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THE USE OF POSITIVE REMINISCENCE THERAPY IN THE ELDERLY WITH COGNITIVE IMPAIRMENT

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Abstract

The present study shows the treatment based on a positive reminiscence therapy and compares the possible modifications of the treatment group against a control group in different psychological variables, over a period of three months. The present study was performed using a repeated measures design (pre-treatment) in a population with cognitive impairment residing in the city of Salamanca (Spain). The main objective of the present study is to obtain an improvement in the quality of life of adults over 65 years of age, voluntary participants in the study, and for this, a 10-week intervention program was designed; whose results show the effectiveness of this type of non-pharmacological therapies. The evidence found shows a significant increase in cognitive level, mood, satisfaction with life, self-esteem and a decrease in depressive symptoms in the experimental group (intervention) compared to the control group. No differences were found in the resilience variable in any of the study groups.

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Keywords: Positive Reminiscence Therapy, positive; elderly, Mild Cognitive Impairment (DCL).

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1. Introduction

The importance of this study lies in the increase in life expectancy, which provides an opportunity not only for the elderly and their families, but also for societies as a whole, however, there is a factor that conditions it: health (OMS, 2015). Psychology is responsible for the research and development of strategies to promote aging, so we take as a reference the psychology of patients whose objective is to improve the quality of life and prevent the onset of mental disorders and pathologies (Piñero Ruiz, Arense Gonzalez, Moñino Garcia, & Lopez Martinez, 2017). Starting from a psychogerontological perspective (applied field that contributes from the beginning psychics of the old age, to welfare and quality of life integrating biological and social factors) these strategies contribute to a satisfactory adaptation of the individual and the changes of aging (Afonso & Lopes, 2011). Considering this s perspective s, talking about memory problems and aging leads us to talk about Alzheimer's Disease (AD) and other diseases related to aging are more common today, especially in people between 60 and 85 years age, insofar as the longevity of the population increases (…) (Flórez, Corrales, & Ortiz, 2018).. Practically, all the basic psychological processes are affected, but the most serious and insidious are memory problems (Damodaran & Ghosh, 2018). This is one of the central functions of intellectual activity, the basis of our knowledge, and is the first cognitive and conceptual processing system that is destroyed with a devastating result (Casanova-Sotolongo, Casanova-Carrillo, & Casanova-Carrillo, 2004).

Of special interest is the study by Selmes and Selmes (2000), in which they show that Alzheimer's patients retain precise memories of the most significant events of their life even when the disease progresses, having the tendency to relive them when They share with the people around them (Cappeliez, O'Rourke & Chaudhury, 2005). From this derives the importance of group-type interventions (Intiso, 2018).

On the other hand, therapies of a non-pharmacological nature are now of special relevance. As reminiscence, some authors pointing n its use as a priority when it comes to dementia (Pino & Escárcega, 2016); By treating it as a function that allows us to remember thinking or relating facts, acts or experiences from the past, it is a universal psychic activity that seems to be necessary in aging and in old age, since it favors the integration of the past with the present (it provides continuity), reinforces identity, increases self-esteem and allows resignification (re-giving meaning to these events, acts and experiences) (Butler, 2002; Gibson, 2011; Schacter, 1996; Webster & Haight, 2002; Westerhof & Bohlmeijer, 2014).

AD is the most common cause of dementia in the elderly; understanding dementia the loss of cognitive functioning to such a degree that it interferes with the life and daily activities of a person (Sacuiu et al., 2016). This neurodegenerative disease produces a progressive deterioration for which there is no diagnostic certainty, nor an agreement on the risks of genetic and environmental factors associated (Salazar-Villanea, 2007). Although its prevalence is high and the studies that revolve around it are increasingly more, it is a "great unknown" and the treatments in use slow it down, but it does not manage to destroy it completely, taking the subject who suffers it to a state of total dependence in its last stages (Raghu, Sharma, Domanal, & Reddy, 2018).

For this, we consider the use of a highly integrative, instrumental and narrative style of reminiscence (Wong & Watt, 1991), since, as various researches point out, this style is related to the promotion of different ways of remembering the personal past (De la Mata, Santamaria, Hansen, & Ruiz, 2015). This

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therapy (Positive Reminiscence) seems to be linked to the Autobiographical Memory (MA); understood is ta, as the memory for events and events of life significant for the construction of the self (personal identity) and with three outstanding functions: self-relation, social and directive (Santamaría, de la Mata, Cubero, & Hansen, 2017). This fact is what differentiates autobiographical memory from the merely episodic (Santamaría, de la Mata, & Ruiz, 2012).

In conclusion, reminiscence therapy is very useful in the evocation of memories of events and past experiences of the person taking them to the present moment, realizing rereading's of each of the events experienced, focusing on provoking positive emotions solve conflicts of the past, Its purpose is to give value and meaning to your own identity and achieve greater satisfaction with your life. In addition, using reminiscence therapy memory is stimulated which is one of the most affected cognitive areas in aging, especially in people with dementias (González-Arévalo, 2015).

2. Problem Statement

The determination of this report is the elaboration of an intervention, which takes as a reference the study by Rueda (2017), to transfer these mechanisms to a population with cognitive control (mild AD). To verify whether, together with the methods previously used and with the modification-extension of some of them, we can improve the quality of life of the elderly with cognitive risk, using positive reminiscence therapy. The general objective of this work is summarized in:

-General objective: to improve the quality of life of the elderly with EA level using a treatment based on positive reminiscence therapy.

A concretion of the general objective would be the following:

Specific objective: to test a treatment based on positive reminiscence therapy and compare the possible modifications of the modifications of the treatment group against a control group in different psychological variables by means of a design of repeated measures (pre-post-treatment).

Based on what was previously described, the hypothesis of the part this work would be the following: The start-up of the treatment will generate benefits that can be observed in the post-treatment measure compared to the pre-treatment measures (H1) and in comparison to the control group. The hypotheses linked to the manipulated variable that we will consider in this study are:

H1a: in relation to the cognitive level, there is some controversy about the effects of this type of therapy, although in this work it is expected to observe certain similar or superior ones after the intervention.

H1b: the state of mind, which has been one of the central dimensions to work from this type of treatment, expects that there will be a clear impact on the treatment group by reducing depressive symptoms.

H1c: emotional variables (self-esteem and life satisfaction) present clear improvements after treatment application.

H1d: As regards the analysis of the effects of treatment on adaptive variables, we expect to obtain effects on resilience as well as coping. They must demonstrate clear increases in their controls with maintenance of certain that specify it after the post-treatment analysis.

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H1e: in relation to the use of memory, the dimensions of the positive self must show an increase, as well as the prosaically dimensions, while the dimensions of the negative self-have a decrease.

3. Research Questions

Taking into account the theoretical assumptions formulated in the justification, it is proposed as research problems: How can we increase the quality of life of older adults with mild cognitive impairment (mild AD)? And Are their differences between the control group and the experimental group after a treatment based on Positive Reminiscence therapy?

4. Purpose of the Study

The aim of this study is to test a treatment based on positive reminiscence therapy (Abreu, Armas, & Fuentes, 2018) and to compare the possible changes in the scores of the treatment group versus a control group in different psychological variables by means of a design of repeated measures (pre-post-treatment). . The variables that we have taken into consideration are: cognitive level, mood, self-esteem, life satisfaction, resilience, coping and in relation to the use of memory (the dimensions of the positive self, prosaically and negative).

5. Research Methods

5.1. Participants

The sample has been selected incidentally through contact with the day centers / residences that wanted to participate in this project within the city of Salamanca, although it is necessary to emphasize that since it is a pilot study and due to the time limitation they were Selected those centers with which there were previous collaborations with the Pontifical University of Salamanca and Tercia Asistenciales Services of Salamanca. The selection of subjects was carried out in relation to the inclusion criteria of the previously defined sample: people over 60 years of age, with a previous diagnosis of mild cognitive impairment or AS (Alzheimer's disease) of a mild type and belonging to the day center / residence where the intervention was performed. Being a program aimed at successful aging and for the improvement of mental health using positive reminiscence therapy, we have considered these criteria appropriate. So, the center in which the intervention was carried out is the Boni Mediero center in Salamanca whose users are diagnosed with AS, since it is the characteristic of this center.

5.2. Instruments

Please replace this text with context of your paper. The instruments used in both the pre-treatment and post-treatment phases were: Mini-Cognitive Examination (MEC) (Folstein, Folstein, McHugh, & Fanjiang, 2001), Geriatric Depression Scale (GDS, Yesavage et al., 1983), Rosenberg Self-Esteem Scale (Rosenberg, 1965), Life Satisfaction Index (LSI-A) by Neugarten, Havighurst, and Tobin (1961), Brief Resilient Coping Scale (BRCS) developed by Sinclair and Wallston (2004) and later adapted to Spanish in the larger population by Tomás, Sancho, Melendez, and Mayordomo (2012) and the Reminiscence Function

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Scale (RFS) developed by Webster (1993) and then replicated by Webster (2003) and Robitaille, Cappeliez, Coulombe, and Webster (2010) as a measure of how much memory is used for different purposes.

5.3. Process

As regards the structure of the sessions; the intervention had room in 10 sessions for 5 weeks (2 sessions per week) of duration of approximately 1 hour each and with groups of maximum 10 people. This study consists of 6 phases that are presented and developed below:

Phase 1: the sample was selected incidentally, at first, we contacted the day centers / residences that wanted to participate in this project (with the nuance specified in the previous section participants). Once this first contact was made and after the approval of the participation in the study, we passed an informed consent in which the objectives and purpose of this study were made explicit.

Phase 2: selection of subjects that meet the inclusion criteria of the sample (list provided by the day center) specified in the previous section (participants).

Phase 3: interview / previous information meeting where the informed consent was signed by the relatives and pre-test planning (specifying the time and date for its implementation).

Phase 4: pre-test, use of data collection instruments that have been mentioned in the instruments section; each participant was assigned a booklet in which the tests that were developed by the researcher individually were made explicit.

Once the pre-test was carried out, an analysis of the data obtained after which two groups were randomly formed (selection criteria for the formation of groups the first 10 signed consents became part of the experimental group and the rest control): experimental groups (receiving treatment) and control group (cognitive stimulation keys not related to the intervention and provided by the centre itself were provided). For participation in both groups it was necessary to meet the inclusion criteria.

Phase 5: consisted of the start-up of the intervention with the experimental group, developing the 10 sessions show below in Table 01; As can be seen, they are of very varied themes so as to satisfy the taste of all the participants (Cabaco, 2019):

Table 01. Sessions

Number sessions	Title
1	Introduction to Reminiscence
2	Everyday aspects
3	I present-past-future

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4	Personal and interpersonal relationships
5	Relevant dates
6	Happy holidays
7	Work and occupations
8	Games
9	Remembering loved ones
10	Music and memories

Phase 6: completion of the intervention, which consists of the evaluation of both groups (experimental and control) using the tests specified in phase 4 for this purpose. So that, once the relevant analyses have been carried out, it allows us to compare results and verify the presence or absence of changes.

5.4. Statistical analysis

It was necessary to create a database susceptible to the subsequent statistical analysis, for which the statistical program SPSS 22 was used. Whenever it was necessary to study association or differences between measures of the different variables, a level of significance $\alpha \leq .05$ was considered. The confidence intervals used in the estimates will have a confidence level of 95%.

6. Findings

Taking into consideration the objective proposed for this study (the improvement of the quality of life of the elderly using a program of positive reminiscence) we will comment on the results obtained after the realization of it. The results found for each of the variables are summarized below:

The cognitive level evaluated by the MEC, shows significant changes after the intervention and differences in the groups, showing a significant improvement in this variable in the experimental group there is significant interaction on the cognitive level (MEC) (sig 0.003 <0.05), so we understand that the evolution of the two groups is different. As we can observe in the scores, there is a considerable increase in the experimental group (23.9-25.7) after the intervention compared to the control group (24.4-23.5).

In relation to the variable depressive symptomatology studied by the GDS in the pre-treatment measure GC (10, 14) and GE (9, 30) we did not observe significant differences. In doing so after the intervention GC (10.57) and GE (6.40) we observed a clear decrease in the scores of the experimental group, despite the fact that the groups presented similar initial scores (pre-test); this variable being significant with the intervention.

The variables self-esteem and life satisfaction quantified with LSI-A and EAR respectively tend to increase after the intervention.

As for the variable prior to the implementation of the intervention resilience both groups were based on average scores like GE (14,30) and GC (14.14) as noted in the table, after the completion thereof is not, we find changes significant.

Using the RFS with which we measure the positive, negative and social self-found a significant decrease in the scores of the experimental group after the intervention, when what was expected would have been an increase in the positive and social self and a decrease in the negative self.

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7. Conclusion

As indicated at the beginning of this article, the intervention with reminiscence therapy has become one of the non-pharmacological treatments that has had the greatest impact in recent years, offering proven results of its effectiveness in older adults. For this reason, the objective of this report was to apply an intervention through positive reminiscence in older adults to encourage the improvement of different psychological variables related to optimal aging (Villar & Serrat, 2017).

This study allows us to approach the improvement of the quality of life of the elderly with mild AD from a non-pharmacological perspective, although the therapies of eminence have been showing their effectiveness in previous studies; This goes a step further when doing so with previously diagnosed people (mild AD).

The justification of this study must be placed in its use as a pilot to affirm in a consistent way the results obtained here and the limitations that have to be corrected. However the results found are quite hopeful ahead to continue the study because as has been observed employing therapy Positive Reminiscence allows a significant reduction in depressive symptoms, increased cognitive level, life satisfaction, self-esteem and mood; variables to take into account for psychological well-being and more at this time of life (aging) and with this type of cognitive impairment (Alzheimer's).

In relation to the hypotheses previously raised, we can conclude that reminiscence as a non-pharmacological treatment has demonstrated its effectiveness at the cognitive level; consistent with previous study that point that moderate groups (mild AD) significantly improve cognition with the use of this technique (Solé Resano, Mercadal-Brotons, de Castro, & Asensio, 2015) . On the other hand, the experimental group shows a decrease in depressive symptomatology compared to the control group ; d and thus stress the positive effects of the intervention in terms of reduction of depressive symptoms in the treatment group with the control group, and this data is consistent with the results of various studies proposing reducing mood depressed as one of the main objectives of this type of therapies in the elderly (Afonso & Bueno, 2010; Afonso & Lopes, 2011; Bohlmeijer et al., 2003; Cappeliez & O'Rourke, 2006). It should be noted that any intervention that can reduce depression to some extent in older adults has its clinical importance (Hsieh & Wang, 2003), since there are many studies that indicate that depression is one of the most common diseases in the elderly aging.

In relation to mood and life satisfaction there is a clear impact on the experimental group after the intervention and these variables are related to good personal, emotional and cognitive adjustment (Fortuna Terrero, 2016), which has positive effects on the psychological well-being On the other hand, no significant effects were obtained in the resilience variable, or not of the reasons why this variable does not present a modification. This may be due to the fact that it is understood as an active strategy by the older adult; although this is taken into account when talking about caregivers of patients with AD. For future studies it would be good to also consider this figure that plays a fundamental role in this disease and evaluate this variable to verify the presence or absence of correlated changes (Córdoba & Poches, 2016).

The reminiscence functions evaluated with the RFS show a decrease in the scores over time, this being higher in the experimental group. This may be due to misuse of the questionnaire; It must be taken into account that the RFS identifies patterns of coherence with oneself and this may affect the result; in

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subsequent studies, another technique / test should be used that allows the contrast of results and thus verify the presence or absence of changes in these variables. While taking the previous study as a premise we consider the use of it to be correct, not finding the same results (Fortuna Terrero, 2016).

The limitations of the present study are: the small sample size (n = 17), the gender inequality (GC (M = 3 and H = 4) GE (M = 2 and H = 8)) and temporality (3 months). On the other hand, the results are only generalizable to populations with similar characteristics to the study sample. It must also be taken into account that despite being the instruments measured self-report has been necessary to read them for completion may affect the subsequent result.

As we have discussed throughout this article, Reminiscence therapy provides benefits both at a psychological level and at a social level in the elderly, as it allows the recovery of autobiographical memories and provides continuity while promoting the person Connect with others and feel good about yourself. Therefore, our objective now is to correct the limitations found in this study; for the realization of future studies that allow consolidating and expanding our knowledge in this area.

References

Abreu, G. S. A., Armas, J. M. B., & Fuentes, R. C. (2018). Terapias antienvejecimiento aplicadas a la enfermedad de Alzheimer [Anti-aging therapies applied to Alzheimer's disease]. *Revista Española de Geriatría y Gerontología*, *53*(1), 45-53.

Afonso, R. M. L. B. M. (2011). *Reminiscência como técnica de intervenção psicológica em pessoas idosas* [Reminiscence as a technique of psychological intervention in elderly people.]. Fundação Calouste Gulbenkian.

Afonso, R., & Bueno, B. (2010). Reminiscencia con distintos tipos de recuerdos autobiográficos: efectos sobre la reducción de la sintomatología depresiva en la vejez [Reminiscence with different types of autobiographical memories: Effects on the reduction of depressive symptomatology in old age]. *Psicothema*, *22*(2), 213-220

Bohlmeijer, E. T., Smit, F., & Cuijpers, P. (2003). Effects of reminiscence and life review on late-life depression: A meta-analysis. *International Journal of Geriatric Psychiatry, 18*, 1088-1094.

Butler, R. N. (2002). Butler reviews life review: Aging today. *Aging Today, 21*, 9-12.

Cabaco, A. S. (coord.) (2019). Los niveles de cognición instruccional positiva. Programa de reminiscencia Cip-Cetys para optimizar el bienestar en adultos mayores [Levels of positive instructional cognition. Cip-Cetys reminiscence program to optimize the well-being of larger adults]. *Mexicali: Editorial del Cetys Universidad.*

Cappeliez, P., & O'Rourke, N. (2006). Empirical validation of a model of reminiscence and health in later life. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 61*, 237-244.

Cappeliez, P., O'Rourke, N. & Chaudhury, H. (2005). Functions of reminiscence and mental health in later life. *Aging & Mental Health, 9*, 295-301.

Casanova-Sotolongo, P., Casanova-Carrillo, P., & Casanova-Carrillo, C. (2004). La memoria. Introducción al estudio de los trastornos cognitivos en el envejecimiento normal y patológico [The memory. Introduction to the study of cognitive disorders in normal and pathological aging]. *Rev Neurol*, *38*(5), 469-472.

Córdoba, A. M. C., & Poches, D. K. P. (2016). Resiliencia y Variables Asociadas en Cuidadores Informales de Pacientes con Alzheimer [Resilience and Associated Variables in Informal Caregivers of Alzheimer Patients]. *Revista Colombiana de Psicología*, *25*(1), 33.

Damodaran, V., & Ghosh, K. (2018). Size Optimization of In As/GaAs Quantum Dots for Longer Storage Memory Applications. *Nanoelectronic Materials and Devices* (pp. 29-35). Springer, Singapore.

De la Mata, M. L., Santamaria, A., Hansen, T. G. B., & Ruiz, L. (2015). Earliest autobiographical memories in college student from three countries: Towards a situated view. *Memory Studies*, *8*, 151-168.

https://doi.org/10.15405/epsbs.2020.05.4
Corresponding Author: Alba Villasán Rueda
Selection and peer-review under responsibility of the Organizing Committee of the conference
eISSN: 2357-1330

Flórez, J. A. R., Corrales, C. E., & Ortiz, L. Y. B. (2018). Influencia de las emociones sobre los procesos de la memoria declarativa en el Deterioro cognitivo Leve [Influence of emotions on the processes of declarative memory in mild cognitive impairment]. *Katharsis: Revista de Ciencias Sociales*, *25*, 3-21

Folstein, M. F., Folstein, S. E., McHugh, P. R., & Fanjiang, G. (2001). Mini-Mental State Examination: User's Guide. Odessa, Florida: Psychological Assessment Resources.

Fortuna Terrero, F. B. (2016). *Reminiscencia en adultos mayores no institucionalizados de República Dominicana: seguimiento de una intervención* [Reminiscence in non-institutionalized older adults in the Dominican Republic: follow-up of an intervention]. (Doctoral dissertation). Universidad de Valencia, Facultad de Psicología.

Gibson, F. (2011). *Reminiscence and life story work: A practice guide*. London: Jessica Kingsley Publishers.

González-Arévalo, K. A. (2015). Terapia de reminiscencia y sus efectos en los pacientes mayores con demencia [Reminiscence therapy and its effects in older patients with dementia]. *Psicogeriatría*, *5*(3), 101-111.

Hsieh, H. F., & Wang, J. J. (2003). Effect of reminiscence therapy on depression in older adults: A systematic review. *International Journal of Nursing Studies, 40*, 335-345.

Intiso, D. (2018). Rehabilitation of Older Patients with Chronic Kidney Diseases. *Rehabilitation Medicine for Elderly Patients* (pp. 477-481). Springer, Cham.

Neugarten, B. L., Havighurst, R. J., & Tobin, S. S. (1961). The measurement of life satisfaction. *Journal of gerontology*.

Organización Mundial de la Salud (OMS) (2015). Informe mundial sobre el envejecimiento y la salud. [World report on aging and health]. Madrid: OMS

Piñero Ruiz, E., Arense Gonzalez, J., Moñino Garcia, M., & Lopez Martinez, O. (2017). Efectos de una intervención para la mejora de las fortalezas psicologicas en educación infantil, valorados a traves del test del dibujo de la familia [Effects of an intervention to improve psychological strengths in early childhood education, assessed through the family drawing test]. *EJIHPE: European Journal of Investigation in Health, Psychology and Education, 7*(2), 123-134.

Pino, M. B., & Escárcega, M. V. (2016). Abordaje no farmacológico de las demencias [Non-pharmacological approach to dementias]. *Archivos de Neurociencia*, 95-159.

Raghu, G., Sharma, N. K., Domanal, S. G., & Reddy, G. R. M. (2018). Memory-Based Load Balancing Algorithm in Structured Peer-to-Peer System. *Progress in Intelligent Computing Techniques: Theory, Practice, and Applications* (pp. 431-439). Springer, Singapore.

Robitaille, A., Cappeliez, P., Coulombe, D., & Webster, J. D. (2010). Factorial structure and psychometric properties of the reminiscence functions scale. *Aging & mental health*, *14*(2), 184-192.

Rosenberg, M. (1965). Rosenberg self-esteem scale (RSE). Acceptance and commitment therapy. *Measures package*, *61*, 52.

Rueda, A. V. (2017). *Reminiscencia positiva en el adulto mayor con deterioro cognitivo leve* [Positive reminiscence in the elderly with mild cognitive impairment]. (Master Thesis) Universidad de Sevilla, Sevilla.

Sacuiu, S., Insel, P. S., Mueller, S., Tosun, D., Mattsson, N., Jack, C. R., & Mackin, R. S. (2016). Chronic depressive symptomatology in mild cognitive impairment is associated with frontal atrophy rate which hastens conversion to Alzheimer dementia. *The American Journal of Geriatric Psychiatry*, *24*(2), 126-135.

Salazar-Villanea, M. (2007). Identidad personal y memoria en adultos mayores sin demencia y con enfermedad de Alzheimer [Personal identity and memory in older adults without dementia and with Alzheimer's disease]. *Actualidades en psicología*, *21*(108), 1-37.

Santamaría, A., de la Mata, M. L., & Ruiz, M. L. (2012). Escolarización formal, memoria autobiográfica y concepciones culturales del yo [Formal schooling, autobiographical memory and cultural conceptions of the self]. *Infancia y Aprendizaje*, *35*(1), 73-86.

Santamaría, A., de la Mata, M., Cubero, M., & Hansen, T. G. (2017). What Are Our Personal Memories for? Effects of Gender and Country in Perceived Functions of Everyday Memories in Danish and Spanish College Students. *Cross-Cultural Research*, *51*(4), 361-386.

https://doi.org/10.15405/epsbs.2020.05.4
Corresponding Author: Alba Villasán Rueda
Selection and peer-review under responsibility of the Organizing Committee of the conference
eISSN: 2357-1330

Schacter, D. L. (1996). *Searching for memory. The brain, the mind, and the past*. New York: Basic Books.

Selmes, J., & Selmes, M. (2000). Vivir con… la enfermedad de Alzheimer [Living with ... Alzheimer's disease]. España: Meditor.

Sinclair, V. G., & Wallston, K. A. (2004). The development and psychometric evaluation of the Brief Resilient Coping Scale. *Assessment*, *11*(1), 94-101.

Solé Resano, C., Mercadal-Brotons, M., de Castro, M., & Asensio, F. M. (2015). Personas mayores con demencia institucionalizadas: efectos de la musicoterapia versus los talleres de reminiscencia-recreación [Institutionalized older people with dementia: effects of music therapy versus reminiscence-recreation workshops]. *International Journal of Developmental and Educational Psychology*, *2*(1).

Tomás, J. M., Sancho, P., Melendez, J. C., & Mayordomo, T. (2012). Resilience and coping as predictors of general well-being in the elderly: A structural equation modeling approach. *Aging & Mental Health*, *16*(3), 317-326.

Villar, F., & Serrat, R. (2017). Hable con ellos: cuidados narrativos en el marco de una atención centrada en la persona [Talk to them: narrative care in the context of person-centered care]. *Revista Española de Geriatría y Gerontología*, *52*(4), 216-222.

Webster, J. D. (1993). Construction and validation of the Reminiscence Functions Scale. *Journals of Gerontology, 48*, 256-262.

Webster, J. D. (2003). The reminiscence circumplex and autobiographical memory function. *Memory, 11*, 203-215.

Webster, J. D., & Haight, B. K. (2002). *Critical advances in reminiscence work: From theory to application*. New York: Springer.

Westerhof, G. J., & Bohlmeijer, E. T. (2014). *Celebrating fifty years of research and applications in reminiscence and life review*: State of the art and new directions. Journal of Aging Studies*, 29*, 107-114.

Wong, P. T., & Watt, L. M. (1991). What types of reminiscence are associated with successful aging. *Psychology and aging*, *6*(2), 272-279.

Yesavage, J. A., Brink, T. L., Rose, T. L., Lum, O., Huang, V., Adey, M., & Leirer, V. O. (1983). Development and validation of a geriatric depression screening scale: a preliminary report. *Journal of psychiatric research*, *17*(1), 37-49.