Overcoming Role Loss: Men in Nursing Homes

TI 035 - Thematic

By

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Overview

The psychological process of aging is a simultaneous composition of two somewhat inversely acting factors, namely growth and loss. At birth, the growth process is clearly dominant and necessarily so to ensure survival, while for most individuals, loss has only limited influence. As the individual ages, growth begins to decline with the concomitant emergence of loss as the more salient factor until finally, at the end of life, the hint of growth has all but faded away and only loss remains.

Effects of Loss

Loss thus becomes the theme of life for the aged as it metastasizes throughout every domain of life taking away resources, physical health, independence, friends, and family. Garrett (1987) believes that such multiplicity of irreplaceable losses may be perceived by some elderly as an assault on personal integrity and that the fear of the process of dying and its associated losses is greater than the fear of actual death. Therefore, the older a person becomes, the more isolated he or she may feel as cohorts continue to die with solemn regularity. This sense of overwhelming grief or "bereavement overload" (Kastenbaum, 1969) is a precipitant of debilitating late life isolation permeated by grief, depression, and helplessness. As Gotesky (1965, p. 227) writes, this characteristic of feeling
isolated is "the rational recognition that men face conditions of existence in their relation to others which they do not know how to change."

In a review of literature, Ryan and Patterson (1987) noted specific sociological, physical, and psychological correlates to loneliness in the elderly. The sociological profile of the lonely elderly person indicates that loss of spouse, lack of children or no children in close proximity, and restricted mobility are significant contributors to isolation. In terms of physical health correlates, a person's self-perception of poor health is a better predictor of loneliness for the aged than actual physical disability irrespective of living arrangements. The strongest psychological correlate, as expected, is depression, with anxiety, anger, and guilt being other significant correlates.

Although Ryan and Patterson mention that loss of significant others and decreased mobility as sociological correlates of loneliness, they fail to include role loss as a contributing factor. In a more classical theoretical perspective, social gerontology attaches greater significance to role loss and its effect upon life satisfaction and loneliness (Cottrell, 1942; Dowd, 1975; Havighurst, 1968; Phillips, 1957; Shanas, 1979). The essential common element of these models--disengagement theory, activity theory, and exchange theory--is that progression through the life course involves a succession of roles and associated societal expectations such that the attainment and accomplishment of these roles are socially rewarded. However, as the elderly
individual moves into retirement, widowhood, declining health, and long term care, he or she has far fewer available roles and therefore has almost no expectations of societal rewards. The resultant decline in social support leads to lessened social interaction and withdrawal, which give way to low self-esteem and isolation.

The utility of Cottrell's (1942) initial postulate is that adjustment for individuals can be predicted from the number and magnitude of role changes. Phillips (1957) further modified Cottrell's model by introducing age identification of the elderly as a moderator variable which acts as a buffer on the rate of maladjustment due to role change overload. Age identification is somewhat inversely linked to self-esteem in that it is the individual's ownership of perceived decrepitude associated with old age. It is the degree to which one feels old and identifies the self as being old and frail. Low feelings of self-worth usually indicate high age identification; consequently adjustment to role change is unsuccessful.

Men and Loss. Much of what is currently known about loss in the elderly has basically been obtained from studies of women or mixed groups of both genders. On the average, fewer studies of elderly men and loss have been conducted. The reason for this discrepancy is that women live longer than men; therefore after age 65, women outnumber men 1.6 to 1 in the general population and 3 to 1 in long term care facilities (Rice & Feldman, 1983). The surviving old person is profiled as a woman who is widowed, living alone, and is the recipient of Social Security benefits,
so this group of women constitute a majority in most samplings.

One specific aspect of loss for elderly men that has not been addressed is the effect of institutionalization in long term care facilities on masculine identity. Men of this cohort have probably occupied more traditional male roles such as working in male-dominant settings, acting as heads of households or at least primary earners, and maintaining male sexual orientation. Entry into long term care facilities suddenly places men into a clearly female-dominant environment in which women residents greatly outnumber men, nursing and administrative staff are almost entirely female, authority lies in the hands of females, and men are bathed, toileted, and dressed exclusively by women. The only male identities are a minority of old men, physicians who pass through briefly once a month, and a few male custodians.

Studies which focus upon the effects of loss in men only or which differentiate the effects between men and women tend to reveal that loss for men is not the same for that for women. In a sample of 1660 women and men over age 50, Elwell and Maltbie-Crannell (1981) viewed the effects of role loss and subsequent coping strategies on life satisfaction in women and men. They found that women tended to rely more upon social supports, both formal (public funded agencies) and informal (family and friends), while men depended upon financial security. Indexes of life satisfaction revealed that women were significantly more satisfied than men. The researchers pointed out that while men tended to rely less upon social support, their need for social interaction was similar to that of the women but that men were
not as effective in tapping into social support resources. Weinstein and Khanna (1986) further explain that males, especially married men, usually lack non-spouse confidants. Subsequently, when a man loses his wife, he usually has no readily available peer support, and rather than engage in social interaction he tends to withdraw. Such withdrawal is also associated with a preoccupation with somatic complaints, passive-aggressive behavior, anger, and despair.

Similarly, Rubinstein (1984) concluded that successful independent aging for the elderly is directly related to the viability of each person's social network and informal supports. He further contended that overcoming loss requires that grief must be resolved toward the acceptance of the loss and that old social ties must be reconstructed and/or new enduring relationships developed. Because of the current elderly cohort's traditional gender roles of the working husband and the housewife, the wife is usually responsible for acquiring and embellishing social contacts for the couple while most of the husband's social ties revolve around work. Consequently after retirement, the loss of the wife often entails the loss of the husband's social instrumentality.

In a longitudinal study of 25 widowers living alone but attending a senior citizens' center, Rubinstein (1984) found that 14 men failed to successfully reorganize their lives after the death of their spouses. The author attributed this failure to the men's inability to establish one or more intimate relationships with a confidant, friend, or lover, although most of
the men reported that the center was conducive toward building new relationships. Those men who were unsuccessful in reorganizing relationships later experienced declining social networks and much more extended, deeper mourning.

Men and Suicide. The outcome of loss for the elderly has far deeper and injurious results than just withdrawal and depression, especially for men. The elderly in general have the highest suicide rate in the United States, and in fact, those 65 and older account for 25 percent of all suicides although they comprise only 11 percent of the total population (Bromberg & Cassel, 1983; Luszki & Luszki, 1986). According to Osgood and McIntosh (1986), the overall suicide rate in the United States is 12.1 per 100,000, yet for those age 65 and older, the rate is 19.2. The most striking aspect of this data is that white males, 75 and older, widowed, and living alone comprise the highest at-risk group for suicide, and this trend has always existed ever since the United States has been recording official suicide data. More specifically, males age 65-69 have a suicide rate of 28.1 per 100,000, and for males over 85 years of age, the rate increases to 50.6.

Osgood (1985) points out that suicide in the elderly is rarely a plea for help. The elderly seldomly communicate suicidal intent, tend to use more lethal methods, and are generally more successful. The severity of the suicide incidence in the elderly, particularly to the men, can mostly be attributed to the previously discussed correlates of loneliness—loss of significant others, role loss, self-perceived poor health, and
depression. In addition Osgood stresses that societies like the United States which place high values on youth, beauty, progress, and independence experience high suicide rates among the elderly. Conversely, societies which value longevity and wisdom tend to have a much lower elderly suicide rate.

Men and Dependency. While suicide in the elderly may not be prevalent in nursing homes due to a more controlled environment, placement of the elderly in long term care facilities tend to exacerbate feelings of lack of control and helplessness. The interpersonal isolation, progressive withdrawal, and meaningless existence that are generated by restricted mobility, diminished roles, vanishing cohorts, and physical decline impinge on a deeper issue of control—the power to direct one's life.

Through repeated uncontrollable outcomes and experiences, such as multiple losses, a person learns to believe that he or she has no control over the consequences of behaviors. Abramson, Garber, and Seligman (1980) attribute the degree of learned helplessness to three factor-pairs: a) internal versus external locus of control, b) stable versus unstable environment, and c) global versus specific events. Events may be perceived as being within the individual's control (internal) or as beyond one's control (external). The person may feel that the uncontrollable aspects will not change (stable) or that they can and will change in the future (unstable). Finally the individual may feel that uncontrollable outcomes occur in many facets of living (global) or occur only in one or two facets (specific). The authors indicate that persons attributing uncontrollable outcomes to
external, stable, and global causes experience more chronic and intense feelings of helplessness.

With little imagination, it is easy to conclude that the elderly in nursing homes are highly susceptible to learned helplessness. In separate reviews of the literature, Mercer and Kane (1979) and Voelkl (1986) agree that the theory of learned helplessness is supported in nursing home life and tends to follow the pattern of external, stable, and global effects.

Others, however, argue that learned helplessness implies that behaviors and perceptions are experienced as products of noncontingency in that behaviors and social reinforcers act independently; however, the institutionalized environment offers some type of reward system from the staff and other residents (Baltes, Honn, Barton, Orzech, & Lago, 1983). In a study with Skinner, Baltes further asserts that the dependency issue is better explained by an instrumental passivity hypothesis in that "independent, active, obviously control-taking behaviors are discouraged, ignored, or punished, whereas passive dependent behaviors are attended to, reinforced and encouraged" (Baltes & Skinner, 1983, pp. 1014-1015).

Similarly McCracken-Knight (1985) maintains that the elderly use self-reports of health to manipulate their environment and to somehow regain control over at least a portion of their lives. In supporting her premise, she cites various studies which indicate that the elderly will either overestimate or underestimate their health depending on the desired pattern of feedback. Less impaired elderly in community settings tend to
overestimate good health for fear of losing personal freedoms, while elderly in nursing homes will report poorer health to justify inactivity and thereby gain more attention from the staff. Similar results were found by Myers and Huddy (1985) in community and nursing home samples and by Morgan (1982) in a geriatric residential center sample.

Arguments for learned helplessness have been as well supported as those for instrumental passivity. The common issue for both models, however, is the theme of dependency in long term care facilities for the elderly.

**Intervention**

In reviewing these rather somber aspects of senescence, the question that follows is what constitutes successful aging? What enables some elderly to thrive and lead meaningful lives, whereas others resign helplessly only to founder in loneliness?

Erikson (1963) contends that successful aging can be seen as the culmination of life long development ending with one final task resolution of ego integrity versus despair. Ego integrity is the acceptance of one's life in the presence of triumphs and failures and the knowledge that one has contributed, that life has meaning, and that death can be accepted. Despair, on the other hand, is the result of disgust over one's life which consequently evokes an awareness that time is too short, that past mistakes cannot be corrected, and that death is to be feared.

Unquestionably Erikson's theory explains much of the process of late life development; however, his model is difficult to
operationalize because ego integrity and despair refer to an existential response to what has been—a life long view of the world as external and controlling or as internal and transcendental.

Interestingly, Phillips (1957) takes a similar perspective in his age identification model of role theory whereby age identification is the degree of preoccupation with the frailty of old age and subsequent maladjustment. Therefore it seems that Phillips is somewhat in agreement with Erikson in that despite the ego's erosion by constant losses, successful aging is at least partly dependent upon the color of the glasses through which the elderly view their existence. Phillip's viewpoint, however, is operationally more pragmatic since he considers age identification to be the moderator variable which mediates the greater effect of role loss. Rosow (1985) therefore maintained that if role theorists are correct, that is, if the elderly experience ill-defined, discontinuous, and nonexistent roles and therefore can expect no meaningful rewards, then the obvious solution is crystallization of roles in late life.

While the magnitude of Rosow's solution in societal terms is certainly overwhelming, it can have practical application to the elderly in nursing homes. In such an environment where utter routineness is the norm, any change, no matter how incrementally small, is magnified. Thus for the institutionalized elderly, the slightest expansion of old roles or the creation of new ones can have a much greater impact on quality of life than normally expected.
Group Structure

Purpose

The central purpose of the structured group is to enable elderly men residing in a nursing home to accept the loss of those roles that once formed their identity; to move toward expanding current roles; and to develop a desire to create new roles. In the process, the men will experience effective ways of communicating, learn to avoid dependency and to use appropriate methods of securing needs, and to move toward letting go and accepting role losses. By accomplishing these goals, the members will be better able to develop a sense of purpose and meaning in the remaining time of life and thus accept the finality of it.

In addition, the group will form a support network in which the members can find understanding and caring during the unsettled transition into nursing home life. Furthermore, the men will be able to find a sense of male identification amidst a female-dominant environment.

Group Characteristics

Population. The group will be composed of elderly men having entered a nursing home within 6 months of the first group session. By limiting the time of residency, the group will better serve those men currently experiencing transition at relatively similar states.

Screening of members should be conducted in conjunction with the nursing home activity director. A list of potential members can easily be compiled by the activity director along with the
functional status of each. The group should be limited to men who have relatively full cognitive abilities and emotional stability. Some of the men will likely exhibit depression, hypochondriasis, and perhaps other disorders; however unless there is possibility of psychosis or extreme lability, the group should prove beneficial to these men. Physical disabilities are acceptable; however, the individual should be able to hear normal conversational voice levels, speak with fair degree of clarity, and write reasonably well. Unquestionably, these criteria are loosely defined and rare is the resident who has all of these disabilities intact; however some limitations must be imposed for group effectiveness. The initial screening should result in 8-10 potential members from which the group leader can use to interview and make final selections.

**Size.** The group will be limited to 6-8 members in order to facilitate cohesiveness, disclosure, and participation of all members. The group will be closed at 8 members. New members may be added in the second session, but not afterward.

**Session Length and Duration.** According to studies of group therapy with the elderly, the length of sessions should be 45-90 minutes depending upon the mental and physical condition of the members (Griffin & Waller, 1985). Because the men of this group will be of minimal infirmity, the sessions will be 60 minutes long. With the groups lasting only one hour, sessions will be held twice weekly which should provide proper processing time of the experiences. There will be a total of 8 sessions.

**Location.** The group will meet in the nursing home since
mobility and transportation are not practical for the residents. Many nursing homes have little or no rooms available for groups; therefore, rather than depending on a staff member to select the place, the group leader should survey the nursing home to find the optimal place for the meetings. In some cases, total privacy may not be guaranteed, so the group leader should expect interruptions from wandering and curious residents from time to time.

**Advertisement.** Advertising of the group will be limited to direct personal invitation to residents meeting the criteria previously specified. After residents have been screened, each will be given an oral invitation by the group leader in the presence of the activity director one week prior to the initial session. The group will be described as an educative and support group for men much like themselves who feel alone and is so designed to make the transition to nursing home life easier. The purpose for this elaborate invitation is to help alleviate suspicion which might be harbored by the residents. For this cohort of elderly persons, connotations of psychotherapy have an associated negative stigma, so they may be apprehensive about participating in such a group.

Two days prior to the initial session, a large colorful invitation should be given to the selected residents. In institutional settings, especially nursing homes, residents rarely receive personal invitations to participate in some activity. This might be a way to at least arouse curiosity for hesitant residents. Thirty minutes prior to the start of the
first session the group leader and activity leader should visit each resident's room to remind him of the upcoming session and to offer assistance in getting to the group location.
References


the Philosophy of Experience. Chicago: Quadrangle Books.


Osgood, N. J., & McIntosh, J. L. (1986). Suicide in the


Session I

Goals:
1. To introduce members to one another.
2. To initiate self-disclosure with minimal risk.
3. To provide an overview of the group goals and expectations.
4. To affirm each person as an individual.

Format:

10:00-10:10  Introduction. Overview of group. Expectations of members and group leader (Appendix A).
10:10-10:25  Activity: Meeting Each Other (Appendix B).
10:25-10:55  Activity: Resident's Bill of Rights (Appendix C).
10:55-11:00  Summary
APPENDIX A

Introduction

**Goals:** To establish purpose and obligations of the group.

**Materials:** None

**Time:** 10 min

**Procedures:**

I. The Group Leader's Role.
   A. Experience and training as a gerontologist.
   B. Role as group facilitator and educator.
   C. Role exclusions.
      1. Therapist or physician.
      2. Mediator or liason between members and staff or members and family.

II. Purpose of the Group.
   A. To offer support in transition to nursing home life.
   B. To learn better ways of communicating and securing needs.
   C. To understand role loss and how to enhance remaining roles and/or create new ones.
   D. To move toward new ways of contributing so that existence can still have meaning.

III. Expectations of Group Members.
   A. Confidentiality.
   B. Attendance and punctuality.
   C. Genuine participation and risk taking.
   D. Attempting new behaviors outside the group.
APPENDIX B

Meeting Each Other

Goals:
1. To learn each member's name and room number.
2. To begin the process of self-disclosure.


Time: 10 min

Procedures:
1. Inform the group:
   I'd now like us to learn each other's name and to learn a little bit of information about each member. I want you to tell us your name, how long you've been a resident here, your room number, and something about you that we would not know by looking at you. I will start. My name is ...

2. As each member introduces himself, write the first name and room number on a note card using that person's favorite color. Stick the name tag on the person's shirt with the masking tape. Be sure to write in large print.

Discussion: None
APPENDIX C

Resident's Bill of Rights

Goals:
1. To understand individual rights as a nursing home resident.
2. To taking responsibility for having rights met.

Materials: Resident's Bill of Rights (Appendix C1). Pens.

Time: 30 min

Procedures:
1. Inform the group:
   As residents, you have certain rights accorded to any person, but you also have the responsibility to see that your rights are met. Nursing home staff and physicians often have trouble working with elderly residents, most of whom have one or more disabilities. Keep this in perspective as we look at your rights.
2. Handout the Bill of Rights.
3. Instruct members to review the list noting 3 rights that they most agree with and 3 that they most disagree with. Mark a '+' by those agreed with and '-' disagreed with. Allow 5 minutes.
4. Divide the group into triads.
5. Instruct members to discuss ways to take responsibility for having their '+' rights met.
   Example:
   I have the right to have my questions answered honestly.
   Solution: Ask for clarification or second opinion.
6. Allow 10 minutes.

Discussion:
1. Which rights would be difficult to take responsibility? What might the other triad(s) do?
2. How would your stay here be different if you take such responsibility for your rights?

Adapted from: Devine, Michele A. Undated structured group paper. Shippensburg University.
APPENDIX C1

Resident's Bill of Rights

1. I have the right to be treated as a living human being until I die.

2. I have the right to maintain a sense of hopefulness however changing its focus may be.

3. I have the right to be cared for by those who can maintain a sense of hopefulness as well.

4. I have the right to express my feelings and emotions about my losses and infirmities in my own way.

5. I have the right to participate in decisions concerning my care.

6. I have the right to have my questions answered honestly.

7. I have the right not to be as a child.

8. I have the right to have help from and for my family in accepting my placement here.

9. I have the right to be an individual and not to be judged for my beliefs which may not be like others.

10. I have the right to discuss and enlarge my religious and/or spiritual beliefs whatever they may mean to others.

11. I have the right to be cared for by caring, sensitive, and competent people who will try to understand my needs and who will try to gain satisfaction in helping me face death.

Adapted from: Barbus, A. J. The terminally ill patient and the helping person. A workshop sponsored by the Southwestern Michigan Inservice Education Council: Lansing, MI.
Session II

Goals:
1. To take more risk in self-disclosure.
2. To learn better methods of interpersonal communication.

Format:

10:00-10:05 Opening. Unfinished business or concerns.*
10:05-10:25 Activity: This Old Bone (Appendix D).
10:25-10:40 Activity: One Night at the Local Hangout (Appendix E).
10:55-11:00 Summary. Review activities and address any questions. Briefly introduce next session.*

* Similar throughout the remaining sessions unless noted otherwise.
This Old Bone

Goals: To have members disclose something about themselves with only mild risk.

Materials: Two bags of "bones" (Appendix D1).

Time: 20 min

Procedures:
1. Inform the group: Suppose it is a thousand years from now. Nations have come and gone. An archeologist is digging through the ruins of a 20th century city and finds a bone--your bone. Look through this bag of bones and select which bone that the archeologist has discovered. Tell us one or two aspects that the archeologist can deduce about you from your bone. What will this bone reveal about you? For example, I would select an arm "bone" because baseball was an important part of my life once. In fact, I was a minor league outfielder for Montreal.
2. Pass the bags around in opposite directions to facilitate faster selection of bones. The group leader will participate as well.
3. Ask for volunteers to start. If none, then the group leader may start.

Discussion:
1. How did you feel about revealing something unknown about yourself?
2. What surprising thing did you learn about another member?
This Old Bone
Materials

1. 30 popsicle sticks (craft sticks).
2. felt-tipped pen or fine marker.

Print in large letters on each side of the sticks the name of bones listed below. Make two identical groups of bones.

  skull
  jaw
  neck
  back
  rib
  pelvis
  arm
  wrist
  hand
  finger
  leg
  knee
  ankle
  foot
  toe
APPENDIX E

One Night at the Local Hangout

Goals: To enhance communication through open-ended questioning.

Materials: Copy of Script A and Script B (Appendix E1).
          Paper and pencil. Flip chart and marker.

Time: 15 min

Procedure:
1. Ask for two volunteer actors, one to read Script A and one for Script B.
2. Take actors outside room. Hand out scripts. Instruct Actor A to introduce himself according to his script then to proceed to read the first question to B. Instruct B to respond exactly to the way the question is asked. Actor A then continues questioning until all of the Script A questions have been asked. Actor B then completes his script in like manner. When responding, the actors are to answer in their natural roles.
3. Before starting the skit, distribute pencil and paper to the remaining group. Instruct them to write as much information as possible about A and B.
4. Have A and B sit or stand slightly apart from the group during the skit.
5. Have members present what they learned about A and B. On the flip chart, create a separate column for A and B responses. Number and list items presented by the group under the appropriate column.

Discussion:
1. How did open-ended questioning help?
2. How can such type of questioning be helpful in the nursing home?
Hi, my name is _________! What's your name?

1. Do you live around here?
2. Do you come here often?
3. Where do you work?
4. What is your home town?
5. Are you married?
6. Do you have any hobbies?

Hi, my name is _________! What's your name?

1. Tell me about your neighborhood?
2. How often do you come here?
3. What do you like about your work?
4. What was your home town like?
5. Tell me about your family?
6. What do you like to do in your spare time?
DISCOUNTING

Subsidiary Goal(s)

a. To emphasize the dynamics involved in minimizing other's feelings.
b. To explore non-verbal messages.

Group Application

Twelve members or less. Since dyads are used, group size should be even. To be used with encounter, personal growth, marathon and t-groups. It is suggested that the exercise be used in the initial stages of the group's life.

Application Variables

Fifteen minutes. The exercise is 50 per cent non-verbal and 50 per cent verbal. The room should be large enough to allow members to spread out unrestrained.

Administrative Procedure

a. The facilitator asks members to mill around and pair off into dyads.

b. The two members are asked to sit down and face one another. The facilitator then gives the following instructions: "I want you to non-verbally cancel out everything you say verbally to your partner. Whatever you say, cancel out its meaning by using gestures, facial expressions, voice fluctuations, laughter, etc. You may discuss anything you wish."

c. After ten minutes the facilitator tells the members to stop, sit quietly and think about the experience.

d. After five minutes the group discusses the experience.

Suggestions for Facilitator Process

Concentrate on the following during processing:

a. How did you and your partner discount your own verbalizations? Was it difficult to do so? Do you recognize any pattern in your behavior which this exemplified? If so what?
b. How did you feel about your partner during this experience? Did you believe what your partner was telling you verbally? How did you cope with the double message being sent to you?

Variations

None

Session III

Goals: To improve interpersonal relationships through self-disclosure.

Format:

10:00-10:05 Opening.
10:05-10:25 Activity: Sentence Completion (Appendix G).
10:30-10:55 Activity: Relationship Wheel (Appendix I).
10:55-11:00 Summary.
APPENDIX G

Self-Disclosing Through Sentence Completion

Goals:
1. To risk more intimate level of disclosure.
2. To focus on here-and-now awareness.

Materials: Sentence Completion booklets (Appendix G1).

Time: 20 min

Procedures:
1. Divide the group into dyads. Distribute Sentence completion booklets.
2. Inform the group:
   These are incomplete statements that are designed to help you reveal some personal aspects of yourself. Read the partial sentence aloud to your partner and complete the ending as honestly and openly as you can. Both of you will complete each statement taking turns as you go. You can alternate who reads the statement first. For example, if I were to answer the first one "When people first meet me, they ...," I would answer to my partner, "they might see how nervous I am in groups." Then my partner would tell me how he would finish the statement.
   Take a few minutes to complete these with one another. Be honest and open.
3. Allow 10-12 minutes.

Discussion:
1. What were you aware of as you completed the statements?
2. What did you learn about your partner?
3. How can this help you with family and friends?

APPENDIX G1

Sentence Completion Booklets

1. When people first meet me, they ...

2. The reason that I am here is ...

3. In a group, I am most worried about ...

4. Those who really know me think I am ...

5. I am most easily hurt when ...

6. I feel closest to others when I ...

7. I am saddest when ...

8. My most frequent daydreams are about ...

9. My weakest point is ...

10. The emotion I find most difficult to control is ...

11. I feel most loved when ...

12. Right now I am aware that I am ...

Cut sentence stems into 1 inch strips and staple together on the left side so that it the pages can be turned. Make one booklet for each member.
Three Ways of Listening—Three Ways of Understanding

Goals: To illustrate the process of active listening and understanding for effective communication.

Materials:

Time: 5 min

Procedure:

I. Active Listening.
   A. Requires undivided attention.
   B. Must hear the content of message and understand the process of how it was said.
   C. Trying to understand hidden or underlying messages.

II. Understanding Depends on Your Perspective.
   A. Through the eyes of another person about the individual.
   B. Through your own eyes about the individual.
   C. Through the individual's own eyes about himself/herself.

APPENDIX I

Relationship Wheel Design: Part I

Goals:
1. To recognize the strength and magnitude of current relationships.
2. To recognize barriers that prevent strengthening of such relationships.


Time: 20 min

Procedures (A):
1. Distribute wheel diagrams and pens.
2. Inform the group:

   Suppose this wheel diagram represents your social contacts such as your spouse, children, friends, and so on. Think now about how much each of these social contacts means to you right now. Let each contact be a spoke on the wheel. Draw a line on the spoke to represent the contact. The length of the line should indicate how long you have known the person, and the width to indicate how strong the relationship is. Label the person along side the spoke (Leader demonstrate an example of long, weak relationship and a short, strong). On your paper, you'll notice some examples of social contacts. Some or all may apply to you, however you may add others of your own. Before starting, put your name in the hub. You are not to consider those who are now deceased—only those who are living.

3. Allow about 7 minutes for completion.
4. Have each member share and explain his model.

Discussion (A):
1. What have you discovered about your current relationships?

Procedures (B):
1. Have members draw an 'X' at the end of each spoke to represent a barrier which prevents that relationship from developing further.
2. Instruct members to label the barriers, if known.

Discussion (B):
1. What barriers seem to come up most often on your spokes?
2. How can you use communication skills to overcome these barriers?
APPENDIX II

Relationship Wheel Diagram

spouse
son
daughter
father
mother
grand children

friends
past work partners
brother
sister
great grand children

Session IV

Goals:
1. To build group cohesion and commonality.
2. To reminisce about key personal events of the past.

Format:
10:00-10:05 Opening.
10:05-10:45 Activity: Time Line (Appendix J).
10:45-10:55 Activity: Pet Rock I (Appendix K).
10:55-11:00 Summary.
APPENDIX J

Time Line

Goals:
1. To build commonality and cohesiveness.
2. To promote ego integrity by reminiscing about past events.


Time: 40 min

Procedures:
1. Hang time line on the board or wall.
2. Inform the group:
   This is a time line starting with 1890 and ending in 1990. As you can see, there are some important historical dates to help jog your memory (these dates are marked on the time line prior to the session—see Appendix J1).
3. Instruct each member to look at the time line and to think of 4 important dates of personal significance:
   a. Date of birth.
   b. A Lived Moment - a certain moment or event in your life that made a deep impression (ex.: graduation, marriage, witness to a significant event, etc.).
   c. Time of Importance - a period of time that had a great impact (ex.: WWI, the Depression, etc.).
   d. Personal Manifesto - time when you stood up for an issue or made a landmark decision based on your values and beliefs.
4. After 5 minutes of thought, ask for members to give their date of birth. Give each member a choice of marker color to designate his events. If there are more members than colors, use all capital letters for one and lower case for another.
5. Have the entire group give A Lived Moment events next. After this, give Time of Importance followed by Personal Manifesto. The dates of each person's events are to be recorded by his marker color.

Discussion:
1. What common events are evident among the group?
2. What is it like to look back over these important dates?


APPENDIX J1

Time Line
Construction

Materials: 12 ages of computer printout paper (do not tear at perforations). Black marker.

Procedures:
1. Lay the computer paper out length wise across a table.
2. Trace a black line down each perforation to indicate decade gradations. At the top of each perforation, label the decades in large bold letters beginning with 1890. The 12 pages will give 11 gradations therefore the last decade label should be 1990.
3. Fold the paper up without separating the pages.
4. The following dates may be used as historical events. Others may be used, however give two events per decade.

- 1898 USS Maine blown up in Havana Harbor.
- 1901 Pres. McKinley assassinated.
- 1906 San Francisco earthquake.
- 1917 US enters WWI.
- 1918 WWI ends.
- 1927 Lindbergh flies the Atlantic.
- 1929 Black Thursday, the stock market crash.
- 1933 New Deal enacted.
- 1937 Japan invades China.
- 1938 Germany invades Poland.
- 1941 Pearl Harbor attacked.
- 1945 Atomic bomb dropped on Hiroshima.
- 1957 Russians launch Sputnik satellite.
- 1964 Civil Rights bill.
- 1968 Martin Luther King assassinated. Bobby Kennedy assassinated.
- 1969 Man on the moon.
- 1973 Watergate exposed
- 1987 Challenger explodes.
APPENDIX K

Pet Rock: Part I

Goals: To express feelings in regard to loss of something of value.

Materials: A box of pretty, smooth rocks about the size of a baseball. Twice as many rocks as group members will be needed.

Time: 10 min

Procedures:
1. Pass around the box of rocks. Instruct members to select the most appealing rock and take it from the box.
2. Inform the members:
   - This is to be your pet rock. Just like any other pet, you are totally responsible for its well-being. It cannot take care of itself.
   - You are to take this rock with you when you leave the session.
   - Before the next group session, you are to name the rock.
   - This is to be your pet rock. Anytime you leave your room for more than 30 minutes, you are to take the rock along.
   - The rock must be washed each day.
   - Each group member is responsible for ensuring that the other members adhere to the rules.
   - If other residents inquire about the rock, you should introduce the rock by name and reveal as much as you would like.
   - The rock must be brought to future sessions.

Discussion: none*

* Pet Rock I has no discussion until Pet Rock II has been completed in Session VI (Appendix P).
Session V

Goals:
1. To examine self-identity based upon past roles.
2. To better grasp role loss and its effects on identity.
3. To understand identity apart from roles.

Format:
10:00-10:05 Opening.
10:25-10:35 Lecture: Role Loss (Appendix M).
10:55-11:00 Summary.
APPENDIX L

Who Did I Used to Be?

Goals:
1. To reflect upon self-identity based upon past significant roles.
2. To move toward retaining self-identity apart from roles.


Time: 20 min

Procedures:
1. Distribute paper plates and markers.
2. Inform the group:
   At birth the first thing we acquire is a name. During the acquisition years, we gain a career or job or some form of accomplishment that we identify with. I AM a teacher, I AM a lawyer, I AM a welder. Many acquire a spouse and thus become half a commitment. Children join some of us and expand our roles in life. In the process we have established our own homes and surround ourselves with personal belongings. We establish a lifestyle related to our economic resources and health status. A large part of who we are is identified by how we spend our leisure time; what our hobbies are. We now have a picture of a total person made up of a name, job, spouse, children, health, money, and hobbies.
   Take a few minutes now to think back when you were working, around age 45 to 50. What roles did you have? Using the paper plate and marker draw a pie chart to represent those roles and the magnitude of each (leader give example).
3. Allow 6-7 minutes.
4. Have members share their results.

Discussion:
To be discussed after lecture later this session.

Garrigan, S. (1986). "Who did you used to be?" The psychological process of aging's impact on institutionalization. Activities, Adaptation, and Aging, 8, 75-79.
APPENDIX L1

Who Did I Used to Be?
Pie Chart

[Diagram of a pie chart with sections labeled Brother, Golfer, Husband, Father, and Pilot]
APPENDIX M

Role Loss

I. Levels of Role Activity in Terms of Frequency and Intimacy.
   A. Informal - social interaction with family, friends, and neighbors.
   B. Formal - social interactions in organized systems such as church, work, volunteer groups.
   C. Solitary - individual interests of reading, music, etc.

II. Changing Nature of Roles.
   A. Role Accretion - adding new roles.
   B. Role Succession - replacing roles by growth of new roles.
   C. Role Loss - emptying of roles or nonreplacement.

III. Characteristics of Role Loss.
   A. Exclusion - loss of social participation.
   B. Cohort Effects - systematic loss occurs for entire cohort.
   C. Unstructure - lives become unstructured leading to anxiety (feeling of being bored but not quite to death).
   D. Social Identity Loss - transforms the present into the past.

IV. Mediating Role Loss by Age Identification.
   A. Cottrell's model.
   B. Phillip's model.

APPENDIX N

Who Are You Now?

Goals:
1. To explore self-identity based upon significant roles of the past and how role loss affects current identity.
2. To affirm each member apart from his role.

Materials: Completed pie charts from "Who Did I Used to Be?" activity.

Time: 20 min

Procedures (A):
1. Open the discussion of significant roles, loss of these roles, and current roles in the nursing home.
2. Allow 15 minutes.

Discussion (A):
Include the following questions in the discussion:
1. How do you see yourself in terms of your roles?
2. How does the group see you? Use group feedback for validation.

Procedures (B):
1. Affirm each member of the group. Have members share one positive aspect about the member to his left and to his right. Group start as an example: "The thing I like about you, ______, is your willingness to greet everyone with a handshake."
Session VI

Goals:
1. To understand the grief process.
2. To experience loss in a supportive environment to facilitate letting go and acceptance.

Format:
10:00-10:05 Opening.
10:05-10:15 Lecture: Stages of Grief (Appendix O).
10:55-11:00 Summary.
APPENDIX O

Stages of Grief

I. Grief is a Process.
   A. Stages may come and go; they may occur simultaneously; may not occur at all.
   B. Grief cannot be avoided or lightly encountered; must walk in the center of it.

II. Stages of Grief.
   A. Disbelief or denial.
   B. Anger - rage at anybody including self and God.
   C. Guilt.
   D. Fear.
   E. Sadness.
   F. Acceptance.

III. Getting Help.
   A. Time is a friend; pain does not last forever.
   B. Lean on others; overcome desire to withdraw.
   C. Experience the pain; work through it.
   D. Accept powerlessness to prevent or regain loss.
   E. Allow full range of feelings.


APPENDIX P

Pet Rock: Part II

Goals:
1. To express feelings in regard to losing something of value.
2. To move toward letting go and accepting the loss.

Materials: Pet rocks. Large paper sack.

Time: 40 min

Procedures:
1. Place the paper sack in the middle of the group.
2. Inform the group:
   These rocks have to go now. They were never meant to remain with you forever. We have to give up our pet rocks by placing them in this sack. We will put them in the sack one at a time. As you place your rock in the sack, tell us what it is that you are letting go.
3. The group leader perhaps may go first as a role model.
4. After all rocks have been placed in the sack, the group is to take the bag outside to the dumpster and throw in the sack.

Alternate Procedures:
1. If transportation is possible, the group could travel to a nearby lake or river and throw the rocks into the water as they say goodbye. This would require an entire session.

Discussion:
1. What is it like to give up the rock?
2. How does giving up the rock enable you to let go of the past?
3. What can the group do to help you let go?
4. What can replace the loss?
Session VII

Goals:
1. To understand personal needs.
2. To learn effective and appropriate ways of securing needs.

Format:
10:00-10:05 Opening.
10:05-10:30 Activity: Needs Awareness Quiz (Appendix Q).
10:30-10:35 Lecture: Setting Up Dependency (Appendix R).
10:55-11:00 Summary.
APPENDIX Q

Needs Discovery Quiz

Goals:
1. To discuss needs and rank them in order of importance.

Materials: Needs Discovery Quiz (Appendix Q1). Pens.

Time: 25 min

Procedures:
1. Distribute Quiz and pens.
2. Explain directions but avoid revealing any answer.
3. After completing the quiz, divide into triads for discussion.

Discussion:
1. What needs were common to you?
2. Which needs are most satisfied?
3. Which needs are least satisfied?
4. Are more needs satisfied or unsatisfied?
D3 NEEDS DISCOVERY QUIZ

Twenty needs which many people have are listed below. The list cannot include all the possible needs so there are some blank spaces for you to write down any needs you are feeling which have been missed out.

Start by completing this column first.
Underline the needs you are feeling.

For the needs you have underlined only, put a tick in the appropriate box to say how satisfied that need is.

I have a need to:

1 Relax
2 Have an exciting life
3 Be told what to do
4 Have times when things don’t change
5 Have a quiet life
6 Be with people
7 Be liked by others
8 Help others
9 Be part of a team
10 Be a leader
11 Do things on my own

[Very satisfied] [Satisfied] [Not satisfied]

[Very satisfied] [Satisfied] [Not satisfied]

[Very satisfied] [Satisfied] [Not satisfied]

[Very satisfied] [Satisfied] [Not satisfied]

[Very satisfied] [Satisfied] [Not satisfied]

[Very satisfied] [Satisfied] [Not satisfied]

[Very satisfied] [Satisfied] [Not satisfied]

[Very satisfied] [Satisfied] [Not satisfied]

[Very satisfied] [Satisfied] [Not satisfied]

[Very satisfied] [Satisfied] [Not satisfied]

When you have completed this quiz, you can divide into small groups and discuss:

- Are there any needs you all share?
- Which needs are most satisfied?
- Which needs are least satisfied?
- What can you do towards satisfying your least satisfied needs?

You need not reveal anything you do not wish to.
APPENDIX R

Setting Up Dependency

Goals: To recognize that dependency is a common but inappropriate method of getting needs met.

Materials: None

Time: 5 min

Procedures:
1. Present the following:

   I. Behaviors and Payoffs.
      A. Positive reinforcement.
      B. Punishment.
      C. Extinguishing.

   II. Instrumental Passivity: Inappropriate Interactions Between Residents and Staff.
      A. Discouraging independence.
      B. Encouraging dependence.

   III. Tag Team Games: Letting the Family in the Game.
      A. Paternalism - taking on a father's (your) role.
      B. Noncommunication.
APPENDIX S

Needs Gin Rummy

Goals: To understand the dynamics and risks of securing needs.

Materials: Deck of cards with the aces removed. 3x5 note cards. Masking tape. Marker.

Time: 20 min

Procedures:
1. Remind group of the individual right to have needs met as discussed in Session I. Also remind group of the responsibility necessary to have needs met.
2. Divide group into 2 triads. One group will be Takers and the other Givers. Assign each Giver a number 1, 2, or 3. Any remaining members can be observers.
3. Inform group of game rules:
   a. Takers are playing gin rummy against one another. After the deal, they can only exchange cards with a Giver.
   b. Givers can only exchange cards with Takers. They are not trying to gin, only to exchange cards for Givers.
   c. Takers can only interact with one Giver at a time and only in numerical order. The Givers will be numbered 1, 2, and 3. If a Taker's first exchange is with G2 the his next exchange will be with G3 then G1 then G2 again and so on. The other two Takers will start with G1 and G3 and rotate in order (Appendix S1).
   d. Takers can only ask for a card by its value, not by suit. Only if a Giver asks the Taker which suit of the card can the Taker state the desired suit as well.
   e. When the Taker receives a card from a Giver, he gives the discard to the Giver. The Taker must take whatever card the Giver offers him without complaint.
   f. The objective is to gin by having 3 or 4 of a kind and/or 3 or more cards in a row of the same suit.
4. Before starting the game, inform the Givers privately as follows:
   G1 - must always give a different card than what was asked for; DO NOT talk.
   G2 - must always give the card asked for if he has it; if not, give the lowest card; DO NOT talk.
   G3 - must always ask for the specific suit when Takers ask for a card; must give that card if he has it; if not, give lowest card.
5. Stick 3x5 with numbers G1, G2, and G3 on the proper person's shirt so that Takers can see them.
6. Shuffle and deal each person 8 cards. Allow 10 minutes.
Needs Gin Rummy (cont.)

Discussion:
  1. What was it like making exchanges with the three Givers?
  2. How did you compensate later with G1?
  3. How is this like asking for personal needs in the nursing home?
APPENDIX S1

Needs Gin Rummy
Arrangement and Rotation
Session VIII

Goals:
1. To enhance old roles and to search for new roles.
2. To encourage members to move beyond the group for meaning.

Format
10:00-10:05 Opening.
10:35-10:55 Activity: This Old Tree (Appendix V).
10:55-11:00 Closing: A Covenant of Support (Appendix W).
APPENDIX T

Who Can I Be?

Goals: To expand on past roles and to create new roles as a nursing home resident.


Time: 20 min

Procedures:
1. Distribute paper plates and markers.
2. Inform the group:
   We've discussed our roles in life—what they used to be and what they are now in the nursing home. Think about what you've learned over the past few weeks regarding communication skills, expanding your relationships, what your needs are and how to meet them, and loss of roles. Using your new skills, what current roles can you expand? What new roles can you create? Draw another pie chart to show these potential areas of growth.
3. Allow 10 minutes.
4. Have members share their roles. Be aware of unrealistic roles or lack of growth.

Discussion:
1. What will you gain by taking on new or expanded roles?
2. How can you use your new skills to develop these roles?
3. Are there any foreseeable barriers?
APPENDIX U

Moses

Goals: To emphasize that old age can be a time of accomplishment.

Materials: Copy of Deuteronomy 34:1-7 (Appendix U1).

Time: 10 min

Procedures (A):
1. Distribute copies of scripture.
2. Read aloud the account of Moses' death. Emphasize verse 7.

Discussion (A):
1. What is verse 4 about?
2. What can we learn from verse 7?

Procedures (B):
1. Present the following in the form of a lecture:
   A. Age identification - state of feeling and acting one's age as an excuse not to act.
      1. preoccupation - old age is our master and we are its slave.
      2. transcendence - old age is a companion that walks with us but does not dictate.
   B. Views of physical health.
      1. pessimist - we are half dead and capable of nothing.
      2. optimist - we can do everything as if we were young men again.
      3. realist - we have infirmities, but in spite of them, we can still do many things especially with our minds.

APPENDIX U1

Deuteronomy 34:1-7*

1 Now Moses went up from the plains of Moab to Mount Nebo, to the top of Pisgah, which is opposite Jericho. And the Lord showed him all the land, Gilead as far as Dan,
2 and all Naphtali and the land of Ephraim and Manasseh, and all the land of Judah as far as the Western Sea.
3 and the Negev and the plain in the valley of Jericho, the city of palm trees, as far as Zoar.
4 Then the Lord said to him, "This is the land which I swore to Abraham, Isaac, and Jacob, saying, 'I will give it to your descendants': I have let you see it with your eyes, but you shall not go over there."
5 So Moses the servant of the Lord died there in the land of Moab, according to the word of the Lord.
6 And He buried him in the valley in the land of Moab, opposite Beth-peor; but no man knows his burial place to this day.
7 Although Moses was one hundred and twenty years old when he died, his eye was not dim, nor his vigor abated [underscored for emphasis].

*New American Standard version.
APPENDIX V

This Old Tree

Goals:
1. To focus on the potential for contribution and meaning in late life.
2. To provide encouragement to move beyond the group.

Materials: None

Time: 20 min

Procedures:
1. Inform the group:
   As some of you know, fruit trees will often bear a tremendous crop of fruit if prior to the growing season, it has been damaged or stressed. For this reason, orchard growers will often gash the trunks of trees to artificially create stress so that the trees will yield a larger crop. In the wild, trees suffering and near death will often produce one last massive mast crop before succumbing. This phenomenon is a product of nature which helps ensure survival of the species.

2. Lead the group into imagery:
   I want you to picture yourself as a tree—any kind of tree. Picture in your mind your roots. They are very deep now from many years of searching the soil for water and nutrients. As you move upward out of the soil, picture your trunk. It may be large, small, or in between. At one time, it may have been smooth and straight but now it is scarred and somewhat twisted. Climb upward now into the branches that were once limber and broad sweeping but now are stiff and stooped. Some may have been severed or broken off with only the stub remaining as a memory. Look at the leaves now fluttering in the wind. They used to be green and active pulling in sunlight for energy and growth. Now they are fading to brown, the slightest breeze blows some of them away.

   Ease back from the tree so that now you can see the full perspective of the tree. Imagine the complexity of life in such a tree—the movement of nutrients from the roots through the trunk and into the limbs and leaves. Picture the intricate details of photosynthesis in the leaves as they manufacture sugars which are sent to the trunk for storage. Within the trunk are still reserves of energy and food sufficient to sustain even another season of fruit production. In fact, enough fruit may be produced such that those who come to your tree every season will find an abundance of fruit to fill all their cupboard space. There is even enough fruit left over for others who wish to make their harvest
at your tree as well.
As you see your tree overflowing with fruit, connect it with your life in the nursing home. The choice now, as the tree, is to decide if you will provide another harvest.


Discussion:
1. What was it like to visualize the tree?
2. How can you use the experiences of these sessions to be fruitful?
APPENDIX W

A Covenant of Support

Goals: To continue mutual support after the group terminates.

Materials: None

Time: 5-10 min

Procedures:
1. Inform the group:
   One of the main goals of this group is to provide support for you as you adjust to nursing home life. Your support of each other does not have to end here. In closing, if you feel that you can continue to provide support for a member, right now go to that person and tell him that you will make a covenant with him to be an encourager and supporter here after. A hand shake can be a sign of agreement. You may want to make a covenant with everyone, or perhaps you don't feel that you can make a commitment right now. That's okay.