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The Reminiscence Journey: A Novel Integrated Approach Combining Reminiscence Therapy With Memory Jars for Cognitive Training in Older Adults

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Cognitive decline and psychosocial challenges in aging populations necessitate innovative interventions that address both cognitive function and emotional well-being. While traditional reminiscence therapy has shown promise, integrating multisensory elements may enhance its effectiveness. This paper introduces the "Reminiscence Journey" model, a novel cognitive training approach that combines traditional reminiscence therapy with tangible memory jars to create a multisensory intervention for older adults. The proposed model integrates verbal reminiscence with physical memory artifacts housed in personalized jars through a three-phase intervention consisting of theme setting and introduction, reminiscence and artifact creation, and sharing and reflection, during which participants create tangible representations of memories using various sensory materials. The theoretical framework suggests potential benefits across multiple domains including cognitive function maintenance, emotional stability, enhanced self-awareness, improved social communication, and overall quality of life enhancement, with the model incorporating both individual and group elements that allow for personalized yet socially engaging experiences. The Reminiscence Journey model represents a promising advancement in cognitive training for older adults by combining evidence-based reminiscence therapy with multisensory memory preservation techniques, though future empirical research is needed to validate its effectiveness across diverse populations and settings.

Keywords: reminiscence therapy; memory jars; cognitive training; older adults; multisensory intervention; psychosocial well-being

The global aging population presents unprecedented challenges for healthcare systems, with cognitive decline and psychosocial isolation emerging as primary concerns (World Health Organization, 2021). By 2050, the number of people aged 60 years and older is expected to double, reaching 2.1 billion globally (United Nations, 2019). This demographic shift necessitates innovative interventions that address both cognitive function and emotional well-being in older adults.

Reminiscence therapy (RT) has been extensively studied as a psychosocial intervention for older adults, demonstrating effectiveness in improving cognitive function, reducing depressive symptoms, and enhancing quality of life (Lazar et al., 2014; Woods et al., 2018). RT involves the discussion of past activities, events, and experiences, usually with the aid of tangible prompts such as photographs, music, or archived materials (Butler, 1963; Haight & Burnside, 1993). The theoretical foundation of RT rests on Erikson's (1959) developmental theory, which posits that life review is essential for achieving ego integrity in later life.

The evolving landscape of narrative approaches in therapeutic contexts has expanded our understanding of how stories shape identity and well-being. As Oe (2025a) notes in his thematic classification of digital narrative

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research, the intersection of traditional storytelling methods with contemporary techniques offers new possibilities for therapeutic intervention. This evolution is particularly relevant when considering how older adults construct and share their life narratives in both traditional and innovative formats.

However, traditional RT approaches primarily rely on verbal communication, potentially limiting engagement for individuals with communication difficulties or those who respond better to multisensory stimulation (Cotelli et al., 2012). Recent neuroscientific research suggests that multisensory integration plays a crucial role in memory encoding and retrieval, particularly in aging populations (Craik & Rose, 2012; Hedden & Gabrieli, 2004).

The concept of memory jars, while less studied in academic literature, has gained popularity in therapeutic and recreational contexts as a tangible method for preserving and sharing memories (Casey, 2019). These physical containers allow individuals to collect meaningful objects, written memories, and sensory triggers that represent significant life experiences. The act of creating and curating these collections engages multiple cognitive processes, including executive function, semantic memory, and creative expression (Belfi et al., 2019).

Community-based approaches to healthy aging have demonstrated the importance of culturally sensitive, locally grounded interventions. Oe et al. (2025) highlight lessons from Japanese Blue Zones, emphasizing how community engagement and purposeful activities contribute to successful aging. These insights inform the development of interventions that not only address individual cognitive needs but also foster social connections and cultural continuity.

This paper proposes the "Reminiscence Journey" model, which integrates traditional RT with memory jar techniques to create a comprehensive, multisensory cognitive training intervention for older adults. By combining verbal reminiscence with tangible memory artifacts, this approach aims to enhance cognitive stimulation while providing emotional and social benefits beyond those achieved through traditional methods alone.

Theoretical Framework

Cognitive Reserve Theory

The Reminiscence Journey model is grounded in cognitive reserve theory, which suggests that engaging in mentally stimulating activities throughout life can build resilience against age-related cognitive decline (Scarmeas & Stern, 2003; Stern, 2009). The multifaceted nature of creating memory jars involves recall, selection, creative expression, and verbal articulation, providing rich cognitive stimulation that may contribute to maintaining cognitive reserve in older adults (Livingston et al., 2020).

Embodied Cognition

The integration of physical objects in memory work aligns with theories of embodied cognition, which propose that cognitive processes are deeply rooted in bodily experiences and interactions with the physical environment (Barsalou, 2008; Wilson, 2002). By incorporating tangible elements into reminiscence activities, the model leverages the connection between sensorimotor experiences and memory processes (Dijkstra et al., 2007). Recent research by Huang et al. (2024) demonstrates how embodied cognitive perspectives enhance our understanding of memorable experiences in older adults, showing that physical engagement with environments creates more vivid and lasting memories. This finding supports the Reminiscence Journey model's emphasis on creating tangible memory artifacts that participants can physically interact with, potentially strengthening memory consolidation through multisensory engagement.

Social Constructionist Perspectives

From a social constructionist viewpoint, memories are not merely individual cognitive phenomena but are constructed and reconstructed through social interaction (Halbwachs, 1992; Middleton & Edwards, 1990). The sharing component of the Reminiscence Journey model facilitates collaborative meaning-making, allowing participants to co-construct narratives that validate and enrich their life experiences (Webster et al., 2010).

Cultural and Philosophical Foundations

The model also draws inspiration from Eastern philosophical concepts that emphasize the importance of purpose and meaning in later life. Oe's (2025b) exploration of Ikigai in educational practice provides valuable insights into how Japanese cultural wisdom regarding life purpose can be integrated into contemporary therapeutic approaches. The concept of Ikigai, which encompasses finding joy, purpose, and meaning in daily life, aligns closely with the goals of the Reminiscence Journey model in helping older adults identify and celebrate the meaningful aspects of their life stories.

The Reminiscence Journey Model

Overview

The Reminiscence Journey is a structured intervention that combines verbal reminiscence with the creation and curation of personalized memory jars. This approach transforms abstract memories into concrete, shareable artifacts while maintaining the therapeutic benefits of traditional reminiscence therapy. The model is designed to be flexible, accommodating various cognitive abilities and personal preferences among older adult participants.

Implementation Process

Phase 1: Theme Setting and Introduction

The initial phase focuses on creating a supportive environment and introducing participants to both reminiscence therapy and memory jar concepts. Facilitators employ evidence-based techniques for establishing psychological safety (Edmondson, 1999) and group cohesion (Yalom & Leszcz, 2005).

The key components of this phase involve careful environmental preparation using familiar sensory cues, as suggested by Baddeley et al. (2015). Facilitators introduce common themes that resonate with participants' generational cohorts, such as childhood games, school experiences, or family traditions, following the framework outlined by Westerhof et al. (2010). The concept of memory jars is presented as personal "treasure boxes" for preserving life stories, with demonstrations of sample memory artifacts to stimulate creative thinking and engagement.

Facilitator strategies during this phase emphasize the use of open-ended questions based on cognitive interviewing techniques developed by Fisher and Geiselman (1992). Active listening and validation strategies, rooted in Rogers' (1951) person-centered approach, create an atmosphere of acceptance and encouragement. Facilitators provide scaffolding support adapted to individual cognitive abilities, drawing on Vygotsky's (1978) zone of proximal development concept to ensure each participant can engage meaningfully regardless of their current cognitive status.

Phase 2: Reminiscence and Artifact Creation

This central phase involves guided reminiscence followed by the translation of memories into tangible artifacts. The process engages multiple cognitive domains while providing opportunities for creative expression.

Memory elicitation techniques employed during this phase include sensory cuing methods, as described by Herz and Schooler (2002), which leverage the powerful connection between sensory experiences and autobiographical memory. Timeline construction exercises, based on the work of Bluck and Levine (1998), help participants organize their memories chronologically and identify significant life events. When available, photograph elicitation techniques following Harper's (2002) methodology provide visual prompts that can trigger rich narrative responses. The power of photographic archives in eliciting memories and facilitating conversations among elderly populations has been recently explored by Chong (2025), who demonstrated how historical photograph collections can serve as powerful catalysts for memory retrieval and social interaction. This research reinforces the value of incorporating both personal and historical visual materials in the Reminiscence Journey model, potentially expanding the range of memories accessed beyond individual experiences to include collective cultural narratives.

The artifact creation process offers multiple options to accommodate diverse abilities and preferences. Written elements may include keywords, phrases, or brief narratives inscribed on decorative paper, drawing on the therapeutic writing research of Pennebaker and Seagal (1999). Visual representations such as drawings, collages, or printed images allow participants to express memories non-verbally, incorporating principles from art therapy as outlined by Malchiodi (2011). Symbolic objects with personal significance, such as buttons, coins, or fabric samples, can be included following safety protocols established by Brooker and Duce (2000). Olfactory elements consisting of scent-infused materials evoking specific memories may be incorporated with careful attention to allergies and sensitivities, based on research by Chu and Downes (2002). When technology permits, audio components such as recorded snippets of songs or sounds associated with memories can be integrated, following the music therapy principles described by Särkämö et al. (2014).

Facilitator support during this phase is crucial and multifaceted. Following guidelines from the American Occupational Therapy Association (2020), facilitators provide assistance with fine motor tasks as needed, ensuring that physical limitations do not prevent meaningful participation. Scribing services are offered for participants with writing difficulties, maintaining the authenticity of their narratives while providing necessary support. Facilitators encourage multimodal expression to accommodate diverse abilities and validate all contributions regardless of their complexity or sophistication, creating an inclusive environment where every memory is valued.

Phase 3: Sharing and Reflection

The final phase emphasizes social connection and meaning-making through structured sharing activities. This component draws on narrative therapy principles (White & Epston, 1990) and group psychotherapy techniques (Corey & Corey, 2018).

Sharing activities are carefully structured to maximize engagement while respecting individual comfort levels. Structured "show and tell" sessions with clear time boundaries ensure that all participants have opportunities to share while maintaining session momentum. For those uncomfortable with large group presentations, paired sharing offers a more intimate alternative that still provides social connection. Optional written or recorded reflections allow for private processing, acknowledging that some memories may be too personal for immediate sharing.

The reflection process incorporates guided questions that promote insight and integration, following the framework developed by Stinson et al. (2009). Facilitators help participants identify common themes across their stories, fostering a sense of shared experience and community. The celebration of life achievements and

resilience becomes a natural outcome of this sharing process, reinforcing positive self-concept and group cohesion. Planning for continued engagement with memory jars ensures that the benefits extend beyond the formal intervention period.

Follow-up components include scheduled "jar opening" sessions that serve to reinforce memories and maintain social connections. Participants are encouraged to add new artifacts over time, recognizing that memory work is an ongoing process rather than a one-time event. When appropriate and desired by participants, family involvement opportunities are created, extending the benefits of the intervention to intergenerational relationships.

Adaptations for Diverse Needs

The model incorporates Universal Design for Learning principles (CAST, 2018) to ensure accessibility across a range of abilities and backgrounds. This approach affords the ability to provide cognitive, physical, and cultural adaptations to improve efficacy and enjoyment of the program.

Cognitive adaptations address the varying needs of participants with different levels of cognitive function. For those with mild cognitive impairment, facilitators provide simplified instructions accompanied by visual supports that enhance understanding and retention. Sessions may be shortened with frequent breaks incorporated to accommodate attention difficulties, ensuring sustained engagement without cognitive fatigue. Repetition and review strategies are systematically employed to reinforce memory formation and maintenance, recognizing that multiple exposures to material enhance learning in older adults.

Physical adaptations ensure that motor limitations do not prevent meaningful participation. Large-grip writing tools and various adaptive equipment are made available to accommodate different physical abilities. Alternative jar sizes and opening mechanisms are provided to ensure that all participants can independently access their memory collections. For those unable to manipulate physical objects due to severe motor limitations, digital options are available, maintaining the conceptual framework while adapting the medium to individual capabilities.

Cultural adaptations are essential for ensuring the intervention's relevance and effectiveness across diverse populations. Drawing on the work of Yeo and Gallagher-Thompson (2006), facilitators incorporate culturally relevant themes and prompts that resonate with participants' backgrounds and experiences. When possible, multilingual facilitation is provided to ensure that language barriers do not impede participation. The model demonstrates respect for diverse narrative styles and expression preferences, recognizing that storytelling traditions vary significantly across cultures.

Expected Outcomes and Theoretical Benefits

Cognitive Benefits

The Reminiscence Journey model offers multiple pathways for cognitive enhancement in older adults. Memory function enhancement occurs through the multi-stage process of recalling, selecting, and representing memories, which engages episodic, semantic, and procedural memory systems as described by Tulving (2002). The physical manipulation of objects provides additional retrieval cues that may particularly benefit older adults, as suggested by research from Bäckman et al. (2000).

Executive function stimulation represents another significant cognitive benefit. The process of creating memory jars requires substantial planning, decision-making, and organizational skills, thereby exercising executive functions that are crucial for maintaining independence in daily living (Diamond, 2013). The selection and categorization of memory artifacts specifically engage working memory and cognitive flexibility, core components of executive function identified by Miyake et al. (2000).

Language and communication skills are maintained and potentially enhanced through the verbal sharing of memories. This process supports narrative construction, vocabulary access, and pragmatic communication skills, addressing the language changes that often accompany aging as documented by Kemper and Sumner (2001).

Psychosocial Benefits

The psychosocial benefits of the Reminiscence Journey model are equally significant. Emotional regulation and well-being are enhanced through the processing of positive memories, which has been shown to improve mood and reduce depressive symptoms in older adults (Serrano et al., 2004). The tangible nature of memory jars provides ongoing access to these mood-enhancing memories, extending the benefits beyond the intervention sessions as noted by Bryant et al. (2005).

Identity and self-concept are strengthened through the life review process, which supports identity maintenance and adaptation in later life (Westerhof & Bohlmeijer, 2014). Creating physical representations of life stories reinforces personal narrative coherence, a key component of psychological well-being identified by McAdams and McLean (2013).

Social connection and belonging are fostered through group sharing experiences that create opportunities for empathy and mutual support. This addresses the critical risk factor of social isolation for cognitive decline identified by Cacioppo and Hawkley (2009). The shared reminiscence process creates bonds through common experiences and mutual validation, as demonstrated in research by Thorgrimsen et al. (2018).

Quality of Life Enhancement

The model's impact on quality of life is multifaceted and profound. Participants develop an enhanced sense of purpose and meaning through engagement with their life stories, promoting the meaning-making that Ryff and Singer (2008) identify as key to successful aging. The creative aspect of the intervention adds an element of generativity, fulfilling the developmental need to contribute to future generations described by Erikson et al. (1986).

Autonomy and control are supported through the process of choosing which memories to preserve and how to represent them, addressing fundamental psychological needs identified by Deci and Ryan (2000). This sense of control is particularly important in institutional settings where choices may be limited, as demonstrated in the classic study by Langer and Rodin (1976).

Implementation Considerations

Staffing and Training Requirements

Successful implementation of the Reminiscence Journey model requires adequately trained facilitators with specific competencies. These professionals must possess a strong foundation in gerontological care principles as outlined by Kydd et al. (2014), understanding the unique physical, cognitive, and psychosocial needs of older adults. Group facilitation techniques, as described by Toseland and Rivas (2017), are essential for managing the complex dynamics that arise in group reminiscence work. Basic counseling skills for managing emotional responses are crucial, following the framework provided by Ivey et al. (2018), as memory work can evoke strong emotions. Additionally, familiarity with creative arts therapy approaches, as detailed by Buchalter (2011), enhances facilitators' ability to support diverse forms of expression.

Training programs must be comprehensive and multifaceted. They should include thorough grounding in the theoretical foundations of reminiscence therapy, ensuring facilitators understand both the historical development and current evidence base for this approach. Hands-on practice with memory jar techniques allows facilitators to experience the intervention personally before guiding others. Cultural competency development is essential for working with diverse older adult populations, incorporating insights from multicultural counseling approaches. Ethics and boundary management training ensures that facilitators can navigate the complex emotional terrain of memory work while maintaining professional standards.

Environmental and Material Resources

The physical environment plays a crucial role in the success of the intervention. Quiet, well-lit areas with comfortable seating create an atmosphere conducive to reflection and sharing. Tables suitable for craft activities must be sturdy and at appropriate heights for older adults, some of whom may use wheelchairs or have other mobility aids. Adequate storage space for ongoing projects is essential, as memory jars may be works in progress over multiple sessions. Privacy considerations for emotional discussions require spaces that allow for both group work and individual consultations when needed.

The materials required for the intervention are diverse but generally accessible. Various sizes of glass or plastic jars with secure lids provide the foundation for memory collections. Art supplies, including paper, markers, scissors, and glue, enable creative expression. Safe decorative elements must be carefully selected to avoid choking hazards or materials that could cause injury. Optional technological tools such as tablets or audio recorders can enhance the intervention for those comfortable with technology. Given the COVID-19 pandemic's impact on group activities, sanitization supplies for shared materials have become an essential component of the resource list.

Ethical Considerations

Ethical considerations are paramount in implementing the Reminiscence Journey model. Informed consent processes must be thorough and adapted to participants' cognitive abilities. Following guidelines from the American Psychological Association (2017), consent documents should clearly explain the voluntary nature of participation and withdrawal rights, the purpose and process of the intervention, confidentiality limits in group settings, potential use of created materials beyond the sessions, and the possibility of emotional distress from memory exploration.

Privacy and confidentiality present unique challenges in group interventions. While complete confidentiality cannot be guaranteed in group settings, facilitators must work diligently to create a culture of respect and discretion. This involves establishing clear group agreements about privacy, as recommended by Lasky and Riva (2006), ensuring secure storage for personal memory jars between sessions, obtaining separate consent for any documentation or research use of materials, and respecting participants' decisions not to share certain memories with the group.

Emotional safety requires constant attention and skilled facilitation. Facilitators must be prepared to recognize signs of distress or re-traumatization, drawing on trauma-informed care principles outlined by Briere and Scott (2015). Additionally, facilitators should be prepared to address grief responses that may emerge during memory work, as Ciupak and Smith (2025) emphasize the importance of psychosocial support for grieving individuals in therapeutic contexts. Ciupak and Smith's (2025) framework for supporting grief processes can guide facilitators in responding appropriately when participants encounter memories of loss or deceased loved ones during reminiscence activities. Providing appropriate support or

referrals when participants experience emotional difficulties is essential. The delicate balance between encouraging participation and respecting boundaries requires ongoing assessment and adjustment. When conflicts arise between participants, skilled mediation that maintains the safety and dignity of all involved is crucial.

Quality Assurance and Evaluation

Quality assurance and evaluation processes ensure that the intervention maintains high standards and continues to evolve based on participant needs and emerging evidence. Process evaluation methods include systematic tracking of session attendance and engagement levels, facilitator reflection logs that capture observations and insights from each session, participant feedback surveys specifically adapted for older adults following guidelines by Ingersoll-Dayton et al. (2013), and family or caregiver observations when applicable and consented to by participants.

Outcome measurement requires a comprehensive battery of validated tools. Cognitive assessments such as the Montreal Cognitive Assessment (MoCA) developed by Nasreddine et al. (2005) provide objective measures of cognitive function. Depression screening using the Geriatric Depression Scale (GDS) created by Yesavage et al. (1982) helps track mood changes over time. Quality of life measures, particularly the WHO Quality of Life-OLD (WHOQOL-OLD) instrument developed by Power et al. (2005), capture the multidimensional nature of well-being in older adults. Social engagement can be assessed using scales such as the Lubben Social Network Scale validated by Lubben et al. (2006).

Continuous improvement processes ensure that the intervention remains responsive to participant needs and incorporates new knowledge. Regular team meetings for case consultation allow facilitators to share challenges and solutions. Participant advisory committees provide direct input from those experiencing the intervention. Ongoing adaptation based on emerging evidence ensures that the model evolves with advancing knowledge in the field. Systematic documentation of best practices and challenges creates an institutional memory that benefits future implementations.

Discussion

The Reminiscence Journey model represents an innovative synthesis of established therapeutic approaches with creative expression techniques. By combining the evidence-based benefits of reminiscence therapy with the engaging, multisensory aspects of memory jar creation, this intervention addresses multiple dimensions of well-being in older adults.

Theoretical Implications

This model extends current understanding of reminiscence therapy by incorporating principles from embodied cognition and material culture studies. The use of physical artifacts as memory anchors aligns with research on extended mind theory (Clark & Chalmers, 1998), suggesting that cognitive processes can be distributed across internal and external resources. This perspective has particular relevance for older adults who may benefit from external memory supports.

The integration of narrative approaches with tangible artifact creation reflects the evolving landscape of therapeutic interventions. As Oe (2025a) demonstrates in his analysis of digital narrative research, the boundaries between traditional and innovative storytelling methods are increasingly fluid. The Reminiscence Journey model exemplifies this evolution by maintaining the core therapeutic value of narrative while enhancing it through multisensory engagement.

The social sharing component reinforces the importance of narrative identity in late life development (Singer, 2004). By creating opportunities for story-telling within a structured, supportive environment, the model facilitates both individual meaning-making and collective memory construction (Assmann & Czaplicka, 1995). This dual focus on individual and collective narratives aligns with community-based approaches to healthy aging, as explored by Oe et al. (2025) in their examination of Japanese Blue Zone communities.

Clinical Applications

The flexibility of the Reminiscence Journey model allows for implementation across various settings, each with unique considerations and opportunities. In residential care facilities, the model can be seamlessly integrated into regular activity programming, providing meaningful engagement that transcends traditional recreational activities (Cohen-Mansfield et al., 2010). Memory jars serve dual purposes as therapeutic tools and room decorations that maintain personal identity in institutional environments. This approach to preserving individuality within collective living situations reflects the Japanese concept of maintaining one's ikigai even in challenging circumstances, as discussed by Oe (2025b).

Community centers serving community-dwelling older adults can offer the Reminiscence Journey as part of comprehensive healthy aging programs. These implementations provide opportunities for social engagement and cognitive stimulation that may prevent or delay cognitive decline (Kelly et al., 2014). The group nature of community center programs particularly supports the social aspects of the intervention, creating new friendships and support networks among participants.

Home-based adaptations address the needs of individuals unable to attend group sessions due to mobility limitations, health concerns, or geographic isolation. Modified versions can be implemented with family

caregivers or home health providers, maintaining the core elements of programs while adapting to individual circumstances. Digital platforms may facilitate remote participation and sharing, as demonstrated by Czaja et al. (2018) in their research on technology use among older adults.

Intergenerational programs represent a particularly promising application of the model. When younger family members or volunteers assist with technology or artifact creation while learning family history, multiple generations benefit (Gaggioli et al., 2014). These intergenerational exchanges preserve cultural heritage while building bridges between age groups, embodying the community-centered approach to aging described in Blue Zone research. The feasibility and benefits of such intergenerational approaches have been recently demonstrated by D'Cunha et al. (2024), who successfully implemented a program connecting residents with cognitive impairment to children from a co-located early learning center during the COVID-19 pandemic. Their findings suggest that even during challenging circumstances, carefully structured intergenerational activities can enhance engagement and social connection for older adults while providing meaningful learning experiences for children.

Limitations and Future Directions

While the theoretical foundation for the Reminiscence Journey model is strong, several limitations must be acknowledged to guide future development and research. The need for empirical validation represents the most pressing limitation. The model requires rigorous testing through randomized controlled trials to establish its effectiveness compared to traditional reminiscence therapy alone, following the framework for complex intervention evaluation outlined by Craig et al. (2008). Future research should examine optimal session frequency, duration, and group composition to maximize benefits while considering resource constraints.

Individual variability in response to the intervention presents both a challenge and an opportunity for refinement. Factors such as cognitive status, cultural background, and personal preferences for self-disclosure will inevitably influence engagement and outcomes (Knight et al., 2006). Research should focus on identifying predictors of treatment response to enable more targeted implementation and adaptation strategies.

Resource intensity may limit widespread adoption of the model. The requirement for materials, trained facilitators, and appropriate space exceeds that of traditional verbal reminiscence therapy. Cost-effectiveness analyses following the methodology of Drummond et al. (2015) are essential to justify resource allocation in healthcare settings facing budget constraints.

Technology integration presents both challenges and opportunities as the population of older adults increasingly includes individuals comfortable with digital tools. Future iterations of the model may need to incorporate digital memory preservation techniques while maintaining the tactile benefits of physical artifacts (Waycott et al., 2013). This hybrid approach could expand accessibility while preserving the multisensory elements central to the model's theoretical foundation.

Implications for Practice

Healthcare providers and activity professionals considering implementation of the Reminiscence Journey model should carefully consider several key factors to ensure successful outcomes.

Comprehensive assessment of participants' cognitive abilities, sensory limitations, and psychosocial needs must precede implementation. As Choi et al. (2008) emphasize, understanding individual capabilities and preferences enables appropriate adaptation of the intervention to maximize engagement and benefit. This assessment should be ongoing rather than one-time, recognizing that participants' needs may change over the course of the intervention.

Flexibility in implementation, while maintaining fidelity to core principles, is essential for success. Kunz and Soltys (2007) highlight the importance of responsive facilitation that adapts to unexpected emotional responses and varying energy levels within groups. This flexibility extends to the choice of themes, materials, and sharing formats, allowing the intervention to remain person-centered despite its structured framework.

A collaborative approach involving multiple disciplines enhances the intervention's effectiveness and sustainability. As Joosten (2015) notes, occupational therapists, social workers, and mental health professionals each bring unique perspectives that enrich the intervention. This interdisciplinary collaboration ensures comprehensive support for participants while distributing the workload among team members.

Family engagement, when appropriate and desired by participants, can significantly enhance the intervention's impact. Mittelman et al. (2006) demonstrate how family involvement in interventions for older adults can improve outcomes for both the participant and their family members. In the Reminiscence Journey model, family members might contribute photographs, assist with technology, or participate in sharing sessions, deepening intergenerational connections.

Sustainability planning from the outset ensures that benefits extend beyond the formal intervention period. Developing systems for ongoing engagement with memory jars, such as regular "opening ceremonies" or seasonal additions, maintains the intervention's impact over time. As Gaggioli et al. (2014) suggest, creating rituals around memory work embeds it into participants' ongoing routines, supporting long-term benefits.

Conclusion

The Reminiscence Journey model offers a promising advancement in cognitive training and psychosocial

intervention for older adults. By integrating evidence-based reminiscence therapy with creative memory preservation techniques, this approach addresses the multifaceted needs of aging individuals in an engaging, person-centered manner.

The model's emphasis on multisensory engagement, social connection, and personal meaning-making aligns with contemporary understanding of successful aging (Rowe & Kahn, 2015). Its theoretical grounding in cognitive reserve theory, embodied cognition, and social constructionist perspectives provides a robust foundation for expecting positive outcomes across multiple domains of functioning. The incorporation of cultural wisdom, particularly concepts like ikigai that emphasize purpose and connection in later life, enriches the model's potential to support meaningful aging across diverse populations.

The flexibility inherent in the Reminiscence Journey model allows for adaptation across diverse settings and populations while maintaining fidelity to core therapeutic principles. From residential care facilities to community centers, from group sessions to individual adaptations, the model's core elements can be preserved while responding to specific contexts and needs. This adaptability is particularly important given the heterogeneity of the older adult population and the varied settings in which they receive services.

As global populations continue to age, innovative interventions that support cognitive health, emotional well-being, and social engagement become increasingly vital. The Reminiscence Journey model represents one such innovation, offering a structured yet creative approach to helping older adults maintain cognitive function while celebrating their life stories. The model's alignment with community-based approaches to healthy aging and its incorporation of both individual and collective elements position it as a culturally responsive and socially relevant intervention.

Future research should focus on empirical validation of the model's effectiveness through well-designed trials that examine both cognitive and psychosocial outcomes. Investigation of optimal implementation parameters, including session frequency, group size, and facilitator training requirements, will guide evidence-based practice. Exploration of the model's potential for specific populations, such as individuals with dementia, those from diverse cultural backgrounds, or socially isolated older adults, will enhance its applicability and impact.

The integration of reminiscence therapy with memory jars exemplifies how traditional therapeutic approaches can be enhanced through creative innovation. This synthesis honors both the empirical evidence supporting reminiscence therapy and the human need for tangible, shareable representations of life experience. As we continue to develop interventions for older adults, such integrative models that balance scientific rigor with humanistic values will be essential for promoting dignity, meaning, and quality of life in later years.

Healthcare providers, researchers, and policymakers are encouraged to consider the Reminiscence Journey model as a valuable addition to the toolkit of interventions for older adults. Its potential to address cognitive, emotional, and social needs simultaneously makes it particularly relevant in an era of holistic, person-centered care. Through continued refinement, research, and thoughtful implementation, this approach has the potential to enrich the lives of countless older adults, helping them not only to maintain cognitive function but also to find joy, connection, and meaning in their accumulated life experiences.

The Reminiscence Journey model ultimately represents more than a therapeutic intervention; it embodies a philosophy of aging that values the wisdom, experiences, and ongoing growth potential of older adults. By creating spaces for older adults to share their stories, preserve their memories, and connect with others, we acknowledge their continued capacity for creativity, learning, and contribution to their communities. In this way, the model serves not only those who participate directly but also challenges ageist assumptions and promotes a more inclusive vision of aging in contemporary society.

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