classic examples are testimonials given at Alcoholics Anonymous meetings or religious services.

A subtle difference between reminiscence and review must be addressed. Reminiscing is giving an account of what is remembered. Review is more systematic and tends to occur when one is faced with a critical future decision. It involves a rethinking of the past in order to deal with the future more effectively. Review can proceed silently or with a listener.<sup>13</sup>


### ❖ RELEVANCE TO THE HOSPICE SETTING

It is the therapeutic use of life review that is of particular interest to the hospice professional, however.

Age alone does not “cause” one to engage in life review. According to Parker,<sup>18</sup> declining levels of functioning caused by illness or debilitation and periods of personal transition are more likely factors in prompting review. Beardslee and Vaillant claim, “At some point in life, there are suddenly more yesterdays than tomorrows. At this point, one seemingly retraces the stairs one has climbed.”<sup>15(p171)</sup> Clearly, these factors define the hospice experience. Applications are not just for the aged but also for the young or middle-aged person nearing the end of life.

When any form of life review is undertaken, a person examines his or her life and asks such questions as: “Who am I? How did I do? How did I live my life?” When answers are generally positive, one is apt to be satisfied and accepting of self; a negative answer may lead to depression.<sup>20</sup> In 1950, adult developmental theorist Erik Erikson proposed the final developmental task as achieving integrity or acceptance, including the following features of ego-integrity: acceptance of the course of one’s life as necessary, acceptance of one’s place in history, absence of death-anxiety, and satisfaction with life.<sup>22</sup> Even fictional sleuth China Bayles discovered that “every chapter in my life’s story has held a meaning I’m meant to understand, a lesson I’m meant to learn...the past, as someone said, is always present, no matter how completely you reject its mysteries or pretend that they don’t exist.”<sup>23(p1)</sup> From a hospice point of view, assisting the patient with a sense of acceptance/integrity of self is a desired clinical outcome.

Butler states that the “personal sense and meaning of the life cycle are more clearly unfolded by those who have nearly completed it.”<sup>17(p72)</sup> This concept is illustrated in the following case study. A 56-year-old woman with longstanding end-stage renal disease had chosen to stop dialysis; she was too weary of life to continue. Intending to die quietly at home, unrelenting pain brought her to the holding area of a community hospital’s emergency room. The author (M.J.) was called to evaluate the appropriateness of hospice services. In meeting with the patient and her only son, it quickly became evident that death would occur in a matter of days. After privacy and pain issues were addressed, the prompt of one question—“What part of yourself would you like to leave with the ones who love you?”—began a moving oral review of her life. Nearly 2 hours and numerous tears later, the patient’s affect was markedly more relaxed. “I want to rest now,” she whispered, as the lights were lowered. Her son later



noted that many of his mother's stories were unknown to him and he was grateful for the chance to hear them. This example is consistent with the statements of Butler:<sup>17(p75)</sup> "In the course of life review the older person may reveal to his wife, children and other intimates, unknown qualities of his character and unstated actions of his past; in return, they may reveal heretofore undisclosed or unknown truths. Hidden themes of great vintage may emerge." At this point, relationships have the opportunity to be either strengthened or severed.<sup>16</sup>

Review has a unique value "in the care of the dying, and hospice patients have been supported in life review to affirm uniqueness and sense of self-worth."<sup>13(p67)</sup> Sometimes patients fail to grasp the significance of important aspects of their experience; motivation to communicate may be ambivalent, perhaps because of personal information.<sup>24</sup> Such was the case of a 72-year-old man who was dying in an inpatient hospice setting. After several weeks of care for physical needs, a significant amount of trust and rapport had been established between the patient and the hospice professional. At the time of the oral review, guided by the author (M.J.), the patient was asked how he met his wife of 53 years. "I met her before the war [WWII]," he replied. In great detail, he described harrowing war experiences and frequently credited his wife's image as the primary sustaining force. "I asked God to keep me alive...to come back and marry her...to give me three sons...He gave me everything I asked for." The patient's wife, in tears, later recounted never hearing any of those stories, stating he had always refused to recall any of his combat experiences. This situation is consistent with the literature, which states that patients may try to express things that they are barely aware of and have rarely spoken of before.<sup>24</sup>

## ❖ PREPARATION FOR PRACTICE

Before initiating life review, the hospice practitioner has an obligation to attend to any pressing pain and symptom management issues. Author and palliative care advocate Ira Byock emphasized this point during an ethics symposium, gently chiding participants that life review activities are frequently impossible if one has not had a bowel movement in 7 days!<sup>25</sup> EOL care, however, extends beyond pain and symptom management. A solely physiological approach with the terminally ill is "two-dimensional, and without the color, tone, or texture of life."<sup>26(p36)</sup>

Many factors are involved with guiding the life review of a dying person. As Sullivan theorized in 1954, psychotherapy is basically a verbal exchange between two individuals—a helper and a helpee. These individuals work together to identify the patient's problems in living, with the desired outcome of improved adaptation to internal and external stresses.<sup>27</sup> Boundaries are set regarding roles and activities, for the relationship is not an equal sharing of problems. Fostering a good working relationship with the patient is the first priority. It is assumed that the hospice professional has a firm foundation in the therapeutic relationship, including such essential components as ensuring confidentiality and privacy, establishing trust, exhibiting a nonhurried attitude, having a nonjudgmental approach, maintaining professional boundaries, and using self-disclosure appropriately.<sup>7,13,28</sup> It is essential that hospice professionals also have a working knowledge of therapeutic communications skills. Mohl counsels that "Listening work takes time, concentration, imagination, a sense of humor and an attitude that places the patient as the hero of his or her own life story."<sup>4(pp3-4)</sup> Listening often involves paying close attention to subtle cues and reading between the lines. Watts urges the listener to distinguish between manifest content (surface meaning) and latent content (unconscious themes that can be discerned beneath the surface). During the review process, one should be aware of voice quality; listeners should note if the voice is calm and evenly paced or agitated and hesitant. Sequence is also a vital component: note whether the conversation flows smoothly or frequently shifts to avoid a certain topic. Movement and posture can be additional cues; hospice practitioners should be aware of sudden shifts in direction of the gaze or increased tension. The frequency of topic or a theme can be noteworthy; as can the repetition of a particular word or phrase.<sup>24</sup>

As guide and listener throughout the patient's life review process, the hospice nurse should attempt to keep the conversation focused on the experience being recalled. Keep in mind that the patient's recollection of the memory may differ from what others have related. The patient's perception of past events determines their importance, and his or her recall of the experience is what makes the process meaningful.<sup>13,21</sup> Review activities also should be considerate of the patient and family's cultural, religious, or spiritual beliefs. Using open-ended questions is always preferable, thus minimizing the feeling of interrogation and maximizing respect for the narrator. Hospice practitioners also must

learn when not to speak, taking care not to interrupt a thought or discourage the narrator from continued review. Great sensitivity is required; spoken content often is poignant and one should be prepared to respond to strong emotions, such as weeping or deep regret.<sup>13</sup>

Several identifying sources of information may be used to draw a patient into conversation, especially in the home setting.<sup>13</sup> Food preparation in the kitchen, unique artwork displayed in the home, or speaking a language other than English often can highlight a family's ethnic heritage. Personal memorabilia can provide a framework. The author (M.J.) recalls a homebound hospice patient who had a large collection of pink pigs stored in a glass curio. With each visit, the nurse would take note of a different pig. The patient would recount the acquisition of the treasured item, often embellishing the story with her life at the time. Even a solitary photograph, often of the patient as a young, robustly healthy person, can prompt a review of one's life. The hospice nurse may wish to close a visit by suggesting that the patient think of potential topics to discuss during the following visit, which is a technique identified as "bridging."<sup>13</sup>

For the practitioner who is new to the process of life review, the prompts highlighted in Table 1 might be a useful beginning. Based on the ideas of Garland and Garland,<sup>13</sup> the authors assembled biographical interview questions to assist a patient in beginning the life review or prompt the patient during review. Hospice practitioners may feel tempted to forego life review activities because of time constraints. Byock warns against the lure of using lack of time as "an excuse for not doing core clinical work." In order to "create a space where healing can happen," he advises listeners to "use a few moments to go deep—even when time is really short."<sup>25</sup> Hall echoes these thoughts, stating that it is possible for the nurse to listen "for the small spark that heralds a beginning positive attitude and lends her or his strength to support the healthy part of the patient. The healing nurse searches for ways to convey to the patient an attitude of 'I am in this battle with you.'"<sup>7(p57)</sup>

When nurses incorporate review into their clinical practice, the following should be noted: review may proceed silently and may not be complete at the time of death. Life review may result in psychopathological outcomes, such as obsessive preoccupation with the past, significant anxiety, and severe guilt and despair.<sup>17</sup> At this point, the nurse should use the expertise of the interdisciplinary team (IDT) to assist the patient or unit of care.

**Table 1**  
Prompts for a Biographical Interview

- Tell me about a tranquil time or place you have experienced or visited.
- Tell me about a chaotic time in your life.
- What was your childhood like?
- What about your teenage/young adult years?
- Tell me about your family members and those to whom you were close.
- Who are your best friends? What do you have in common?
- Tell me about an obstacle you overcame in your life and about the skills you used to overcome it.
- What have been the most important things in your life?  
What is important to you today?
- Do you ever think about death?
- Do you feel that you have achieved something in your life? What?
- What are some of the most satisfying things in your life?
- Has someone important to you ever gone away?
- Who have you admired? Why?
- What kind of person have you been?
- What things have you most enjoyed in your life?
- What types of jobs have you held?
- What was the happiest moment of your life?
- What would you like to leave your family?
- How would you like to be remembered by your family and friends?

Garland and Garland<sup>13</sup> discussed the use of prompts during the biographical interview. Using their framework, the authors adapted a series of questions to be used when initiating the life review process with a patient, balancing both the positive and negative aspects of life.

Finally, it is necessary to know yourself before attempting to know others. Garland and Garland state that "...it is advisable to know oneself by narrating one's own story clearly and fully before venturing into reviewing others' lives. Without doing so it is difficult to appreciate the obstacles that can emerge in the process, and to understand how to negotiate them."<sup>13(p97)</sup> To aid the practitioner with personal discovery, the resources reviewed in Table 2 are compiled as suggestions for beginning one's own life review.

## ❖ BENEFITS TO THE SURVIVORS

Although Butler's concept of life review traditionally involves the patient and practitioner, some

**Table 2**

**Resources for Self-Discovery**

**1. Sreenan M. *Spirit Dances: The Best of Life*. Ouray, CO: Sreenan Human Resources; 2004.**

Designed to aid the reader in unfolding the best of life's dances, or "spirit dances," lessons in courage, creativity, persistence, power, and truth are introduced. Dr. Sreenan states that "when you are clear about your needs and your values and begin to live by them, you are living with integrity... You are knowing and accepting all parts of your self." Such integrity permeates your life in subtle, yet powerful ways. In dealing with "fears and past ghosts," personal energy can be freed to invest in creating healthy and powerful relationships, building character, and making one's wildest dreams come alive. Each concept is fully developed in a self-contained chapter; each chapter concludes with reflective questions and an extensive bibliography for additional reading.

**2. Leider RJ, Shapiro DA. *Repacking Your Bags: Lighten Your Load for the Rest of Your Life*. San Francisco, CA: Berrett-Koehler Publishers; 1996.**

Focusing on "reintegration of the whole person," four critical elements are addressed: work, love, place, and purpose.

Using the metaphor of travel, readers are reminded that "life is a journey and that your experience on the way is inextricably bound up in the baggage—emotional, intellectual, and physical—that you are carrying." The authors note that it is easier to simply tolerate life, that courage is required to examine the baggage and perhaps leave some baggage behind. Akin to a "mid-life crisis on purpose," readers are shown how to shape and reshape their destinies, "to pack and repack their bags."

**3. Albom M. *Tuesdays With Morrie: An Old Man, A Young Man, and Life's Greatest Lesson*. New York, NY: Doubleday; 1997.**

As the author renewed a friendship with a favorite professor from university years, he learned that "the most important thing in life is to learn how to give out love, and to let it come in." Professor Morrie Schwartz lived his final months in declining health as a result of amyotrophic lateral sclerosis (ALS) and accepted his dire prognosis but refused to relinquish his role as teacher and mentor. He bestowed his gifts of love and time and his legacy of knowledge born of experience upon his former student as his way of teaching "life's final lesson." In discussing his life's philosophies, such as "accept the past as past, without denying it or discarding it" and "learn to forgive yourself and to forgive others," he felt that he had spent his final days helping those he loved fully understand the true "meaning of life."

**4. Ruiz DM. *The Four Agreements: A Practical Guide to Personal Freedom. A Toltec Wisdom*. San Rafael, CA: Amber-Allen Publishing; 1997.**

Based on ancient Toltec wisdom, the author shares possible sources of self-limiting beliefs that hinder one from experiencing freedom, true happiness, and love. Examining "The Four Agreements" allows open examination and reframing of life beliefs/experiences. Through the practices described, one can choose to make choices that have a positive impact on future life experiences.

**5. The Hospice Institute of the Florida Suncoast. *Lifetime legacies: a life review toolkit*. Available at: [www.thehospice.org](http://www.thehospice.org). [Includes a hard copy and Power Point slides.]**

Created to teach the basic principles of life review to hospice staff and volunteers, the toolkit contains a facilitator's guide with content outline, planned learning activities, and creative ways of preserving and celebrating one's life memories.

circumstances may preclude the patient's participation, including situations in which the patient is comatose, is unable to speak because of physical symptoms of the disease process, suffers from dementia, or is too weak to carry on extended conversation. In these cases, the nurse and other members of the IDT may be most helpful in assisting the family and other loved ones in completing the patient's life review. This vital component of the bereavement process is one that may be initiated by the hospice nurse during the family's closure visit, continuing through the bereavement counselor or specially trained volunteer in on-going follow-up visits.

Several authors<sup>13,21,28,29</sup> have expressed the opinion that the outward expression of emotion seems to provide protection against the physical effects of internal stress. It is thought that the continuous inhibition of traumatic memory is a physical stressor that negatively affects the immune system, which leads to a possible increased risk of physical illness. As the survivors participate in the patient's life review process, they are engaged in dealing with a major life stressor: the death of a loved one. Pennebaker states that "...not talking about important emotional events is a health risk."<sup>28(p25)</sup> Ideally, the survivors who actively share memories of their loved one's life

and death will maintain a higher level of mental and physical health.

The desired outcome is that, despite the loss of a loved one, these survivors will retain or regain hope for the future and feel a continued purpose in and passion for life. The following two clinical examples highlight the importance of this process.

During the course of one author's (M.J.) hospice nursing experience, a late-night death visit was made. The patient's elderly wife and family were awaiting the arrival of the funeral home personnel upon arrival of the nurse. For unknown reasons, the funeral home personnel were delayed, during which time the survivors became increasingly anxious and worried. The author sat with the widow and began asking open-ended questions about her late husband, which facilitated his life review through her. As they conversed, the widow began to speak and act more calmly, and by the time the funeral home personnel arrived to receive her husband, she was able to "let him go." The second vignette involves a personal conversation with a nursing colleague (February 22, 2006) and further reinforces the importance of life review for the survivors.

"I share with you a day spent with my Mother during my forty-first year of life experience. I had many questions about my life as a young child and feelings that I questioned regarding the relationship I had with my Mother and my sister. Things that, as a child I thought happened, and thinking they happened for certain reasons which may or may not have been true. My Mother and I spent the day at my dining room table, drawing out our family tree. What an education for both of us! Having lost my father at the age of 8, I had countless unanswered questions. As members were added to the family tree, I was able to ask specific questions about each individual: where were other members of the family and how did they relate? I heard stories that I had never heard before. Most importantly, the process cleared up childhood beliefs, concerns, and questions—many of which were far from reality. I believe this brought closeness between the two of us."

These benefits are underscored during an interview with P. Alley, DMin, Board Certified Chaplain (personal communication, June 2, 2006):

"Life review can help the family to tell the stories that need to be told. Death is a time of unknowing, a mystery; and stories humanize the experience of death. Review gives context. It is not just a routine death; it is the death of a particular person—of all that they have been and of all their relationships."

He also commented about the use of these stories to personalize funeral and memorial services. Alley further cautioned nurses to practice "good self care. If health care providers facilitate life review, the dying become people; then the provider must grieve."

## ❖ INTEGRATION INTO CLINICAL PRACTICE

As the aforementioned concepts are integrated into core clinical practice, it might be useful to highlight several interconnected components of life review: recontextualizing, forgiving, and reclaiming un-lived life. In concert, these parts assist in the development of a less fearful relationship with mortality.

Recontextualizing refers to using an expanded vision of maturity to reframe our self-defined mistakes and failures. First, there must be a re-examination or re-framing of past negative life events and situations in such a way that they can be seen as positive. One must be willing to view the past differently, even when reliving unpleasant or painful experiences. Rather than viewing oneself as the "victim" of past negative events and experiences, recontextualizing offers the realization that one is often in control of life experiences and has the opportunity to change memories based on perception of the experiences. Recontextualizing allows the patient to reflect on the past, thus repairing relationships and events that are remembered as failures or disappointments. Changing the perception changes the memory from one of failure to one of success.<sup>13,14,17,21</sup> According to Schachter-Shalomi and Miller,<sup>21(p94)</sup> "When we courageously confront the past, we discover how much we have gained from apparent losses. Once we get past our anxiety, we glory in the hidden benefits that accrue from what we took to be painful failures."

Life review also can allow the forgiveness of self and others, which can be a transforming force. Offering forgiveness to another and oneself often has a very important result for the patient facing the end of life. Anger and resentment, previously concentrated in a negative effort, can be redirected toward positive thoughts and attitudes.<sup>21</sup> In "The Four Things That Matter Most: A Book About Living," Byock recounts numerous clinical cases involving forgiveness. He does caution, however, about a frequent misconception: forgiveness is not about absolving someone else's responsibility.<sup>30</sup> When the completion of a

relationship does occur, however, the story of the fractured relationship is totally reframed: everything that happened before is a prologue to the healing. Healed relationships can occur even if one party is absent, using the oft-cited “empty chair technique.”<sup>25</sup>

Finally, “reclaiming un-lived life occurs as the patient reflects on lost opportunity earlier in life and attempts to take advantage, as appropriate, of current opportunity to participate in enjoyed activities.”<sup>21</sup> Reclaiming an un-lived life may frequently take the form of serving as a mentor by passing on traditions and knowledge, thus leaving a legacy for the future.<sup>14,21,31</sup> Ideally, if patients come to terms with mortality, their physical, emotional, and spiritual energy can be focused on positive goals rather than on anxiety and denial. The support and assistance of the family, friends, and hospice care professional may be essential in helping the patient to fulfill the desire to leave these memories for loved ones.<sup>21,31</sup>

For the patient who retains physical, cognitive, or emotional functioning, hospice professionals have a wonderful opportunity to prompt life review. Some stories can be articulated through words; however, some stories are best told via symbolism and metaphor, such as through music and art.<sup>32</sup> According to Pennebaker, “...art and music therapies can be powerful in getting individuals to experience emotions related to relevant upheavals in their lives.”<sup>28(p101)</sup> By valuing and using the strengths of other IDT members, nurses can enhance the life review process. A shared role of support benefits both the practitioner and the unit of care: the practitioner shares the responsibilities and burdens of treatment and the unit of care is offered increased options for self-expression. Both teen and adult volunteers can be trained in the basic principles of life review, providing additional resources for chronicling a life story. With this in mind, the potential is endless. With the combined creative energies of the IDT, the following are possible: a last family picnic, completion of a scrapbook or photo album, or a final family portrait.

Hospice professionals must always give primary consideration to the physical, mental, and emotional states of the patient and the unit of care. Some people have no desire to recall the past; they should never feel compelled to participate in the life review process.<sup>13,21</sup> Overly enthusiastic practitioners must guard against pushing for a more intimate or emotionally laden relationship than the patient can tolerate or desires.<sup>27</sup>

## ❖ CONCLUSION

Butler conceived of life review as a process that occurs naturally both in the aged and in younger persons facing the end of life. He saw the process as one of reliving and reintegrating past experiences for the purpose of resolving conflict and repairing relationships in preparation for death.<sup>17</sup> In her acclaimed book “Kitchen Table Wisdom: Stories That Heal,” Remen speaks of discovering the hidden strengths and the vastness of love and devotion in the stories of her terminal patients, thus developing a more accepting, less fearful relationship with mortality. As Remen asserts, “Everybody is a story... Everyone’s story matters...our true identity, who we are, why we are here, what sustains us, is in this story.”<sup>29(ppxxvii-xxix)</sup> Can the hospice nurse pause to listen?

## Acknowledgements

For their research assistance, the authors acknowledge Jan Booker, Medical Librarian, and medical library staff members Joyce Townsend, Joan Wang, and Judy Barefoot, Lakeland Regional Medical Center, Lakeland, FL.

## References

1. Buffett J. *Love and Luck*. In *Boats [CD]*. Margaritaville Records; 1992.
2. Curtis B, Eldridge J. *The Sacred Romance: Drawing Closer to the Heart of God*. Nashville, TN: Thomas Nelson Publishers; 1997.
3. Steinbeck J. *The Columbia World of Quotations*. Available at: [www.bartleby.com/66/65/55665.html](http://www.bartleby.com/66/65/55665.html). Accessed August 25, 2005.
4. Mohl PC. Listening to the patient. In: Tasman A, Kay J, Lieberman JA, eds. *Psychiatry*. 2nd ed. West Sussex, England: John Wiley & Sons, Ltd; 2003;1:3-4.
5. Baltes PB, Reese HW, Lipsitt LP. Life-span developmental psychology. *Annu Rev Psychol*. 1980;31:65-110.
6. Forman H. A plea for relevance in scholarly writing. *Image J Nurs Sch*. 2005;37:195.
7. Hall BA. *The Art of Becoming a Nurse Healer*. Orlando, FL: Bandido Books; 2005.
8. Sadavoy J, Lazarus L. Individual psychotherapy. In: Sadock BJ, Sadock VA, eds. *Comprehensive Textbook of Psychiatry*. 8th ed. Philadelphia, PA: Lippincott, Williams and Wilkins; 2005.
9. Rubinstein RL. The engagement of life history and life review among the aged: a research case study. *J Aging Stud*. 1995; 9:187-203.
10. Lewis MI, Butler RN. Life-review therapy: putting memories to work in individual and group psychotherapy. *Geriatrics*. 1974;29: 165-173.
11. Andrews M, Johnson PH, Weinstock D, eds. *Handbook of Geriatric Nursing Care*. Springhouse, PA: Springhouse Corporation; 1999:362-363.





12. Shapiro T, Hertzog ME. Normal child and adolescent development. In: Hales RE, Yudofsky SC, Talbott JA, eds. *Textbook of Psychiatry*. 2nd ed. Washington, DC: American Psychiatric Press; 1994.
13. Garland J, Garland C. *Life Review in Health and Social Care*. Philadelphia, PA: Taylor & Francis Inc; 2001.
14. Erikson EH, Erikson JM, Kivnick HQ. *Vital Involvement in Old Age*. New York, NY: W.W. Norton and Company; 1986.
15. Beardslee WR, Vaillant G. Adult development. In: Tasman A, Kay J, Lieberman JA, eds. *Psychiatry*. 2nd ed. Ltd, West Sussex, England: John Wiley & Sons; 2003;11:171.
16. Moody HR. Twenty-five years of the life review: where did we come from? where are we going? *J Gerontol Soc Work*. 1988;12:7-21.
17. Butler RN. The life review: an interpretation of reminiscence in the aged. *Psychiatry*. 1963;26:65-76.
18. Parker RG. Reminiscence: a community theory framework. *The Gerontologist*. 1995;35:515-525.
19. Wallace JB. Reconsidering the life review: the social construction of talk about the past. *The Gerontologist*. 1992;32:120-125.
20. Waters EB. The life review: strategies for working with individuals and groups. *Journal of Mental Health Counseling*. 1990;12: 270-278.
21. Schachter-Shalomi Z, Miller RS. *From Age-ing to Sage-ing*. New York, NY: Warner Books; 1995.
22. Santor DA, Zuroff DC. Depressive symptoms: effects of negative affectivity and failing to accept the past. *J Pers Assess*. 1994;63: 294-312.
23. Albert SW. *Bloodroot: A China Bayles Mystery*. New York, NY: Berkley Prime Crime; 2001.
24. Watts FN. Listening processes in psychotherapy and counseling. In: *Psychotherapy: The Hatherleigh Guide Series*. New York, NY: Hatherleigh Press; 1996.
25. Byock I. *Values to Keep: Choosing the Best at the End of Life*. Presented at Orlando Regional Healthcare's 3rd Annual Ethics Symposium on End-of-Life Decisions. Orlando, FL, April 21, 2006.
26. Byock I. *Dying Well: Peace and Possibilities at the End of Life*. New York, NY: The Berkley Publishing Group; 1997.
27. Ursano RJ, Silberman EK. Psychoanalysis, psychoanalytic psychotherapy and supportive psychotherapy. In: Hales RE, Yudofsky SC, eds. *Textbook of Psychiatry*. 4th ed. Washington, DC: American Psychiatric Publishing; 2003;26:1177-1203.
28. Pennebaker JW. *Opening Up: The Healing Power of Expressing Emotions*. New York, NY: The Guilford Press; 1997.
29. Remen RN. *Kitchen Table Wisdom: Stories That Heal*. New York, NY: The Berkley Publishing Group; 1996.
30. Byock I. *The Four Things That Matter Most: A Book About Living*. New York, NY: Free Press; 2004.
31. Albom M. *Tuesdays With Morrie: An Old Man, A Young Man, and Life's Greatest Lesson*. New York, NY: Doubleday; 1997.
32. Borneman T, Brown-Saltzman K. Meaning in illness. In: Ferrell BR, Coyle N, eds. *Textbook of Palliative Nursing*. 2nd ed. New York, NY: Oxford University Press; 2006:605.