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Senior quality of life issues

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SENIOR QUALITY OF LIFE ISSUES

by

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Abstract

As the number of senior citizens entering retirement facilities increases, new and innovative approaches must be developed to address issues, past and present, affecting seniors' quality of life. Findings of a prior study by Stock and Kanter (1980) indicate that responses on the Senior Apperception Techniques could be thematically categorized. The present study utilizes issues elicited by the Senior Apperception Technique to prompt life review and to provide caregivers information useful in individualizing care within a retirement setting. Participants consisted of 26 subjects, 13 males and 13 females. Participation was voluntary and the subjects were free of severe emotional, mental, visual and hearing impairments. Collation of data indicates that the Senior Apperception Technique is useful in stimulation of the Life Review Process and, in turn, personalizing data contained within geriatric records.
Statement of the Problem

As our aging population grows larger, our society must meet its ethical obligation to provide the aging comprehensive care in a more humane, professional and cost effective manner. Communication must be facilitated so that health care professionals, social workers and counselors may better address individual geriatric needs.

The number of seniors aged 65 and older is now in excess of 20 million, or 10 percent of the United States' population (Bellak, 1980). This is due to improved health care and a declining birth rate resulting from an increased emphasis on worldly possessions for smaller families.

Dissolution of the nuclear family and complex health care demands have created the need for alternative living arrangements for the elderly. Serial living readjustments created by multiple marriages, the death of a spouse and geographic relocation of significant others has led to an increasing need for psychotherapeutic interventions (Butler, 1977).

Nevada's Planning Commission figures indicate that over 65,756 residents aged 65 and older now reside within the state. The aged are continuing to relocate in Nevada daily because of the
climate, the favorable tax structure and the development of extensive retirement facilities. As the influx into retirement facilities is rapid and routine data collection methods are laborious and incomplete, new and innovative techniques must be used so that seniors do not become statistics, lacking in individuality and unable to communicate their primary concerns. It was the intent of this study to describe a procedure which might enable health care professionals to personalize geriatric records of nursing facilities.

Traditionally, residents of retirement facilities have been admitted upon the recommendation of their physicians, social service agencies, family members or self-admission. Prior life history is provided by the referring agency, family members, or the retiree. Issues significant to the retiree's life are incorporated into nursing notes, social histories or memories of the staff which has a consistently high turnover rate.

Social histories typically include the senior's name, date of birth, age, place of origin, ethnic background, birth order, a description of the family constellation, marital status, and a history of former illnesses and their ramifications for the current health status. The essence of the conveyed information, more often than not, is medical, not social or psychological. Issues of importance to the senior's quality of life may be omitted due to the senior's failing memory, anxiety, anger upon
entering the facility, staff lack of methodology to obtain relevant information, the admitting party's lack of knowledge about the retiree and the tendency of health care professionals and social workers, due to heavy workloads, to gather very basic, medically-oriented life histories and genealogical data.

Data collection of this sort also occurs because there is an assumption by health care providers that the common age-related issues of isolation, grief, feelings of uselessness and decreased self-esteem require extensive psychotherapy for reversal to occur (Lappe, 1987; Carlson, 1987). Therefore, there is little impetus to unveil the very quality of life issues whose resolution might afford seniors an attempt at ego integrity before their eventual death or lapse into senility induced by illness. Occasionally, mental confusion resulted from medications used to treat illness. This medically induced senility may also preclude efforts toward ego integrity (Erikson, 1963; Rozzini, Blanchetti, Carabellese, Inzoli, Trabucci, 1988).

If we are to remain a humane, cohesive society, we must make every effort to encourage practitioners dealing with the elderly to become innovative in their collection of relevant social histories and identification of current quality of life issues. More sensitivity to the desire of seniors to share treasured memories is needed. Medicare, Medicaid and State Assisted Medical Insurance all address quality care by examination of medical
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problems. Regulations do not provide for placement and care on the basis of social and/or emotional needs. Comprehensive evaluation should necessitate examination of these factors as well as medical disabilities.

It was the intent of this study to describe a process that will personalize client records by collation of individual data amassed by pairing the Senior Apperception Technique with the Life Review. Benefits of the process may include exploring individual needs, identifying practiced behaviors and resolving of identified life conflicts. Acknowledgement and acceptance of seniors' lives were speculated to be a means toward self actualization and validation of the person's purpose for having existed. It was further hypothesized that the generated data would provide caregivers insight into how the programs might be altered to provide a richer quality of life for each senior's remaining years. Richness, in the sense used here, implies a greater concern with life satisfaction as opposed to the traditional model which emphasizes quantity or longevity.

Chapter II reviews literature supporting use of the Senior Apperception Technique as an instrument with potential to identify relevant themes, and to highlight literature explaining the Life Review Process and its significance to the care giver.
Chapter II

Review of Literature

And when the stream
Which overflowed the soul was passed away,
A consciousness remained that it had left
Deposited upon the silent shore of memory,
Images and precious thoughts,
That shall not die, and cannot be destroyed.
(Hoyt, 1974, quoting Wordsworth, p. 509)

It has been the assumption of health care professionals within the health care setting that mental and social abilities decline in direct proportion to physical limitations (Lappe, 1981). Our culture has taught us that nostalgic remembrances are symptomatic of regressive behaviors and self-centeredness (Butler and Lewis, 1977). More current research (Lappe, 1981) reveals that competencies--social, mental and physical--decline at different rates, and that the final task of man, prior to acceptance of death, is a reconciliation of life events (Webster and Young, 1988), or, as labeled by Erikson (1959), “ego integrity.”

In 1963, Butler introduced the technique of the Life Review Process. This process entailed recalling of life events in
response to chronologically ordered self photographs. Butler's (1963) goal was to allow seniors the opportunity to review achievements and failures in perspective. This, he hypothesized, would lead to greater acceptance of the inevitability of death and promote dignity in declining years as the individuals would have identified the purpose of their existence.

Elaborating on this technique, Butler and Lewis (1977) state the following:

This is a process that is believed to occur universally in all persons in the final years of their lives, although they may not be totally aware of it, and may in part, defend themselves from realizing its presence. It is spontaneous, unselective, and seen in other age groups as well...but the intensity and emphasis on putting one's life in order are most striking in old age (p. 49).

Feil (1985), reviewing Erikson's writings, supported his findings that reminiscing did not imply regression, and speculated that old age was a time allotted to recall past conflicts to consciousness through "eidetic imagery." Eidetic imagery, as used by Feil (1985), refers to the elderly person's ability to clearly recall past images and sounds (p. 13). However, not all images offer solace to the elderly person. Some also contain trauma and unaccepted losses, throughout the person's life span (p. 16). Resolution of losses, Feil (1982) believed, allowed the elderly to
see purpose to life. Feil (1985) further hypothesized that this process staved off stagnation, or "vegetation." Ellison (1981), phrasing it somewhat differently, concluded that those who reminisced were less likely to become victims of depression and hopelessness.

Butler and Lewis (1977), Feil (1985), Erikson (1959), and Breytspraak (1984), all imply that remembrance is a process. Breytspraak talks of reminiscence as an action..."not just passive mirroring" (p. 100). Breytspraak feels that man is constantly constructing perceptions of self to establish consistency with self-evolution, as the realization of death becomes more immediate. He questions the universality of intensified life review in old age, and suggests that it is of greater importance in western cultures where death is looked upon as an imposition of the outside world rather than an inevitable part of the life cycle. Thus, for western man, Erikson's final life stage of "ego integrity" entails achieving concordance with valued life achievements, actuality, and current life style.

Webster and Young (1988), reviewing the work of Brennan, Steinberg, Peskin and Livison, who attempted a stage analysis of life review, concluded that the process of life review is continuous and related to differing individual life circumstances. Webster and Young (1988) enumerate three specific components. The first of these is "recall" which involves active recollection of
events, or spontaneous awareness of an event as an individual begins to look deep within himself at prior thoughts and feelings. The second stage is labeled "evaluation." During this stage, a person begins to evaluate an event in terms of his current vantage point--the feelings, thoughts or values now in his repertoire. Depression occurs when the third stage, "synthesis," a uniting of current and past remembrances, fails to occur, or when an individual's concept of self does not permit this to occur.

The findings of Webster and Young (1988) and Robert Butler (1977) suggest that, in old age, there comes a time when meaningful experiences are recalled repeatedly during the struggle toward self-integration. Feil (1985) concluded that this behavior is often mistakenly diagnosed as senility and, when treated as such, only increases depression. Ehrlich's (1979) research, utilizing life review with the elderly, concluded that the Life Review Process allowed the elderly dignity and self-esteem while they review their past, and..."points to the adaptive possibilities that the Life Review Process offers the elderly" (p. 26).

To date, there exists only one study in which the themes elicited by the Senior Apperception Technique are delineated, that of Nancy A. Stock and James E. Kanter (1980). No studies were located which attempted a concurrent Life Review Process, the
telling of one's life story, utilizing the themes elicited by the Senior Apperception Technique's sixteen stimulus cards.

The rationale for this study has previously been stated. The selection of memory exploitation as a means to achieve the stated goals is best conveyed by Christina G. Rossetti in Memories, Part II:

"I have a room where into no one enters
Save I myself alone,
There sits a blessed memory on a Throne
There my life centers" (Hoyt, 1974, p. 508).

The methodology utilized for entrance into this room follows in Chapter III and includes validation of remembrances, both negative and positive, so that seniors might achieve serenity with their sense of self.
Subjects

Fifty possible participants deemed capable of responding to the measures chosen for the study were selected by the administrator from the total populus of a retirement facility located in southern Nevada. Of these, 26 persons, 13 males and 13 females, were chosen. Final selection criteria included volition, absence of psychosis and severe cognitive or physical impairment, plus residency in the facility of six months or less. Approved guidelines for using human subjects were strictly followed.

Participants ranged in age from 65 to 96. Females selected ranged in age from 65 to 96, the mean age being 77.30. Males ranged in age from 65 to 88, the mean age being 72.80. 46 percent of the participants had married more than once; 57 percent had divorced at least once; 50 percent had experienced the death of a spouse (see Table I). 11 percent were not Caucasian and none were native to Nevada.

Prior employment ranged from blue collar to white collar occupations. Socio-economic status was diverse, some having had large incomes at one time, and others having always had limited funds.
Site

This research project was implemented at a large, independent-living facility located in the heavily populated southern portion of Nevada. The facility is a private, for profit, institution designed to meet the needs of ambulatory retirees, capable of caring for most of their bodily needs.

Residents are housed in private or semi-private rooms bearing semblance to college dormitory rooms. Income, preference and compatibility determine living arrangement selection. Adequate space is provided so seniors can decorate their quarters with favorite home furnishings and souvenirs. Laundry rooms and service are available, as are maids and nursing assistants. A library and "country" store are located on the premises and staffed by those seniors who choose greater involvement within their community. The living arrangements and amount of involvement within the facility selected by the individual seniors reflected their former lifestyles within the limitations imposed by finances and physical problems.

Recreational activities are scheduled daily by the facility's recreation director. These include crafts, bingo, croquet, etc. Many off-campus activities, including shopping and attendance at plays, are also available. All residents are encouraged by the staff to participate in activities not precluded by their physical condition.
Apparatus

The Senior Apperception Technique is an instrument designed to elicit specific concerns which Bellak (1986) has identified as..."Loneliness, uselessness, illness, helplessness and lowered self-esteem" (p. 342). It was the instrument of choice since the material is relevant to those aged 65 and older. It requires no reading, utilizes simplistically stated directions, and yields a wide variety of responses (Henry, 1965; Foote and Kahn, 1979).

Bellak (1986) formalized the construction of the Senior Apperception Technique upon the beliefs of Pfeiffer and Busse and sought to elicit life long defenses, specifically,..."withdrawal, denial, projection and somatization" (p. 342), which he believed were utilized by the elderly to cope with the anxiety preceding death. Use of this instrument permits discovery of causation and forms of anxiety, thereby allowing the practitioner to specify intervention techniques and expand existing social histories.

Despite this specificity of intent, a single study by Stock and Kanter (1980) is the only one to examine the content themes and to attempt determination of frequency. Stock and Kantor concluded from their study that the Senior Apperception Technique held promise for health care practitioners, in that it provided an opportunity for seniors to verbalize their concerns about losing their independent living status, their declining physical status and declining relationships with others (p. 602).
The instrument required oral response to 16 cards portraying seniors in different life situations. The pictures on the cards were designed to elicit specific unresolved emotional responses to commonly encountered life situations. Each card was presented for five minutes. Responses were taped and/or recorded verbatim. Validity and reliability studies were not available at the time.

Typical descriptions of stimulus cards (Bellak, 1986) are:

Picture # 1: Three seniors in a discussion.
Picture # 2: An older couple looking through a store window at expensively priced food.
Picture # 3: A man and a woman reaching out toward a child.
Picture # 4: An elderly woman, an individual holding a child, a teenager talking on the phone, and a woman working in a kitchen.
Picture # 5: Eight figures in a communal living situation, an elderly woman staring away from the group while the others talk and play cards.
Picture # 6: An elderly woman looking toward a telephone.
Picture # 7: An elderly woman being helped to move to a new location by her daughter.
Picture # 8: An elderly woman dropping food in the presence of an elderly man. Their bedroom is in sight.
Picture # 9: An older couple sitting far apart on a park bench facing a young couple embracing.
Picture #10: An individual in a sparsely furnished room with a spoon, glass, clock and bottle on a nightstand.

Picture #11: A man examining the want ads, while another departs in a car and a young couple are outside carrying ice skates.

Picture #12: A woman grieving with a wedding band visible, and a portrait of a couple displayed on the wall.

Picture #13: An older woman carrying a caged bird through an airport followed by a porter carrying luggage.

Picture #14: An older person either getting or replacing medicine in a medicine cabinet.

Picture #15: Two older persons watching an older man dancing with a young woman, while an older woman dances with a young man.

Picture #16: An older woman sleeping in a chair.

The directions for this last picture are very specific: "Here is a picture of a person having a dream. Tell me in some detail what that dream might be about--make it a lively dream" (Bellak, 1986, p. 346).

Procedure

The Senior Apperception Technique and Life Review Process was administered to the 13 males and 13 females selected from the retirement home population. The study was conducted over a six month period in 1988. Test administration occurred at tables
located in a quiet area or in the senior's apartment. The examiner always sat to one side to observe facial or postural changes which might indicate unvoiced concerns.

With the permission of the participants, all interviews were tape recorded to assure that no relevant data was omitted. The examiner conversed freely with the participants prior to administration of the instrument to assure that the testing atmosphere was perceived as supportive and relaxing.

Interviews varied in length from 60 minutes to two hours with test administration itself averaging 50 minutes in duration. The remaining time was spent in data clarification. Although testing directions suggest allowing five minutes per picture, the seniors interviewed generally took longer to respond or needed to return to earlier pictures to provide adequate Life Review data. Responses to the Senior Apperception Technique cards were immediately scored. The content of the responses was thematically categorized and then used to initiate the process of Life Review. All 16 pictures were presented to provide a comprehensive overview of life issues, needs and adaptive behaviors. It was essential that information be specific, as Butler, Lewis, Mynna (1977) and Bellak (1986) concluded that disclosure of causality of dysfunctional behaviors may decrease the time needed to complete therapeutic intervention.
As the seniors had a tendency to try to examine the upcoming stimuli, it was necessary to keep the pictures face down on the table and to place the next picture over the previous one. This also tended to eliminate hastened responses and inattentiveness to detail, permitting the seniors additional time to expound on the data.

Thirty individuals were actually involved in the study. Of these, four protocols had to be discarded: Three due to unreliability of responses, as they were administered too closely following medication; the fourth was discarded as the subject became too ill to respond. To insure objectivity in scoring, protocols were reviewed by a mental health professional familiar with geriatrics who was not employed by the facility.

The examiner hypothesized that need and behavior patterns, as well as unresolved conflicts, would be elicited as a result of the procedure. The process of Life Review, as reported in the literature, is believed conducive to resolution of the final life task - self-actualization. Using the information gained through use of these processes, healthcare providers would have the opportunity to address the quality aspects of seniors' lives as well as the traditionally emphasized medical/physical aspects of their lives.

Chapter IV discusses the implications of autobiographical data generated by discussion of the themes selected by each
subject in response to the Senior Apperception Technique. Also included in this chapter, is a comparison of Stock and Kanter with the present study. The actual profiles obtained from the participants during this study are included in the appendix.
Chapter IV
Results and Discussion

It was the intent of this study to describe a procedure which might enable healthcare professionals to personalize geriatric records of nursing facilities. The vehicles chosen for this purpose were the Senior Apperception Technique and the Life Review Process. Their combined usage was unique. After using the Senior Apperception Technique with the participants, the themes were categorized and examined for frequency. The themes then became the catalysts, or stimuli, to prompt life review with the individual.

Additionally, this study addressed a study by Stock and Kanter (1980) which attempted thematic categorization of responses to the Senior Apperception Technique.

Comparison of Studies

The prior study by Stock and Kanter (1980) indicated that responses to the Senior Apperception Technique could be thematically categorized to provide care givers insight into the concerns of elderly persons. The most prevalent categories included affiliation, dependency, physical limitations and card description responses (p.600). Examination of Tables 2 and 3 indicate that the frequently recurring themes in this study are nearly identical to those found by Stock and Kanter (1980).
Stock and Kanter (1980) reported that dominance was the most frequently used theme on Card 1, accounting for 33% of responses. Within the current study, dominance accounted for 58% of the responses. Stock and Kanter found affiliation and description to be the next most repeated responses at 27% each. Within this study, these themes appeared 15% of the time.

Financial concerns (55%) and responses describing card content (29%) were recurring themes compiled by Stock and Kanter (1980) for Card 2. Findings of this study indicate financial concern was slightly higher at 69% and card description responses lower at 23%.

In the Stock and Kanter study, the main themes for Card 3 were dependency (31%), nurturance (29%), card description (19%) and physical limitations (13%). In this study, the main responses to Card 3 were affiliation (69%), dependency (12%) and card description (12%). Despair and nurturance each accounted for 4% of the responses.

Stock and Kanter (1980) indicated that 56% of those surveyed selected affiliation as their response to Card 4; within this study it occurred in 58% of the responses. In their study, nurturance (15%) and card description (13%) accounted for the remaining responses. Card description (19%) and alienation (15%) were the second and third most frequent responses to Card 4 in this study.
While Stock and Kanter (1980) reported the predominant response to Card 5 was affiliation (62%), followed next by card description (19%), this study found affiliation, alienation and card description responses to occur in the same proportion (19%), followed by loneliness (8%).

Dependency (70%) was the most frequent response to Card 6 in the Stock and Kanter (1980) study, followed by card description (11%). In the current study, 65% of the responses reflected dependency, while affiliation, alienation and loneliness themes occurred in equal proportion (8%).

Leaving home (77%) was reported as the major theme elicited by Card 7, followed by physical limitations (12%) in the Stock and Kanter (1980) study. In this study, 81% of the responses to this card dealt with leaving home and 8% with concerns about physical limitations.

Card 8 clearly evoked concerns about physical limitations in both studies. Stock and Kanter (1980) reported 60% response with this concern while this study indicates 88% response. Although Stock and Kanter had 12% description response, this study found no other clearly delineated response to this card.

Stock and Kanter (1980) report affiliation (42%) and loss of sexuality (33%) as the primary themes elicited as responses to Card 9. This study reported the frequency of affiliative responses to be 38% and loss of sexuality 27%.
The primary theme for Card 10 was that of physical limitations. Although Stock and Kanter (1980) reported a frequency of 85%, this study found a 35% response rate.

Achievement needs (38%) and affiliation (36%) were major themes reported by Stock and Kanter (1980) to Card 11. In this study, these themes appeared 46% and 15% respectively.

Card 12 response frequencies differ greatly; Stock and Kanter (1980) reporting loneliness and grief at 18%, followed by dependency at 14% as the predominant responses. This study identified grief in 58% of the responses, followed by dependency 15% of the time.

Travel (78%) and dependency (13%) were reported by Stock and Kanter (1980) as the primary responses to Card 13. Tabulation of the responses in this study indicated travel themes occurred 23% of the times card 13 was presented, while dependency was discussed 15% of the time.

Stock and Kanter (1980) indicated that Card 14 tended to elicit physical limitation (77%) and card description (17%) themes. This study found these content themes in lesser proportion (31% and 23%).

Affiliative responses accounted for 62% of the responses to Card 15 in the Stock and Kanter (1980) study, with loss of sexuality occurring 10% of the time. The predominant themes
occurring in this study were affiliation (50%), card description (15%) and loss of sexuality (12%).

The themes Card 16 elicited in Stock and Kanter's (1980) study included nostalgia (25%), affiliation (16%), card description (11%), age reference (11%) and sentience (11%).

Within the group sampled in this study, affiliation themes (38%) were the most prevalent responses. Concerns about physical limitations occurred in 12% of the protocols with no other themes emerging as dominant.

It would appear that this particular group of individuals, since they were relatively new to the facility, spent a great deal of time concerned with their recent loss of familiar surroundings and meaningful possessions. For the first time in their lives, many of them had lost spouses and were unable to visit friends and family independently so it is logical that affiliation would become a pre-eminent need. Also, placement in an intermediate care facility ended their efforts at denial of their growing physical limitations as indicated in the individual protocols.

Senior Apperception Technique/Life Review Process

Concurrent life review by discussion of themes generated by use of the Senior Apperception Technique did occur. The universality of life review within this population is unquestionable, as is the intensity with which subjects responded. Perusal of the life histories in the Appendix suggests that the
participants were able to recall and examine life events within the perspective of their later years. Feil (1985) suggested that when the elderly are reviewing their lives they may fixate at a specific time or upon a particular occurrence. No behavioral regression was noted during or after the life review procedure.

Examination of theme frequency, in addition to brief life reviews, would suggest, as Erlich (1979) indicated, that health care providers might gain insight into participant's adaptive behaviors; for example, dependency upon persons or substances. Additionally, individual theme frequency and identified adaptive behaviors support Bellak's (1975) findings that: (a) consistency in an individual's life style tended to dominate the way in which an individual moved from one age to another; and that (b) flexibility in personality was conducive to better adaptation in old age (p. 101). The Stock and Kanter (1980) studies concluded that the Senior Apperception Technique can be used by health care practitioners to discern issues of concern to seniors and that the Senior Apperception Test may provide practitioners with information needed to individualize therapeutic interventions (p.342).

Five exemplary cases will be discussed to demonstrate the value of the information derived from combining the Life Review Process with the Senior Apperception Technique. Emphasis will be
placed on examination of needs, the subject's behaviors practiced to meet these needs, and therapeutic strategies.

Subject 0021F was dependent on a series of spouses, unable to achieve autonomy, manipulated men and alienated other women. At the time of the study, she was living alone and was embittered because her motive for marriage was never love. The information gained on this subject, through use of these techniques, indicated that therapy planned for her should include structured activities which would facilitate interaction with other females and which would not allow withdrawal or manipulation.

Subject 0007M's most frequent Senior Apperception Technique themes were affiliation, dominance, physical limitation and loss of sexuality. His autobiography revealed that he viewed himself as being resourceful, intelligent, above the law and sexually dominating. The limitations imposed on him by amputation and cancer were being dealt with by denial. This subject also had problems with interpersonal relationships and considered few people to be his equal. He appeared to need a highly cognitive therapeutic approach and one-on-one activities, such as chess, to satisfy his highly competitive nature and allow him to become more involved in the community.

An additional example of the value of combining the two techniques was evident in the information obtained from subject 0026F. Her life history revealed a constant striving for
attention and a need to belong. Efforts to achieve these goals included recklessness and denial of the subject's personal needs. She married without love, desiring only security and personal gratification. This subject's most frequent responses to the Senior Apperception Technique stimulus cards were within the categories of affiliation, dependency and finances. Had this individual elected to remain within the facility, greater involvement might have been achieved by placing her in the role of a care-taker with a warm individual less physically able than she.

Subject 0019F's responses and generated autobiography revealed that she had affiliative needs which had formerly been met by performing as a creative artist. Her physical limitations were troublesome to her and limited her ability to meet her affiliative and dependency needs through creative endeavors. It is likely that she would become more involved in the community through being given the responsibility of organizing talent shows and trips to plays, concerts and other artistic activities.

The response categories most prevalent within the protocol of subject 0022M were also affiliation and dependency. His life history revealed a series of relationships in which he attempted to capture and control the attention of others. His family of origin revealed alcoholism. A support group and daily encouragement would have enabled him to effectively continue his rehabilitative efforts in resolving the residuals of a stroke. A
personal invitation might have gotten him involved in community activities which would have broadened his base of acquaintances and prevented his becoming dependent on a single individual. In addition, assertiveness training, emphasizing communication of feelings and avoidance of chaotic relationships, would help eliminate his self-imposed isolation and egocentric behavior.

Examination of the text of the participants' autobiographies indicated that some of the elderly were able to look back upon their past and resolve past conflict satisfactorily by examining the issues from the perspective provided by maturity. One such example is subject 0026F who carried heavy guilt feelings because of an unresolved incident from her youth. She had been in love with her step-brother and, because of her mother's beatings, she ceased to communicate with him. At the end of the interview, this individual chose to write to this step-brother and was able to come to terms with her feelings for her mother. She decided to meet her affiliative needs by moving in with her eldest son.

Respondent 0004F elected to meet her affiliative needs by nurturing people to the point of victimization. As her health was failing, she no longer felt there was a purpose to her existence. She was able to see, with gentle humor, the price she had paid in her youth and middle years to achieve emotional security. She was able to accept her needs when she realized she could help others by being a good listener.
One of the most interesting subjects was 0015M. Reared in the Quaker religion, he had been taught to control his emotions and be self-sufficient. His autobiography was at times like a confession. He seemed to need approval for having remained at home to raise his younger sisters while his brother was killed in action during World War I. He also needed to know he need not feel guilt because his son preferred to have a relationship with another man rather than a woman. After discussing his past from the perspective of the present, he realized he had no control over the fate of his brother or his son's sexual preferences.

Discussions which were held among the retirement home participants suggested that many had not realized the universality of their past feelings and sought legitimization through sharing of experiences. The discussions the subjects had among themselves, as well as those held with the author during the actual interview process, appeared to stimulate the thinking process and were conducive to better reality orientation. Subjects were observed to do a great deal less "babbling" or self-talk. This observation would appear to validate Feil's (1985) conclusions that restoration of the past in old age is not always senile "babbling," but often a conscious attempt to resolve conflicts not dealt with at an earlier stage in life (p. 91).

Issues of isolation, grief, feelings of uselessness and decreased self-esteem were present in both the thematic profiles
and the life histories, validating the Lappe (1987) and Carlson (1987) hypotheses that these issues were likely to evolve within the later years of life (Table 2).

Many of the seniors indicated to this examiner that they felt abandoned by their families and isolated from the outside world. As self-affirmation had been achieved by relationships or by achievements in occupations for many of the respondents, few seemed able to accept themselves as having self-worth now that they were retired from their life's "work." The limitations imposed by illness and physical handicaps were less acceptable to those who had been highly self-reliant. Those who were most dependent were also the most despondent, whether that dependency involved significant others, sexual prowess, drugs and or finances. Many grieved silently.

Examination of the autobiographies does support Bellak's (1975) contention that satisfaction in later life reflects satisfaction in early life. Many of the participant's Senior Apperception protocols and histories revealed a continuum of greater or lesser life satisfaction. Those whose early lives revealed significant traumas tended to practice the same adaptive behaviors to trauma with decreasing flexibility in behavioral alternatives being the common denominator.
The results of this study indicate that the Senior Apperception Technique content themes could serve as a catalyst for the Life Review Process. Personalization of client records to include social and emotional data judged to be germane to the senior's quality of life was also made possible by this process. Subject validation indicated that, through the Life Review Process, greater self dignity occurred for the participating seniors. Despite increasing physical handicaps, many of the participants attempted to locate the author to share an additionally recalled memory. On occasion, this resulted in tears, on others, laughter; in all, the catharsis lent itself to intimate sharing with the author and with peers as many seniors chose to continue conversations elsewhere.

The value of the Life Review Process, in affording the older person an opportunity for self-respect and dignity through the recapitulation of significant life events in the face of imminent death, was popularized in the stories of Somerset Maugham and recent movies such as "On Golden Pond." Allowing seniors an opportunity to tell their life stories served as an acknowledgement that society recognized their accomplishments and allowed them to affirm their value as individuals prior to death.
This also permitted them a final instance to parent youth through their own lives. Their requests for copies of the taped interviews suggested that sharing their personal legacies was of great importance to the elderly.

It is questionable whether any of the participants actually reached that final stage of life described by Erickson (1959) as self actualization. It is doubtful whether this is measurable as the evolving of self is a continuing process. What is clear from the data, however, is that there was a need by most participants to bring closure to unresolved conflicts. For some, this was possible through viewing the past from the more mature perspective of age.

Most significant was that the pairing of these two techniques was a unique approach to the collection of data through reminiscences; that this provided health care professionals with an alternative to directive, medically oriented questioning; that it was conducive to the development of a trusting relationship as it allowed the senior to exercise some control over the data shared; and, that the process appeared to reduce the usual length of time needed to elicit quality of life issues.

Limitations

There are several limitations to this study which should be addressed. One is the smallness of the sample size. To generalize data from so small a sample could lead to inconclusive
results in a larger group. Another limitation was the criteria used to determine participation in the study. One of the criteria, willingness to participate, might have indicated the subject's predisposition to communicate, which might lead to a false conclusion about the usefulness of pairing the two techniques. Conditions for ideal statistical analysis were not available as the participants did not come from a normally distributed population. Location of the retirement facility, as well as fee schedule, could also have affected the sampling. A single facility was utilized for this study. Samplings from additional facilities would undoubtedly have given greater credence to the original hypothesis.

Differences in thematic frequency between this study and that of Stock and Kanter (1980) might be attributable to any or all of the following factors. Age ranges are reported for both studies; however, they could not be compared as only mean age was specified in the Stock and Kanter (1980) study. Participants of this study were new to their facility and, in many cases, angered by what they perceived to be "forced" occupancy. This may account for the high percentage of dominance responses to Card 1 in this study. As most subjects were frequently visited by family during the early months, family contact was viewed positively. Respondents had not yet had the need to solicit their family's companionship. This may or may not be an explanation in the distribution of
responses to Card 3. Many respondents to this study had recently lost a spouse, hence, grief was paramount in their minds. Finally, the facility used for this study is described as a "retirement" facility designed to accommodate those needing minimal care. Stock and Kanter's (1980) sample was taken from various nursing homes which probably indicates a higher level of medical attention was needed by these respondents. This could explain the higher percentage of physical limitation responses to Card 7 and Card 14 in their study.

As the Senior Apperception Technique is a projective device, caution in interpretation of results needs always to be exercised. Differences in results of any projective techniques may reflect several factors. The first and most obvious is that interpretation is subjective and may vary depending on the individual scoring the technique. As this particular technique has not been normed, discrepant results are not unlikely. Secondly, responses reflected changes in the participant's perceptions which were constantly in a state of flux. This may have reflected not only changed life circumstances, but also changing conditions within the individual's brain due to deterioration, injury or medical intervention.

The data from this study were conveyed to the staff at the facility as they were gathered. This made obvious the need to develop an appropriate form on which to efficiently provide
relevant information of this type to the staff of a retirement facility before it would be possible to expand either the sample size or increase the number of facilities involved. Also, before the information could appreciably change the quality of life for the seniors involved, employees within the facility would have to be trained in empathetic listening techniques in order to elicit true life review. This was seen as a need for practicing preventive mental health and delivering successful therapeutic services, as well.

Implications

For many of the subjects of this study, this was the first opportunity presented to them in many years to share past accomplishments as opposed to the usual sharing of physical and/or mental decline. Through the unveiling of the participants' personal "legacies," the author became better able to understand the values and personalities of individuals who survived a major depression, two world wars and a significant technical revolution. An unexpected benefit was that history was made meaningful and the generation gap disappeared with the emergence of shared feelings despite the wide difference in ages between the subjects and the interviewer.

Sharing the experiences of the subjects through life review added to the interviewer's ability to understand previously unexplained reactions, such as the fear of financial insolvency
carried over from experiencing a depression in earlier years, or the fear of rationing carried over from wartime experiences. The ageless need for legitimization of feelings made a very strong statement in favor of mental health counseling to assist the elderly in adjustment. It is not possible to reverse declining physical abilities, nor is it possible to reduce medical costs appreciably for the elderly. However, it would be possible to meet the elderly person's most pressing need of affiliation through providing surrogate families of peers and younger people. At no time in life, except old age, is a person expected to limit associations to a single age group, all of whom share similar afflictions and a general decline in abilities. It is no wonder that depression and anger are the major emotions experienced by the elderly.

The common thread which appeared in the majority of the interviews was an anger and frustration at changed life status. Dylan Thomas (1979) effectively expressed this condition in the following poem:

Do not go gentle into that good night,
Old age should burn and rave at close of day;
Rage, rage against the dying of the light.

Though wise men at their end know dark is right,
Because their words had forked no lightning they
Do not go gentle into the night.

Good men, the last wave by, crying how bright
Their frail deeds might have danced in a green bay,
Rage, rage against the dying of the light.
Wild men who caught and sang the sun in flight,
And learn, too late, they grieved it on its way,
Do not go gentle into the night.

Grave men, near death, who see with blinding sight
Blind eyes could blaze like meteors and be gay,
Rage, rage against the dying of the light.

And you, my father, there on the sad height,
Curse, bless, me now with your fierce tears, I pray
Do not go gentle into that good night.
Rage, rage against the dying of the light. (p. 579)

Findings of this study suggest that the issues identified by Bellak (1986) as loss of self esteem, grief, isolation, and feelings of uselessness play an important part in the quality of life experienced by seniors. With the advent of significant physical illness, we as a society ask that the elderly give up their homes and belongings in exchange for communal living which, despite its conveniences, cannot meet each individual's expectations and needs. Seniors are also asked to maintain their sense of self worth in an unfamiliar setting, devoid of occupational satisfaction and meaningful relationships. With medical advances constantly adding years to an individual's life, it is imperative that society take a serious look at ways to improve the quality of those added years.
References


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Table 1

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Table 2

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* P.l. = Physical limitations  
** L.s = Loss of sexuality
Table 2 (continued)

Responses to the Senior Apperception Cards

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* P.l. = Physical limitations
** L.s. = Loss of sexuality
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* P.l. = Physical limitations
** L.s. = Loss of sexuality
### Table 3

**Theme Frequency of Response**

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Senior Issues
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Appendix B

Life Review Autobiographies

0024M

Response to Stimulus Cards:

1. affiliation
2. finances
3. descriptive
4. affiliation
5. affiliation
6. dependency
7. leaving home
8. physical limitations
9. affiliation
10. physical limitations
11. descriptive
12. grief
13. alienation
14. descriptive
15. affiliation
16. religion

Subject: 0024M
Age: 76
DOB: 1-31-1912
Family Membership: Youngest, has two older brothers
Marriages: 1
Children: 0
Education: High school
Occupation: Construction worker
Illness: Hypertension
Admission Status: Voluntary
Subject 0024M was born in the Midwest. He was still in elementary school when he, his mother, father and two older brothers moved to Texas. He described himself as a happy, curly-haired kid, whose parents sent him to Sunday School and preached against the evils of alcohol. He liked fishing, sports and flying.

In 1928, he married, hoping to enjoy a family. His wife came from an alcoholic family and developed that disease after their marriage. He reported that "she killed his feelings of love." When the opportunity arose to work on a dam being built in another area, he took the job. Although he made a commitment to no one, he had plenty of "girl friends," enjoyed the fast paced life and the challenge of dam construction. His wife died of a massive coronary 28 years ago.

His family remains very important to him. He is proud of his niece and nephew. He remains quiet and highly selective of his companions. To this day, he hates the nicknames assigned him by his two brothers, who also live in this state. His acceptance of his physical problems is an excellent model for others. Since our interview, he talks more, and is also more visible in the community. However, subject 0024M continues to use physical avoidance as a means to cope with life.
Response to Stimulus Cards:

1. dependency  
2. finances  
3. affiliation  
4. alienation  
5. alienation  
6. loneliness  
7. leaving home  
8. physical limitations  
9. affiliation  
10. loneliness  
11. finances  
12. grief  
13. dependency  
14. physical limitations  
15. affiliation  
16. affiliation

Subject: 0002F
Age: 66
DOB: 5-3-1922
Family Membership: Oldest of nine
Marriages: 1
Children: 5
Education: Did not finish high school
Occupation: Waitress
Illness: Diabetes
Admission Status: Voluntary

Subject 0002F was the eldest of nine children and was born in a northern industrial state. Her mother remarried following the departure of the subject's father. A great deal of responsibility was placed on the subject as early as age 14 due
to severe economic hardships. The subject cared for others outside her immediate household to help make ends meet. She also ran the family household at 14 years of age.

She fell in love with a young man from an alcoholic family and married before completing high school. She had four children, three girls and a boy. She left her position as a waitress to spend time with her children.

Her husband was a fireman who dabbled in real estate in his spare time. The two of them remodeled and resold homes to generate additional income.

During the last five years of the subject's marriage, a son was born. The marriage relationship became strained, and the son developed bronchial asthma which necessitated a move to another location.

Her husband's drinking problem became progressively worse and, after 23 years of marriage, he left her for a younger woman. The subject was unable to accept this loss and became depressed. Medication had been administered periodically for this condition. During the last years, she developed a diabetic condition which she has had a great deal of difficulty managing.

Prior to admission to the retirement facility, this subject lived independently in her own mobile home. Following an episode of diabetic difficulties, accompanied by depression,
the subject elected residency at a retirement facility within close physical proximity to her daughter. She greatly feared departure from the "family" she has created here and is unlikely to elect independent living again.
Senior Issues

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0012F

Response to Stimulus Cards:

1. dominance
2. finances
3. affiliation
4. descriptive
5. dependency
6. dependency
7. leaving home
8. physical limitations
9. affiliation
10. loneliness
11. achievement
12. dependency
13. grief
14. agitation
15. passivity
16. affiliation

Subject: 0012F
Age: 65
DOB: 12-1-1922
Family Membership: Second eldest girl, two brothers, five sisters
Marriages: 1
Children: 3
Education: MA in Education and Social Work
Occupation: Social worker and teacher
Illness: Hypertension, depression
Admission Status: Voluntary

Subject 0012F is the fifth of eight children. She reports being raised in a close and happy family. Both parents are deceased, the mother at age 80, and the father at age 74. They
are said, by the subject, to have stressed education and a career as measures of success, as they were both well-educated.

Early childhood was unremarkable except for intense rivalry with her older sister. The subject recalls experiencing her first tragedy at age 16. Her friend's father shot himself in the head while the two girls were downstairs in the house.

Subject 0012F married in 1946 after completion of high school in 1944 and an early entry into the university. She reports eloping to avoid confrontation with a soldier boy friend who hadn't written to her in over a year.

In 1947, she completed her course work and received her credentials in social work. In 1952, she had the first of four sons, the others following in 1956, 1959 and 1961. She lost the last child in the seventh month of her pregnancy.

Her husband was a physician who developed a drug habit—abuse of amphetamines. He became abusive to her and erratic in his behavior. She divorced in 1962 and began work as a social worker assigned to child abuse cases. She continued to work as a teacher. Geographical moves entailed residency with her parents and relocation to other states.

The subject found residency with her parents unsatisfactory, as they reprimanded her for her divorce. During this time, her father died of renal failure after her family refused to seek medical treatment. After this, she relocated, taking her
youngest son with her and leaving the other two with a sister. In 1974, she earned dual Master's degrees.

Of note is the fact that the subject willingly sought out counseling in 1961. Intermittent drug prescriptions for anti-depressive drugs and bronchitis have been issued since that time.

Two of the subject's sisters are deceased, one from myocardial infarction, the other from ovarian cancer. One brother is reported to suffer from recurrent depression. The subject would like very much to have a congenial relationship with her remaining sister. This sister, by report, has been non-responsive to efforts at friendship on the part of the subject. The subject's youngest son is an attorney who lives here, but felt he could no longer care for his mother. She has little interaction with other family members, as she feels they are too materialistic. Her older son lives in another state and is a practising plastic surgeon.

Residency at this facility occurred after the subject was advised by her physician to seek a living arrangement conducive to more frequent social interactions. Observation suggests that the subject is a very congenial, warm individual who is seeking out meaningful relationships.

She assisted with scheduling the interviews for this project, and has chosen to return to a prior career. She has been less
depressed of late although family affiliation remains problematic.
Response to Stimulus Cards:

1. dominance
2. finances
3. affiliation
4. affiliation
5. affiliation
6. dependency
7. leaving home
8. fear of abuse
9. affiliation
10. physical limitations
11. finances
12. dependency
13. dependency
14. care-taking
15. affiliation
16. affiliation

Subject: 0026F
Age: 75
DOB: 4-4-1913
Family Membership: 1 older brother
Marriages: 2
Children: 4
Education: High school
Occupation: Babysitter
Illness: Vision, diabetes
Admission Status: State supported, own volition

Subject 0026F was the younger of two children born in the midwestern region of the United States. Her father was a laborer and worked hard to provide a home for her and her brother who was two years older than she.
At age three, the subject's mother passed away and her father, unable to manage the family, placed her brother and her in the role of their own caretakers. The subject became unruly as there was a lack of supervision and her father felt guilty over his absenteeism. She was curious and accepted no boundaries. At age nine, she was badly burned in a bonfire. Following this incident she was badly bitten by a dog and became extremely ill.

Relocation to another state brought yet another incident, she was hit by a truck and severely injured. At this time, her father remarried and the family, now consisting of herself, her brother, two step-brothers and two step-sisters, now resided in a basement apartment struggling to make ends meet.

She and her step-mother had a love-hate relationship. She was often physically punished in public. She endured as she was grateful to have a mother. She fell in love with her 13 year old step-brother. When her mother found out, she was beaten with an iron skillet on the front porch of the house where they lived. When she and her step-brother walked to school the next day, she ignored him because she was embarrassed. She has never forgiven herself for walking away from him without an explanation. She now intends to write as he still checks on her health status.

Eventually, this subject moved in with a married step-sister
who had a heart condition and needed assistance. While living there, she met the man whom she married. They had four children, two girls and two boys. When her husband died unexpectedly, she began babysitting so she could keep her children fed and maintain the home her husband had purchased.

Ten years later, 0026F became very ill and financially insolvent. A friend brought her to his home to recuperate from a hysterectomy. She married one of this person's friends, after asking him to find someone who needed a hard-working, honest woman. She relocated to the South with her new husband. After two years, she moved to California to help one of her daughters with her grandson. Four years later, she moved here intending to help her other daughter who moved here from the East. When her daughter decided to return to her original home, the subject was unable to return to her former place of residence because she had been evicted.

This subject was unhappy with her current living arrangement, as she missed her family in California. At the end of our discussion, she stated that she was glad to have had the opportunity to talk about her childhood. We discussed her need to consider her own needs and communicate them. She has since moved out of the facility to live with her eldest son.
Response to Stimulus Cards:
1. rivalry
2. affiliation
3. dependency
4. alienation
5. dependency
6. worry
7. alienation
8. physical limitations
9. dependency
10. physical limitations
11. achievement
12. guilt
13. travel
14. drug abuse
15. anger
16. anger

Subject: 0021F
Age: 86
DOB: 2-4-1902
Family Membership: Eldest of five
Marriages: 3
Children: 2
Education: High school
Occupation: County Clerk; Restaurant owner
Illness: C.O.P.D.; diverticulitis; arthritis; possible C.V.A.
Admission Status: Voluntary

Subject 0021F was born in the southwestern region of the United States. Her father was a minister and a miner by trade. Her mother took care of invalids.
At age nine, the subject's father died of lung problems, leaving her mother, then 42, to care for her six children. At age 13, subject 0021F became responsible for raising the five other children in her family--two brothers and three sisters. Her mother continued her employment as a care-taker, moving from Arizona to Colorado and finally to Las Vegas, Nevada.

At age 17, this subject married her first husband, to whom she remained married for 26 years. She was widowed when her husband, a casino employee, died of a sun-stroke while on a fishing trip. Two children were born of this marriage.

During this union, a highly significant event occurred for this subject--the death of her younger brother. She reported his involvement with a woman of "ill repute" and his use of drugs. He started acting irrationally, not showing up for work and stealing from his family. He told the subject he loved the woman with whom he was involved and wanted to marry her. 0021F and her family disapproved of her brother's involvement. The brother borrowed a shotgun from this subject's husband to take on a hunting trip. Instead, he used the gun to shoot himself. On Easter Sunday, an uncle who was the sheriff found the body. The subject is still angry with the uncle for not interceding and has never forgotten the harsh words she spoke to her brother before his suicide.

Two years after her first husband's death, she married again. This man was the one she says she "came closest to loving." He
was a chef at a major casino and wrote a newspaper column. He showered her with jewelry and they ate out at the best restaurants. She rode in the Helldorado Parade the year she was 45. She retired from her job as county clerk and purchased a restaurant on Fremont Street. After 24 years of marriage to this man, she was again widowed at age seventy-nine.

She won the affection of the husband of a friend and he became her third husband. He was fond of night life and became hooked on medications supplied by his physician friends. This necessitated medical care which depleted his finances. Although she supplements his Social Security to provide medical care for him in an intensive care facility, his children accuse her of not caring for him properly.

She now lives alone in this retirement facility dealing with her own physical problems. She is somewhat bitter that the motives for her marriages were money rather than love. She is attempting to make peace with herself through religion. We donated some old literature to a church and arranged for visits from the minister. The last time I saw this subject, she was visiting with other residents and helping to raise their spirits. Her anger toward her invalid husband has dissipated, and she feels she has made atonement through the church.
Response to Stimulus Cards:

1. dominance
2. descriptive
3. nurturing
4. affiliation
5. isolation
6. dependency
7. leaving home
8. physical limitations
9. affiliation
10. physical limitations
11. descriptive
12. grief
13. abandonment
14. descriptive
15. affiliation
16. affiliation

Subject: 0004F
Age: 84
DOB: 1-5-1904
Family Membership: Youngest of 12
Marriages: 1
Children: 3
Education: Did not finish high school
Occupation: Secretary
Illness: Failing vision; Arthritis
Admission Status: Voluntary

Subject 0004F was the youngest of 12 children. By her own description, she always puts others first and her own needs second. She was always a loner. In high school, she liked athletics and considered herself smart and a leader. Subject
OO004F did not finish high school because she married a "tall, Texan boy." She met her husband, who was three years her senior, at a Baptist Church. He singled her out at a "tacky party." They courted 10 months before marrying. He made good money and they lived comfortably. She raised her three children with "strict morals." She prided herself on the fact that when "anybody needed help, we were the first to be called on for finances, etc."

She was married for over 60 years even though, as she said, she "fell out of love." She refused to divorce her husband despite his alcoholism and resultant cruelty. After her husband died, she met another man whom she dated for several years. She wouldn't marry him as she found out that he was unfaithful also.

She cried as she spoke of her daughter who died three years ago and mentioned how much she misses her. She also reminisced about the women with whom she worked and told about their visits to a fortune teller.

Her vision was failing and she was developing arthritis in her hips. She wanted her family to become united again, but said that her granddaughter would not get along with her son who was in the hospital with a bad heart.

She wanted to spend more time with her daughter, but felt she would be a burden because she might fall. She felt her time was short in "lots of ways." She has already made arrangements for a burial plot and funeral in Phoenix. She said she planned to be
buried there beside her husband. She felt her body should be
taken there by car as it was too expensive to fly. When I pointed
out that she wouldn't need a seat so that would cut down on cost,
she laughed. She watched church services on television on Sundays
because she didn't want to attend a church in her walker and
inconvenience her daughter. She indicated being afraid because
she could no longer help others. She shared her tissues with me
and finally laughed because nothing the fortune teller told her
ever happened. She had never established her own worth and felt
she needed to care for others to find a purpose for her life.
Response to Stimulus Cards:

1. dominance
2. descriptive
3. affiliation
4. affiliation
5. alienation
6. dependency
7. dominance
8. physical limitations
9. physical limitations
10. physical limitations
11. dominance
12. grief
13. loss of sexuality
14. loss of sexuality
15. rejection
16. affiliation

Subject: 0007M
Age: 88
DOB: 8-14-1900
Family Membership: Only child
Marriages: 2
Children: 1
Education: High school; some college
Occupation: Diamond cutter; dealer
Illness: Cancer; amputated leg
Admission Status: Doctor's advisement

Subject had his leg amputated in 1918 as a result of gangrene due to a war wound. He became active in forming a Canadian veteran's association for amputees. During prohibition, he was on his way to Canada and was carrying liquor. To avoid being caught,
he exchanged a train ticket with a diamond cutter. When his ruse was discovered by the diamond cutter's employer, he became an apprentice diamond cutter. He married and had one son. His wife died seven years later in a house fire. The maternal grandmother raised his son.

The subject came to Las Vegas during the construction of Hoover Dam. He enjoyed women and liquor and lived in a local motel. He married a younger woman who was one of the first female card dealers and was very aggressive. He lived a demanding life, buying and selling diamonds from construction workers who gambled. His wife became his business associate and when she left him, he found out that money didn't mean anything.

Financial disaster hit when his business establishment was robbed by disgruntled workers taking laudanum. He was never able to recoup his loss because he didn't meet all his insurance regulations.

During this time period, he had developed cancer. At the time of the interview, 0007M was out of remission and had volunteered to be a part of an experimental group being treated by a local oncologist.

He spent most of his time alone, talking only to people he considered his "intellectual equals."
Senior Issues

0025M

Response to Stimulus Cards:

1. dominance  
2. finances  
3. affiliation  
4. alienation  
5. grief  
6. affiliation  
7. leaving home  
8. physical limitations  
9. grief  
10. grief  
11. loneliness  
12. grief  
13. depression  
14. physical limitations  
15. descriptive  
16. finances

Subject: 0025M
Age: 70
DOB: 2-4-1918
Family Membership: Middle of three children
Marriages: 2
Children: 2
Education: BA plus two years of theology
Occupation: Guide; Army cook; Civil Conservation Corp; Truck driver; Airport Attendant
Illness: Two C.V.A.'s; C.O.P.D.
Admission Status: Doctor's recommendation

Subject 0025M was the middle child born of the union of his mother, a Chippewa Indian, and his father, a German born, naturalized American citizen. His parent's marriage ended in his
youth due to his father's severe problems with alcohol. Many of this subject's waking hours were spent alone, running through the woods in imitation of the forest animals. Entry into manhood consisted of survival without food or water, deep in tribal territory. His appreciation of nature has remained and is revealed in his art work.

This subject's first employment following graduation from high school was as a hunting and fishing guide for a resort. He briefly attended a theological seminary before entering the Army. During his first year of military service, he married the first woman with whom he had intimate relations. As she was the company "whore," he was divorced before his tour of duty ended.

During the Franklin D. Roosevelt era, this subject marked trees for the Civil Conservation Corp. Shortly afterward, he met his second wife. During his employment as a truck driver, his wife raised their two children. This subject was demanding with himself and all others. He developed problems with alcoholism. He has undergone 15 major operations to open occluded arteries and for C.O.P.D. He loved his children dearly and showered them with gifts. When they didn't communicate with him this year on Father's Day, he was deeply hurt.

0025M conveyed his great love for his family and stated that "I wish I had said 'I love you, honey'" to his wife. His wife had Parkinson's Disease and was in a care center across the street so
he was able to visit her daily. He had just moved from his home to the retirement facility one month before the start of this project.

As we spoke, the subject wept as he told of his recurring dream of running naked through the woods as he did when a child. We talked about his feelings of guilt about his wife's condition and the fact that he never showed his wife how much he loved her.

Subject 0025M began to socialize more and seemed happier. However, he remained alcoholic and guilt-ridden. I saw self-destruction as the ultimate course of his remorse unless some serious intervention occurred. His visits to his wife seemed to free him of some of his guilt.
Senior Issues

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0015M

Response to Stimulus Cards:

1. dominance                  9. affiliation
2. finances                   10. fear
3. dependency                 11. finances
4. affiliation                12. grief
5. alienation                 13. travel
6. finances                   14. physical limitations
7. finances                   15. descriptive
8. physical limitations       16. finances

Subject: 0015M
Age: 84
DOB: 5-25-1904
Family Membership: Oldest male; two sisters, one brother
Marriages: 1
Children: 1
Education: High school
Occupation: Mail carrier; realtor; mortgage banker
Illness: Degenerative joint disease
Admission Status: Voluntary

Subject 0015M was the oldest son in a family of four children. He walked three miles to school in the company of his brother and sisters. The children were all raised in the Quaker
faith. His parents were separated before his mother died of pneumonia when he was a child.

After graduation from high school, in order to obtain a job as a school bus driver, he lied to the school superintendent about his ability to drive. He was proud of getting away with this. He cried when remembering the death of his younger by drowning when his plane was shot down during World War I. He also became emotional when talking about how much he opposed one of his sister's marriage because she was only 14 years of age at the time.

This subject joined the State Militia and assisted the Red Cross with the evacuation of non-whites when a section of the Panama Canal burst while under construction. He also took pride in his service marksmanship record.

The occupations held by this subject ranged from mail carrier to real estate and mortgage broker. He was financially astute enough to make loans and maximize interest, allowing him a very comfortable lifestyle.

Subject 0015M married his high school sweetheart when he was 21 years of age. She bore him one son who now resides in Las Vegas. His wife was in Florida when she died of cancer in 1969.

The subject's membership in the Masons entitled him to residency in a Masonic Lodge where he lived for a brief period.
He secretly yearns to live with a sister. For whatever reason, this was not possible.

At his son's request, this subject moved to Las Vegas and deeded his belongings to the son. He feels that his son has squandered his possessions frivolously.

This subject had an additional concern which he finally shared. He called me aside one day to tell me about a trip he had taken to the Liberace Museum. He said, "You know what people say about Liberace. Well, my son has a friend and has never married." I responded that Liberace made beautiful music and that I was glad his son had a nice friend. He smiled and cried again. It appeared that admitting his son's lifestyle was difficult for him.

This subject was also concerned about his health and wanted to "live as long as God will let me."
0022M

Response to Stimulus Cards:

1. dominance 9. affiliation
2. finances 10. physical limitations
3. affiliation 11. achievement
4. affiliation 12. dependency
5. affiliation 13. dependency
6. dependency 14. descriptive
7. leaving home 15. affiliation
8. physical limitations 16. physical limitations

Subject: 0022M
Age: 65
DOB: 5-12-1923
Family Membership: Younger of two sons; no other siblings
Marriages: 3 traditional; 1 common law
Children: 5
Education: College graduate
Occupation: Nurse; physiotherapist
Illness: Cardio vascular accident
Admission Status: Doctor's recommendation

Subject 0022M was born to a middle class family residing on the West Coast. He was the second of two sons who were 18 months apart in age. Alcoholism and hypertensive heart disease were
present in the subject's father's family. His mother died when he was two years old.

At age 16, the subject married a young Japanese girl out of necessity. She bore him two children. The marriage was dissolved and he went on to complete specialized training as a prosthetic technician. He received an RN degree. He worked for an insurance adjuster for three and one half years before going on to chiropractic school for physiotherapy. Working for the insurance adjuster allowed him the opportunity to work in several different states.

During this time, the subject met his "real love," a prosperous restaurant owner. They dated and married. After their marriage, he found out that she owned several restaurants and was "impossible to drag away from her work." The marriage only lasted a few years because he was unable to get her to spend more time with him and less with her businesses. He again referred to this wife as his "greatest love."

His next marriage was to another high achiever with whom he had a daughter. He left this wife five days after the child was born because he was convinced the child wasn't his. He chose not to marry his last companion although they lived together for 14 years.

Upon arriving in Las Vegas, this subject worked the nursing registry and had a comfortable life style. When his companion's
children arrived, he was unhappy because this upset their routine. When she failed to let him know where she was one evening when she went out gambling, he packed up and left.

He supported himself for the past six years by gambling and has developed other female acquaintances. Approximately six months ago, this subject suffered a stroke. His recovery was excellent as was his mental outlook. He said he missed his companion of 14 years but is happy to be free of the anxiety she caused him by never telling him her whereabouts.

This subject was very outgoing and directed the facility store and library. His need to capture and control were discussed and he became emotional at this realization.
Subject 0008M had a tendency to intellectualize and project blame onto others. He blamed his lack of respect for women on his mother's alcoholism and promiscuity. He had real difficulty communicating his feelings and blamed his emotional reaction, as
he recounted his life story, on his stroke. His current reading suggested he was trying to find purpose in his life and that he desired companionship. He was extremely angry at himself for his health condition and was very lonely.

Biographical recall suggested that the above-stated problems began in adolescence and have progressively worsened. He had great need of sexual affirmation and, when intoxicated, continually shed his clothes as if to say "I am still a man despite my physical infirmities."
Subject 0018M had defied the odds all his life. He was the middle of 11 children. Three of his siblings died in infancy. He came to expect loss as a way of life following the early death of his father.
He was an isolate, able to befriend few and trust none. Money and relationships were his primary means of self-validation. He had had chronic lung problems, congestive heart failure and anorexia in the past. There was also a history of drug abuse in his family which he has repeated. His drug abuse became a problem in 1972. His business failure and alienation from his family of origin also occurred at that time. He never married.

He was disillusioned about his inability to "beat the town gambling." He was desirous of death and viewed himself as a failure, lacking in belongingness, and physically incapable of reaching out to become part of the community.

He related easily on a one to one basis. His preoccupation with health and general negativity did not make him a desirable companion to others. He had one friend who visited him and was very important to him. He had made one friend within the retirement community. It was hoped that his visitor would remain supportive and that intensive psychotherapy would be prescribed to assist 0018M with his life's anger.
0009M

Response to Stimulus Cards:

1. dependency
2. descriptive
3. affiliation
4. loss of sexuality
5. descriptive
6. dependency
7. physical limitations
8. physical limitations
9. loss of sexuality
10. physical limitations
11. achievement
12. grief
13. travel
14. descriptive
15. loss of sexuality
16. fear

Subject: 0009M
Age: 77
DOB: 6-26-1911
Family Membership: Eldest; two brothers and two sisters
Marriages: 1
Children: 3
Education: High school
Occupation: Amalgamated meat cutter
Illness: Progressive palsey; back problems
Admission Status: Voluntary

Subject 0009M was the oldest of five children. On his graduation from high school, he became an amalgamated meat cutter to assist with the rearing of his younger siblings. Before his wife died, they raised two sons and a daughter.
He was angered by the limitations caused by the injury to his back, and because of his dependency upon others. He grieved for the absence of family in his life, and for his self-perceived loss of sexuality. He was afraid to discuss his feelings regarding his admission to the retirement facility and his changing life situations.

Subject 0009M desired that his family be united and that he be included. His desire for self-worth through a return to gainful employment was evident. He wanted very much to change the course of life events which had brought him to residence in the facility, and he was very fearful of the future.

Subject 0009M passed away during the course of this study. It was doubtful that the process of recall brought any resolution of his concerns.
Response to Stimulus Cards:

1. dominance
2. finances
3. affiliation
4. alienation
5. dependency
6. affiliation
7. leaving home
8. physical limitations
9. grief
10. hopelessness
11. achievement
12. loneliness
13. affiliation
14. affiliation
15. loss of sexuality
16. grief

Subject: 0023F
Age: 66
DOB: 1-25-1922
Family Membership: Youngest; one brother, one sister
Marriages: 4
Children: 5
Education: High school
Occupation: Banquet manager; credit union manager; apartment manager
Illness: Asthma
Admission Status: Voluntary

Subject 0023F was the youngest in the family. Her four husbands had two traits in common: Disloyalty and alcohol abuse. Her father died in his sleep when she was very young. She wished
to die in the same fashion and voiced a belief in euthanasia. She had continually sought self-validation through relationships which she developed very easily. She was very attractive and was constantly seeking companionship.

Subject 0023F held positions requiring a great deal of precision and control. She placed herself in a care taker role with each spouse, with her children and others. This subject was an astute student of human nature, skilled in facilitating destined outcomes. Her goal, as we spoke, was gradually focused upon provision of alternative living arrangements for the ill and elderly. It is expected that she will pursue this topic, having gained insight into self. When I last visited, she was discussing options with out-of-state friends in the field of real estate. It was felt that this role would meet her need for care taking and give her a purpose in life.
Senior Issues
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0003M

Response to Stimulus Cards:

1. descriptive
2. finances
3. affiliation
4. affiliation
5. descriptive
6. alienation
7. leaving home
8. physical limitations
9. loss of sexuality
10. alienation
11. achievement
12. alienation
13. affiliation
14. physical limitations
15. affiliation
16. dependency

Subject: 0003M
Age: 66
DOB: 4-26-1922
Family Membership: Oldest; two brothers
Marriages: 3
Children: 1
Education: High school
Occupation: Factory worker
Illness: Alcoholism
Admission Status: Voluntary - indigent

Subject 0003M was adopted as a very young boy and never felt a sense of belonging. He perceived the world as having done him an injustice. He married three times and had one child. He had abused alcohol and drugs for a good portion of his life.
He was released from his last position as factory worker after 19 years. At this time, he became highly depressed and tried to drink himself to death in a motel room several months before this study began. His family was concerned about him and placed him in a local detoxification center. When asked what he would like to change about his life, 0003M stated, "relationships."

Subject 0G03M refused to attend self-help groups and counseling. He was progressively isolating himself as well as eliminating opportunities for rehabilitative assistance. Despite awareness through the Life Review Process of painful events and prior assistance by Alcoholics Anonymous, he could not admit that he needed anyone's help to change. I noted increasing anger which might motivate either change of repetition of previous behaviors. As he has never taken any personal responsibility for the outcomes of his past behaviors, the latter is more likely.
The words "gentle," "kind," and "caring" capsulize the personality of 0006F. This subject was born in the South 71 years ago on July 25, 1916. Her mother was a hard-working housewife and imparted to each of her children the importance of caring for
others as well as self. As her older sisters left home, this subject assisted with the rearing of her younger sister so that her mother could meet the rigorous demands of the working world after the death of her father.

Her mother's second husband was abusive to the children and demanding of the mother. Her mother returned to the role of housewife with the birth of the subject's step-brother. Her step-father's use of alcohol increased and this subject deferred marriage until she reached her late twenties.

She married her fiance after he completed pharmacy school. She began her family in her early 30's, successfully giving birth to three children, a girl and two boys. One boy died in an untimely accident about which she still grieves. Her husband died after 26 years of marriage.

She remained in the South to help her daughter further a career by assisting with the care of her grandson. She later relocated to this area to be close to her daughter. She regrets her decision to move and wishes she had remained in the South, where she lived independently and visited her own friends. She enjoyed talking informally, and wanted to continue to do voluntary church work. She had begun to interact with other residents at the retirement facility.
0017M

Response to Stimulus Cards:

1. dominance
2. finances
3. affiliation
4. affiliation
5. descriptive
6. dependency
7. leaving home
8. physical limitations
9. loss of sexuality
10. anxiety
11. achievement
12. anger
13. loss of sexuality
14. dependency
15. affiliation
16. affiliation

Subject: 0017M
Age: 67
DOB: 1-10-1921
Family Membership: Youngest; two sisters
Marriages: 1
Children: 3
Education: Bachelor of Science
Occupation: Sales manager; dealership training; accountant
Illness: Pulmonary disease
Admission Status: Voluntary; state subsidy

Subject 0017M was born on the West Coast. His family of origin remained intact until his parents passed away 10 years ago. He was married once to a woman he met in his youth. They had
three children and divorced when his daughter reached adolescence. He held numerous positions in the business world. He had chronic obstructive pulmonary disease which has worsened over the past few years. He lost his prosperity after his divorce. He had a brief psychotic episode as the result of alcohol abuse.

He enjoyed speaking of his family and was saddened at the rivalry he perceives exists between him and his former wife for the affection of their children. He received no visitors and was saddened that his divorce had caused a total breakdown in his family's affection for him.

We discussed the subject's business acumen at length, and he was encouraged to explore financial planning for the elderly which he identified as a need.
At 72, subject 0005F remains unique. She is the youngest of three girls, and the most outspoken. She never liked her step-father and would not discuss her childhood except to say it was unpleasant and tumultuous.
The subject left home after one and one half years of high school. She married and had three children. After the marriage ended, the subject worked at various jobs, including sales, seamstress, and dealership training. She married five times, each one of which ended in divorce.

Her entire life revolved around her son, whom she badgered into buying a mobile home in which she could sell her handcrafts. She was very angry at men. She stated that, were it not for her son, she would have preferred to be a man.

It is possible that subject 0005F's responses to the stimulus cards were often made to shock. Although the validity of her responses was questionable, her anger was not.
Response to Stimulus Cards:

1. romance  
2. finances  
3. affiliation  
4. descriptive  
5. affiliation  
6. dependency  
7. leaving home  
8. physical limitations  
9. loss of sexuality  
10. grief  
11. dependency  
12. loneliness  
13. travel  
14. despair  
15. alienation  
16. physical limitations

Subject: 0011F
Age: 84
DOB: 3-19-1904
Family Membership: 5th born; three sisters, three brothers
Marriages: 1
Children: 5
Education: Elementary school
Occupation: Clerk in mining company store
Illness: Myocardial infarction
Admission Status: Voluntary

Subject 0011F's family of origin was large, consisting of nine people. She was the youngest daughter. At the age of eight, her family's finances were such that her older sisters went to
live elsewhere. She went to work after completing elementary school.

She married a businessman when she was 20 years old and remained married for 50 years. She enjoyed a fine home in which to raise her five children. Her youngest child was born when she was 40 years of age. Her husband's death occurred seven years after the death of her first child and was extremely painful.

Subject 0011F reminisced about an unrequited love affair, prohibited by social mores. She regretted the division of her family and the lack of closeness she perceives among her children. Grief issues remained paramount in importance as did her placement away from her family. She expressed a desire to end her life by taking poison. She lived in the past without appreciation of the present.
Response to Stimulus Cards:

1. affiliation  
2. descriptive  
3. affiliation  
4. affiliation  
5. loneliness  
6. loneliness  
7. leaving home  
8. sexuality  
9. loss of sexuality  
10. physical limitations  
11. achievement  
12. grief  
13. descriptive  
14. descriptive  
15. affiliation  
16. affiliation

Subject: 0016M
Age: 65
DOB: 4-13-1923
Family Membership: Youngest of two
Marriages: 1
Children: 2
Education: High school
Occupation: Trucking
Illness: Arthritis
Admission Status: Doctor's recommendation

This subject was born in a rural area marked by poverty and limited vocational opportunities. After completing high school, he relocated and became a trucker.
He married in his late teens and shortly afterward began a family. He had two daughters and remains close to one of them now. His marriage was stormy as he admits he had a few "bad habits." One of these was excessive use of drugs and alcohol; another was a tendency to become too involved in other's problems.

He was very emotional and cried now and then in his room or a secluded area. He responded to one of the stimulus cards in such a completely out of context manner that it was necessary to explore the reason. He teared and stated that his granddaughter refused to see him anymore. When asked why, he said he wanted to tickle her while she was lying on his lap. He couldn't understand her discomfort and desire to leave as he had done the same with her mother. When it was suggested that she might have misinterpreted his gesture of affection, and that a simple hug might be more acceptable, he seemed relieved.

After the completion of the study, he developed an interest in a woman resident in the facility with whom he dined and re-established his relationship with his granddaughter. He also began to smile when he encountered other people.
Response to Stimulus Cards:

1. dominance
2. finances
3. affiliation
4. descriptive
5. alienation
6. dependency
7. leaving home
8. physical limitations
9. loss of sexuality
10. fear
11. dependency
12. grief
13. dependency
14. self-destruction
15. affiliation
16. achievement

Subject: 0020M
Age: 80
DOB: 8-26-1908
Family Membership: Youngest; one brother, four sisters
Marriages: 2
Children: 3
Education: Elementary school
Occupation: Miner; manager of building supply store
Illness: Old age
Admission Status: Children advocated

Subject 0020M was the youngest male in a family of six. His father died unexpectedly while still a young man. The subject, then 13, decided to go into his father's chosen career in the
Senior Issues

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mining industry. He led a fast-paced life, marked with bouts of gambling and drinking.

Marriage seemed to provide this subject with the stability he needed in his life and he married twice. His first marriage yielded one daughter and two sons whom he loved dearly. His immaturity and jealousy led to divorce from his first wife.

He married again in 1957. Upon this wife's death in 1974, he changed professions and became a manager in a building materials store. One of his sons died about this same time, and the combined loss of his wife and son devastated his life.

The subject was extremely depressed and had yet to resolve the guilt he felt about the dissolution of his first marriage. He had not yet grieved the deaths of his second wife and son. His response to the stimulus card showing an elderly person taking out medicine reflected his desire to die. He labeled the bottle as poison, taken purposely to end the pain of life.
0014F

Response to Stimulus Cards:

1. dominance          9. grief
2. finances           10. fear
3. dependency         11. grief
4. affiliation        12. romance
5. descriptive        13. dominance
6. dependency         14. dominance
7. leaving home       15. jealousy
8. physical limitations 16. physical limitations

Subject: 0014F
Age: 85
DOB: 3-31-1903
Family Membership: Youngest of six children
Marriages: 1
Children: 1
Education: Bachelor of Arts
Occupation: Teacher
Illness: Hypertension, arteriosclerosis
Admission Status: Son advocated

Subject 0014F was the youngest girl in a family of six. She
experienced no known traumas during her childhood. Her parents
had a very solid marriage, grounded heavily in religion. She
married at age 18 and remained married to the same person for 57 years.

During this time, she and her husband lived comfortably. She completed the schooling necessary for teaching and taught after her one son entered elementary school. Her husband passed away three years ago and, with her son's assistance, she maintained her home. Now, her hypertension and heart condition have worsened, necessitating more health care.

At this point, her son and his wife decided to sell her home and place her in a retirement facility. She was resentful about their use of the funds generated by the sale of her home for a trip to Europe, as well as being unhappy about being placed in a retirement facility. She felt that her son was unduly influenced by his wife's wishes. She was in the process of grieving for her home and her past autonomy.

The subject proudly displayed her antiques and talked at length about their acquisition. She enjoyed one to one attention in preference to group involvement. She began walking around the building with a select group of friends since the interview. Her anger has lessened as time passes, but she remained in denial of her physical limitations and, if permitted, would passively dominate.
Response to Stimulus Cards:

1. dominance 9. grief
2. hunger 10. dependency
3. affiliation 11. anger
4. affiliation 12. dependency
5. alienation 13. self-pity
6. dependency 14. dependency
7. physical limitations 15. anger
8. anger 16. affiliation

Subject: 0013F
Age: 81
DOB: 12-4-1906
Family Membership: Only child
Marriages: 2
Children: 2
Education: Part of high school
Occupation: Housewife; clerk in a gift shop
Illness: Lung cancer; heart-pacemaker
Admission Status: Family advised

Subject 0013F experienced her tragedy at age five when her father died. She was an only child until adolescence, when her mother remarried.
The subject married at age thirteen. The marriage ended after 55 years with the death of her husband. She boasted about her grandchildren and great-grandchildren. She remarried for a brief period. However, she was disillusioned by comparison with her first marriage and asked her second husband to leave. She felt he was too demanding and caused her to feel inadequate and anxious.

The subject was having a difficult time adjusting to retirement home placement and verbalized frequently that "it must have occurred out of love," as if to reassure herself. She felt abandoned by her son and felt that his wife had turned him against her. She indicated that she had been very demanding of her son and insisted that he attend law school.

She regretted having to sell her home and furnishings after having worked so hard over the past few years in a casino gift shop in order to obtain social security. Her family was most dear to her, and she was pleased by their weekly visits, which are no longer as frequent. In looking back, she wished she had received a better education so she could have remained more independent. She had declining health, suffering from lung cancer and having to wear a pacemaker. Her dependency was transferred from her husband to her son and then to an institution.
Response to Stimulus Cards:

1. dominance
2. finances
3. affiliation
4. loneliness
5. loneliness
6. dependency
7. leaving home
8. physical limitations
9. loss of sexuality
10. physical limitations
11. loss of sexuality
12. grief
13. relocation
14. care taking
15. loss of sexuality
16. affiliation

Subject: 0001F
Age: 81
DOB: 11-20-1906
Family Membership: Youngest; two brothers, one sister
Marriages: 2
Children: 2
Education: High school
Occupation: Secretary; housewife
Illness: Angina; arthritis; circulation problems
Admission Status: Voluntary

Subject 0001F was the youngest in her family, having two older brothers and one older sister. She admitted to having been coddled by them while her mother worked very hard to hold her marriage together.
The subject was very attractive and attentive to dress. She appeared to flirt with some of the men in a very coy fashion. Her feelings were easily hurt and she became somewhat distant when she realized that others would be interviewed for this project. She was also very protective and directive with those she became involved with.

Subject 0001F was still saddened at recalling her life with her first husband, who passed away, and with her second husband, who left her for another woman. Her second husband was an alcoholic and was abusive. Her health worsened and she developed angina, arthritis and circulation problems.

She loved her two daughters very much and wished her first husband had not died. She expressed no affection toward her daughter's husbands. She located here under pressure from her family. She felt abandoned because they seldom visit her now. She kept in touch with friends from her former retirement residence.

Since the beginning of this project, she expanded her circle of friends and visited Marie Callendars for pie and socialization. She spent the remainder of her time reading romantic novels, smiling now and then as if remembering a special occasion. She finally decided to return to her home state.
Subject 0010M was the younger of two sons in his family. He had a history of physical illnesses dating back to 1930, when he
first contracted tuberculosis. He has had two strokes and intermittent claudication of the lower extremities.

The subject married while still in college and became disillusioned when this marriage ended without children. He was very bright, somewhat self-centered, and enjoyed being cared for. He used humor to hide his true feelings. He had many regrets about his relationship with his wife and spontaneously offered in response to one of the stimulus cards, "It is too late to cry, told her that's the end.," To another, he responded, "Ain't love grand and we have to hate each other."

He resided for a time with a woman whom he perceived as having used him. She complained to friends that he was a thief; his perception was that he took from the relationship what he brought to it.

He remained distrustful of women and angry. He felt unjustly persecuted. His physical limitations were also a source of despair. He was very much a romantic, and sought the companionship of someone to whom he could provide assistance and companionship. He was fearful of death and "God's divine providence."

This subject sought out the examiner on many occasions. On each, he had a new puzzle or series of jokes to share. More time would have been needed to deal with the issues he revealed. He continued to project his misfortunes on others.
Response to Stimulus Cards:

1. affiliation
2. finances
3. despair
4. affiliation
5. resentment
6. dependency
7. leaving home
8. physical limitations
9. affiliation
10. alienation
11. no response
12. vanity
13. dependency
14. physical limitations
15. descriptive
16. finances

Subject: 0019F
Age: 96
DOB: 7-10-1884
Family Membership: Oldest; one sister
Marriages: 2
Children: 2
Education: High school; music conservatory
Occupation: Singer, composer, author, painter, dress maker
Illness: Old age
Admission Status: Voluntary

"A good man is hard to find," said 0019F when interviewed. After almost a century of living, this subject has a lot to offer the senior community.
She was the older of two daughters born in the "show me" state of Missouri 96 years ago. Her education includes high school and training at a music conservatory. She felt she had lived up to her state's motto.

Subject 0019F married twice. The first marriage lasted 51 years; the second lasted 14 years. She had two children, a daughter who was 74 years old and a son who was 70 years old.

The subject's mother was artistic and she had some of her mother's paintings in her room. She felt her career was influenced by her mother. She has worked in the realm of show business, writing skits for radio shows and singing in a trio. She also taught piano and organ and owned a dress making shop.

The subject had read the Bible through eight times and was truly at peace with herself. She exemplified the true meaning of self-actualization as her past and present were in congruence.