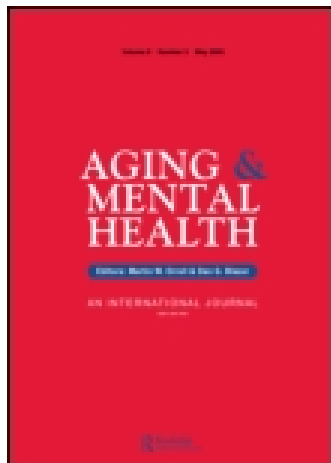


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ORIGINAL ARTICLE

Functions of reminiscence and mental health in later life

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Abstract

This study examines the extent to which various forms of reminiscence predict life satisfaction and psychiatric distress with and without control for the contribution of personality traits ($n=420$). Among older adults, reminiscences to revive old problems and to fill a void of stimulation were associated with lower life satisfaction and greater psychiatric distress. Reminiscence to maintain connection with a departed person also predicted psychiatric distress. In contrast, reminiscences for death preparation and to foster conversation were linked with higher life satisfaction. Based on our proposed model of the functions of reminiscence, discussion focuses on adaptive and non-adaptive uses of reminiscence in later life.

Introduction

Reminiscing is the process of thinking or telling others about one's past experiences. As Bluck and Alea (2002) noted, there is basic agreement among theorists on a view of autobiographical recall as serving three main functions. Autobiographical memory can be conceived as having self (self-continuity), directive (planning), and communicative (social bonding) functions (Cohen, 1998; Pillemer, 1992). Bluck and Alea (2002) further underscore that the most comprehensive taxonomies of reminiscence (Wong & Watt, 1991; Webster, 1997) map well onto these three main categories. Integrative reminiscence (Wong & Watt) and reminiscence for identity and for death preparation (Webster) correspond to the self-function. These types of reminiscence pertain to issues of life's meaning, coherence and continuity. Instrumental reminiscence (Wong & Watt) and reminiscence for problem solving (Webster) serve a directive function. This mode of reminiscence refers to drawing on past experience to solve present problems and to cope. Transmissive and narrative reminiscences (Wong & Watt) are viewed as serving a social function. The former is intended to communicate an instructive story, while the latter is a simple narrative account. They correspond to Webster's teach/inform and conversation factors, respectively. Bluck and Alea (2002) view Webster's intimacy maintenance factor as serving a social function.

Intimacy maintenance refers to reminiscing in order to maintain accessible memories of departed significant others.

A comprehensive model of the functions of reminiscence

The following framework (Figure 1) synthesizes our understanding of reminiscence functions based on evolving theory and empirical research to date. This model helps to describe the links between reminiscence functions, dimensions of psychological functioning, and specific outcomes. For clarity and consistency, we will use Wong and Watt's terminology, with the addition of death preparation and intimacy maintenance, two dimensions specific to Webster's model.

In line with current theorizing (Bluck, 2003; Webster, 2003) the model includes three main categories. First, reminiscence has self-functions. Reminiscences in this group are also characteristically intra-personal or private. On the positive side, we have reminiscences fostering the coherence, meaningfulness and continuity of the self. Integrative reminiscence and reminiscence for death preparation are both positive facets of the self-function. They denote efforts to derive a sense of meaning and purpose in life. These two types of reminiscence entail the recall, evaluation, and synthesis of positive and negative memories and, as such, they correspond to the notion of life review (Webster & Haight, 1995). The negative corollary of these self-functions is

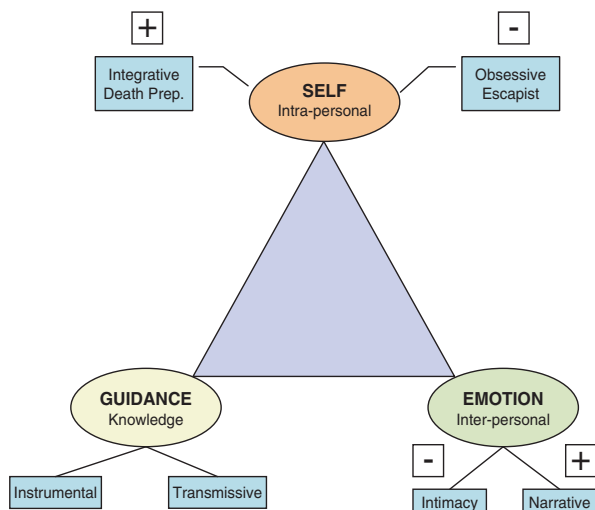


Figure 1. A comprehensive model of the functions of reminiscence.

obsessive and escapist reminiscences. Obsessive reminiscence is believed to be a manifestation of continuing inner struggles with a negative past from which one is unwilling or unable to disengage. Escapist reminiscence entails seeking solace in the past from an unsatisfying present and uncertain future. As such, it can be viewed as a defensive tactic. These last two functions indicate discontinuity in the self and fragmentation of one's life story.

The second main function is guidance, in terms of recalled and shared personal knowledge and experience. Instrumental reminiscence rekindles previously effective strategies for coping with problematic life situations, transitions and crises. It is a mode of reminiscence undertaken privately for personal guidance. Transmissive reminiscence entails communicating a fund of experiential knowledge in the form of an instructive story or a 'lesson of life'. Although these two functions pertain primarily to guidance and coping, it should be recognized that they both involve a re-actualization and reinforcement of a sense of personal competence or self-efficacy. There is, therefore, a degree of overlap between the guidance function and the self-function, in particular integrative reminiscence.

Finally, the third group of reminiscence functions is viewed as having an intrinsic link with emotions. They are also characteristically inter-personal, both narrative reminiscence and reminiscence for intimacy maintenance, and associated with the continuity of relationships. The contribution of reminiscence to emotional regulation is most salient and specific for narrative reminiscence that serves to maximize opportunities to experience positive affect in social encounters. Maintaining contact with a departed person through memories is the defining feature of intimacy maintenance; the associated emotion is often sadness. Although negative in tone, sadness can be an adaptive emotion in contrast

to the negative valence of memories characteristic of obsessive reminiscence.

Functions of reminiscence and well-being

Research has yet to ascertain how these functions of reminiscence relate to mental health in later life, both the positive facet of psychological well-being and the negative side of psychological distress. Available evidence originates from observed associations among functions of reminiscence, personality traits, life attitudes, and psychological distress. For instance, obsessive reminiscence appears to be associated with emotional vulnerability and weaker goal seeking (Cappeliez & O'Rourke, 2002a), psychological distress (Cully, LaVoie & Gfeller, 2001), and less successful adaptation to aging (Wong & Watt, 1991). Similarly, escapist reminiscence has been linked to emotional vulnerability and weaker goal seeking (Cappeliez & O'Rourke, 2002a; Webster, 1993, 1994), and psychological distress (Cully et al., 2001). Reminiscence for death preparation also appears associated with negative psychological functioning (Cully et al., 2001), a sense of apathy, and absence of personal meaning (Cappeliez & O'Rourke, 2002a).

Information regarding the association of the various forms of reminiscence and subjective well-being is even thinner. Wong and Watt (1991) reported higher frequencies of integrative and instrumental forms of reminiscence among older adults deemed to be aging successfully. In this study, the index of successful aging was a higher than the average rating in mental and physical health and adjustment, as determined by an interviewer and a panel of gerontological professionals.

Hypotheses

The purpose of the present study was to investigate the extent to which various functions of reminiscence predict life satisfaction and psychiatric distress, on their own, and after taking into account the contribution of core personality traits.

The rationale for controlling for personality traits stems from the substantial contribution of these variables to the prediction of mental health and the importance of personality over the life span (Hooker & McAdams, 2003). A large body of research demonstrates that neuroticism (or emotional instability) constitutes a vulnerability factor for psychological disorders with anxiety and depressive symptoms predominating (O'Rourke, 2004). Extraversion appears to be associated with the propensity to experience positive affect and a sense of well-being (Costa & McCrae, 1992; O'Rourke, 2002).

According to our proposed model, self-functions should be most consistently associated with indices of mental health, such as life satisfaction and psychiatric distress. Because of their association

with emotional functioning, the model also contends that emotion/inter-personal functions would be associated with mental health, albeit to a lesser degree than the self-functions.

Definitive predictions regarding the links between the four types of reminiscence here defined as self-functions and mental health are hypothesized on the basis of our model and extant research. More precisely, higher frequencies of obsessive and reminiscences are believed to be associated with psychiatric distress and lower life satisfaction. In the case of life satisfaction, it is expected that these links will be observed over and above the contribution of personality traits.

Regarding psychiatric distress, it is not anticipated that these effects will remain subsequent to control for personality traits given the strong associations between certain traits and psychiatric distress (e.g., neuroticism). In contrast, the model contends that greater reliance upon integrative reminiscence will be associated with greater life satisfaction. Concerning reminiscence for death preparation, the model makes the opposite predictions. Whereas previous research suggests that this mode of reminiscence will be associated with psychological distress, our proposed model contends that it will be associated with positive mental health outcomes.

To the extent that it involves reaching and maintaining positive affect, our model contends that narrative reminiscence should be linked with a positive index of mental health such as life satisfaction. In the absence of clear suggestions from the research literature concerning reminiscence for intimacy maintenance, the model tentatively suggests that feelings associated with sadness, such as nostalgia and longing, may culminate in depressive affect, therefore some degree of psychiatric distress.

Method

Participants

A total of 420 older adults (170 men, 250 women) were recruited over 1 year as part of a larger study of marriage in later life. The average age of these participants was 61.06 years ($SD=7.75$) and they had 12.47 years of formal education on average ($SD=3.65$). Participants had been married an average of 36.05 years ($SD=9.09$). The majority were in their first marriage (76.3%) though a notable percentage had been married once before (17.8%).

Recruitment

Participant data were obtained via an Internet website constructed specifically for this study. Prior research with older adults suggests few differences between those recruited via the Internet and more traditional research methodologies such as community centers and seniors housing complexes

(Gosling, Vazire, Srivastava & John, 2004; O'Rourke, 2002, 2003; O'Rourke & Cappeliez, 2003). Findings from Internet-based studies are believed to generalize across presentation formats (Gosling et al., 2004).

Postings announcing the current study were placed at dedicated websites for older adults (e.g., American Association of Retired Persons, SeniorNet, 50 + Net, Age of Reason). Direct appeals were also made to seniors seeking e-mail pen-pals, a request for participants was placed in an Australian electronic newsletter (About Seniors), and reciprocal links were placed between this website and others directed toward older adults.

More than 90% of respondents (381/420) indicated their country of origin with the majority living in Australia or New Zealand (77.6% or 326/420) with the remainder living in the United States (8.1% or 34/420) and Canada (5% or 21/420). Gender composition did not differ by country of residence ($\chi^2[3, n=381]=1.59, ns$). Participants did not differ in terms of personality traits, functions of reminiscence or indices of well-being with the sole exception of higher levels of openness to experience expressed by American respondents versus their Australian/New Zealand counterparts. Australian/New Zealand participants had completed fewer years of formal education ($M=11.00, SD=3.60$) than Canadian ($M=14.33, SD=2.89$) and American participants ($M=14.22, SD=1.81$), yet their socioeconomic status based on work currently performed or prior to retirement did not differ from other participants ($\chi^2[12, n=377]=3.09, ns$).

Instruments

NEO five-factor inventory. This is an abridged version of the Revised NEO Personality Inventory (NEO-FFI; Costa & McCrae, 1992), considered as the definitive measure of normal adult personality traits (Juni, 1995): Neuroticism, Extraversion, Openness to Experience, Agreeableness, and Conscientiousness. Respondents indicate their degree of concurrence to each statement with five alternatives ranging from *strongly disagree* (1) to *strongly agree* (5). Among older adults, reported reliability coefficients as measured by Cronbach's alpha range from $\alpha=0.74$ to $\alpha=0.91$ (O'Rourke, 2004). Test-retest reliability coefficients approach these levels over brief periods; for Neuroticism, Extraversion and Openness to Experience, this has also been documented over decades (Costa & McCrae, 1985). As stated by Botwin (1995), the factor structure and psychometric properties of responses to the NEO-FFI make it well suited for research applications.

Reminiscence functions scale (RFS; Webster, 1993, 1997). It consists of 43 items pertaining to particular uses of reminiscence. Respondents indicate the

degree to which they reminisce for specific purposes (from *never* to *very frequently* reported on a six-point Likert-type scale). Items are grouped within eight subscales: Boredom Reduction (to maintain a form of activation when not occupied or stimulated); Death Preparation (to reduce fear of death and to confront one's own mortality); Identity (to find meaning and continuity in life); Problem Solving (to review previous coping strategies); Conversation (as content for social interaction); Intimacy Maintenance (to maintain the memory of someone departed); Bitterness Revival (to reactivate memories of old injustices and negative experiences); and Teach/Inform (to inform others on life in the past). The composite of the eight subscale scores constitutes a measure of overall reminiscence frequency. Internal consistency of subscales (Cronbach's alpha) ranges from $\alpha = 0.74$ to $\alpha = 0.86$ (Webster, 1993, 1997).

Satisfaction with life scale (SLS; Diener, Emmons, Larsen & Griffin, 1985). This instrument measures perceived quality of life. Respondents are presented with five questions with seven response alternatives ranging from *strongly disagree* (1) to *strongly agree* (7); higher totals on this Life Satisfaction Index indicating greater life satisfaction.

Internal consistency of responses has been reported as $\alpha = 0.84$ among older adults (O'Rourke, 2004). Test-retest reliability over a 1 month interval has been reported as $r(39) = 0.84$ (Pavot, Diener, Colvin & Sandvik, 1991).

General health questionnaire (GHQ; Goldberg, 1978). It is a self-report measure of non-psychotic mental illness in community settings. The 20-item GHQ is composed of 10 negatively- and 10 positively-keyed items with responses recorded along four-point Likert-type scales (possible range of scores 0 to 60). The GHQ has been widely used in clinical and research studies as a global measure of psychiatric distress. A split-half reliability coefficient of $r = 0.90$ has been reported for the 20-item GHQ as well as indices of internal consistency ranging from 0.82 to 0.90 (Cronbach's alpha and KR-20; Vieweg & Hedlund, 1983). A test-retest reliability coefficient of $r = 0.85$ has been reported among 26 neurology patients (no time interval specified; McDowell & Newell, 1996). A consistent four-factor structure of responses to the GHQ has been identified across populations, language versions, and item formats (e.g., somatic symptoms, social dysfunction, depression, anxiety and insomnia; McDowell & Newell, 1996).

Results

Functions of reminiscence and mental health

Initial analyses were performed to examine the relationship between the eight functions of

Table I. Prediction of life satisfaction by functions of reminiscence.

Variables	<i>B</i>	<i>SE B</i>	β	<i>F</i>
Boredom reduction	-0.22	0.06	-0.21	13.35**
Death preparation	0.16	0.07	0.16	5.49*
Identity	0.01	0.08	0.08	1.14
Problem solving	-0.01	0.08	-0.03	0.14
Conversation	0.16	0.08	0.12	4.31*
Intimacy maintenance	-0.14	0.08	-0.10	3.25
Bitterness revival	-0.35	0.08	-0.27	21.14**
Teach/Inform	-0.01	0.07	-0.01	0.01

* $p < 0.05$; ** $p < 0.01$.

Note: $R^2 = 0.15$, $p < 0.01$.

reminiscence and the mental health of older adults. A first regression analysis was computed with the Life Satisfaction Index as the dependent variable ($R^2 = 0.15$, $p < 0.01$). Of the independent variables, Bitterness Revival [$\beta = -0.27$, $F(8, 409) = 21.14$, $p < 0.01$] and Boredom Reduction [$\beta = -0.21$, $F(8, 409) = 13.35$, $p < 0.01$] provided the greatest (inverse) contribution to prediction of life satisfaction. Death Preparation [$\beta = 0.16$, $F(8, 409) = 5.49$, $p < 0.05$] and Conversation [$\beta = 0.12$, $F(8, 409) = 4.31$, $p < 0.05$] also emerged as significant predictors, but in the positive direction (see Table I).

These analyses were again computed with the General Health Questionnaire as the dependent variable. Compared to life satisfaction, 6% additional variance in psychiatric distress was predicted by these functions of reminiscence ($R^2 = 0.21$, $p < 0.01$). Both Bitterness Revival [$\beta = 0.26$, $F(8, 409) = 22.58$, $p < 0.01$] and Boredom Reduction [$\beta = 0.21$, $F(8, 409) = 13.47$, $p < 0.01$] provided unique contribution to prediction of GHQ scores. As hypothesized, the direction of the relationship between these variables and psychiatric distress is the reverse of that observed with life satisfaction. Intimacy Maintenance also provided unique contribution [$\beta = 0.16$, $F(8, 409) = 9.14$, $p < 0.05$], again in the positive direction (see Table II).

Personality, functions of reminiscence, and mental health

Additional regression analyses were performed to examine the association between functions of reminiscence and mental health subsequent to control for the contribution of personality variables. With the SLS as the dependent variable, personality predicted 17% of observed variance in life satisfaction ($R^2 = 0.17$, $p < 0.01$); of these constructs, however, only Neuroticism provided unique variance [$\beta = -0.30$, $F(13, 402) = 9.14$, $p < 0.05$]. Over and above personality variables, the functions of reminiscence contributed an additional 5% of observed variance in SLS scores ($\Delta R^2 = 0.05$, $p < 0.01$). Bitterness Revival [$\beta = -0.16$, $F(13, 402) = 6.98$, $p < 0.01$], Death Preparation [$\beta = 0.16$, $F(13, 402) = 5.95$, $p < 0.05$], and Boredom Reduction [$\beta = -0.13$,

Table II. Prediction of psychiatric distress by functions of reminiscence.

Variables	<i>B</i>	<i>SE B</i>	β	<i>F</i>
Boredom reduction	0.33	0.09	0.20	13.47**
Death preparation	0.01	0.11	0.02	0.10
Identity	-0.01	0.11	-0.03	0.17
Problem solving	-0.01	0.11	-0.05	0.46
Conversation	-0.01	0.11	-0.04	0.56
Intimacy maintenance	0.34	0.11	0.16	9.14**
Bitterness revival	0.55	0.12	0.26	22.58**
Teach/Inform	-0.01	0.11	-0.01	0.02

* $p < 0.05$; ** $p < 0.01$.

Note: $R^2 = 0.21$, $p < 0.01$.

Table III. Prediction of life satisfaction by personality variables and functions of reminiscence.

Variables	<i>B</i>	<i>SE B</i>	β	<i>F</i>
<i>Personality variables</i>				
Neuroticism	-0.23	0.04	-0.30	27.64**
Extraversion	0.01	0.05	0.04	0.60
Openness to experience	-0.01	0.05	-0.06	1.69
Agreeableness	-0.01	0.06	-0.03	0.45
Conscientiousness	0.01	0.06	0.04	0.56
<i>Functions of reminiscence</i>				
Boredom reduction	-0.13	0.06	-0.13	4.96*
Death preparation	0.17	0.07	0.16	5.95*
Identity	0.01	0.08	0.08	0.97
Problem solving	-0.01	0.07	-0.05	0.43
Conversation	0.11	0.07	0.08	1.98
Intimacy maintenance	-0.01	0.07	-0.05	0.75
Bitterness revival	-0.21	0.08	-0.16	6.98**
Teach/Inform	0.01	0.07	0.01	0.03

* $p < 0.05$; ** $p < 0.01$.

Note: $R^2 = 0.17$, $p < 0.01$ for personality variables; $\Delta R^2 = 0.05$, $p < 0.01$ subsequent to inclusion of functions of reminiscence.

$F(13, 402) = 4.96$, $p < 0.05$] each demonstrated unique prediction. In contrast to the first regression equation, the contribution of Conversation [$\beta = 0.08$, $F(13, 402) = 1.98$, *ns*] was no longer significant (see Table III).

These same groupings of independent variables were used to predict psychiatric distress. As compared to the prior hierarchical regression equation, an additional 26% of observed variance in GHQ scores was provided by personality variables ($R^2 = 0.43$, $p < 0.01$). Neuroticism accounted for the majority of prediction [$\beta = 0.56$, $F(13, 402) = 131.14$, $p < 0.01$] although Openness to Experience, too, was significant [$\beta = 0.08$, $F(13, 402) = 3.92$, $p < 0.05$]. The functions of reminiscence provided an incremental 1% increase in prediction of psychiatric distress ($\Delta R^2 = 0.01$, $p < 0.01$); however, none of the eight individual variables provided unique significance. Given that personality variables accounted for a remarkable 43% of observed variance in GHQ scores, any increase in prediction over and above this threshold is notable (see Table IV).

Table IV. Prediction of psychiatric distress by personality variables and functions of reminiscence.

Variables	<i>B</i>	<i>SE B</i>	β	<i>F</i>
<i>Personality variables</i>				
Neuroticism	0.67	0.06	0.56	131.14**
Extraversion	-0.01	0.07	-0.06	1.85
Openness to experience	0.14	0.07	0.08	3.92*
Agreeableness	-0.01	0.08	-0.01	0.01
Conscientiousness	0.01	0.07	0.01	0.01
<i>Functions of reminiscence</i>				
Boredom reduction	0.10	0.08	0.06	1.56
Death preparation	0.01	0.09	0.01	0.05
Identity	-0.01	0.10	-0.01	0.01
Problem solving	-0.01	0.10	-0.03	0.31
Conversation	0.01	0.10	0.04	0.63
Intimacy maintenance	0.14	0.10	0.07	2.01
Bitterness revival	0.12	0.10	0.06	1.41
Teach/Inform	-0.01	0.09	-0.03	0.41

* $p < 0.05$; ** $p < 0.01$.

Note: $R^2 = 0.43$, $p < 0.01$ for personality variables; $\Delta R^2 = 0.01$, $p < 0.01$ subsequent to inclusion of functions of reminiscence.

Discussion

Significant associations between reminiscence and the mental health of older adults were observed in this study. The eight functions of reminiscence account for a significant proportion of variance for both life satisfaction and psychiatric distress (i.e., 15% and 21% respectively). Even after control for personality traits, reminiscence contributes in a significant, albeit much smaller degree to the prediction of life satisfaction and psychiatric distress (i.e., additional 5% and 1% respectively). These findings are the first to suggest the importance of reminiscence relative to mental health among older adults with respect to both positive (i.e., life satisfaction) and negative (i.e., psychopathology) aspects, over and above personality variables.

The various functions of reminiscence vary in their relative contribution to the positive and negative facets of mental health. As hypothesized and in support of this component of our proposed model, higher frequencies of reminiscence for bitterness revival and boredom reduction are associated with lower life satisfaction and greater psychiatric distress. Indeed, these two reminiscence functions emerge as the most salient predictors of both facets of psychological well-being. Even after controlling for personality traits, a significant link with life satisfaction is demonstrated. Previous research has consistently reported that preoccupation with old conflicts and reminiscing for lack of other stimulation are predicted by negative characteristics such as emotional vulnerability (Cappeliez & O'Rourke, 2002a, 2002b; Webster, 1993, 1994) as well as indices of poor psychological functioning (Cully et al., 2001; Wong & Watt, 1991). Therefore, it is not surprising to observe that reminiscence to revive unresolved disturbing events is so negative. This type of reminiscence may reflect a self-focused ruminative

response style that maintains depression (Ingram, 1990; Nolen-Hoeksema, 1987, 1991). Reminiscence for boredom reduction appears equally negative. This form of reminiscence may connote a sense of apathy and lack of purpose, or even a tendency to return to the good days in order to escape from a unfulfilling present (Wong, 1995).

The finding that reminiscence for death preparation predicts life satisfaction suggests that this form of reminiscence contributes to approaching the issue of one's mortality in a constructive way. This fits with the comprehensive model that views reminiscence for death preparation as a positive self-function. Reminiscence for coping with thoughts of one's finitude is a cardinal feature of the existential quest for purpose and meaning (Erikson, 1982). Interestingly, reminiscence for death preparation appears related to the personality trait of openness to experience, one aspect of which entails the search for meaning in life (Cappeliez & O'Rourke, 2002b). However it should be noted that earlier reports have reported a link between death preparation and maladjustment (Cappeliez & O'Rourke, 2002a; Cully et al., 2001), and this discrepancy needs to be addressed in future research.

Greater usage of reminiscence for conversation predicts life satisfaction, but not psychiatric distress. After controlling for extraversion, a variable which predicts this type of reminiscence (Cappeliez & O'Rourke, 2002a; Quackenbush & Barnett, 1995; Webster, 1993), the relationship vanishes, however. These findings are in accord with prior research suggesting a role for narrative reminiscence in positive mental health. They support our model which views narrative reminiscence as an aspect of positive affect in a social interactive context. Narrative reminiscence may be associated with positive aging, particularly for those with a tendency toward extraversion. Using reminiscence as the substance of interaction with others may be one way in which older adults maintain social involvement to foster well-being (Carstensen, Gross & Fung, 1997). The social aspects of reminiscence seem to enable older adults to generate positive emotional experiences (Pasupathi & Carstensen, 2003). In light of present findings, one could speculate that more extraverted individuals (i.e., active, sociable, and talkative older adults) are inclined to share positive images through narrative reminiscence.

Increased frequency of reminiscence to dwell on the loss of significant others (intimacy maintenance) appears to predict psychiatric distress. Our comprehensive model suggests the association of this form of reminiscence with negative emotions. It is conceivable that this type of reminiscence reactivates a loss and is associated with negative, possibly depressive, affect. Individuals reporting a high frequency of this type of reminiscence may be grappling with unresolved grief. Clearly, further research is needed to clarify this point.

Reminiscence to review past coping episodes (problem-solving) is not related to life satisfaction or psychiatric distress in this study. This stands in contrast with previous reports of a positive association with successful aging (Wong & Watt, 1991). Our model views instrumental reminiscence as primarily related to guidance and coping, providing strategies and reactualizing a sense of personal competence with only an indirect link with mental health. It is conceivable that this type of reminiscence comes to the fore only when one encounters adverse conditions requiring change, such as life crises and transitions (incidentally contexts known to be associated with increased overall reminiscing; Parker, 1999).

The lack of relationship between integrative reminiscence (identity) and life satisfaction is a puzzling finding. The expectation from the comprehensive model was that integrative reminiscence, as a positive facet of the self-function, would be associated with life satisfaction. It is possible that the instruments selected for this study were not sensitive to the psychological processes relevant to integrative reminiscence. There is a need to broaden the scope of assessment of adaptive outcomes in the study of reminiscence functions. This line of research is of particular importance in order to provide the empirical bases for refining clinical interventions using reminiscence (Watt & Cappeliez, 2000).

This research provides another step toward a more complete understanding of the role played by personal memories in psychological balance in later life. Integrating existing theories and empirical research, we propose a comprehensive model of reminiscence functions and test its main propositions with respect to the links between various forms of reminiscence and the mental health of older adults, both in positive (life satisfaction) and negative terms (psychiatric distress).

Participants of this study were asked how frequently they reflected on the past for different purposes. This type of global assessment is most likely based not just on an approximate count of everyday occurrences of these forms of reminiscence but also, in part, on personal theories about the relative importance and adaptive value of reminiscence activity in general, and its different forms, in particular. To understand how the various functions of reminiscence operate in everyday life, research analyzing the sequence of emotions and cognitions occurring in discrete episodes of reminiscence is required.

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