Life review in palliative care

Ian Trueman and **Jonathan Parker** discuss the theory behind the process of life review and how it can assist people requiring palliative care to resolve the 'crisis' of ego-integrity versus despair

The aspirations of many people are destroyed with the onset of a life-threatening illness. Anticipated life trajectories and perceptions that people have of themselves must be altered, as the prospect of growing old becomes unattainable.[1] Such news may often leave people bewildered and yearning for a future that is different to the one they now face. They may harbour feelings of regret, helplessness and hopelessness.[2–5]

As the situation progresses, it may be that palliative care services are initiated, an integral aspect of which is the continuous support provided throughout the duration of a person's illness. This often involves community-based health and social care professionals establishing regular 'support' visits to discuss physical and practical needs and to 'get to know' the patient.[6] However, despite these kind of visits being appreciated, people with a life-threatening illness also want more than 'support and befriending' and consider emotional and psychological support to be central.[7]

This paper discusses the potential of life review as an intervention that might add greater focus and structure to professional visits and therefore benefit patients. It is acknowledged that many health and social care professionals, such as social workers, occupational therapists, doctors, physiotherapists and nurses can, and often do, competently facilitate life review, particularly with older people. However, the context of this paper extends beyond older people to those experiencing a life-threatening illness regardless of age.

Erikson's theory

The use of life review is historically grounded in the developmental theories of Erik Erikson, whose work originates from the psychoanalytical perspective. Erikson extended Sigmund Freud's narrow psychosexual approach and concentrated on the development of identity, ego and social concerns. He believed that human development continued beyond puberty and expanded Freud's original thesis by covering the entire human lifespan, identifying eight psychosocial stages named 'the eight ages of man' (see Table 1).[8] For Erikson, the development of personality and maturation is achieved through resolving a particular 'crisis' within each of the stages.[8–14]

Table 1. Eight ages of man[8]

Age	Psychosocial stage
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

Critics argue that Erikson's stages tend to homogenise people and fail to acknowledge individuality, remarking that the stages are 'fuzzy' and difficult to measure.[15,16] Rather than being fixed, it is perhaps more helpful to view the stages in the form of phases or transitions that are not necessarily bound with chronology or passed through in a linear fashion. Other writers suggest that crisis resolution, in the sense of 'closure', may be unattainable and it is more realistic to consider individuals reaching a point of compromise, accommodation or

Key points

- An Eriksonian approach suggests those who are able to resolve the 'crisis' and achieve ego-integrity increase the likelihood of meaning and order in their life.
- Ego-integrity is the feeling of wellbeing associated with satisfaction or personal continuity in one's life.
- Life review aims to enhance the later stages of a person's life by facilitating the achievement of the final developmental task of ego-integrity.

acceptance, allowing further change in response to later experiences.[17,18] However, despite these well-placed caveats, Erikson provides a useful tool through which human growth and development can be examined, particularly in relation to palliative care when considering people's needs and wants.

Ego-integrity versus despair

Being the final stage of Erikson's model, ego-integrity versus despair tends to be associated with older people – although Erikson refrains from defining when a person reaches old age.[8] He proposes that the stages should only serve as a guide and consequently, the 'crisis' of ego-integrity versus despair is not solely dependent on age. Therefore, it may be relevant for younger people with a terminal illness. This view is echoed by Rancour who argues that when a life-threatening illness is encountered, people are immediately catapulted forward to face developmental tasks seemingly incongruent with their chronological age.[19]

In relation to palliative care, Kübler-Ross' 'stages of dying'[20] have often been interpreted to expect patients to pass in a linear fashion through each stage.[21] Consequently, a stage theory, such as Erikson's, may be open to misuse or be misunderstood by professionals who fail to ensure individuality, flexibility and diversity in response. Taken in this more fluid way, this paper considers Erikson's model to offer an appropriate theoretical grounding for understanding life review in palliative care.

Ego-integrity in palliative care

Erikson suggests that old age often relates to an accumulation of losses and adjustments.[8] Several writers concur, proposing that old age is associated with adjustments to decreasing income, physical strength, social activities and health and an increasing sense of inadequacy where their input is no longer requested or required. However, we need to take cognisance of changing theoretical positions that emphasise the biography of individuals and counterintuitively highlight successful aging and personal continuity in the face of many losses. The nature of many life-threatening illnesses mean, however, that people are often required to make such adjustments within a shorter time frame, placing them under enormous pressure to achieve ego-integrity.[22–24]

An Eriksonian approach would suggest that those who are able to resolve the 'crisis' and achieve ego-integrity increase the likelihood of meaning and order in their life. Those who do not may become preoccupied with their failures and bad decisions, leading to feelings of regret over their lives and fearing death.[8] This is not dissimilar to Brändstädter and Greve's view of personal continuity.[25] Individuals who are able to take the long-term view that their life had meaning and purpose and are able to accept that their experiences were inevitable and could only have happened when and how they did, have achieved ego-integrity.[15,17,25] Simply put, ego-integrity is the feeling of wellbeing associated with satisfaction or personal continuity in one's life.

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People with a life-threatening illness want more than simply handholding and befriending – they want emotional and psychosocial support

Life review and ego-integrity

Erikson and Coleman suggest that life review and biographical reminiscence can be regarded as an important developmental task in older adulthood to facilitate ego-integrity. The process affords people the opportunity to integrate past experiences, value the present and keep an eye on the future.[8,17] Several writers concur, citing Erikson's work as the theoretical basis for life review and reminiscence.[26–29]

However, before 1963, reminiscence and life review was considered to have little value. It was believed to encourage people to live in the past, thus reinforcing denial.[30] Butler, extending Erikson's theory, promotes the therapeutic value of life review, suggesting that many of the biographical and adjustment problems faced by older people relate to their pending death and their need to talk about their lives.[31] However, he uses the terms reminiscence and life review interchangeably, which has created some confusion between each intervention, as they are often construed as different processes.[28,32–34]

Reminiscence is typically less structured, often occurs as a recreational or social session,

can be initiated during the delivery of other more practical social and healthcare activities and tends to focus on positive memories from an individual's past.[28–30,35,36] In the context of palliative care, the interpretation of the recreational use of simple reminiscence, while perhaps appreciated, may not assist the terminally ill patient therapeutically. There may be a wish to engage in a more profound discussion relating to painful memories, or to discuss regrets and unresolved feelings that, if not dealt with, might leave them harbouring emotional and psychological pain.

Although Butler considers life review to be a universally occurring mental process, the paucity of research into cultural diversity makes it difficult to assume such 'universality'.[31] Life review is the process of organising and evaluating the overall picture of an individual's life, aiming to enhance the later years through facilitating the achievement of the final developmental task of ego-integrity.[4,8,27,28,37] Life review addresses positive and negative experiences, both recently and in the past, and may address areas of conflict and disturbance in a person's life.[38,39] It is a process that is best undertaken individually thus facilitating the development of a deep working relationship. Indeed, several writers suggest that life review is valuable for younger people who are dying and experiencing 'crises' such as helplessness, despair and loss.[3–5] Faced with this situation, many people may need to reflect upon their achievements and failures throughout their life in order to grieve over their losses and celebrate other aspects of their biography.[2,40–42] Birren and Deutchman propose that a person near to death may crave the opportunity to review their achievements but may have few opportunities for reconciliation.[43] Wholihan adds that such needs arise from the dying person's desire to reaffirm their sense of identity, uniqueness, self-worth and accomplishment.[44]

As a palliative care intervention

The benefits of life review for people with a terminal illness, irrespective of their age, are similar to those found in older people.[3,42,44–46] These include the reaffirmation of self-esteem and identity, reduced feelings of loss or isolation, gaining deeper insight into their past and present relationships, finding a renewed emphasis on the positive aspects of their life and acquiring a sense of life achievement. Life review may offer the dying person the opportunity to anticipate and grieve for the end of their life, thus having the potential to assist the patient in letting go. Olson and Dulaney argue that life review could assist the individual in attaining greater acceptance of death with less denial.[41] Pickrel remarks that although a person may be in no hurry to die, the terminally ill person can begin to accept death through the life review process.[46] Rennemark and Hagberg conclude that life review enables the dying person to reflect on and evaluate previous experiences, which can assist in clarifying their perception of the present.[47] This has clear benefits for contemporary palliative care and represents a significant intervention for practitioners working in this area.

The structure of life review

Haight and Burnside state that during life review, patients are required to recall, assess, evaluate, reframe and integrate their experiences to provide wisdom and integrity.[28] They identify individuality, structure and evaluation as the three 'linchpins' of successful life review in ensuring that professionals recognise it as a more therapeutic and purposeful process than reminiscence.

Life review is the process of organising and evaluating the overall picture of an individual's life

Individuality concerns the one-to-one approach, where patients feel safe enough to tell their story. Structure ensures that individuals are able to confront both the pleasurable and painful aspects of their entire life, though not necessarily in a chronological or linear fashion.

Evaluation discriminates between life review and reminiscence, is considered necessary for resolution[47,48] and occurs when a person is able to review their life and accept it as the only way it could have been.[28,30,38] However, it must be remembered that acceptance does not need to culminate in resolution.[17,18] In bereavement, Walter's contemporary view of acceptance is that individuals need to find an appropriate place in their life to locate their situation/loss,[49] rather than 'get over' their loss, as implied by the term resolution.

The techniques of life review

Many writers suggest that life review can take many forms, including oral history, autobiography, family tree, genogram and lifeline, adding that many 'props' can act as catalysts, including photographs, scrapbooks, specific events and belongings.[5,38,41,42,44,46]

Most appear to favour the use of a structured lifespan questionnaire or guide within

hour-long sessions over a number of consecutive weeks as the most effective way to ensure a focused, structured and purposeful use of life review. Lester identifies that, generally, people engaged in life review are given the questions before the session, allowing them the opportunity and autonomy to determine which life events they wish to discuss.[33]

Desirable skills

The foregoing discussion suggests that facilitators need a high level of skill and knowledge to engage in life review work. However, several writers contest that facilitators do not need to be specialists in life review because the promotion of self-expression and supportive listening are the goals, not in-depth psychic probing, analytic interpretation or psychotherapy.[38,44,45] They add that effective verbal and non-verbal communication and interpersonal skills are of great significance when facilitating life review. A view supported by several writers who add that purposeful listening and being comfortable with silence are important qualities.[34,39,43] The continuing debate[50] belies the definitional complexities referred to earlier. If life review is classed as 'therapy', then specialist skills and knowledge are implied. If life review represents a focused intervention designed to facilitate expression, good interpersonal skills are the prerequisite.

A growing number of writers support the view that life review can be a useful intervention for younger people requiring palliative care

The limitations of life review

Several writers warn of the possibility that the facilitator could raise issues for the patient that may cause great psychological distress to the extent that the patient retreats into silent reminiscing and becomes despondent.[27,39,42,45] In extreme cases, such despondency may lead the patient to believe their life has been meaningless and harbour feelings of despair and hopelessness.[33,39,40,45,46]

Patients experiencing such feelings should never be left to face their despair alone and may require in-depth support. Consequently, it is vital that the facilitator is aware of their limitations and knows when to refer to appropriate professionals likely to hold the knowledge and skills necessary to recognise and manage symptoms of depression and other forms of mental illness, such as clinical psychologists or psychotherapists.[1,32,39,46]

The growing recognition that good palliative care support and services are fundamental to the care of dying people and their families is acknowledged by the incorporation of such in the *National Service Framework for Older People*[51] and health and social care policies at local level. Life review is a further technology for positive support that may offer benefits, structure and focus to the service user/professional relationship. There are a number of caveats to the wholesale adoption or promotion of life review. However, further research into practice is warranted and the needs and wants of service users and carers is necessary to develop further this potentially important interventive modality.

Conclusion

This paper has explored the use of life review as a therapeutic intervention adding structure and focus to 'support' visits for people requiring palliative care. Erikson's theory relating to the crisis of ego-integrity versus despair forms the theoretical backdrop to this paper. Several writers advocate the use of life review in assisting older people in the resolution of this crisis. A growing number of writers support the view that life review can be a useful intervention for younger people requiring palliative care, contending that such people are catapulted to the 'crisis' of ego-integrity versus despair because of their shortened lifespan.

There is a need for more robust research in this area, using a more objective method of measuring the effectiveness of life review on ego-integrity alongside the subjectively reported appreciation and wellbeing of those taking part. Finally, further training relating to life review for professionals working in the palliative care setting is also required. This has, in part, been addressed through its inclusion in palliative care modules facilitated by the writers.

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