
From Memories to Healthspan: Rethinking Healthy Ageing
Through Reminiscence and Innovation

Community Reminiscence Facilitation for Healthy Ageing in Asia: **Past, Present & Future**

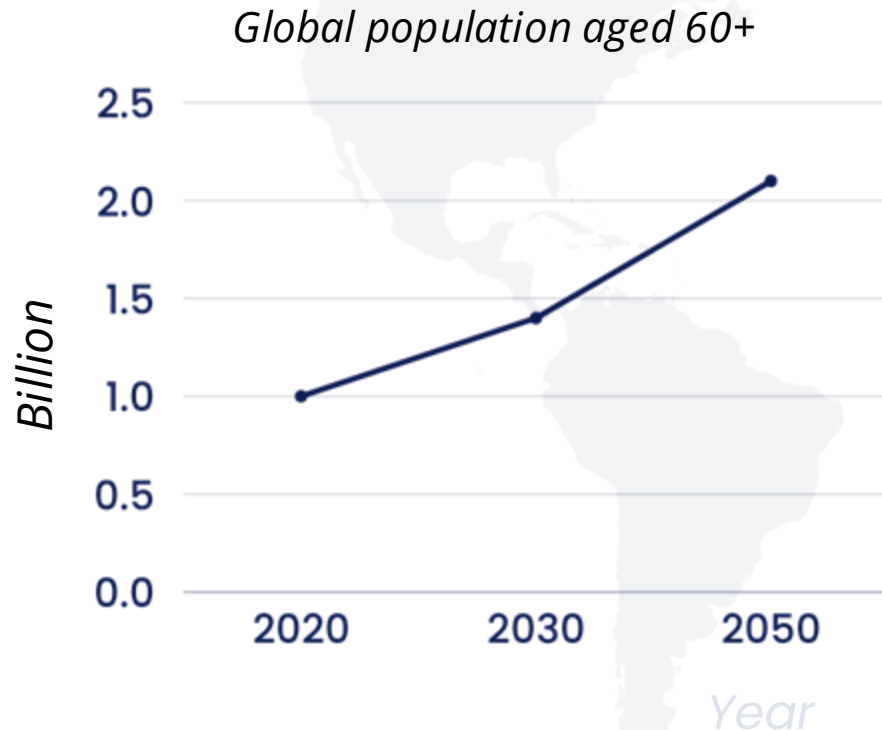


Associate Professor Carol Ma
Head of Gerontology Programme
S R Nathan School of Human Development
Singapore University of Social Sciences



Opening Presentation

Global Ageing Population Growth 2020 - 2050



By **2030**:

1 in 6 will be aged 60+ (1.4 billion).

By **2050**:

aged 60+ will reach 2.1 billion, *double 2020*.

aged 80+ will reach 426 million, *triple 2020*.

In 2020, people aged 60+ outnumbered children under 5.

By 2080, people aged 65+ will outnumber children under 18.

(WHO, 2025)

Ageing Population Statistics

India

10.5% of the resident population
= 60 years and above [as at 2022]

By 2050, the % of older persons will
double to 20.8%

Ageing Society

Source: International Institute for Population Sciences & United Nations Population Fund 2023. India Ageing Report 2023

China

15.6% of the resident population
= 65 years and above [as at 2024]

Ageing Society

Source: National Bureau of Statistics of China

Chinese Taipei

19.2% of the resident population
= 65 years and above [as at 2024]

7.2% increase over last 10 years

Super-Aged Society in 2025

Source: National Development Council, Population by broad age group, 2014 to 2024

Singapore

20.7% of the resident population
= 65 years and above [as at 2024]

7.5% increase over last ten years

Super-Aged Society by 2026

Source: Department of Statistics Singapore, Singapore Citizens by age group, ethnic group and sex, at end June 2025

Indonesia

7% of the resident population
= 65 years and above [as at 2023]

Ageing society

Source: BPS-Statistics Indonesia, Population by Age Group and Sex, 2023

China Hong Kong

22.4% of the resident population
= 65 years and above [as at 2023]

7.9% increase over last 10 years

Super-Aged Society in 2024

Source: The Legislative Council Commission, Welfare Services, Statistical Highlights ISSH08/2024



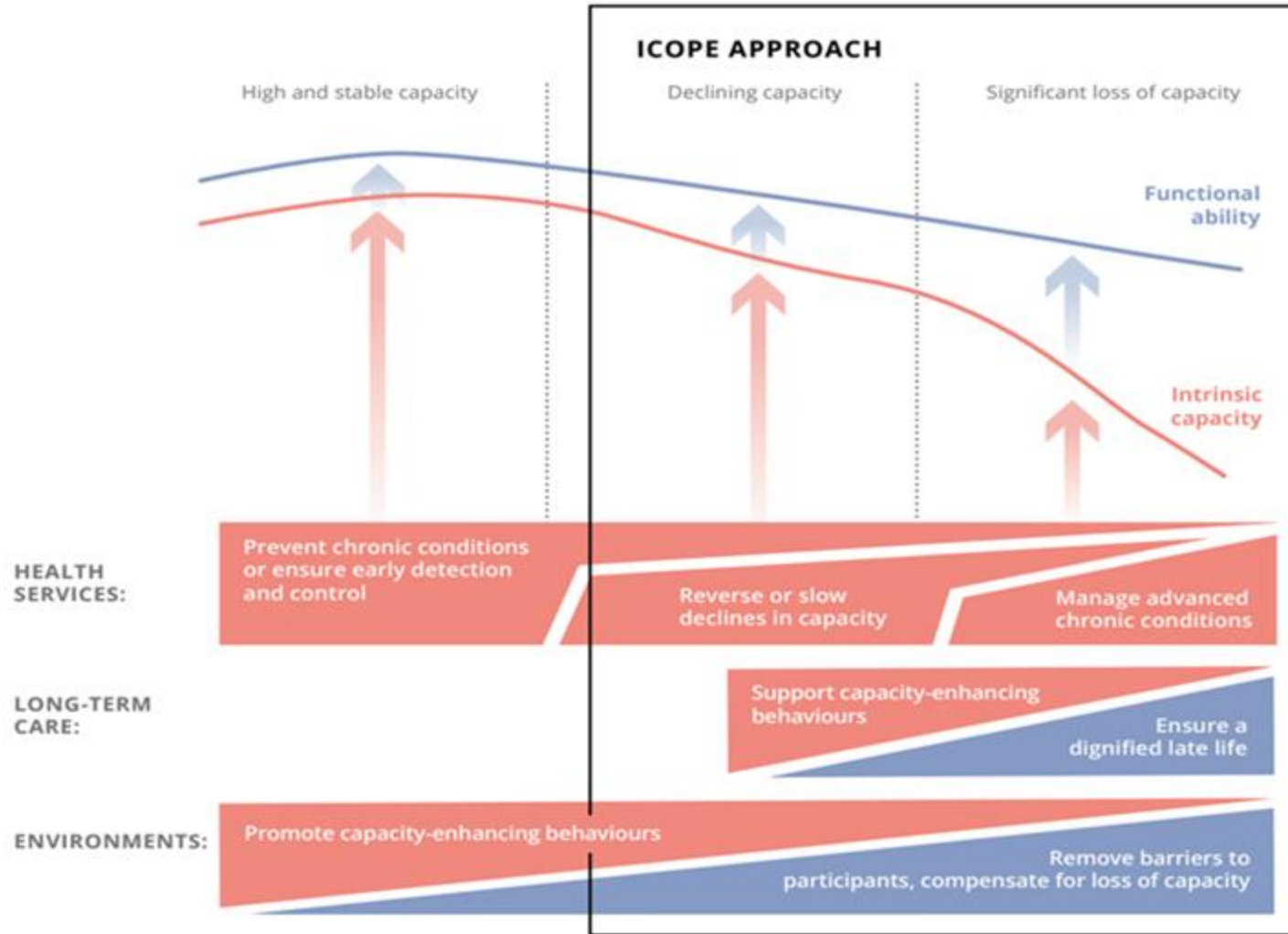
From Lifespan to Healthspan



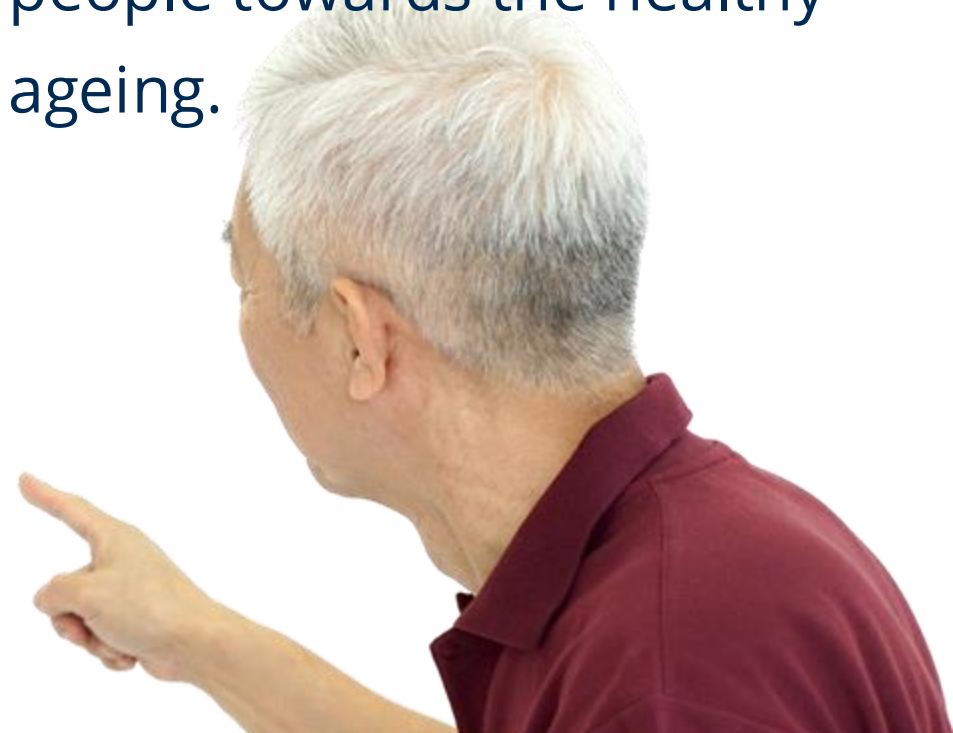
WHO ICOPE (WHO, 2019)
(Integrated Care for Older People echoes to the **Healthy Ageing**)



WHO ICOPE



ICOPE is a community-based approach towards person-centred health and social care to optimize the functional ability of older people towards the healthy ageing.



Healthy Longevity

- 'Healthy longevity is the state in which years in good healthy approach the biological life span, with physical, cognitive, and social functioning that enables well-being across populations.
- By increasing healthy longevity, societies can minimize societal and individual burdens while **increasing human and social capital**.
- Promoting healthy longevity for individuals and societies through policies and actions can **unleash the potential of older people in the near and long terms, benefiting people of all ages and societies around the globe'** □ **Generate Healthy Dividends**

(Nam Healthy Longevity Report, 2022)



Dementia: A Global Concern

**1 case every
3 seconds globally**

An estimated **55.2 million people** were living with dementia in **2019**, where more than 60% residing in low- and middle-income nations.

This figure is expected to rise to **139 million by 2050** (WHO, 2021).

Regionally, these are the projected figures of dementia prevalence:

China: Estimated 66.3 million by 2050 (Liu et al., 2024)

Indonesia: Estimated 4 million in 2025 (Prince et al., 2015)

Singapore: Estimated 152,000 by 2030 (Ministry Of Health Singapore, 2021)



**In Singapore, 1 in 11 people
aged 60 and above may
have dementia.**

(Subramaniam et al, 2024)

Urgent public challenge: Loneliness & social isolation

Loneliness and social isolation are recognised by WHO as urgent public health challenges that **increase risks of dementia, depression, and premature mortality**.

Globally, about **1 in 6 people** experience loneliness across all age groups.

There is strong evidence that social disconnection is linked with cognitive decline and dementia.

About **11.8 % of older adults report experiencing loneliness** and estimated up to **1 in 3 older adults** are socially isolated (WHO, 2025).



**How can we keep
ourselves healthy?
Can we have healthy longevity?
Can we also unlock our
longevity dividends?**



Reminiscence in aged care!



Why Reminiscence?

- Improvements in psychosocial health**

(Perez-Saez et al., 2022; Li et al., 2022; Asano, 2021; Van Bogaert, 2016; O' Shea, 2014; Choi & Jeon, 2013)

- Better adjustment to dementia**

(Abdallah et al., 2022; Moon & Park, 2020; Li et al., 2020; Kirk et al., 2019; Manav & Simsek, 2019; Lok et al., 2018; Chang & Chien, 2017; Melendez et al., 2017; Lopes et al., 2016; Gonzalez, 2015; Asiret & Kapucu, 2015; Subramaniam & Woods, 2012; Azcurra et al., 2012)

- Improve or maintain current health status in healthy older adults**

(Viguer, 2017; Musavi et al., 2017; Yousefi et al., 2015; Melendez et al., 2015; Erca-Sahin & Emiroglu, 2018; Asiret & Dutkun, 2018; Brinker, 2013; Elias et al., 2020; Sok, 2015; Li et al., 2022; Poorneselman et al., 2014; Raji et al., 2021)

- Reduces depression and enhances psychological well-being**

(Gil, 2022; Elias et al., 2020; Moon & Park, 2020; Ching-Teng et al., 2018; Chang & Chien, 2017; Bohlken et al., 2017; Sarkamo et al., 2014; Brinker, 2013; Choi & Jeon, 2013; Reitano et al., 2013)

- Enhanced experiences in palliative care**

(Keall et al., 2015)

Table 1
Characteristics of the Included Studies.

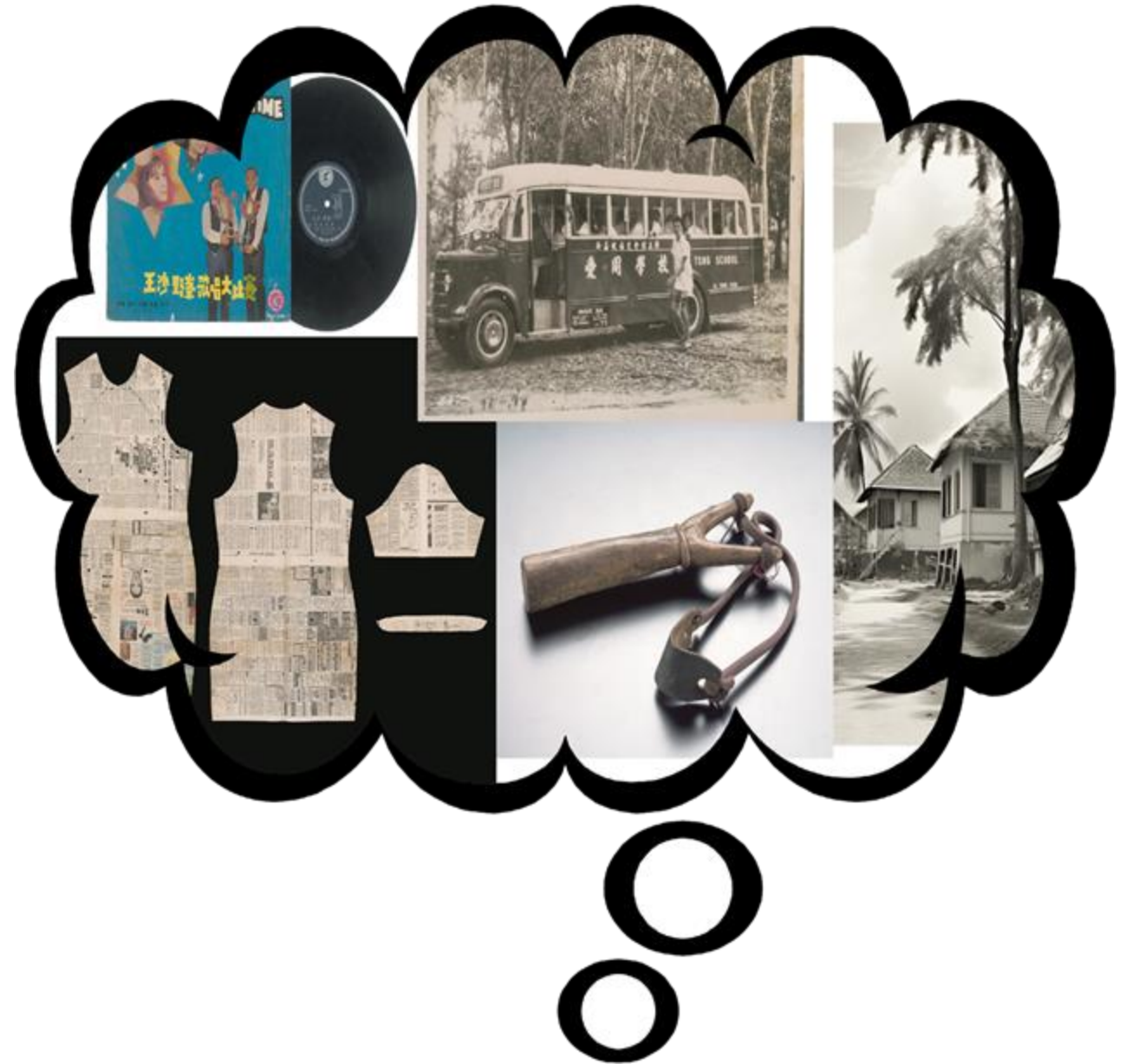
Author (Year)	Country; Setting	Sample Size (% female)	Mean Age (SD)	Intervention: Mode of delivery; Duration & Frequency	Comparison	Outcomes assessment time point	Outcome (measures)
Asiret (2018)	Turkey; Nursing home	46 (41.3%)	76.02 (SD = 7.31)	Reminiscence; Individual; 12 sessions, 30mins each, weekly	RCT (Reminiscence vs. Control) x (Pre vs. Post)	Baseline, 12 weeks	1. Sleep quality (PSQI)
Asiret and Dutkun (2018)	Turkey; Family health centre	50 (100%)	72.24 (SD = 6.29)	Reminiscence; Individual; 8 sessions, 30 to 45 mins, weekly	RCT (Reminiscence vs. Control) x (Pre vs. Post)	Baseline, 8 weeks	1. Cognitive status (MMSE) 2. Adaptation to old age (ASADE)
Blohm (1997)	USA; Nursing home	40 (87.5%)	85.70 (SD = 6.00)	Reminiscence; Group; 8 sessions, 45 mins each, twice a week	RCT (Reminiscence vs. Current affairs vs. Activity) x (Pre vs. Post vs. Follow-up)	Baseline, 4 weeks, 6-week follow-up	1. Depression (GDS-30) 2. Life satisfaction (LSI-A) 3. Psychosocial development (MPD) 4. Death anxiety (DAS) 5. Adaptation (NIAS)
Brantlett and Gurlbert (1993)	USA; Community	81 (81%)	71.50 (60 to 86)	Reminiscence; Group; 3 sessions, 1 hr each, over a 1-week period	Quasi-experimental design (Reminiscence vs. Control) x (Pre vs. Post 1 vs. Post 2)	Baseline, 1 week, 5-week follow-up	1. Sense of power (PKPCT-VII)
Burnside (1990)	USA; Community	67 (100%)	76.40 (SD = 7.20)	Reminiscence; Group; 8 sessions, 1 hr each, over a 4-week period	Quasi-experimental design (Reminiscence vs. "Dear Abby" control vs. No-treatment control) x (Pre vs. Post)	Baseline, 4 weeks	1. Fatigue (Pearson & Ryars Subjective Fatigue Feeling Checklist) 2. Affect (ABS) 3. Life satisfaction (LSI-A) 4. Depression (GDS-5) 5. Self-esteem (RSES)
Chan (2006)	Taiwan; Nursing home	24 (25%)	65 to 85 (Overall mean age was not reported)	Reminiscence; Group; 9 sessions, 1 hr each, weekly	Quasi-experimental design (Reminiscence vs. Control) x (Pre vs. Post)	Baseline, 9 weeks	1. Depression (GDS-5) 2. Self-esteem (RSES) 3. Life satisfaction (QLI)
Chiang (2008)	Taiwan; Veterans' home	75 (0%)	78.13 (SD = 3.71)	Life Review; Group; 8 sessions, 1 to 1.5 hrs, weekly	RCT (Life review vs. Control) x (Pre vs. Post vs. 1-month Post-intervention follow-up)	Baseline, 8 weeks, 1-month post-intervention follow-up	1. Life satisfaction (LSI-A) 2. Self-esteem (RSES)
Cook (1991)	USA; Nursing home	41 (87.8%)	81.30 (65 to 96)	Reminiscence; Group; 16 sessions, 1 hr each, weekly	RCT (Reminiscence vs. Current events control vs. No-treatment control) x (Pre vs. Post)	Baseline, 16 weeks	1. Life satisfaction (LSI-A) 2. Self-esteem (RSES) 3. Depression (GDS-30)
Cook (1998)	USA; Nursing home	36 (100%)	82.40 (69 to 96)	Reminiscence; Group; 16 sessions, 1 hr each, weekly	RCT (Reminiscence vs. Current events control vs. No-treatment control) x (Pre vs. Post)	Baseline, 16 weeks	1. Life satisfaction (LSI-A)
Falsten (1990)	UK; Sheltered housing	31 (74.2%)	≥ 70 (Overall mean age was not reported)	Reminiscence; Group; 9 sessions, 1 to 1.5 hrs each, weekly	Quasi-experimental design (Reminiscence vs. Control) x (Pre vs. Post)	Baseline, 9 weeks	1. Psychological well-being (GHQ-28) 2. Life satisfaction (PGCM) 3. Socialisation (Sociometric ratings of relationships)
Georgensiler (1984)	USA; Senior adult center	63 (92.1%)	Treatment: 74.64; Control: 75.38 (Overall mean age was not reported)	Life Review; Group; 7 sessions, 1.5 hrs each, weekly	Quasi-experimental design (Life review vs. Control) x (Pre vs. Post)	Baseline, 7 weeks	1. Meaning in life (PIL) 2. Intrinsic motivation for religion (IRM) 3. Self-esteem (RSES) 4. Death attitudes (CDA)
Sahir (2016)	USA; Senior center	62 (90%)	72.00 (SD = 8.00)	Attachment-focused Integrative Reminiscence; Group; 8 sessions, 2 hrs each, weekly	RCT (Reminiscence vs. Control) x (Pre vs. Post vs. 6-month follow-up)	Baseline, 8 weeks, 6-month follow-up	1. Depression (CES-D) 2. Perceived stress (PSS) 3. ER visits 4. Self-rated health 5. Sense of coherence (SOC) 6. Self-efficacy (GSE) 7. Self-acceptance (Ryff and Krueger's self-acceptance subscale) 8. Generativity (LGS)
Santares et al. (2017)	Dominican Republic; Community	150 (54.7%)	72.11 (SD = 6.23)	Instrumental Reminiscence; Group; 10 sessions, 2 hrs each, weekly	RCT (Reminiscence vs. Control) x (Pre vs. Post vs. Follow-up)	Baseline, 10 weeks, 3-month follow-up	1. Coping strategies (CAE)
Scates (1985)	USA; Community	50 (64%)	75.06 (SD was not reported)	Reminiscence; Group; 6 sessions, 6 hrs each, twice a week	RCT (Cognitive-behavioral vs. Reminiscence vs. Activity) x (Initial contact vs. Pre vs. Post vs. Follow-up)	Baseline, 3 weeks, follow-up (did not state the duration of follow-up)	1. Life satisfaction (LSI-A) 2. Anxiety (STAI)
Schmidt (2018)	Germany; Community	119 (68.2%)	73.88 (SD = 4.85)	Narrative biographical writing (Life Review); Individual; 4 times a week over 6 weeks	RCT (Structured biographical writing vs. Unstructured biographical writing vs. Diary writing) x (Pre vs. Post vs. 3-month follow-up)	Baseline, 6 weeks, 3-month follow-up	1. Depression (PHQ-9) 2. Quality of life (SF-12, EUROQOL)
Sharif (2018)	Iran; Day care center	35 (51.4%)	60 to 78 (Overall mean age was not reported)	Life Review; Group; 8 sessions, 2 hrs each	RCT (Life review vs. Control) x (Pre vs. Post vs. 1-month Follow-up vs. 3-month Follow-up)	Baseline, 8 weeks, 1-month follow-up, 3-month follow-up	1. Quality of life (WHOQOL-BREF)
Shelburne (2009)	USA; Community	56 (77%)	72.60 (SD = 8.66)	Integrative Reminiscence; Individual; 8 sessions, 45 mins each, weekly	RCT (Reminiscence vs. Health education vs. Control) x (Pre vs. Post)	Baseline, 8 weeks	1. Depressive symptoms (CES-D)
Suk (2015)	Korea; Community	78 (100%)	65 to ≥ 85 (Overall mean age was not reported)	Reminiscence; Individual; 4 sessions, 1 hr each, weekly	Quasi-experimental design (Reminiscence vs. Control) x (Pre vs. Post)	Baseline, 4 weeks	1. Memory self-efficacy (MSEQ) 2. Memory practice (Memory Practice Method developed by S.W. Cho (unpublished)) 3. Cognitive function (MMSE-K) 4. Quality of life (SF-36 QOL) 5. Depression (GDS-30)
Stinson (2010)	USA; Assisted living facilities	47 (100%)	82.53 (SD = 7.58)	Structured Reminiscence; Group; 12 sessions, 1 hr each, twice a week	RCT (Reminiscence vs. Usual care) x (Baseline vs. 3 weeks vs. 6 weeks)	Baseline, 3 weeks (6 th session), 6 weeks (Post-test)	
Viguer (2017)	Dominican Republic; Healthcare center	180 (54%)	72.25 (SD = 6.70)	Reminiscence; Group; 10 sessions, 2-hr each, weekly	RCT (Reminiscence vs. Control) x (Pre vs. Post vs. 3-month follow-up)	Baseline, 10 weeks, 3-month follow-up	1. Depressed mood (GDS-30) 2. Life satisfaction (LSI-A) 3. Psychological well-being (PWB)
Yousefi (2015)	Iran; Day care center	29 (100%)	≥ 60 (Overall mean age was not reported)	Narrative Reminiscence; Group; 6 sessions, 1.5 to 2 hrs each, twice a week	RCT (Narrative reminiscence vs. Control) x (Baseline vs. Third session vs. Sixth session vs. One month after intervention)	Baseline, 2 weeks (3 rd session), 3 weeks (Post-test), 1-month follow-up	1. Happiness (ORQ)

What is *Reminiscence*?

Reminiscence is a way to recapture the past and connect to the present's daily lives (Schweitzer & Bruce, 2008).

A common practice in gerontology and is often used as an effective tool to address the loneliness of older adults and help them remember and connect with their past, increase social interaction, and improve overall well-being.

It could be used as a form of social prescribing!



Clockwise from top left: Collection of the National Museum of Singapore, National Heritage Board; Collection of the National Museum of Singapore, National Heritage Board. Gift of Lee Hong Kim (Heritage Week Dec 2000); Collection of the National Museum of Singapore, National Heritage Board. Gift of Mdm. Ee Kwai Wing; Collection of the Asian Civilisations Museum



Person centered Care

- Person-centred care is all about **INDIVIDUAL**. The four principles of person-centred care:
 - **Care is personalized**
 - **Care is coordinated**
 - **Care is enabling**
 - **Care with dignity, compassion and respect (Health Foundation, 2016)**



Life Course Approach

The Life Course Approach in reminiscences presents the integration of sequential stages of a person's life from early life, adult life, older age to fourth stage from birth to death, including, **family background, growing up years, school years, university education, occupation, community life, religious life, experience of significant historical event; marriage and having babies; and retirement and ageing, etc (Elder. 1994)**



VIPs

- **V** Value every individual, regardless of status, age or health situation.
- **I** Treat people as individuals and appreciate each person's unique life history, personality, health status and social circumstances affect the person's life experience.
- **P** Look at the world from the perspectives of each person and recognize that people are striving to make sense of their experience.
- **S** Create a supportive social environment that provides opportunities to connect and communicate with other people and feel included in a social group. (Brooker, 2004)

Since Robert Butler (1963) “Life Review”

The Life Review: An Interpretation of
Reminiscence in the Aged

Robert N. Butler*

THIS PAPER POSTULATES the universal occurrence in older people of an inner experience or mental process of reviewing one's life. I propose that this process helps account for the increased reminiscence in the aged, that it contributes to the occurrence of certain late-life disorders, particularly depression, and that it participates in the evolution of such characteristics as candor, serenity, and wisdom among certain of the aged.

Allusions to a life-reviewing process are common in the literature of various historical periods:

They live by memory rather than by hope, for what is left to them of life is but little compared to the long past. This, again, is the cause of their loquacity. They are continually talking of the past, because they enjoy remembering.—ARISTOTLE, *Rhetoric* (367-347 B.C.).¹

Mem'ry's pointing wand, that calls the past to our exact review.—COWPER, *Task* (1784).²

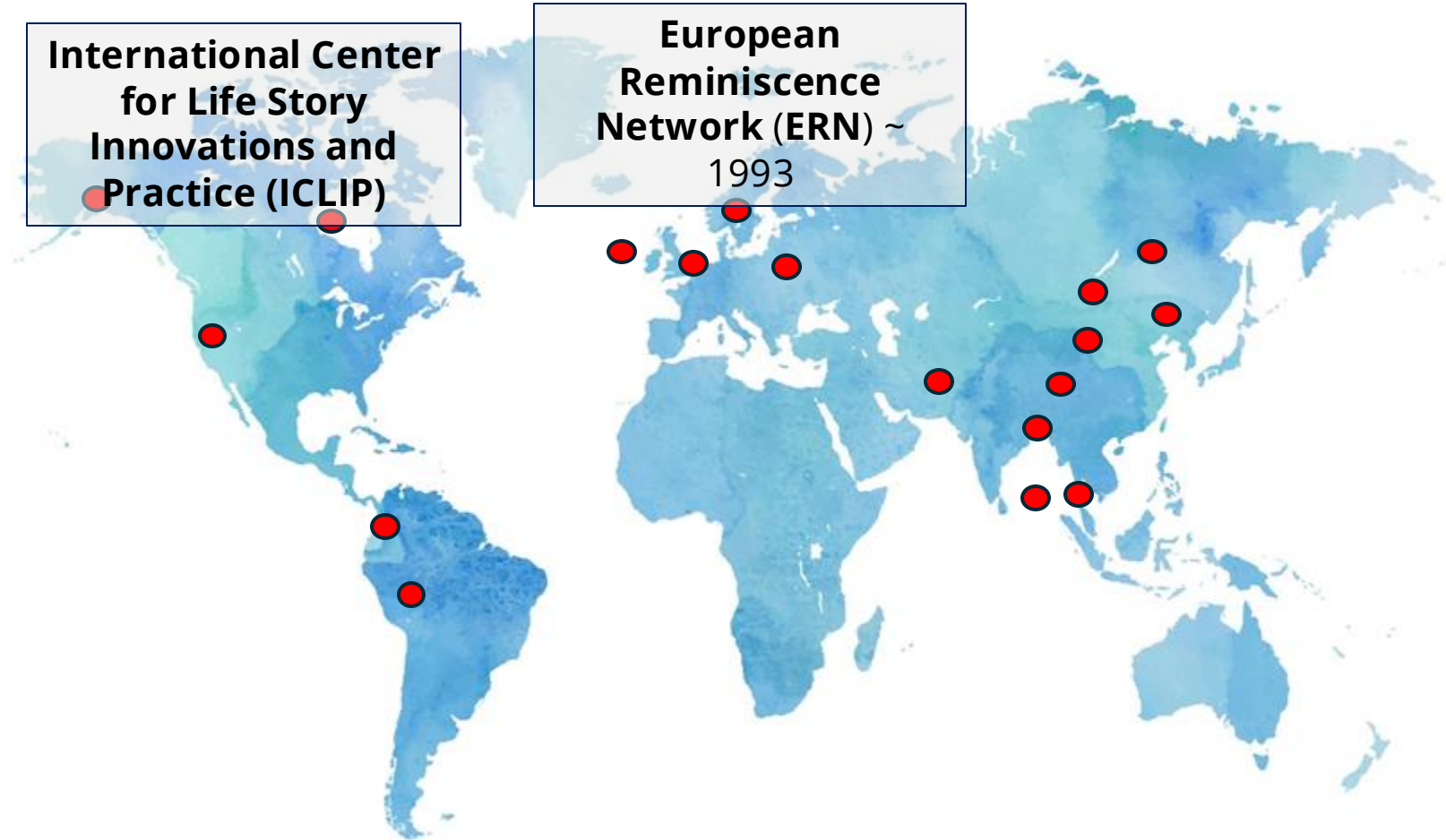
What makes old age hard to bear is not a failing of one's faculties, mental and physical, but the burden of one's memories.—MAUGHAM, *Points of View* (1959).³

with the elderly, find great difficulties in listening.⁴

The prevailing tendency is to identify reminiscence in the aged with psychological dysfunction and thus to regard it essentially as a symptom. One source of this distorted view is the emphasis in available literature on the occurrence of reminiscence in the mentally disordered and institutionalized aged. Of course, many of the prevailing ideas and “findings” concerning the aged and aging primarily stem from the study of such samples of elderly people. Since the adequately functioning community resident

International Center
for Life Story
Innovations and
Practice (ICLIP)

European
Reminiscence
Network (ERN) ~
1993



Reminiscence activity and research is everywhere but no central network/hub in Asia.

In Asia: NHK Reminiscence Library in Japan



https://commons.wikimedia.org/wiki/File:NHK_Broadcasting_Center_2016.jpg



The development of Reminiscence Programme for aged care in Singapore

Before 2019
Various short term reminiscence training and program

2019-2022:
Reminiscence in Dementia Care Project

2022-2023
Develop Come, Let's Chat & Reminiscence Library and consolidate the reminiscence related materials

2023 to 2024
Reminiscence facilitation certification program and more structured reminiscence programs are developed & more spiritual and reminiscence activity

2025
Set up the Reminiscence Hub as part of the memory and cognitive health community programme



Asia Reminiscence Hub (Hub)

The **Asia Reminiscence Hub (Hub)** functions much like an **Aviation Hub**. Just as an aviation hub serves multiple airlines (agencies) to help them reach various destinations (where older adults are located), the RH ***provides essential resources*** (such as planning, training, funding, communication and marketing) to support agencies in efficiently and effectively ***reaching our older adults for reminiscence sessions.***

Ultimate goal is to promote mental health and wellbeing!

What SUSS has been doing in Reminiscence

Phase 1 (2019 to 2022)

Reminiscence
in Dementia
Care Project

Reminiscence
Educational
Protocol & Videos

Phase 2 (2022 to 2023)

Intergenerational
Reminiscence
Toolkit

Come!
Let's Chat

Phase 3 (2023 to 2024)

Reminiscence
Facilitation
Training Course

Reminiscence
Facilitation
Course

Phase 4 (2025 to 2029)

DBSF X SUSS
Memory and Cognitive
Health Community
Programme in Asia

Reminiscence
Facilitation courses,
Practicum, micro job,
product creation, etc



Inspired by our older adults, the project is expanding!

Reminiscences in Dementia Care through Oral History
By Singapore University of Social Sciences,
National Archives of Singapore, Dementia Singapore



Scan Here



A collection of personal items, including watches, jewelry, a photograph, and a bowl, arranged on a red surface. The items are scattered across the frame, with a semi-transparent text box overlaid in the center. The background is a red surface, possibly a tablecloth or mat, with various personal items scattered across it. The items include several watches of different styles, some with leather straps and some with metal bracelets. There are also pieces of jewelry, including necklaces and earrings. A small, framed photograph of a couple is visible in the center-right. A white ceramic bowl is in the upper right. The overall scene suggests a collection of personal belongings, likely used for reminiscence therapy.

Reminiscence Facilitation is a supportive, structured approach designed to help individuals recall and share their personal memories.





**Our Participants from previous
reminiscence sessions: Benefits**



**Participant's
Benefits**

Personal Development

Building Togetherness

Reminiscing some past events, may it be sad or happy ones, it **helps bring them closer to one another through some similar events.**

Building relationships: Revisiting the past memories allows for team members to **know the Participants better as individuals and also to feel closer to them** on a different personal level.

Through the sharing of stories, a **positive and inclusive environment can be created** to enhance the overall experience for Participants/residents and **strengthen their sense of community within their nursing home.**

Facilitator feels strongly that the experienced stories and cultural backgrounds shared through reminiscence **can create strong bonds and sense of connection among the Participants.**

Sense of Purpose

Reminiscence created a **sense of purpose and value** for them.

Gain New Perspective

Participant may learn and discover new perspectives as he revisits and reflects on his past memories through Reminiscence facilitation **bringing value as he saw them from his new perspective.**

Exercise Autonomy

Facilitator initiated a new method to encourage Participants' memory recall and sharing by giving **Participants autonomy to pick the card of their preference** from the displayed cards.

Cultivating Goodness & Joy – Appreciation, Empathy, Thoughtfulness, Gratitude

Seniors were very **grateful and appreciative** to Facilitator for taking time to reminiscence with them and also for taking great efforts in sourcing for a lot of olden things that are not easily obtainable nowadays.

Through the genuine shared memories, **empathy was built** as the team hears each other's hard life/work experienced.

Reliving and reaffirming the positive experiences in Participants through the sharing of Reminiscenced stories.

Honored that Facilitator could through Reminiscence **validate and acknowledge** both Participants' feelings and the sacrifices they had made in their younger days.

Despite Dementia, she is still very **thoughtful on other people's feelings.**

The camaraderie and joy derived from the recall of those spirited football games.



Participant's
Benefits

Communication and Connection

Opportunity to Receive Validation & Affirmation

The Reminiscence powerful connection transcended time, creating a **sense of belonging and fostering deep appreciation** for the richness of Participants' lives, both past and present.

Through Reminiscence, Participant's **past achievements were being acknowledged** as Facilitator complimented Participant for all the awards that he had received and told him "I am very proud of you".

Facilitator had **empowered** the Participants that the stage is theirs, hearing them speak with confidence and overcoming their "belittled" feeling. Facilitator felt proud of their performances and personally I (Facilitator) felt a sense of achievement.

Participants' stories **affirmed that no matter how tough their lives were, they had learnt from it and grew up to be good humans.**

Felt Heard and Seen

Reminiscence **fosters a culture of respect**, where people feel heard and thus seen in both significant and seemingly trivial aspects of their lives.

Provides Insights to Participants' Inner World

A refreshing moment for the Participants to **take a break** from their daily usual routines which provided valuable insights into understanding of the Participants on a personal level. G1F13.1

Avenue for Participants' In-dept Sharing

Reminiscence activities effectively **motivates even the disengaged and timid to participate.**

Reminiscence gives Facilitator the **opportunity to gain more knowledge and to discover Participant's aspirations**, It is very significant to facilitator since it is seldom that the Client(Participant) shares her personal stories/wishes.

I have gained knowledge to facilitate the entire program to engage my Participant, It gave the Participant **a safe space and a helpful avenue of sharing** and understanding their personal experiences and stories. These will help me in my future Clients (Participants).



Participant's Benefits

Memory & Legacy

Establish Eidetic Memory

Participant told Facilitator that all the stories as shared are **still clear in his mind** because it seems to him that these are happy memories which **seems to have happened recently**.

Their stories painted a vivid picture of life brimming with colour and vibrancy, a testament to the enduring power of memory and the joy of shared reminiscence.

Their reminiscences revealed a **wealth of knowledge and insight**, gained from a lifetime of experiences.

For Future Generations/ Legacy

Acknowledge the **importance of preserving these stories** for future generations.

Overcoming Disability

With the Reminiscence activity, Facilitator has **managed to encourage Participant to verbally share his deepest secrets of his personal life for a long period of time despite his slurred speech** due to stroke.

Family & Relationship

To Receive Best Support

Understanding more about the emotional needs of the elderly through Reminiscence can be a great step towards helping to **provide the best possible support for them**.

Better informed of their past, Facilitator may formulate **appropriate interventions when the need arises**.

Self/Family Reconciliation

The power of reminiscence has enabled Participants to think of **their past fondly and to think deeply into how times have changed for the better**.

Meaningful discussions about the personal significance and emotions on family.



Participant's
Benefits

Promote Emotional Well-Being

Transformative Force

The power of reminiscence proved to be a transformative force, encouraging the Participants to delve into their past, drawing **comparison between their lived experiences and the present day**.

What joy to hear Participant **talk and internalise his choices and actions**. Seeing him reflect upon those moments **brings renewal to his thought life and beliefs**. Facilitator sincerely hope they may **bring actualisation to Participant's endeavours**.

Hope through Reminiscence facilitation that **Participant may re-evaluate any negative memories to generate more positive views**.

Resident **open up and recount their experiences** was truly invaluable.

Boosting Sense of Identity

The act of **remembering and sharing is significant** for their sense of identity.

Supports Emotional Well-being

Reminiscence creates an environment that fosters **open communication, understanding, and empathy** which are crucial in supporting the emotional health of the elderly.

Source of Comfort

Let them (Participants) know that you are **there to listen** and that you **value what they have to say**.

"In Emotional moments, to **reassure** the resident and continued discussing cherished memories."

By exercising greater sensitivity and awareness, I (Facilitator) will **ensure that reminiscence sessions serve as a source of comfort, connection, and positive reinforcement** rather than having inadvertent negative emotions or triggering distress.

Good for Seniors to share their memories and it is ok to tear a little rather than just keeping their memories as a burden.

Listen patiently and then **steer the Participant towards a happy memory** so that they don't end the session feeling distressed.



Participant's
Benefits

Memory & Cognitive Health Community Programme

Reminiscence Facilitator Training Course

Organized by: **SUSS**
SINGAPORE UNIVERSITY
OF SOCIAL SCIENCES

Step 1 Online e-learning An Introduction to Reminiscence Facilitation: Enhancing Wellbeing in Older Adults

Section 1 Principles of Reminiscence

- 1.1 Concept of reminiscence**
 - Relationship-driven
 - Focusing on parts of the past to enrich daily lives
 - Is evidence based
- 1.2 Exploring Reminiscence**
 - Journey through memories
- 1.3 Reminiscence Facilitation**
- 1.4 Principles of Reminiscence**
 - Stream-lined aim
 - WFL:
 - 1. Take every individual
 - 2. Treat people as individuals
 - 3. Look from the perspective of each person
 - 4. Supporter of social environment
 - Life Course Approach
- 1.5 Benefits of Reminiscence**
 - Lift mood and maintain worth
 - Promote meaningful conversation and create sense of shared memories
 - Edge with mental performance
- 1.6 How memories are triggered**
 - 5 senses and sensory stimuli such as photos, music and tastes

Section 2 Reminiscers and Reminiscing

- 2.1 6 Types of Reminiscers**
 - The Colonial
 - The Creator
 - The Explorer
 - The Standby
 - The Drifter
 - The Enthusiastic
- 2.2 6 Types of Reminiscing**
 - The Observer
 - The Escapist
 - The Narrator
 - The Transmitter
 - The Instrumental
 - The Integrator

Section 3 Roles and Skillsets of a Reminiscence Facilitator

- 3.1 Roles of a RF**
 - Programme Enricher
 - Programme Designer
 - Programme Supporter and Observer
- 3.2 Effective Communication**
 - Active Listening
 - Allow space for expression
 - Adapting Speech and Non-verbal Communication
 - Language Skills of Older Adults
- 3.3 5 RECC: Attributes & Skills of a RF**
 - Respectful
 - Empathetic
 - Empowered
 - Empowering
 - Empowering memory
 - Empowering
 - Empowering
 - Empowering
 - Empowering
 - Empowering
 - Empowering

Section 4 Facilitating Reminiscence Sessions

- 4.1 Session Outlines**
 - 5 Ws & 1 H
 - Who
 - What
 - Where
 - When
 - Why
 - How
- 4.2 Session Types**
 - Small Group
 - Big Group
 - One on One

Section 5 Planning a Reminiscence Activity

- 5.1 5 Ms in Reminiscence Activity Design**
 - Motive
 - Method
 - Material
 - Manpower
 - Money
- 5.2 Celebration for Older Adults**
 - Create a better atmosphere
 - Incorporate meaningful activities
 - Celebrate memories
 - Recognize and honor individual contributions
 - Involve family members and caregivers

Step 2 Face-to-face Training - 2 full day sessions

Step 3 Practicum - 1 hour x 12 sessions

Completion Certified Reminiscence Facilitators

For more information, please visit <https://www.suss.edu.sg/igremi>

Reminiscence Facilitation Training Course & Micro Job Programme

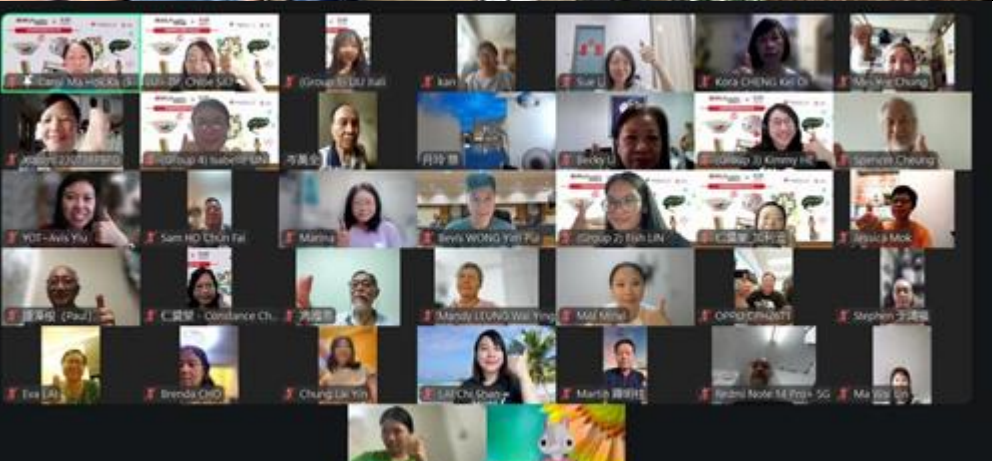
a) Reminiscence Facilitation Training (RFT) Course

- **Trains** older adults (≥60), caregivers, volunteers, and NPO staff as certified **Reminiscence Facilitators (RFs)**.
- Post-Training Requirements: Participants are encouraged to engage the same group of elderly in 12 additional reminiscence sessions to reinforce skills and continuity.

b) Micro Job Programme

- Facilitation micro-job opportunities to be provided to certified older adults and caregivers
- Stipend provided upon completion of 24 one-hour sessions.

Scale service delivery to elderly participants.



Join our Movement to Promote

Mental health & Wellbeing



Cognitive stimulation



Emotional health



Social Connection



Generate Healthy Dividends Together



**From Memories to Healthspan: Rethinking Healthy Ageing
Through Reminiscence and Innovation**

Thank you

For more information, please contact:
Associate Professor Carol Ma
Head of Gerontology Programme
S R Nathan School of Human Development
Singapore University of Social Sciences
carolmahk@suss.edu.sg