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EXISTENTIAL PSYCHOLOGY AS AN ONTOLOGICAL GROUNDWORK
FOR COUNSELING THE ELDERLY

by

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Dissertation submitted to the Faculty of the
Virginia Polytechnic Institute and State University
in partial fulfillment of the requirements for the degree of

DOCTOR OF EDUCATION

in

Guidance and Counseling

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May, 1987

Blacksburg, Virginia

H60 7-6-88

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(ABSTRACT)

Few institutions for the elderly have counselors of any kind and the question was raised whom the elderly could seek for advice or counsel. A study of the literature confirmed that even though the number of elderly persons was increasing, few counselors, psychologists, or psychiatrists had persons over 65 as clients.

The problems of elderly persons cover a wide range of concerns, (physical, psychological, social) and it is obvious that a holistic approach to assist this population is necessary. Existential psychology, one of the holistic psychological theories, begins with the existing experience of the individual and proceeds to consider anything within the experience which might cause anxiety or conflict.

The problems of the elderly and the concepts of existential psychology reveal a complementarity. The problems facing aging individuals were the very conflicts faced by existential counselors, e.g. fear of death, of loneliness, of freedom and responsibility, of meaninglessness in life. A systematic analysis of the complementarity between the concerns of the aged and those of existential psychology provided the foundation on which to articulate existential psychology as an ontological groundwork for counseling elderly clients.

Of the few gerontological counselors, there are many who employ methods and techniques designed for younger populations, often trying to isolate problems from the client's total experience. Existential psychology considers this compartmentalization to be unrealistic for each individual exists as a whole, and is affected by the whole of one's existence. To "treat" one part of an individual's existence without regard for the whole would be unprofitable and might cause further problems. An ontological groundwork for counseling is suggested from the existential psychological point of view, and recommendations are made for carrying out such a counseling regimen. Research suggestions are delineated for future studies.

ACKNOWLEDGEMENTS

To all members of my dissertation committee I wish to extend profound thanks, especially to Dr. Charles W. Humes who has patiently guided me throughout this course of study. Special thanks, also, to Dr. Marcie Boucavalas who encouraged me to undertake this different style of dissertation and for her constant needling me to improve what had been written.

It would be impossible to thank all those through the years who have touched my life, enriching it so that an endeavor of this type was possible. I am especially grateful to my sons, , for believing their father was capable of doing it and to my dear friend, , for standing by me, encouraging, cajoling and sometimes scolding me until the finish.

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Groundwork for Counseling the Elderly

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INTRODUCTION

Thou hast nor youth nor age
But as it were an after dinner sleep
Dreaming of both.

T. S. Eliot (1934)

INTRODUCTION

Upon observing various retirement and nursing homes for elderly individuals, it soon became apparent there was a dearth of counselors, chaplains, even social workers. There seemed to be no one to whom the individual could go to seek information or advice, no one to listen to any problem which might be troubling. A study of the literature concerning facilities for the elderly confirmed the observation.

Yet, the plethora of articles appearing in newspapers, magazines, and scholarly journals indicates that our elderly population is growing. According to demographic articles, since 1900 the number of persons over the age of 65 had increased from 4 percent to 11 percent of the total population or every ninth American (Brotman, 1982). Within the next 50 years Census Bureau projections indicate the aged population would approach 20 percent (Fowles, 1983). With this increase in a particular portion of our population, why did it seem that so few had counselors with whom to talk? Recognizing this increase in the elderly population, an inquiry was made as to the availability of counseling services. According to the National Mental Health Association, only about 3 percent of psychologists and psychiatrists had clients over 65 (Brandt, 1980). A number of reasons were given which will be explored at

length. It was noted that few universities had any courses to prepare would-be counselors and psychologists for working with the elderly. Gerontological counseling is new to many counselors.

As the search proceeded concerning gerontological counseling, it was discovered that the few counselors in the field are often operating out of techniques used for younger populations, some quite inappropriate for the elderly population. Behavioral methods seem to work only for a short period of time (Levy, Derogatis, Gallagher, & Gatz, 1980).

Realizing that the problems of elderly persons range from how to apply for medicare to worrying about a dying spouse, from wondering why the children visit so seldom to whether the money will hold out; from wondering if "I'll go to hell when I die" to "why I didn't do a better job raising the children," it was obvious that a process which encompasses the whole of the individual's existence was needed. Two holistic psychological theories are existential psychology and transpersonal psychology, the Fourth Force. Existential psychology starts with the existing experience of the individual and proceeds to consider anything within that experience which causes anxiety or conflict. This leads through the process of self-actualization into the

Fourth Force, transpersonal psychology, where the individual transcends the self, finding the relationship of the individual to the cosmos. Progressing through existential psychology, however, seems a prerequisite to transpersonal psychology (Boucouvalas, 1983). Consequently, the existential territory forms the focal point of the inquiry while recognizing the larger frame of the transpersonal.

It was found that research methods employed by many counselors try to isolate some of the recognizable existential anxieties and propose ways in which the individual can be helped. Garis (1977) examined the will to live, using suggestions from Frankl's logotherapy, an existential theory. Ehrlich (1973) tried to assess loneliness and the impact of forced retirement on individuals by interviewing them, not only for facts, but to appraise their affect and other emotional reactions. Because existential psychology is a process of experiencing life, dealing with problems which are endemic to each individual, sometimes exacerbated in old age, it is impossible to tease out one anxiety and examine it apart from the relationship to the whole experience. Because so many of the elderly's problems are interrelated to physical, emotional, mental, spiritual facets of the individual's

experience, the individual must be regarded in the wholeness of the momentary experience. Nowhere in the literature has anyone articulated the use of existential counseling as an ontological groundwork for counseling the elderly.

In insisting that the individual be treated holistically, any teasing out of certain parts of the individual's personal anxieties contradicts the basis of existential psychology. The individual becomes compartmentalized, becomes a "thing" to be manipulated. These observations stimulated the search for a method of examining the existential literature and its applicability in counseling the elderly, for existential psychology not only is concerned about the wholeness of the individual but provides a world view image of humankind. Consequently, the approach which guides this inquiry was formed by the hermeneutic tradition.

Hermeneutics is an interpretative way of thinking and knowing by which the researcher interfaces with that which is being researched, seeking the meaning beyond the printed word. The researcher attempts to bring into the investigation the human element of that being studied, going beyond the elements of pure reason. Boucouvalas (1987) suggests that hermeneutics is part of the post positivist movement (going beyond the philosophy of logical positivism

which asserts that empirical data alone is essential for prediction and control) and is concerned with the most probable interpretation, recognizing the human realm as being always in process. It was by this process that it was possible to distill out the key concepts of existential thought.

Examining the needs of the elderly and the basic aspects of existential counseling, this author was struck with the complementarity of the two. In studying the basic needs and fears of the elderly, it was interesting to note that one writer had subsumed them into four: loneliness/isolation; fear of freedom and its loss; death; and meaninglessness (Mooney, 1976). A prominent existential psychiatrist subsumed the basic conflicts with which existential psychology concerns itself into four: loneliness; freedom; death; and meaninglessness (Yalom, 1980).

This likeness of the needs of the elderly and the concerns of the existential psychologist produced the beginning of the study, suggesting that existential counseling is an all-encompassing experience for aiding the elderly. Using this holistic approach a systematic examination and explication of such a complementary counseling method was established. The first chapter

presents the demographics of the elderly population and points up the lack of counselors who work with elderly clients. Here are examined some of the emotional problems confronting the client and the counselor in working with elderly persons.

Chapter two as it discusses further the uniqueness of the elderly emphasizes the need for holistic, multifaceted counseling. The need will be emphasized for empathetic counseling, a sharing with the client the hurts and frustrations of uncontrollable situations. Solutions will be pointed out which the client is capable of managing.

In order to demonstrate that existential counseling is viable for counseling the elderly it is necessary to provide a background of psychology from an existentialist point of view. Since existential psychology is not a technique but a process of living, the content of life's problems shall be the major emphasis, relating them to the elderly population, reading out of the experiences the effect expected from the client. This will comprise chapter three.

Chapter four will present the results of a comparative analysis between (a) the uniqueness and problems of the elderly (Chapters 1 and 2), (b) the key concepts of existential psychology (Chapter 3), and (c) revealing the complementarity between the two which will then lead into

the basis of Chapter 5 in which existential psychology will be shown as an ontological groundwork for counseling the elderly. The need for the existential gerontological counselor to formulate an existential philosophical basis for counseling will be reviewed beginning with one's concept of humanity. The process of counseling, for existential counseling is a process, will be discussed along with suggestions for further research, for the application to the profession and practice of counseling.

Chapter 1

Problems of the Elderly

To know how to grow old is the master work of wisdom, and one of the most difficult chapters in the great art of living.

Amiel (1913)

The Demographics

The American population is aging. Counseling services must expand their scope to deal with the elderly. With the lengthening of the life span, the raising of the retirement age, and healthier and more educated adults, counselors will have to concern themselves with a population often neglected in the past (Glass & Grant, 1983). Counselors have been reluctant to counsel the elderly, the elderly have been hesitant about seeking counsel, and educators have felt that it was useless if not impossible to reeducate older persons (Riker, 1980).

"Given this trial of 'reluctant therapist' . . . the reluctant educator, and the reluctant client, it is not surprising that older people do not receive their fair share of counseling and mental health services" (Ganikos, 1979, p. viii). At the same time, the elderly are confronted with many life experiences which challenge and threaten their physical, social, and emotional well being (Ganikos, 1979). Old age is a time of loss, a time when changes are often forced upon the elderly, a time when the anxieties of life seem overwhelming (Riker, 1980).

In this chapter, the changing population among the elderly, and the needs of the elderly were examined along with the reluctance of health care professionals to treat

the elderly. Theories of aging and therapies used by the few gerontological counselors there are were explored.

The Growth of the Population

In 1776 every 50th person was 65 or older, or about two percent of the population (Glass & Grant, 1983). Fowles (1983) writing for the Department of Health and Human Services, reports that census figures indicate that in 1900 there were 4.9 million persons over the age of 60 in the United States; in 1980 there were seven times that number (35.6 million), while the population under the age of 60 increased by one-fourth of that rate (Fowles, 1983). Census projectors expect that between 1980 and 2030, the population under 60 will grow about one-fourth while the older population will more than double its size, or from 36 to 82 million (Fowles, 1983). It is also a fact that the older population itself is getting older. In 1985 the 65-74 age group was over eight times larger than in 1900, but the 75-84 age group was 11 times larger and the 85+ group was 22 times larger (Fowles, 1986). Children born in 1985 can expect to live to be about 74.7 years while children in 1900 expected to live only about 47 years (Fowles, 1986). Citing a review of the extreme aged from the American Journal of

Public Health, Sheehy (1981) estimated that a person born in 1990 may be expected to live 85 years.

Within this increase of elderly persons, there is a large number of women. In 1982 there were 100 women to 81 men between the ages of 65 and 69 and for every 100 women over 85, there were only 42 men. In 1980 a man who celebrated his 65th birthday could anticipate another 14.02 years while a woman could expect 18.35 years. These aged women, many living on fixed incomes, often approaching the poverty level, may be among the constituents of the future counselor's practice (Vierck, Rother, & Atkins, 1983).

Racially the elderly are 90% white, 8% black, and 1% of other races. Persons of Hispanic origin (who may be of any race) represent 2% of the older population (Fowles, 1986). Interpreting the 1980 census figures, Neuhaus & Neuhaus (1982) point out that black Americans over the age of 60 have increased 30% since 1960, over 50% of them being women. Although Hispanics have increased in numbers in the United States, and are showing an increase in their elderly population, they have a much shorter life expectancy than either blacks or whites. In 1980 their life expectancy was 56.7 years as compared to 67.5 years for others (Neuhaus & Neuhaus, 1982). The American Indian has an even shorter

life span, expecting to live only 47 years or a third less than other peoples (Neuhaus & Neuhaus, 1982).

Finances of the elderly

Whereas there are affluent aged individuals, the older population is usually identified with low incomes (Neuhaus & Neuhaus, 1982). In 1985 the median income was \$10,900 for males and \$6,313 for females, while families headed by males 65 and older had incomes of \$19,162 (\$19,815 for whites, \$11,937 for blacks). Seventeen percent had incomes below \$10,000 while 35% had incomes of \$25,000. Although the poverty rate for persons 65 and older was 12.6% less than persons under 65, still 46% of those elderly living alone had incomes of \$7,000 or less and 24% had incomes under \$5,000. One fifth of the older population was identified as poor or near-poor in 1985 (Fowles, 1986). These sociological factors impinge in many ways on the overall physical, social, and emotional health of the elderly.

Living Arrangements

The majority of elderly people live in the Middle Atlantic States, followed by the East-North-Central area, the South Atlantic States, and then the West. The Midwest and New England have concentrations of elderly because they

have remained on the farms. About 67% of the elderly live in urban areas. Less than 50% live in nonmetropolitan areas. Elderly whites are equally distributed over the four areas except for the West where only 17% reside. Older blacks, however, tend to live in the South, although New York, Texas and Illinois have large numbers (Neuhaus & Neuhaus, 1982).

Neuhaus and Neuhaus (1982) report that about 40% of older persons live in a family setting, although they further report that there has been a rapid growth of elderly living alone. The number of men living alone grew by 600,000 from 1960 to 1980, while the number of women living alone grew by 3 million (132% from 1960 to 1980).

Several factors contribute to this phenomenon. First, women have a longer life span and frequently marry older men. Many are dependent on federal or private pension plans which require a woman to remain single or lose the spouse's benefits. The geographic dispersal of the family and smaller families also affect the living habits of women (Neuhaus and Neuhaus, 1982).

Theories of Aging

Even in early times people were interested in the aging process. Nemiroff and Colarusso (1985) remind us that in

the sixth century B.C., Solon described six periods of adulthood and that a century later, Plato described a truly educated man as one who contemplated his place in life. Half a world away, Confucius described a sense of inner direction which guides oneself to greater self-awareness and realization (Nemiroff & Colarusso, 1985).

Nemiroff & Colarusso (1985) summarize their findings among the ancients with these statements:

1. A comprehensive, chronological life cycle can be described.
2. Adulthood is not static; the adult is in a constant state of dynamic change and flux, always "becoming" or "finding the way."
3. Development in adulthood is contiguous with that in childhood and old age.
4. There is continual need to define the adult self, especially with regard to the integrity of the inner person versus his or her external environment.
5. Adults must come to terms with their limited span and individual mortality. A preoccupation with time is an expression of these concerns.
6. The development and maintenance of the adult body and its relationship to the mind is a universal preoccupation.
7. Narcissism, that is, love of self, versus responsibility to the society in which one lives and the individuals in that society toward whom one bears responsibility as an adult, is a central issue in all civilized cultures (p. 12).

Interesting as these facts are, it must be noted that it has been only in this century that any scientific study of aging has taken place. Freud and Piaget expressed their theories of development up to adulthood but neglected to go

on to old age. Erikson (1963) details a series of eight phases of attaining maturity. Stage I is the period of infancy when the child learns to acquire trust as over against feelings of mistrust. Stage II, that time in early childhood when the child begins to see boundaries between himself and his parents, is a time of establishing a feeling of autonomy and pride versus shame and doubt. Stage III is the age of initiative and guilt, the time in childhood of expanded mobility and speech. Stage IV is the period of school age when the child can win approval by producing things. It is the time of industry versus inferiority. Stage V is the period of adolescence, the period of identity versus role confusion, the period before leaving childhood and accepting adulthood. Stage VI is the time of intimacy versus isolation, the time of young adulthood when one becomes a full member of society, chooses a mate and becomes involved in cycles of work, recreation, and procreation. Stage VII is a time of generativity versus stagnation, a time to guide the next generation, to have a sense of contributing to the future of mankind. Stage VIII is the time to look over one's life and live either in integrity or despair.

In an interview in 1983, Erikson suggested that many elderly persons should be classified in Stage VII rather

than VIII, for they are still able to be generative individuals (Hall, 1983). In The Life Cycle Completed, Erikson (1982) who now has reached old age himself, finds that the position of the elderly in today's society has changed. He says he belongs to "an ever-increasing number of old people (who) were found (and found themselves) to represent a mass of elderlies rather than an elite of elders" (p. 9). No longer is it an honor to be old. No longer are there only a few old people in the community, but with the increase of the older population, he found himself only one of many rather than one of the few. He later states that old people can and need to maintain a "grand-generative function" (Erikson, 1982, p. 63).

Other than the developmental point of view, there are two theories of aging which come from society's view of aging. The first, the disengagement theory, contends that as a person ages and personal resources decline, the interest in society and community functions will decline also (Cumming & Henry, 1961). Successful aging, to a disengagement theorist, means contentedly withdrawing from social activity. An active older person would be considered to be aging unsuccessfully (Brine, 1979; Lewis, 1983).

The second theory, in direct contradiction to the disengagement theory, is called the activity theory. This

theory insists that successful aging is accomplished by those who remain active in community, social groups, or other activities. Substitutes for work must be found, substitute partners for friends or mates lost by death must be established (Brine, 1979). Lemon, Bengtson and Peterson (1972) discovered that the close relationship with friends was the only social activity which contributed to life enrichment.

Super (1983) said that old age was a time of disengagement, a time to enjoy hobbies or leisure. However, in a 1984 classroom lecture, he revised his statement to say that retirement allowed him to be able to detach himself from those activities which he did not want to "have" to do and could concentrate on those things which were of prime interest (Super, 1984). Sheehy (1981), upon interviewing elderly individuals, reported that old age and retirement were times of selective detachment.

C. G. Jung (1971) is the only one of the early psychoanalysts to deal directly with old age. He insisted that it is inappropriate for an individual in the later years of life to approach life with the same attitude used in early life. As the aging process occurs, life no longer continues to grow and expand, but contracts, while many go on trying to live their lives as they did earlier. They often become

hypochondriacs, pedants, living in the past or else as eternal adolescents. This is but a substitute for the illumination of the self, a delusion that the second half of life be governed by the same activities and principles of the first half.

Going on, Jung (1971) says that to look back is fatal, that all great religions hold out a promise of a life beyond, making it possible for individuals to live the second half of life with purpose and aim. "To the psychotherapist an old man who cannot bid farewell to life appears as feeble and sickly as a young man who is unable to embrace it" (Jung, 1971, p. 20).

One of the contemporary theorists of aging, Daniel J. Levinson (1978) reminds us the "old" is a symbol of termination or ending. We feel old as one phase of life ends, but are renewed by feeling young as we begin a new phase. Jung (1964) presented the archetypes of puer/senex, the young and the old, referring back to the myths of Mercury, the eternal youth, and Saturn, the forever aged. "Young" is immortal, while "Old" spells death. Old age, therefore, having no new phase to enter, spells the end of existence. Here the religious question of eternal life presents a hopeful thought for some of those who believe in an afterlife (Jung 1971, Kubler-Ross, 1969).

In assessing changes of personality as people age, Neugarten (1973), suggests that forty year olds look upon the environment as a challenge, where boldness and risk taking are rewarded, and they see themselves as having the energy capable of seizing the opportunities of the outer world. Sixty-year olds fear the complexity and danger of the environment and feel necessary to conform to its demands. They have moved from an active to a passive role (Neugarten, 1973). This movement from active to passive mastery is to present a greater preoccupation with the inner life, while there is a decrease of emotional cathexes toward people and things, a movement away from outer world orientations (Neugarten, 1973).

Many theorists insist that chronological age is not a good criterion on which to base change patterns (Kalish, 1977, Neugarten, 1977). Neugarten (1977) points out that after middle age, time comes to be perceived as time left to live rather than time since birth. Within that time left to live, it is the biological and social events that occur that have relevance to personality change (Neugarten, 1977).

Counseling Implications

Few counselors counsel the elderly

Although there has been a large increase in the aged

population, there are few counselors who have them as clients. Kerschner (1980) reported to the Special Committee on Aging, the United States Senate, that it was estimated that only 2% of patients in private psychiatric care and 4% in public outpatient clinics were over the age of 65. In 1981 nearly 70% of clinical psychologists reported they treated no patients over 65 (Nissenson, 1984). However, Reveron (1982), staff writer for the APA Monitor, reported on a mini-conference on the Mental Health of Older Americans in 1980 that 15 to 25% of people over 65 are in need of therapy, and that 50 to 70% of those in nursing homes have emotional or behavioral problems. Up to 65% of the elderly population show some degree of depression, which is one condition responsive to therapy (Hutton, 1980).

Many of the elderly do not seek counseling because they feel there is a stigma attached in seeking help. They grew up in a society that said healthy people did not have to seek assistance and that mature people ought to be able to care for themselves (Ganikos, 1979). Psychology was not part of everyday life and to admit the need for psychological help was exceedingly difficult (Nissenson, 1984).

Brandt (1980), testifying before the Special Committee on Aging, the United States Senate, suggests two other

barriers to proper care of the elderly. The first is the misdiagnosis or lack of diagnosis of the problem. Too often the physician assumes that it is a natural occurrence of old age and makes no attempt to treat the client. The other barrier is the cost of the treatment. With the limits which have been placed on psychological treatment under Medicare, the elderly feel their funds will expire too soon after treatment began.

The lack of psychological-mindedness on the part of the elderly client is often a result of the acceptance of stereotypes of aging promulgated by themselves and by the younger generations (Gatz, Popkin, Pino & VandenVos, 1985). "Some of the purported beliefs of older adults are that (a) people don't see a mental health professional unless they are really crazy; (b) 'If there's something wrong with my head, they'll cart me straight off to the boogey house,' and (c) seeing a 'shrink' means lying on a couch and telling of your private feelings, which not only won't help but would also make you feel foolish or immoral" (Gatz, et al., 1985, p. 757).

Another stereotypic precept is that seeing a mental health professional is admitting dependency. As Ganikos (1979) reported, this is undoubtedly true in many cases, yet Gatz, et al., (1985) suggested that unwillingness to see a

counselor is not limited to the elderly, nor that the elderly drop out of counseling any more often than clients of other ages.

The age of the therapist/counselor seems to be older as the client is older, although most seem to prefer speaking with someone in the middle-age range. The most influential factor is that the helper be competent (Gatz, et al., 1985).

Lieff (1982) reports that it is very obvious that health providers, particularly physicians, avoid caring for the dying, the elderly, and handicapped patients. He suggests that there are eight possible explanations for this avoidance:

1. Ageism: the process often starts in medical school where the elderly are referred to in pejorative terms such as "a bad learning experience" or a "bad teaching case" (Lieff, 1982, p. 50). Too often the elderly patient is sloughed off as merely senile. Physicians tend to be impatient with elderly patients and their multitude of complaints (Neuhaus & Neuhaus, 1982). That the patient often does not respond adequately to the treatment is often frustrating to the physician, producing a negative attitude on the physician's part (Lieff, 1982).

2. Discussion of death is morbid and destructive: there is a common belief that discussing death with a

patient is non-productive. Physicians become so concerned with laboratory reports they overlook the importance of the impending death to the patient (Lief, 1982). Becker (1973) insists that it is not only desirable to discuss death, it is also essential. Should the physician come to the conclusion that the patient is dying and not share this with the patient, it may cause a subtle change in the relationship which leaves the patient feeling isolated and frightened (Kastenbaum, 1977). In a model hospital relationship, the physician, the staff, and the family should be able to discuss all issues concerning the emotional needs of all concerned (Kastenbaum, 1977).

Insisting that death is one of the primary anxieties of life, Yalom (1980) draws attention to the fact that much psychotherapy avoids discussing it. He insists that death is overlooked in almost all mental health fields, including theory, research, both basic and clinical and most forms of clinical practice. Only in caring for the dying patient is death not ignored (Yalom, 1980).

3. Patients have complex multiple problems: it is an accepted fact that many elderly have several chronic problems. Lief (1982) suggest three levels of treatment are commonly needed: (a) a treatment transcending physical problems; (b) comprehending the complexities of the

psychological problem; (c) helping the client develop meaning and purpose for life. Frankl (1969) noted that these important levels of treatment are subjects not covered in the medical school curriculum.

In accord with these complex problems, it is often difficult for a physician to treat a person, who, through accident or illness, has lost control of parts or almost all of one's body. Many of these patients have transcended the physical, material body and have been able to achieve a meaningful existence involving whole new attitudes concerning their existence (Lief, 1982).

Patients with unconscious psychological complexes, as is often the case with elderly individuals, present a problem, even to mental health specialists. If the counselor/therapist is not able to deal with social, medical and spiritual problems at once, or to work in teamwork with other specialists, problems may arise (Lief, 1982).

4. Doctors have unresolved feelings about their own aging: doctors, too, must come to terms with the aging of their parents and with their own aging. With the increasing number of elderly in society, the physician must provide creative solutions for the care of his elderly patients, his elderly relative and to his own aging process (Lief, 1982).

5. Lack of knowledge of the final course of human life: our American culture has no tradition by which we find meaning in the end of life. The developmentalists include death as part of the developmental phases of life, but often give the physician no clue as to how to treat a dying patient (Lief, 1982). Moody (1975) and Ring (1980, 1984) in describing near death experiences, have described a transition of the soul, even as indicated in certain religious groups. Eastern religions consider the last phase of life as a spiritual experience and transcendence becomes the focus of life activities (Lief, 1982). Unprepared for such a mixture of philosophy with medicine, the physician is left with no concrete way to proceed.

6. Psychotherapy with the exception of transpersonal psychology, tends not to have a spiritual orientation: issues of the elderly almost always have some ramifications of meaning of life. It is necessary for physicians in working with elderly and very ill patients to understand and deal realistically with the impact of religious beliefs and experience on the various levels of treatment. Most physicians are not prepared for this aspect (Lief, 1982). Most psychotherapists do not believe in God while 90% of the population does. This presents a gross difficulty in relating to the client when having to deal with behavior and

belief about which the physician knows nothing (Bergin 1980).

7. Doctors have been given the role of priest: in other societies, it was the religious leader who presided over birth, marriage, death, and other significant events in life. In our society, it is the physician to whom we turn when death is near, giving the doctor somewhat of a priestly status, yet, the doctor has little or no ethical or moral training other than obeying the medical codes (Lief, 1982). The discrepancy lies between training and the role (Frankl, 1967).

8. Helplessness with seemingly unsolvable problems: from the beginning of the physician's training s/he is expected to have an answer to any problem. With the elderly and dying, the physician has not been taught to help prepare the patient for death or the inevitable problems of old age. The physician feels helpless and impotent (Lief, 1982).

Other writers give other pragmatic reasons why the mental health specialist wishes not to work with the elderly. One thought is that the expenditure of time and energy is not worth the result, for the client will shortly die and will not be able to contribute enough to society in the interim (Gatz, et. al., 1985). Many specialists labor under the misconception that there is a lower expectation of

success with an elderly client than with a younger one. The elderly are often more optimistic about their prognosis than those working with them (Gatz, et. al., 1985).

Four misconceptions which often occur in treating the elderly: overpathologizing--seeing the elder client as more disturbed than a younger client exhibiting the same symptoms; minimizing--ignoring symptoms in the elderly that would be treated in a younger person by assigning the symptom to "old age"; equalizing--inappropriately equating symptoms of different age groups such as the seriousness of a suicide attempt of an elderly individual with that of a younger person; misrepresenting--the insensitivity to age such as depression which may be manifested differently by older and younger individuals (Gatz, et al., 1985).

Nemiroff and Colarusso (1985) add to the list of reasons physicians shy away from the elderly the fear that the client might die during treatment and the desire to avoid their colleagues' negative evaluation of efforts toward their patient. The transference and countertransference between the elderly client and the counselor is often a reason for reluctance to see elderly clients (Nemiroff & Colarusso, 1985). This hearkens back to the thoughts of the counselor's relationship to his/her own parents. Rechtschaffen (1959) said that if the counselor

related hostilely towards a parent, the reaction to the client might cause a watering down of the process and exaggerate supportiveness or cover over other procedures. Defending one's own position or anxiety, the counselor may offer only benign interpretations, assuming a reverential attitude toward the client which would be out of keeping with the client's readiness to look within.

Four ways society looks on the elderly

Moody (1976) sets forth four stages or different ways society tends to regard old people. Stage I: rejection. Society treats the elderly as nonentities. Mandatory retirement, isolation from the nuclear family are but two means of telling the elderly they are not needed. It is in the elderly we see our own limitations, the realization that not all our dreams will be fulfilled and the finality of all we cherish. We shun and fear old people because they represent what we shall become. It is our own despair we fear.

State II: social services. The ideology of political liberalism and the welfare state decides who and how the state will provide. Since the elderly can no longer adequately care for themselves, the state will assume that responsibility, knowing intrinsically what is best for the

individual. The clients become more and more passive and disengage themselves from society. The elderly become consumers, not producers and live in leisure, not at work. This change often produces a feeling of being less than human, of having no part in the community, of being of little worth (Moody, 1976).

State III: participation. This stage rejects the passivity of Stage II and proposes to cure the underlying causes, not just the symptoms. Old people are to live in contact with the mainstream of society and to pursue normal activities within that society. Participation suggests that activity, not disengagement, is the criterion for successful aging. It suggests that the social services model is inappropriate and produces a feeling of inadequacy and segregation while it is more appropriate for the elderly to be integrated into the normal activities of the society. Going back to preindustrial society where the elderly living within the family circle worked as they could to be of use as a participating member of the family, this stage rediscovers a sense of meaning through a second career or volunteerism. The elderly feel needed and a part of their community.

Simone de Beauvoir (1972) made a similar statement when she said: "There is only one solution if old age is not to

be an absurd parody of our former life, and that is to go on pursuing ends that give our existence a meaning--devotion to individuals, to groups or to causes, social, political, intellectual or creative work. In spite of the moralists' opinion to the contrary, in old age we should wish still to have passions strong enough to prevent us turning in upon ourselves" (p. 540).

Stage IV: self-actualization. Asking if old age perhaps constitutes an experience which is distinct and makes its own demands, Moody (1976) concludes that there must be something uniquely possible in old age, available only at this point in life. In other societies old age became a time of closure, a completeness of the life cycle, but somehow in our western society it has become a time to fly from death, in fact from aging which is the threshold of death. Erikson (1963) speaks of old age as a time for reflecting on one's past with integrity or despair. Jung (1971) speaks of old age as a time of individuation, disengaging the self from the masks or tasks of responsible adulthood.

State IV suggests that old age is the time for self-actualizing oneself as Maslow (1968) suggests. It is a time of resynthesis of the self, now that one is disengaged from the occupation and social roles of middle age, to thus break

through to a new dimension of psychological growth. It is a time of transcending the needs of living and going beyond the normal ego states (Maslow, 1976).

It shall be observed that existential counseling provides an ontological framework for counseling the elderly, ways of self-actualization for the elderly client will be made evident. While the existential counselor lives through the process of dealing with existential anxieties with the elderly client, self-actualization will take place. Self-actualization is not a goal which can be attained by oneself but is rather a result of finding meaning, overcoming existential anxiety and resolving the problems of living (Frankl, 1969).

The Need for Counseling

The very numbers of elderly in the population remind us that there will be a need for counseling. It is estimated that as many as 28% need counseling which would include consultation, education, and early intervention (Riker, 1981). Other estimations are that 15% of persons over 65 suffer from mental disorders, 5% of a severe nature. Alcoholism and drug abuse appear to be increasing among the elderly (Neugarten & Maddox, 1978). Whereas the elderly

comprise only about 12% of the population, 30% of suicides are committed by persons over 65 (Neugarten & Maddox, 1978).

Counselors need to be able to give information concerning the various kinds of assistance available to the elderly in their community, through state and federal programs and help the elderly realize that the human lifespan is a developmental process (Riker, 1981). Riker (1981) also suggests a third reason for counseling is that of preparing the elderly to anticipate rapid social and technological change in their immediate society.

Even though there are those who think it a waste of effort to counsel with the elderly, there are benefits for these clients. The aged need help in maintaining their independence and their freedom to make choices; they need help in expressing feelings, especially those connected with the losses which so often face the aging; benefit would come in identifying new life goals and finding ways to move toward those goals; help in adjusting to the stress of aging, especially the emotional reactions to physical decline or illness; the elderly often need help in relating to others in a positive, healthful way, making new friends rather than withdrawing within themselves (Riker, 1981).

Research has shown that the majority of functional psychiatric disturbances in old age, such as hypochondrical

states, paranoid reactions and depressions, respond to treatment. Ten to 15% of organic brain syndromes are reversible, for many are due to coexisting physical illness or drug intoxication (Neugarten & Maddox, 1978).

Lewis (1983) reminds us that while the institutionalized elderly have their Maslow-type lower order physiological and safety needs, their higher level needs, such as love, esteem and self-actualization are not met. Kalish (1977) states that our materialistic society focuses on the need for individuals to be productive. With the advent of retirement, the elderly move into the realm of the non-producer, hence are useless, hence suffers loss of esteem from society and self esteem because the elderly have accepted the rubric that non-producers are useless.

Lanita Pace (1986), a local newspaper reporter, interviewed a 32-year old consultant who dressed up as an 85-year old woman. She discovered how little respect the elderly receive from the young, suggesting that we are teaching young people that growing old is negative, and the present day "yuppie" accepts the idea that growing old is something to avoid. The elderly receive little respect from the youth of today, and lack of respect brings emotional disturbances.

Kalish (1977) goes on to say that as well as feeling useless, the elderly taught their children that to be dependent was not good. It is good to be independent while being dependent is bad. It is acceptable for a young child to be dependent, but it is not acceptable to be a dependent parent (Kalish, 1977).

Elderly persons wish to be meaningful, usually associated with being productive, of being of service to others. Not being permitted to work, not being needed in the same way by their children, being slowed down by lack of stamina and physical decline, it is difficult for elderly individuals to find meaning in their life (Kalish, 1977).

"Perhaps the underlying, coordinating theme of all this is 'the payoff'. Using the vocabulary of the stock market, we Americans like to invest our efforts, money, time, and emotional involvements in people who will pay off" (Kalish, 1977, p. 68). Kalish (1977) is advocating that we forget productivity as a criterion for judging people and begin to judge by integrity, compassion, and humanity. The counselor will have to change the stereotypic attitudes, not only of the young, but of the elderly, and perhaps of the counselor.

Therapies for the Aging

As Jeffery & Saxby (1984) have pointed out, many counselors of the elderly endeavor to use therapies designed for younger populations. They remind us that there is a difference in counseling elderly clients rather than young ones. Riker (1981) suggests three basic differences: (a) Older persons have more extended backgrounds of experience and present life tasks not requiring a redirection of goals, attitudes and behaviors established over a lifetime. Time is finite and as the aged become aware of their own finitude, they need assistance in readjusting. (b) Often older clients are influenced by stereotypes expected by society. These stereotypes may also affect the counselors' objectivity. A prime example is dealing with depression or forgetfulness, thinking that these are to be expected in the elderly, rather than discerning if there is a mental or physical concern which may be correctable. (c) Older clients tend to look back, while younger clients look ahead. It is necessary for the counselor to aid the elderly to look forward to expanding the life span as they continue to grow and become.

Although most of the developmental theorists have had little to say concerning the aged, recently psychologists have tried to adapt therapies developed for younger clients

in four broad areas: "assessment, therapy for memory and orientation difficulties, adaptations for older people of behavioral and cognitive therapy, and behavioral programs for problems of the institutionalized elderly" (Jeffery & Saxby, p. 256). Most of the therapies utilized have been based on the behavioral model. Concern has been in helping the elderly learn or relearn skills of every day living (Jeffery & Saxby, 1984).

The results of these behavioral models have been disappointing. Only minimal and short-lasting improvement has occurred. Many of the therapies are time consuming, repetitive, and demanding, and lead to exhaustion of the client (Jeffery & Saxby, 1984).

Gatz, et al., (1985) suggests that older people have unique qualities about them that require different treatments from those used with other age groups. They further discuss the fact that many therapies of other age groups are usable, but with variations; shortened periods of time, a focus on immediate reality problems, non traditional interventions such as family visiting, volunteer work, and workshops.

Even though gerontological counseling is occurring and that there are people working in this field of expertise, Gatz, et al., (1985) feel there is still much work to be

done. Too often older adults have been excluded from various treatment regimens. Fearing that complications such as organic brain syndrome or physical illness or the use of prescription medications might affect the outcome of the proposed treatment, elderly clients are refused participation. This blanket exclusion is to these reporters unwarranted and unhelpful.

In concluding their research, Gatz, et al., (1985) report that throughout the breadth of different types of interventions, four principles or mechanisms of change were apparent: (a) aiding the elderly in establishing a sense of control, of self efficacy, and a sense of hope; (b) producing a trusting relationship with the helper; (c) helping the elderly gain a new sense of meaning; (d) establishing a realistic relationship with the environment.

Psychoanalysts Nemiroff & Colarusso (1985) suggest some new techniques in psychoanalysis. The first is the use of reminiscence which they feel helps the elderly organize or reorganize their lives and reintegrate whatever is troubling them. This reminiscence may be done any number of ways; written or taped autobiographies; pilgrimages to places of special meaning in their lives; reunions of high school, college, church, family; genealogy, tracing the family tree; scrapbooks; summation of life work. It needs be noted that

other therapists use reminiscence from other than a psychoanalytic point of view.

In the preparation of counselors to work with the elderly, Riker (1981) and Ganikos (1979) report a dearth of courses dealing with the subject in the colleges and universities which prepare counselors in our country. In 1975, only 18 out of 304 counselor training courses had courses in counseling the elderly; by 1979, the number had increased to 41 out of 400 and by 1981, the number had reached 100 such courses (Riker, 1981).

Summary

All in all, the therapies used have been a conglomerate of techniques borrowed from work with younger clientele. Few counselors have desired to work with elderly clients. Schools are only beginning to challenge students to work with elderly clients. With the increase of the elderly population a demand is going to be made on the various disciplines to provide assistance to our elderly. Here is an opportunity for a holistic counselor. The next chapter will explore the uniqueness of the elderly and their need for holistic counseling.

Chapter II

The Uniqueness of the Aged

"Grow old along with me;
The Best is yet to be --
The last of life for which
the first was made."

R. Browning (1942), Rabbi Ben Ezra

All the world's a stage,
And all the men and women merely players;
They have their exits and their entrances,
And one man in his time plays many parts,
His acts being seven ages. At first the infant,
Mewling and puking in the nurse's arms.
And then the whining schoolboy, with his satchel
And shining morning face, creeping like snail
Unwilling to school. And then the lover,
Sighing like furnace, with a woeful ballad
Made to his mistress' eyebrow. Then a soldier,
Full of strange oaths, and bearded like the pard,
Jealous in honor, sudden and quick in quarrel,
Seeking the bubble reputation
Even in the cannon's mouth. And then the justice,
In fair round belly with good capon lin'd,
With eyes severe, and beard of formal cut,
Full of wise saws and modern instances;
And so he plays his part. The sixth age shifts
Into the lean and slipper'd pantaloon,
With spectacles on nose and pouch on side,
His youthful hose, well sav'd, a world too wide
For his shrunk shank; and his big manly voice,
Turning again toward childish treble, pipes
And whistles in his sound. Last scene of all,
That ends this strange eventful history,
Is second childishness and mere oblivion,
Sans teeth, sans eyes, sans taste, sans everything.

Shakespeare (1963)

Who Are The Aged?

Although the poets can be as sentimental as Browning, or as cynical as Shakespeare, gerontologists have not been able to come to agreement on a definition of aging. Federal legislators have been unable to agree, for the CETA program begins at age 55; the Older Americans Act uses age 60 as the starting point; Social Security and Medicare take effect at age 65 (although early retirement may be taken at age 62).

Many gerontologists reject age entirely as the criterion for definition, suggesting that many factors such as physical functioning, employment status, life tasks or adjustments and self-perception are also to be considered (Ganikos, 1979). Neugarten (1973) suggest that it is not age which causes the changes in behaviors but one's health and its effect on behavior. Butler (1963) said that evidence has been found to indicate that manifestations heretofore attributed to old age are merely a reflection instead of medical illness, variables within the personality, or social-cultural effects.

Another definition of aging has been suggested by Bengtson (1977) who insists that social expectations may be more relevant than age. Going on, he says one must observe the relevant comparison group, the social position or

institution used in defining age. Because individuals have differences in timing, events occur differently within the individual's life. A 55 year-old that has retired early, may be considered by some old because of retirement, young by others because of his physical interests (Bengtson, 1977).

Other societies and the aged

The aged are treated differently in other societies depending upon the needs of the group and the tradition built up around them. If an aged person is the holder and guardian of knowledge about the society's past, s/he is respected. Because s/he appears to be nearing death, s/he is often marked as an intercessor between this world and the next and is considered as having formidable powers (De Beauvoir, 1972).

If, as is the case in other primitive societies, the old person is a burden, is unable to contribute to the welfare of the group, that person must be done away with. One is left to die on an ice floe, sent off into the wilderness to die of starvation or killed by wild animals (De Beauvoir, 1972).

In India, the Hindu looks upon life as a series of stages: first as students, then householders, then

retreating into the forest for contemplation and meditation, finally being mystically absorbed in the transcendent goals of spiritual deliverance (Moody, 1976).

To the Chinese, old age was life in its highest form. The oldest man in the family had the obedience of the entire family (De Beauvoir, 1972). Confucius modeled his strict system of relationships of inferior to superior beings onto the family, the basis of community. At fifty, a man had become important; at seventy, he gave the running of the household to the eldest son, although the old man maintained his authority (De Beauvoir, 1972).

Judaism, too, is known for the respect with which it surrounds old age. In almost every reference to the elderly in Judaic scripture, the elderly are to be revered and respected (De Beauvoir, 1972). Homer in his Greek epics depicts old age as synonymous with wisdom (De Beauvoir, 1972).

Aging in the United States

Old age has become a problem in the United States. No longer does the public revere the "old man", who is the fount of wisdom. Youth are making the decisions in this age of technological advance (Cull & Hardy, 1975). In a January, 1986 article in the Fairfax Journal, Lanita Pace

refers to an interview with a consultant for a firm developing products for the elderly. The consultant supports the idea that youth controls the aged by saying that young are self centered, and uses the label "yuppie narcissism" (Pace, 1986). Young people are taught that growing old is negative, gray hair is ugly, wrinkles are unacceptable (Pace, 1986).

Kalish (1977) suggests that the elderly are responsible for the Procrustean bed they have made. It was today's elderly who taught the present generation of young adults that it is necessary to be independent, that dependency is to be avoided. One must be productive and use time wisely, be meaningful to others and avoid self-centered activity. Now that the elderly can no longer be as independent as before, can not always be productive nor be meaningful even to themselves, they pay the penalty of their own teaching (Kalish, 1977). Because the United States is a nation which values productivity, the elderly are cast aside since their wisdom and experience do not replace their slower productivity (Kalish, 1977, Morse, 1985). Morse (1985) goes on to say that while government is encouraging longer employment, industry is providing retirement packages at an earlier age. Early retirement brings on the feelings of isolation and meaninglessness, feelings of being of no use

to the community (Cull & Hardy, 1975, Kalish, 1977, Morse, 1985). It is Curtin (1972) who points out that our society lacks an image of life as a whole and leaves an emptiness, a void which makes old age a time of despair and meaninglessness.

Some ways society looks at the aged

Reviewing Moody's (1976) four modal patterns mentioned in Chapter I for society's way of treating its elderly, the rejection mode is that which occurs when the elderly are institutionalized, separated from family and friends by being placed in retirement villages or nursing homes. Becker (1973) and Lief (1982) agree that institutionalizing people causes them to feel a sense of rejection, and also suggests that the method is used because we have difficulty watching elderly people for we see our own despair within them. As Curtin (1972) says, we send them to the nursing home, which is "the last resort" (p. 196). The second mode which Moody (1976) lists is that of social services. The assumption is that government knows more about caring for old people than they, themselves, or their families do. Hence, the elderly are segregated, entertained, provided with food or drink. As with the rejection mode, they (the elderly) become things, not full human beings (Moody, 1976).

Each of these two modes follow the theory that Levinson (1970) and Super (1983) (developmentalists) propound that as one ages, one withdraws from society, disengaging oneself from the mainstream of activity. Disengagement theorists hold that withdrawal is normal and healthy and leads to successful aging. Contrary to the disengagement theory is the activity theory which maintains that successful aging occurs by continuing as much activity as possible. Moody (1976) refers to the third mode of looking at the elderly as a pattern of participation, another form of the activity theory. Activity theorists believe that the passivity of the disengagement theorists and the social services model, contributes to feelings of inadequacy and segregation, producing feelings of uselessness and meaninglessness (Moody, 1976). In nineteenth century America, no obligatory retirement was in force, but as a person aged, one withdrew to match the work load accordingly. Instead of being separated and entertained, the person still felt part of the household, of the working community, having worthwhile activity and contributing to the environment (Moody, 1976).

The fourth modal pattern suggested by Moody (1976) is more difficult to describe because it posits spiritual and psychological goals which are not part of prevailing social activity. It is the notion that self-actualization in old

age might be something different from that of other individuals, that there is something uniquely possible only at this point in the life cycle (Moody, 1976). This modal pattern is expressed only in the existentialistic psychologists and their humanistic approaches to humankind (Moody, 1976).

The Physiological Changes of Old Age

Since counseling the elderly involves many facets of the older person's life, it is necessary for the gerontological counselor to know what to expect when seeing the physiological changes which take place. Some physiological changes cannot be reversed, and, therefore, the counselor must help the individual deal with reality (Fabry, Haley, & Cahill, 1982). The Diagnostic and Statistical Manual of Mental Disorders (DSM III) addresses the pathological problems of the aged under two categories, primary degenerative dementia and multi-infarct dementia. The former has been associated with senility, becoming evident sometime after 65. Multi-infarct dementia usually manifests itself in neurological signs of vascular disease (DSM III, 1983). Other signs of physical change occur such as: decreased basal metabolic rate which produces lower energy level; reduction of oxygenation to the brain

resulting in memory lapse; reduction in visual acuity or hearing acuity; decreased sensitivity of taste; graying of the hair, skin becoming thin and inelastic, muscle tone loss; increase of kidney and cardiac problems; loss of neurons to the central nervous system causing deterioration of intellectual processes (Fabry, et al., 1982).

The Psychological Changes of Old Age

Within the psychological aspects of aging, we may observe behavioral changes such as slowness, less behavior, less acquisition, less performance and greater dependency (Baltes & Willis, 1977). The question is raised as to how much these are behaviors which are part of the theoretical orientation applied to the observations, or to actual age changes (Baltes & Willis, 1977). Baltes and Willis (1977) further observe that "currently the psychology of aging does not offer much evidence of well-articulated theoretical frameworks" (p. 148).

Stress

One theory of aging which overlaps the physiological, psychological, and sociological aspects of aging, is the stress theory first propounded by Hans Selye (1974). He maintained that aging was a result of the sums of all the

stresses to which the individual had been exposed throughout the lifetime and which responds to the exhaustion phase of the general adaptation syndrome which he described in three stages: (a) the alarm reaction; (b) resistance stage; (c) the exhaustion stage. The organism becomes alarmed at the onset of the stressful situation, resists as long as possible and when exhausted, dies (Selye, 1974).

Behavioral responses to stress include erratic performance rates, malcoordination, increased errors, fatigue, perseverative reactions and others (Eisdorfer & Wilkie, 1977). It is not clear how age-related psychological or physiological changes may affect the elderly's reaction to stress. Depression, for example, may or may not be a response to stress. It may be due to other factors (Eisdorfer & Wilke, 1977).

Nicholson (1982) reports that in a study in Colchester, England it was noted that some of the most stressful events in life are death of a spouse, the death of close relatives or friends, personal injury or disease, losing a job or divorce. Men are affected more severely than women at the death of a spouse.

Stage theories and development

In Counseling Adults in Transition, Schlossberg (1984) lists three stage theories of development. The first theory is based on age such as Levinson, Super, Piaget and Freud, each of whom link transitional periods with age development. The second stage theory has to do with precipitating results and suggest that people move through an invariable sequence of developmental stages without being linked with age. Erikson's work fits into this category. The third stage theory suggested by Schlossberg (1984) is related to ethical, moral, cognitive, or ego development. The world is seen, first, in terms of right and wrong. Knowledge is absolute, the teacher is all knowing and if the student is obedient and works hard will have that knowledge imparted to him (Schlossberg, 1984). The second stage is relativism where knowledge and values are taken in context and placed in a relative relationship. The third stage is that of commitment where the student affirms one's own identity through committing oneself to one's own belief (Schlossberg, 1984).

Stereotypes

Society has adopted certain stereotypes and myths about the elderly which contribute to discrimination and

isolation, and to some of the psychological problems which arise (Riker, 1980). In our productivity-centered society, it is assumed that elderly persons cannot be as effective as young workers. Statistics show that this is not so, but that older persons are dependable, regular in attendance, have good safety records, and require little supervision (Riker, 1980). Morse (1985) in her interview with the manager of personal resources at ARCO reported that early retirement may cost the employers less in money, but in other areas they suffered great losses. "You just can't replace those individuals who've had 25, 30 years of experience" (Morse, 1985, p.C5). Kalish (1977) suggests that the elderly have bought into some of the myths and that whereas they feel they, themselves, are still bright and alert, many of their cohorts are not. The public has decreed that old people are non-productive, the elderly have believed it (Kalish, 1977).

Older persons are often stereotyped as being inflexible in their thoughts, refusing to change old habits. Whereas some do prefer to continue the familiar habits of the past or become fearful of their slowing down while the world seems to be speeding up, many people continue to respond positively to change and shifting life styles as they continue their personal growth (Riker, 1980). Many enjoy

learning new skills, finding new interests, making changes, if that which they are learning is not just busy work (Curtin, 1972). It is a mythical suggestion that old people are automatically rigid and many researchers suggest that persons who are flexible when they are young will be flexible when old (Nemiroff & Colaruss, 1985).

The notion that one's intellectual ability diminishes has been shown by research to be false, and research further indicates that some abilities improve with age, allowing the aged to continue to learn (Mooney, 1980, Riker 1980). Craik (1977) suggest that the research on memory loss has produced such contradictory findings that much more research needs be done before definitive statements be made. Moody (1976) is but one of a group who insist that "life-long learning" is not only possible, but a necessary part of our educational format, reminding us that the elderly can and do learn.

Talley (1981), reviewing various research studies, contends that as long as health remains good, middle and old age are times of intellectual stability and growth. He goes on to remind us that with good preventive medicine ensuring good physical health and the maintenance of a level of mental activity and involvement with peoples of all ages, the intellectual capacity of old age does not diminish (Talley, 1981). The prior conception that there was a loss

of neurons in the brain as one aged has also been disproven as well as the assertion that the brain loses weight in the aging process (Talley, 1981).

It has often been thought that senility was synonymous with the aging process. Permanent brain damage, which is correctly described as senility, is irreversible, but occurs in a limited number of cases. Most cases of "so-called senility" can be successfully treated (Riker, 1980). Too often the hospital or convalescent home is unprepared to do more than medicate, usually with deleterious effects, keeping the elderly patient from recuperating from a reversible illness (Butler, 1975). A senile pattern of brain deterioration does not commonly accompany old age, but when it does it is often a pathological rather than a normal concomitant of growing old (Kalish, 1977). It has been found that individuals with an affective interpersonal relationship, someone in whom they can confide, are less likely to be precipitated into mental crises which would require hospitalization (Kalish, 1977).

The stereotype that elderly people have no interest in sex has two aspects to it. The first is that it is improper for older persons to desire and participate in sex. Lusty virility in the young becomes lechery in older men, and disgusting behavior in older women. The second element is

that physiological capacities lessen. Whereas the activity may lessen, many maintain a degree of sexual activity throughout the life span (Riker, 1980). Some aging partners welcome the lower sex drive because sex was always rather an uncomfortable experience (Kalish, 1977). There is a myth that postmenopausal women cannot enjoy sex. Talley (1981) concludes that it is the "attitude" towards sexuality (that which is expected and allowed by society) and the opportunities which are possible that contribute much to a woman's sexual life. Most menopausal symptoms are psychologically based, having to do with losses of fertility and the mothering function (Talley, 1981). A similar decrease in hormonal balance in the male has often been attributed to loss of function, but this, too, is without sufficient clinical evidence to make general statements (Talley, 1981). More than likely male impotence is often of psychological nature (Talley, 1981).

A popular columnist in the Washington Post reports that older people belong to older singles clubs and date for the same reasons that younger person do (Mann, 1985). She goes on to say that experience has taught the elderly that passionate love does not last, but that companionate love is what makes a relationship persist, and that over the long

run, they want someone who will be fun and make them happy (Mann, 1985).

The picture of the serene old couple holding hands while watching television, apparently without a care in the world, is, also, one of the stereotypes cast for the elderly (Riker, 1980). This seems to be a common perception of the general public, for 67% of the general public expect that most people over 65 spend much time watching television. Only 36% of older people surveyed reported that they did (Kalish, 1977). The public (62%) think old people spend time "sitting and thinking", while only 31% report they do. Their activity level is much the same as that of younger persons (Kalish, 1977).

Many older persons face very stressful conditions, are faced with decisions of great importance, suffer losses which leave them isolated and lonely (Riker, 1980). Faced with these staggering losses, many which seem almost unbearable, the elderly often adopt a slow, deliberate manner in dealing with the problem. With assistance in finding proper aid, most of the older population will cope well (Curtin, 1972). Too many of our institutions and bureaucratic agencies are ill equipped to handle these problems of the elderly and shuffle them from one agent to

another, leaving the old person feeling rejected, uncared for, and exhausted (Curtin, 1972).

Isolation and loneliness

Our youth-oriented society has left the elderly isolated and alone, lacking in self-confidence and feeling unworthy. Because, the elderly do not move with the speed of youth, and industry thrives on speed, youth feels the need to replace the older person. The elderly person feels little opportunity for personal growth and feels barred from developing his/her own capacities (Riker, 1980). Yet, those elderly who fulfill what Moody (1976) referred to as the self-actualizing period, find themselves as "a symbol of the 'closure' or completeness of the life cycle and even, in the archetype of the 'wise old man' (the patriarch, the guru, etc.), a symbol of the spiritual goal of existence" (p. 9).

As retirement is forced upon an individual and as the physiological slowing process takes place, it becomes necessary to find other means of mobility. The environment suddenly narrows and isolation often sets in (Cull & Hardy, 1975). Individuals living alone develop a fear that they may not be able to reach help should they have a physical problem. Oftentimes proper eating habits are neglected, sometimes due to difficulty reaching shopping areas, but

often because of a lethargy brought on by lack of activity (Cull & Hardy, 1975). Klinger (1977) reports that people over 65 participate in less activities within the community, that their interaction is restricted to a narrower range of people and within this interaction show greater idiosyncratic behavior.

Many retired elderly need some sort of employment, both for economic reasons and for social contact (Cull & Hardy, 1975). Employment brings with it a sense of personal worth and to deny this employment to those who are capable of working is to remove an important part of one's personal value system (Riker, 1980). The loss of social relationships makes a significant difference in the life of the retired workers (Hitchcock, 1984). No longer are there companions with whom one works, the sense of life satisfaction is often gone (Hitchcock, 1984). As Moody (1976) discusses the third stage by which society regards old people, he refers to the "consciousness raising" efforts of the Gray Panthers and their demand for continued activity in community life, and even suggests that this stage prescribes an integration into society rather than segregation and proposes that there be some guaranteed opportunity for employment for those who desire to work as long as possible.

Fortunately the retirement age is being raised with a decline in the availability of labor, many companies are urging employees to remain on the job (Riker, 1980). Part time work to supplement the fixed income is often needed and, also, provides a social outlet for the elderly (Cull & Hardy, 1975).

Psychologically, the loss of work and the slowing of mobility produces a sense of isolation and loneliness, and life becomes meaningless and retirement shock occurs (Glass & Grant, 1983). Often after retirement, the elderly are expected to assume lesser roles, are excluded from active participation and given honorary roles which carry little power in affecting decisions (Klinger, 1977). This attitude of being someone different enhances the already held concept that each individual is different from others, a difference that cannot be broached by any other. Now in old age the difference seems immense and the loneliness and isolation is greater than before (Mooney, 1980)). As one ages the individual characteristics become more pronounced (Curtin, 1972). The necessity for family and friends, for a social life which helps the individual cope with this separation becomes evident. If the individual retreats from society, the problem is exacerbated (Glass & Grant, 1983).

Nouwen & Gaffney (1974) indicate that as the individual retires, one is no longer productive and is now tolerated but not taken seriously. Since our society is basically interested in profit, old age is without honor because to honor a non-producer would undermine the priorities on which our whole society operates. Therefore, segregation takes place whenever "being" takes a subordinate place to "having" (Nouwen & Gaffney, 1974). The segregation often takes place in very subtle forms, children writing to grandparents, but writing only what they think grandparents want to hear, or younger persons visiting the old people, but seldom making them an integral part of their lives. Arguments are prevented, truths hidden, the elderly are made less than human, less full, and less real (Nouwen & Gaffney, 1974).

Nouwen & Gaffney (1974) also suggest that some of the segregation is strengthened by forms of self-segregation. The elderly tend to close themselves off from new life styles which might make them take risks and change. Segregation is implemented by the self rejection of the aged, becomes a powerful factor in making old people feel unwanted hangers-on (Nouwen & Gaffney, 1974).

Often the loss of spouse and close friends causes the loneliness and sometimes produce depression, although some depression is caused by lethargy rather than loss (Fabry, et

al., 1982). Lethargy may be caused by poor eating habits or by feelings of loneliness and isolation (Glass & Grant, 1983).

Death

Losses occur in many ways. Death is the most traumatic, yet being removed from the family home; separated from family and friends; forced into new surroundings are losses which produce loneliness, isolation and depression. It is to these losses the counselor must speak (Riker, 1980).

Not only is the death of spouse or friends traumatic, the imminence of one's own death becomes more obvious. No longer is one able to feel immortal (Mooney, 1980). Death is real and must be dealt with if the person is to remain healthy. Kubler-Ross (1969) suggests that the dying person goes through five stages in learning to accept death for oneself. Although the elderly of whom we are speaking, may not be in imminent danger of death, the aging process has brought them to where the counselor may need to be aware of Kubler-Ross' five stages: denial, the refusal to accept that this could be happening; anger, the expression of "why me?" and "why at this time?"; bargaining, where the attitude is, that I have so much to do, please let me live a little

longer, or the attitude that if I'm spared, I'll do whatever you want; depression, the despondency when one finally admits one is mortal; and acceptance, the stage where one acknowledges that this is the final stage of growth (Kubler-Ross, 1969, 1975).

De Beauvoir (1972) suggests that it is not a fear of death that is so distressing to the elderly, but rather the fear of decay. People cling to their former importance, to their former position in order to not have to admit the decay of the body. Resigning oneself to this decay is inevitable but always filled with regret. Heidegger (1962) refers to death as "the possibility of no-longer-being-able-to-be-there" (p. 294), hence the fear of death is that of no longer being.

What of death? What is immortality? Does one have anything which will live on? To some, children and family are the legacy to be passed on, maintaining the family continuity. To others, the material possessions one is able to leave are the only legacy necessary. To others, fame or publicity fulfills the need (Levinson, 1978). Irrespective, it must give meaning to life. Garis (1977) contends that each individual strives for a goal, consciously or unconsciously and when that goal is reached, or when the

individual feels the goal is impossible to reach, life has no more meaning and the individual dies.

Meaninglessness

Victor Frankl (1963) relates that when the people of the concentration camp lost meaning in life, they died. He states that whereas Freud found the driving force in life to be pleasure, and Adler found it to be power, he (Frankl) found it to be a search for the meaning of life. Without that meaning, whether one be young or old, one dies.

To many, especially men who have been the breadwinner all their lives, retirement is a loss of meaning of life. Hitchcock (1984) suggests that when one retires, one can no longer maintain the status once held, no longer can the identity of his vocation be maintained. A sense of personal achievement relating to that identification is no longer present. The social contacts of the work place are lost. Time is no longer structured. The individual may do as he pleases, but does not know how to use that freedom. There is no structure for the day (Hitchcock, 1984).

It is this sense of meaninglessness that produces what Frankl (1963, 1969, 1975, 1978) calls the "existential vacuum." Bugental (1981) refers to this feeling as being hollow and without choice to change. May (1969a) states

that it is a feeling of powerlessness. However it may be expressed, it is essential the counselor be prepared to confront it (Ruffin, 1984).

Many elderly feel they are losing their independence, their freedom of choice. Other people are making choices for them, transporting them here and there, providing care, removing them from occupation and even the family home (Riker, 1980). It is difficult to learn to accept help gracefully, yet a skillful counselor can assist the elderly to realize that accepting help is not only helpful but necessary, for each person needs to need as well as to be needed (Maslow, 1976).

Summary

As the aged become more dependent on others for mobility, more dependent on other's schedules and availability, it is necessary to keep in mind the necessity of relying on oneself to make choices of whom to ask, of what activities in which to participate, and remain as much as possible in control of one's own life (Mooney, 1980). Many elderly will need training to continue maintaining an exercise of their own will, and being responsible for their own lives, for as they have become less mobile, experiences will come less from social activity, but more from reading

and television. New techniques must be discovered to help the elderly continue to learn (Riker, 1980). More is needed than just keeping the elderly person occupied, the spiritual void needs to be filled as well (Mooney, 1980).

Counselors to the elderly need to be aware of what is fact and what is fiction concerning those with whom they work. Counselors must remember that not only the general public is fooled by these myths and stereotypes, but, the elderly live under similar misconceptions. Counselors must be cognizant of the losses in the lives of older persons and the effect these losses have, the loneliness and isolation produced, the imminence of death and the meaninglessness with which they feel their lives have been infiltrated. Counselors must be sure they are secure in their own feelings about loneliness, death and meaninglessness.

Chapter III

Existentialism and Existential Psychology

To be free, to be able to stand
up and leave everything behind--
without looking back, To say Yes.

Hammarskjold, (1980)

Introduction

The Mexican cock crowed in the night, and the American woman sat straight up in bed, startled out of a deep disturbing dream. . . She reached for a cigarette and listened to the cock crow again; his voice was strangled and penetrating, a protest against his destiny. He had been bred and trained to do battle against other aggressive chickens, to kill and thus win money for his master, eventually to die. A violent, bloody death was his heritage, as certain as the sunrise.

The American woman wondered if human life was much different. Always a struggle, always a fight, always pain and suffering, until death put an end to the uncertainty, to the anguish. How morbid, she accused herself, how full of self-pity. Still, the cock was fortunate; though his demise was inevitable, he remained unaware of his own mortality. People always carried with them the burden of their own terrifying vulnerability (Hirschfeld, 1984, p. 1).

This quotation from a current American novel reveals the existential despair and anguish which so permeates the world about us. It is the necessity of the counselor to aid people in living through these problems which are endemic to each of us.

Key Thinkers

in Existentialism and Existential Psychology

Opposing Hegelian rationalism, Kierkegaard and then Nietzsche insisted that humanity could not be compartmentalized, that reason alone would not answer the questions of human existence. Much of their writings lay dormant until 20th century philosophers took note. Jaspers and Heidegger in Germany, Sartre, Camus and DeBeauvoir in France, Ortega y Gasset and Unamuno in Spain were among the leaders espousing existential philosophy. Religious writers such as Tillich, Buber, Marcel and Berdyaev also join the ranks of existential writers.

After World War II, psychologists, feeling that the determinism of psychoanalysis and behaviorism was not sufficiently all encompassing, and that to study humankind one must regard the totality of existence, insisted that individuals could not be studied piecemeal. Binswanger, a friend of Freud, who broke from psychoanalysis, pointed out that humans lived in worlds of the self, of society and of the environment and that these worlds interacted to shape one's existence. May, Frankl, Boss, and Maslow began to exert their influence into the psychological arena. More recently they have been joined by such scholars as Bugental, Yalom, and Vontress to name a few. Consequently the works

of the above writers have provided the foundation for the exposition of existentialism offered herein and the derivation/distillation of key concepts.

Key Concepts of Existential Psychology

In reviewing existential literature certain concepts repeatedly arise. It is when these concepts of existential living become warped or distorted that individuals have neurotic problems. Thus, the existential psychologist/counselor seeks to help the client restore his sense of oneness of the self and return to the process of becoming. The author has been able to distill these concepts into eleven key concepts which will be discussed below. Counselors will want to be familiar with these concepts for they appear over and over, especially with elderly clients: (a) the concept that existence precedes essence; (b) the concept of being-in-the-world; (c) the concept of anxiety; (d) the concept of freedom; (e) the concept of choice and responsibility; (f) the concept of isolation and loneliness; (g) the concept of death; (h) the concept of meaninglessness; (i) the concept of values; (j) the concept of creativity; (k) the concept of God or no God.

The concept that existence precedes essence

A basic presupposition of existentialism is that existence precedes essence. Existence has to do with the being of an object, essence has to do with the qualities or substances of the object. Essence includes in its connotation the idea that a person is subject to laws, rules, or fixed norms to which one needs respond. Existentialism says this is not so, that one creates one's own laws, rules and norms out of free power (Spier, 1953). There is not a Grand Plan to which all events must fit, nor is it necessary for one to "ought" to do. One is. One evaluates the world and oneself. One does not discover relationships, one creates them (Beck, 1963).

Kierkegaard and Nietzsche endeavored to remind us that reality cannot be comprehended in an abstract way (May, 1958). They, and those who followed, appealed to a reality which was both subjective and objective. We must study not only the person's experience, but must study the person to whom the experience is happening (May, 1958). Tillich (1944) expresses it: "Reality or Being in its concreteness and fullness is not 'essence', is not the object of cognitive experience, but is rather 'existence,' is Reality as immediately experienced, with the accent on the inner and personal character of man's immediate experience" (p. 44).

Kaufman (1976) asserts that a fundamental conviction of all the existentialists is that a philosophy should begin with the experiences of the individual, not from axioms nor rules nor sensory impressions.

May (1958) suggests that "existentialism is not a comprehensive philosophy or way of life, but an endeavor to grasp reality" (p. 19). Rather than seeking answers from other cultures, existentialism endeavors to utilize these basic conflicts for the greater understanding of personality and attempt to solve them in direct relationship with the cultural crises out of which they came (May, 1958). Both Kierkegaard and Nietzsche realized that there was a sickness of the soul which came from something being radically wrong with one's relation with oneself (May, 1958).

Some of the differences between the existential philosophers may have come about through an expression by both Kant and Binswanger and quoted by Needleman (1963): "Since in knowing a thing we shape it, we can never know what it is in itself" (p. 11). Kierkegaard (1954) felt that to define an object was to limit it. It is impossible for any two persons to comprehend an object, or a person in the same manner, hence, there can be no complete agreement on the exactitude of the object or the person.

Not only is an object not definable, Sartre (1975) says, ". . . man is not definable, . . . because to begin with he is nothing" (p. 349). He goes on to explain that only as one makes something of oneself does one become anything. Nietzsche (1966) asserts that one is what one makes of oneself. Ortega (1957) states that each of us must make our own life, that the life we have been given was given empty and each one must fill it for oneself. This is life's occupation. Kierkegaard (1954) sums it up by saying that eternity demands that each is to have to be a self, and to be a self is the greatest concession made to humanity.

The concept of being-in-the-world

Beginning with the human individual and his existential experience, the existentialist examines one's existence, one's freedom to express oneself however one may wish, one's acceptance of the responsibility for action and being free to live and one's freedom to die (May, 1969a). The word "existence" comes from the Latin "existere" and means to "stand out," "to emerge" (May, 1969a). Heidegger (1967) used the word "Dasein," one of the untranslatable German words which has the connotation of "being" or "being-in-the-world," or as Spier (1953) translates it, "human-being-there".

Sartre (1956), one of the French existentialists, uses the expression "en-soi," "being-in-itself" and contrasts it with "pour-soi," "being-for-itself" of human consciousness. One of the distinctive elements of existential thought is that each thinker deals with ontology, the study of being. We need to remember that being is a participle, a verb form which implies that this being is in the process of being something. Our English form of "a being," as though the being were a static form is contrary to the existentialistic meaning of the word (May, 1958).

This being-in-the-world can be distinguished in three modes of the world. (a) The Umwelt, or the world around, is that which usually distinguishes the environment. (b) The Mitwelt, or literally, the with-world, is that world in which humanity participates in interaction with those of like kind, other persons or society. (c) The Eigenwelt, or the own-world, is that world of inner selves. Humans live in all three worlds and each world interacts upon each other world. It is necessary for the existential counselor to be aware of each of the three, their interplay, and how each is affecting the client at the given moment of counseling (May, 1958).

Each of the existentialists realize the movement of being, each expressing it within the nuances of the writer's

language. Jaspers (1975) uses the word "Existenz" which Spier (1953) translates as "beyond the factual being" or "future possibility" (p. 20). May (1969a) describes existence as "becoming," while Macquarrie (1972) suggests three characteristics of existence: (a) The first is its "emergent, ecstatic, transcendent elusiveness" (p. 70). It is as one stands apart from oneself that one can consider the kind of being one is and what it is and wants to do and become. (b) The second characteristic of existence is the "uniqueness of the individual existent" (p. 72). To exist means more than being an object but being an "I," by which one lays claim to having a unique place and perspective in the world. Macquarrie (1972) reminds us that Jaspers said that man was "irreplaceable" and never "interchangeable" (p. 73). (c) The third characteristic is that of self-relatedness. "To exist as a self. . . is to stand in the possibility of becoming at one with oneself, of fulfilling oneself. . . or of being divided in oneself, separated from what everyone knows how to call his 'true self'" (p. 75). Here enters the possibility of being authentic or inauthentic, fulfilling one's self-intended existence or failing in doing so. Kierkegaard (1954) says "every man is primitively planned to be a self, appointed to become oneself" (p. 166). Frankl (1963) agrees with Kierkegaard,

saying that each individual finds the self which one is destined to become. Later, he says that man becomes what he has made of himself (Frankl, 1967). Bugental (1976) asserts that each individual must make one's own self.

In knowing one's "self relatedness," there is also the necessity of relatedness to others. It is in the treatment of the "other" as a "thou", not an object, accepting an equal, but different, unique individual that we fulfill our existence (Buber, 1957). Sartre (1975) contends that whereas one chooses for one's self, one also needs choose for all humankind. Kierkegaard (1954) maintains that there is no separation between a human being, God, and one's neighbor. It is in this interdependence that individuals exist. Ortega (1957) states that man appears socially with others. That even though one is ultimately alone, one needs be in a reciprocal relationship with others. As a counselor, one must be aware of the uniqueness of oneself, the "I," and be equally aware of the "thou" of the client, recognizing one's own self-relationship and the relationship to the client. It is in the counseling relationship that counselor and counselee meet to exchange views on their relationship of life (Vontress, 1983).

Rogers (1955) describes his approach to the client being constantly aware of the I-Thou relationship. "I enter

the relationship not as a scientist, not as a physician who can accurately diagnose and cure, but as a person, entering into a personal relationship. Insofar as I see him only as an object, the client will tend to become only an object" (p. 267).

In rejecting traditional rationalism, the existentialist thinkers insisted that reality can be approached by the whole individual, in feeling and acting as well as in thinking. Kierkegaard (1980) said that truth becomes real only as the individual enacts it in his life. Although this seems to be extremely subjective, the existentialists maintain that only through subjectivity can one become truly objective, for they saw the objectivity of the rationalists as being an artificial objectivity. Tillich (1944) suggested that existentialists have tried to discover the creative realm of being which comes before and goes beyond the separation of objectivity and subjectivity. More important they were trying to study a person's experience and the person to whom the experience was happening (May, 1958). Rogers (1955) adds that the scientific or objective approach transforms people into objects which too often leads to manipulation of the client.

To illustrate, Tillich (1952) suggests that one may know certain facts concerning another person, but that this

is not knowing the person, the centered self, or the knowledge of oneself. Only when one participates in another's self, only in breaking through to the center of the other's being, will the other be known in this situation.

The concept of anxiety

In trying to overcome the compartmentalization of the person as the rationalists had done, the existentialists insisted that the whole of man had to be considered and by doing so broke down the separation of philosophy and psychology (May, 1967). However, when the whole person was examined, not just a little part over which control could be made, it became obvious that each person had a great deal of anxiety. As early as 1844, Kierkegaard published his book "The Concept of Anxiety" in which he discussed anxiety and freedom. (The original translation into English by Walter Lowrie in 1944 was entitled "The Concept of Dread." A recent translation by Reidar Thomte uses "anxiety" for "dread," as May has been wont to do in his book "The Meaning of Anxiety." Further references to Kierkegaard's book will be quoted from Thomte's translation.)

Kierkegaard held that freedom was the goal of psychological development and that "Anxiety is freedom's

possibility" (Kierkegaard, 1980, p. 155). In another place, he says, "anxiety is freedom's actuality as the possibility of possibility" (Kierkegaard, 1980, p. 42). It is anxiety that spurs one to use one's freedom and create the possibility of creative being. Anxiety is a positive force in this conception.

If anxiety is that state where the human being confronts freedom, and each person has the opportunity and need to move ahead, often going into unknown experiences, one must expect anxiety. Anxiety is not knowing what the future brings and is a constant with humankind. When we realize that each of us is different from every other, that each of us lives alone in the present, constantly having to choose the direction one would walk in life, one must expect anxiety (Bonner, 1967, Frankl, 1967, Kierkegaard, 1980, May, 1977). Binswanger (1958) contended that existence itself was the source of anxiety.

Yalom (1980) pursues this idea by reminding us that the basic anxiety of life, or to use his term, conflict, is not some external force, but rather, one's own confrontation with the givens of existence. Bugental (1981) states that existential anxieties are not pathological, but each is an appropriate response to the situation in which one finds oneself. Ortega (1957) sums the realities/anxieties of life

as being (a) personal, that is it belongs to me and to me alone; (b) circumstantial, that circumstances occur over which an individual has no control, yet, must make a free choice of how to handle them; (c) they are untransferable, no one but me can make decisions for me, or do what I do; (d) and the individual is responsible for the decisions made. Only as we face these conflicts, realities, or anxieties do we "become." The existential counselor must not only be willing and able to recognize the anxiety of the client, but the anxiety with which the counselor lives. The counselor must be able to recognize one's own authentic or unauthentic facing of anxiety.

Vontress (1986) reminds us that it is not the counselor's purpose to eliminate anxiety, rather it is to be understood and turned into a positive force. It is first necessary to help the client be in harmony with the world about. The client needs to realize the benefit and support of other persons and yet maintain a sense of individuality. Finally, the client needs to be aware of a continuing growth, the ultimate goal of which is death, which often makes other anxieties, but with help, the client can make the constant presence of death a beacon for life (Vontress, 1986).

The concept of freedom

Contending that anxiety is the confrontation of freedom, and that freedom comes from being unique and different from all others, the existentialist asserts that freedom depends on how one relates to oneself at any and each moment of existence. When the self exists, it exists in the process of becoming, for self does not exist, but is only what it is to become (Kierkegaard, 1954). Self is an awareness of one's activities and awareness of the freedom to direct them. It is this awareness that causes Orestes in Sartre's (1955) The Flies to proclaim his freedom after he had atoned his father's death by killing his mother and step-father. He was aware of making a free choice, one of the few he had been able to make in his lifetime. Ortega (1957) asserts that it is the obligation to choose that sets humans free, which is part of the process of becoming. Wheelis (1973) says that freedom is the awareness of various options and the capacity to choose from them. This awareness, then, is how one confronts anxiety, moving ahead in spite of it (May, 1977).

Freedom is a positive concept, but when one realizes that freedom means there is no structure except what one constructs oneself, that one is responsible for one's own free choices, the author of them, the design of one's own

making, then freedom becomes fearful (Yalom, 1980). Yet, if one knows the determinants of a solution, there is no freedom, for if one can predict accurately, there is nothing to choose. True freedom is being able to make the choice (Bugental, 1981). Nietzsche (1968) asks, "For what is freedom? That one has the will to assume responsibility for oneself" (p. 542). The conflict between wanting and not wanting structure, and the acceptance of the responsibility for producing that structure is frightening (Yalom, 1980).

Particularly frightening is the knowledge that in realizing our own uniqueness, we are aware that no one else can make the choice for us, that it is possible to make unwise choices, decisions which could cause pain and suffering, misfortune or unhappiness (Bonner, 1967). The self-actualizing individual, the creative person, the authentic human, confronts the anxiety by continuing to make the choices, to take the risk of making a mistake.

Dostoyevsky (1980) illustrates the accepting or rejecting of one's freedom in The Brothers Karamazov. The Grand Inquisitor is speaking to the Christ in his prison cell. "Instead of taking men's freedom from them, Thou didst make it greater than ever! Didst Thou forget that man prefers peace, and even death, to freedom of choice in the knowledge of good and evil? Nothing is more seductive for

man than his freedom of conscience, but nothing is a greater cause of suffering. . . . Instead of taking possession of men's freedom, Thou didst increase it, and burdened the spiritual kingdom of mankind with its sufferings forever. . . . for they could not have been left in greater confusion and suffering than Thou hast caused, laying upon them so many cares and unanswerable problems" (p. 235).

The concept of choice and responsibility

Existentialists agree that man exists in a world of choices. The rationalists felt life was determined, as do the cause and effect scientists, but choice and responsibility are essential to the existentialist (Beck, 1963). Sartre (1973) in The Age of Reason, has the main character proclaim "If I didn't try to assume responsibility for my own existence, it would seem utterly absurd to go on existing" (p. 15).

Unable to make such choices produces a lack of freedom, a "shutupness" which occurs when our awareness is blocked, when we are inhibited from making our own decisions about our self (May, 1977). Kierkegaard (1980) states "unfreedom becomes more and more inclosed (indesluttet) and does not want communication" (p. 124). "Shutupness" or "inclosure"

is a withdrawal, a complete negation of one's freedom (May, 1977).

Insisting that one is free to decide one's own fate and be free, one is expected to use that freedom (May, 1981). We elect our own possibilities. We decide what we shall become.

Choice means action, a movement, an unfolding, a becoming. It is impossible for a person to say "I am," because at the very moment it has been uttered the person is no longer the same (Spier, 1953). Sartre (1957) insists that making choices is a necessity, even though it causes anguish. He uses the example of the military leader who is forced to make a choice knowing that he is leading his men to their death. The anguish the leader faces does not keep him from acting, but rather, becomes the condition of the action. It implies that there are a number of choices and once one is chosen, it is of value only because it has been chosen.

Realizing that one must make one's own choice, a person becomes aware that there is only oneself on whom to rely (Beck, 1963). One is responsible for one's actions, alone in decisions, but constantly aware of a relationship with other persons. When one makes a decision it is to be that which is best for the individual and for all humankind

(Sartre, 1957). The decision has to be one's own, but it must reflect the inter-responsibility between two persons. It is that an individual stands as I and Thou, each regarding the other as subjective, each trusting in and depending on the other (Buber, 1957).

"Responsibility is the experience of being a determinant of what happens. Responsibility is the affirmation of one's being as the doer in contrast to the acceptance of the role of the object done-to" (Bugental, 1981, p. 23). Since we cannot know the outcome of our choice, the element of anxiety is constantly with us. Without accepting that responsibility, one is refusing to grow, refusing to avail oneself of one's possibilities (May, 1977, 1983).

In accepting the responsibility of our own choices, we need always reckon with forces over which we have no control, yet which do impinge upon us. Wheelis (1973) cites the judge who refused to accept the argument that because one came from a deprived environment, one would automatically resort to a life of crime. The judge asserted that many others came from just as deprived an environment and did not resort to crime. Stockdale (1985) while confined and tortured, chose to further mutilate himself rather than give in to the demands of his jailers. He

insisted that each of us chooses the attitude of our response to every situation.

Along with the acceptance of responsibility for one's life comes the guilt of not living up fully to that responsibility . This is known in existentialist terms as existential guilt and differs from the usual usage of the word, for in common parlance, guilt indicates some wrongdoing, some sense of badness, while existential guilt is being guilty of "forfeiting one's own potentialities" (May, 1983, p. 115). Heidegger used the same word for guilt and responsibility, saying that guilt implies being responsible for (Heidegger, 1962). Tillich (1952) sums it up by saying: "Man's being. . . is not only given to him but also demanded of him. He is responsible for it; literally, he is required to answer, if he is asked, what he has made of himself. He who asks him is his judge, namely he himself, who, at the same time, stands against him. This situation produces the anxiety which, in relative terms, is the anxiety of guilt; in absolute terms, the anxiety of self-rejection or condemnation" (p. 51).

Existential guilt is a positive force. If the question be asked, "How does one find one's potential?", the response would be through guilt, anxiety, or the call of conscience (Yalom, 1980). It is the sense of existential guilt that

drives us to seek our potentials and fulfill our capabilities.

The concept of isolation and loneliness

Isolation, which is not the separation from people, nor the separation within oneself, is the separation which comes from realizing that there is no individual who can really know another. There are those parts of each of us that are unfathomable by any other and loneliness and isolation produce conflict (Yalom, 1980). Because experiences are the individual's alone, are not transferable to anyone else, it is necessary that one has to do for oneself, by oneself, only by myself, alone or in one's solitude (Ortega, 1957).

The seventeenth century had faced the problem of isolation by assuming that the liberation of reason in each individual would so lead to a realization of a universal humanity, thus producing a harmony between individual and society. Further, the pursuit of universal reason would lead the individual into accord with "universal reality" (May, 1977, p. 23).

Paradoxically, Bugental (1976) suggests that one can examine the separateness of being alone only in the protective presence of another human being. This, as Buber (1957) suggests occurs only when the I-Thou relationship

occurs. Ortega (1957) says that from our radical solitude we are constantly emerging with a like-minded radical longing for companionship. Love is trying to escape two solitudes. Tillich (1957) insists that in spite of the loneness of each individual, each of us develops in natural harmony with the development of others.

Fromm (1969) suggests that as a child becomes aware of being alone, being an entity separate from all others, one is threatened with a sense of powerlessness and anxiety. This often leads the individual into submerging oneself into the world outside. But, just as the child can never return to the mother's womb, never can one reverse the process of individuation. The temptation is great to submerge oneself into the world in order to escape this aloneness and powerlessness. In so doing the individual realizes the price is too great, the price of giving up strength and integrity of self (Fromm, 1969).

Aloneness and isolation seem endemic in our society. Writers of many types have dwelt on the subject for it is not something isolated to the pathological individual (May, 1983). Moustakas (1961) says that the elderly are particularly susceptible to loneliness and the fear of loneliness. Contemporary humanity is plagued with a fear of loneliness, for individuals go to endless measures, take

multifarious means to avoid being lonely. It may be that loneliness, producing a meaningless existence, caused by a sense of no values or beliefs of importance and a further fear of isolation, also produces anxiety. Such anxiety often becomes pathologic in our society, debilitating individuals and stifles any sense of becoming or authenticity (Moustakas, 1961).

It is this unique awareness of oneself, this "one of a kind" experience which each of us is and has, which produces a solitary state which is neither good nor bad. While it may be an experience of extreme pain, it may bring new awareness of self, "new beauty, new power for human compassion, and a reverence for the precious nature of each breathing moment" (Moustakas, 1961, p. 6).

The concept of death

It is a core existential conflict between the inevitability of death and the wish to continue to be. We fear death and only as we make our peace with this anxiety can we reach that point of actualization, or becoming, essential for our existence (Yalom, 1980).

Tillich (1952) suggests that instead of a fear of death, we may more nearly fear "non-being". "The first assertion about the nature of anxiety is this: anxiety is

the state in which a being is aware of its possible non-being" (Tillich, 1952, p. 35). Individuals, therefore, have to accept their own finitude, the fact that they will not live forever (Tillich 1952, Kierkegaard, 1954).

Nonbeing would be the dissolution of the self, or as Bugental (1976) expressed it, that one realizes s/he is nothing, non-existent. The fear of nothingness means that there is a fear of becoming nothing (Kierkegaard, 1954). Heidegger (1975), using "dread" instead of fear, says, "Dread reveals Nothing" (p. 205), implying that the thought of being nothing, or not-being is the greatest dread. Although it is essential for some individuals to "see a track behind," (Bugental, 1976, p. 52) there is the necessity of being aware of "the nothingness at the center of our experiential being" (Bugental, 1976, p. 52).

Accepting ones own finitude makes one realize that death is but a part of life (Kierkegaard, 1954). Kubler-Ross (1975) says that death is the final stage of growth, but only if the individual faces the inevitability of death and seeks to draw meaning from it. The very finiteness of our being adds meaning to the life we live. It is those who have not really lived, who have left unfinished business, dreams unfulfilled and hopes shattered, that have the hardest time with death (Kubler-Ross, 1975). "Growing is

the human way of living, and death is the final stage in the development of human beings" (Braga & Braga, 1975, p. xi). Feifel (1969) notes that to some death is a wall, a personal disaster, while to others it is a doorway, a point in time in the direction of eternity.

If life is a continual "becoming," the struggle to become as we approach death is the struggle to become meaningful within our person (Imara, 1975). The fear of losing significant others is often a greater fear than losing one's own life. As one severs the bonds with meaningful others, one's own value diminishes. It is in these final struggles with death that we should appreciate the privilege of choice of the attitude of our death. Just as Dostoyevsky (1974) has the underground man realize that he has a choice, the choice independent of anyone else, he has a choice of how to die, his own attitude toward his dying.

The question is asked as what meaning can life have if it is going to be subsumed in death. Is life meaningful because of what we leave behind? There are those who find meaning in progeny, others in wealth, others in ideas (Levinson, 1978). Some, as Rogers (1980), find meaning in the ideas which they have passed on and are being furthered by their students.

Frankl (1963) describes the pessimistic and optimistic approaches to meaning in death: the pessimist looks with fear at life as though it were a wall calendar and day after day are torn off and thrown away, the calendar getting thinner with each passing day. The optimist removes each leaf, reflects upon it, notes its importance and files it away to remember. He is reflecting on a life having been lived to the full.

Does religion help or deter a person's concept of death? Feifel (1969) suggests that many religious people fear death more than nonreligious people because they feel they have the opportunity of going to hell rather than to heaven. Caught up in their guilt they fear they are not ready. Kubler-Ross (1974) experienced that those who were confident and well grounded in their faith accepted death well, while those unsure of their faith had a harder time.

Another aspect of the death experience is that reported by Moody (1975) and Ring (1980, 1984) concerning death experiences of people reported dead and then being resuscitated. More and more of these experiences are being recorded and no longer can they be ignored or brushed aside as inconsequential. Almost all near death individuals experienced a dark tunnel opening into a brilliant light so bright it should hurt the eyes yet it did not. Some

experienced music, and all felt a calm peaceful presence. Some were spoken to, some were able to recognize parents or friends, all had a sense of utter peace (Ring, 1984).

The concept of meaninglessness

If each of us must die, if each of us must construct our own world, if each of us must always be alone, what does life mean? Surely it is meaningless. Can we say with Shakespeare (1959) that life "is a tale told by an idiot, full of sound and fury, signifying nothing" (p. 86)? If we must construct our own meaning for life, is it sufficient to uphold us? Here is the conflict of the meaning-seeking creature thrown into a world with no meaning (Yalom, 1980).

During his experience in the death camps, Frankl discovered that one's primary motivational force was a "will to meaning," in contrast to Freud's "will to pleasure" and Adler's "will to power" (Frankl, 1963). It is this conflict of finding meaning in a non-meaningful world that the existentialist finds a challenge to his existence (Yalom, 1980). Tillich (1952) says that the existentialists of the twentieth century realize meaninglessness as one of the major problems of human experience. It is as they self-affirm themselves in spite of the experience of meaninglessness that they find meaning in the midst of

meaninglessness. Twentieth century art, literature, and philosophy reveal "the courage to face things as they are and to express the anxiety of meaninglessness" (Tillich, 1952, p. 143).

Frankl (1967) asserts that humanity fades into nothing unless it can commit itself to some meaning freely chosen by the individual. Meaning must be a matter of free choice and must demand of the individual's emotional resources if the meaning is to be created (Frankl, 1967).

Meaninglessness, or to use Frankl's term, the existential vacuum, may not of itself be neurotic, but will lead to neurosis if not faced (Frankl, 1967, 1969). To question the meaning of life, to seek for this meaning, is a healthy response to one's existence and becomes neurotic only if allowed to go unanswered (Frankl, 1969).

According to Frankl (1969) there are three ways in which one can find meaning: (a) what one gives to the world; (b) what one takes from the world; and (c) the attitude one takes when confronted with something over which one has no control. Frankl realized, from his concentration camp experience, that he could write a book illuminating the role of meaning in psychotherapy, and with that purpose in the forefront of his mind, he was able to keep himself sane and alive during that period (Frankl, 1963). He says of

this experience: "This was the lesson I had to learn in three years spent in Auschwitz and Dachau: ceteris paribus (other things being equal), those most apt to survive the camps were those oriented toward the future--toward a task, or a person, waiting for them in the future, toward a meaning to be fulfilled by them in the future" (Frankl, 1978, p. 34). Even when there is no hope from suffering and death, there is meaning in demonstrating to others, to God, and to oneself that one can suffer and die with dignity (Yalom, 1980).

Whereas Frankl (1963) feels there is a life task and meaning for each individual and it is one's obligation to seek it out, Bugental (1976) suggests that each individual must create his own meaning for life. Being free, it is the individual's responsibility to create for oneself that which will make life meaningful (Bugental, 1981). It is this directionality which is part of existential human beings. To be fully alive each needs to discover, needs to create with an inner sense an intention and then go somewhere with one's life (Bugental, 1976). It is in helping the client use this creative force within each person that the counselor must be particularly aware and courageous (Vontress, 1986).

Wilson, an English novelist/existentialist, reminds us that existentialism is "purposive," that there is always a quality of "intention" in every action. As one seeks to find meaning in life, as one carries out one's "purpose", one does so with intention (Wilson, 1966).

The concept of values

According to existential thought, values are of one's own making. It has long been important in existential thought to realize that a person places values on objects, events or ideas, that there is not a "right" or "wrong" within nature. It is our search for meaning which gives birth to values, which in turn, augment our sense of meaning (Yalom, 1980). Nietzsche (1966) said that there were no moral phenomena, only moral interpretations of phenomena. Each person must place values, set standards, within, however, the confines of whatever responsibility one has for others (Sartre, 1957). It is through values that a human being becomes integrated, provided that the values come from the inner experience and are not foisted upon an individual by any outside force. Values must be chosen by the individual (May, 1967).

As with seeking meaning, choosing values must be done intentionally, for it is by that choice that we develop the

"I" or the self (May, 1969b). Existentialists insist that we are self-determining, determining not only our fate, but our very selves (Frankl, 1967). Therefore, we are responsible for what we do, for what we are, and for how we behave and for what we make of ourselves (Frankl, 1967).

Frankl (1973) insists that there are three types of values. The first type is the "creative" type, that which is realized through creative action. The second type is "experiential", that which is realized in the experienced moment of life, independent of any action. An example would be the ecstasy of listening to a favorite piece of music. The third type of value would be "attitudinal", the way one responds to the situation, whether it seems of great import or not. Frankl (1973) concludes, "it is evident that human existence can never be intrinsically meaningless" (p. 44), if attitudinal values are included.

May (1977) suggests that values reflect a person's religious attitude toward life, religious defined as the basis of what is or is not of worth. Maslow (1970a) lists fourteen "being-values" which are the ultimate in reality values: truth and honesty; goodness; beauty; wholeness or integration; transcendence of dichotomies or polarities; aliveness or full functioning; uniqueness or finality; justice; order or lawfulness; simplicity; richness or

everything of equal importance; effortlessness; playfulness; self-sufficiency.

Rogers (1980) speaking of disturbing historical events to come, says that if we are to live through this tempestuous time in a constructive way, we will need to change drastically our purposes, values and behavior. In other words we will need to change the basic, guiding principles by which we live. The basis of our values will have to come from within ourselves, not from the materialistic world (Rogers, 1980).

Elderly people confronted with the changing values around them, seemingly unable to have a part in the changing system of society, are often confused and angry. Yet, the stereotype that old folks can't change is not born out in fact (Riker, 1980).

The concept of creativity

Frankl (1967), Maslow (1976), May (1981) and Rogers (1980), to name a few who insist that for an individual to have meaning in life, it is necessary to continually create. The way a person becomes or self-actualizes is through one's own sense of creativity, using one's own uniqueness and freedom. It is humanity's ability to create that enables individuals to face the changes of every day life. It is

necessary to remind ourselves that each of us creates our own world and how well we do determines the richness of our existence.

It was Goldstein (1963) who first pointed out that it is within the creative power of humanity to tend to effect a realization of one's nature. He spoke of this as the tendency of actualization in which the individual comes to terms with the world, overcomes the anxieties which beset each of us. Maslow (1976) made the same discovery later and insisted that humans have an innate ability to self-actualize. Rogers (1980) insisted that humanity be trusted with using that tendency. Frankl (1967) reminds us that one cannot attempt to attain self-actualization, that self-actualization is a fulfillment on one's concrete meaning of life.

Bugental (1981) uses authenticity as a synonym for self-actualization, saying: ". . . we are authentic to that degree to which we are at one with the whole of being (world); we are inauthentic to the extent that we are in conflict with the givenness of being" (p. 33). When one is authentic, one transcends the everydayness of life and becomes in the world, but not of the world (Bugental, 1981).

An important point to be kept in mind is that as Maslow (1976) points out, there are two forms of creativeness.

Primary creativeness is that moment of inspiration, of conceptualizing an idea. Secondary creativeness is the working out of the idea so that it becomes useful. Many times one has the flash of an idea only to lose it before bringing it to fruition. Great novels have been written only when both types of creativeness have been expended (May, 1975).

The creative individual lives now, in the present, all past is lost and the future is not yet (Maslow, 1976). Timelessness seems to be an essential to creativity. The past is valuable only as it is digested into the present (Maslow, 1976). By the same token, one does not treat the present as some means to a future end. The future, too, is forgotten and one lives in the present only (Maslow, 1976).

Another way of expressing the two parts of creativity is that of May's (1975). Creativity, he says, is an encounter which is brought to fruition by engagement, engagement being following through on the creative inspiration, for creativity is seen only in action. The intensity of the encounter occurs as one is caught up in the act, absorbed, wholly involved and results in an experience of joy (May, 1975). "Creativity . . . is the encounter of the intensively conscious human being with his or her world" (May, 1975, p. 56).

The creative individual has a high degree of intellectual and emotional turbulence, for one is constantly in search of new ideas and values (Bonner, 1967). The creative individual is an individual with a strong need for being oneself. It is this individuation and intellectual and emotional turbulence that presents humanity with one of its distinct attributes, that each faces the anxiety of not knowing what the future brings, aware that certain unknown phenomena must be experienced (Bonner, 1967).

The concept of God or no God

Because there are atheistic and religious philosophers and psychologists, the question of a God or no God, the question that if there is a God, how He interferes in the world is a matter of great confusion. The atheistic philosopher feels that man was born into this world with no purpose, without being asked to be born, and having no God to whom to turn, is isolated, alone, and bereft (Sartre, 1957). The theistic philosophers are of two types: those who feel that God created the world, then left it alone to function by itself, or with minimal interference on His part. On the other hand there are those who feel that God interferes constantly in the affairs of His creation. They cannot conceive, as Beck (1963) does, that a person alone

must make the decisions of life, but rather that God somehow controls a person's behavior by leaving the decision making to God. Spier (1953) feels that existential philosophers cannot be Christian partly because of this feeling that the individual controls the existence s/he finds.

Existential psychology along with transpersonal psychology insists that in the holistic view of humankind, it is necessary to confront the spiritual values of life. No longer dare we pretend that because they are unproveable, they do not exist. Though most psychologists are not believers in God, most of the population is (Beck, 1963). The spiritual-religious elements of humankind must be recognized and utilized if a person is to become authentic or self-actualized (Bugental 1981, Maslow 1970a, May, 1983).

The Relationship of Existential Psychology to the Fourth Force

As far back as 1968, Maslow (1968) suggested that existential psychology was but a preparation for "a still 'higher' Fourth Force Psychology, transpersonal, transhuman, centered in the cosmos rather than in human needs and interest, going beyond humanness, identity, self-actualization, and the like" (p. iii). Transpersonal psychology "centers upon the integration of the whole

person, and affirms a human potential for transcendence of the ego. As one reaches full humanness, or self-transcendence, one tends to discover that part of oneself which is part of everyone else" (Boucouvalas, 1980a, p. 13).

Transpersonal psychology is referred to as a force to indicate that it is not concerned with a school or theory only, but transcends or goes beyond the discipline to affect many facets of society (e. g., education, management, etc.) and provides an image of humankind which guides one's thought and action (Boucouvalas, 1984). First force or psychoanalytic psychology described humankind in biological terms, reflecting the great biological advances of the day as well as evolutionary concepts of Darwinian theory. Second force, behavioristic psychology, insisted that humankind was shaped and conditioned by the environment, by reward and punishment. Third force or existential psychology, attempted to understand and explain humanity in fully human terms, realizing the relationship to the environment and the ability to create one's own reality and destiny (Boucouvalas, 1984).

Only as one moves through the existential/humanistic force can one move on to the transpersonal force, affirming that one can self-transcend, go beyond the egoistic, self-centered level of existence. It is interesting to note that

existential psychology began to take hold in the 40's and 50's when computers began to make their presence felt and the labor force began to cut back, the time our society began to move from an industrial to an information society (Boucouvalas, 1984).

In comparing eastern and western psychologies, Ajaya (1983) insists that the need for psychologists to move from one force to another indicates an interdependence rather than a setting apart of one theory from another. There is a need for polarities in theories to broaden the concept and point out the differences (Ajaya, 1983). In the dualistic theories of existential and transpersonal psychologies as well as those of the eastern philosophers, causality is treated as one side of a coin, the past, but connected to the other side, the future (Ajaya, 1983).

Any counselor approaching the elderly from an existential point of view should be prepared to explore the transpersonal movement. Only in existential and transpersonal thought is there consideration of spiritual matters, of peak experiences, value systems, life philosophies. "We need something 'bigger than we are' to be awed by and to commit ourselves to in a new naturalistic, empirical, non-churchly sense. . ." (Maslow, 1968, p. iv). In a later paper, Maslow (1976) says ". . . especially for

the counselor of older people, where these philosophical questions about religion and the meaning come up, this is a most important way of helping the person to move toward self-actualization" (p. 48).

Whereas other approaches concentrate on the ego and the self, transpersonal psychology goes beyond, emphasizing a transcendence of the ego (Boucouvalas, 1980a). Transpersonal means that "domain of human functioning and motivation which extends beyond the personal, and individual 'I' or 'Me', which has been the primary domain of Western psychology" (Boucouvalas, 1981, p. 136). Emphasis is placed not only upon how the individual reacts to and is acted upon by the environment, but approaches the deep recesses of the inner experiencing organism. The individual is thus able to recognize and control both the internal and external environment rather than be controlled by it (Boucouvalas, 1983).

With the emphasis on self-transcendence, which Frankl (1978) insists is essential for anyone to be truly human, Maslow (1976) lists thirty-five definitions of transcendence and sums them up by saying: "Transcendence refers to the very highest and most inclusive or holistic levels of human consciousness, behaving and relating, as ends rather than means to oneself, to significant others, to human beings in

general, to other species, to nature and to the cosmos" (p. 269). These transcendent experiences occur in healthy individuals who have transcended ego boundaries, through peak and plateau experiences as investigated by Maslow, and to "those who experience this 'level of being' as a total way of life" (Boucouvalas, 1980a, p. 130).

Maslow (1976) goes on to say that there are individuals who have become self-actualized but who are not self-transcendent. He lists twenty-four differences between self-actualized transcendent individuals and self-actualized non-transcendent individuals. Self-actualized transcendent individuals are more prone to peak experiences, speak in the language of poets, are metamotivated, are more responsive to beauty, even that which is not conventionally beautiful, think more holistically, transcend the dichotomy between selfishness and unselfishness, are not only lovable, but awe inspiring, fret over the cruelty of the world, are challenged by mystery, feel responsible to humanity, easily go beyond self-actualization, more Taoistic, more loving. He found transcendents among business people, political individuals, as well as among poets, musicians, etc.

Bugental (1981) relates transcendence to awareness which is an evolutionary process, for we are not born with awareness, we seek it. Awareness grows, is not static. It

is when awareness has feelings in it which make the individual unhappy, that the individual seeks therapeutic help.

The transpersonal movement is concerned with activating and expressing potential residing in the superconscious and manifest in various transcendent forms; is concerned with an awareness of Self, unifying it with the personal or conscious self, referred to as the "I", finding a communion of the Transpersonal Self with the Universal Self (Boucouvalas, 1980). It is a movement vitally concerned with full integration between the personal and transpersonal elements of human nature. It is an integration between Western and Eastern approaches to humanity.

Frances Vaughan-Clark (1977) suggests that the process of awakening one's transpersonal identity has three stages. The first, identification, is characterized by a development of self-awareness which leads to an understanding of psychic processes. It is a process of becoming self-conscious, of owning one's senses, emotions, and thoughts, and being willing to take responsibility for them. The second stage is that of disidentification which is the confrontation with existential anxiety in facing aloneness and death. The third stage is that of self-transcendence where the existential dilemmas become less awesome, an attitude of

acceptance of a willingness to live out one's destiny, develops and takes responsibility for the quality of one's life. One becomes concerned with service rather than self-gratification and one recognizes the emergence of wisdom (Vaughan Clark, 1977). As is evident, therefore, a full understanding of existential matters becomes a critical stepping stone to further growth, hence the focus of this inquiry.

It is not the scope of this paper to give a full discussion of transpersonal psychology but to point out to the reader that existential psychology is the doorway through which the counselor and the client may advance to even greater heights in the process of becoming. It is with existential psychology that one begins to face the existential dilemmas, conflicts, anxieties of life and in facing them self-actualize oneself. The counselor dealing with the aged must be willing to face these anxieties with the client for these are the very uppermost problems with which the elderly individual is faced.

Chapter IV

The Complementarity of Existential Psychology and the Needs and Problems of the Elderly

"People . . . as self-actualizing subjects . . . listen to their own voices; they take responsibility; they are what they are, not only in terms of their mission in life, but also in terms of the way their feet hurt when they wear such and such a pair of shoes and whether they do or do not like eggplant or stay up all night if they drink too much beer."

Maslow (1976)

Reviewing the needs and uniquenesses discussed in Chapters I and II, it was observed that there was much complementarity between the problems and needs of elderly clients and the concepts prevalent in existential psychology. One author (Mooney, 1980) subsumed the problems of the elderly into four: loneliness/isolation; freedom; death; and meaninglessness. Yalom (1980) subsumed the concepts of existential psychology into four: loneliness/isolation; freedom and responsibility; death; and meaninglessness. This complementarity gave rise to further investigation.

In Chapter III it was noted that eleven key concepts of existential thinking could be distilled from the existential philosophers and psychologists. These concepts are: existence precedes essence; being-in-the-world; anxiety; freedom; choice and responsibility; isolation and loneliness; death; meaninglessness; values, creativity; God or no God. These concepts embrace the same problems of the elderly so that it is the purpose of this chapter to illustrate the complementarity between the concepts of existentialism and the problems of the elderly summarized in Table 1 and further discussed below.

Table 1 - The Complementarity between Existential Psychology and the Problems of the Elderly

Existential Concepts	Problems of the Elderly
1. Existence precedes essence--The experience of the individual comes before axioms, rules, or sensory impressions (Kaufmann, 1976).	1. Essence of life disappears as the losses and deteriorating health contribute to a difficulty in maintaining one's known existence (Riker, 1980).
2. Being-in-the-world--To "be" in the world is to be constantly moving towards "becoming". One is never static, but always becoming something (May, 1958).	2. The being of the elderly is challenged with the losses and problems faced. No longer is one able to maintain previous independence (Glass & Grant, 1983).
3. Anxiety--Existential anxiety is a normal part of life and leads one to psychological development and freedom (Kierkegaard, 1980).	3. Not all elderly have the capacity to accept the normal anxieties of life without help (Mooney, 1980).
4. Freedom--Through anxiety we confront the freedom of being unique and different from every other individual. This freedom is the choice of how one becomes (May, 1977).	4. The elderly often feel their freedom is curtailed; forced retirement, deteriorating health, confinement to nursing homes produce a requirement to determine the manner of accepting freedom or the lack of it (Bugental, 1981).
5. Responsibility and choice--With freedom comes the necessity of choosing one's way of being-in-the-world. The choice must be made responsibly and with concern for society at large (Sartre, 1957).	5. The elderly's choice may only be to determine the way to accept the changes which have been forced upon one, but each is responsible for choosing what meaningful in life (Frankl, 1967).
6. Loneliness-Existentialism asserts that loneliness emerges and must be lived, each in one's own manner (Ortega, 1957).	6. As one ages the individual differences become more pronounced causing the sense of loneliness to seem greater (Riker, 1980).
7. Death--The anxiety concerning death is the fear of non-being, yet each individual must accept the fact that one does not live forever (Tillich, 1952).	7. The loss of loved ones and the imminence of death make the fear of death more prevalent (Mooney, 1980).
8. Meaninglessness--We must construct our own meaning for life, and it is that which makes life worthwhile (Frankl, 1963, 1967).	8. Lonely apart from a known society, contributing little to that society, causes life to seem of little value (Riker, 1980).
9. Values--In one's search for meaning, values are born which in turn enhance the meaning of life (Yalom, 1980).	9. When the elderly face a world where the values are changing and one is a stranger in society, the counselor needs to help the elderly toward their self-actualization (Maslow, 1976).
10. Creativity--To have meaning in life, one must continually create (Frankl, 1967, Maslow, 1976, May, 1981).	10. In his old age Erikson (1983) said the elderly should strive to retain the generativity of a younger age. It is through maintaining a creative spirit that meaning persists in life (Nouwen & Gaffney, 1974).
11. God or no God--Existentialism is espoused by theist and atheist, but all insist that the spiritual values of life must be confronted (Frankl, 1967).	11. The spiritual values of life must not be neglected with the elderly (Riker, 1979).

Existence precedes essence

As one ages, the losses, the changes in environment and physical health, cause one to have difficulty in maintaining what has always been one's natural existence. The essence of life has changed, one is experiencing so many different problems that it is easy for the elderly individual to become anxious or even disoriented (Riker, 1980). But one still exists, even though those things which have made life meaningful have disappeared. It is in this moment of despair that one must be aware that one has the power to create again the self that once was, or to create another self more suitable to the time (May, 1969a). The elderly individual must never lose sight of the fact that one still exists, still creates, still becomes.

Being-in-the-world

Even though individuals change, face losses which bring one to despair, one is still "being." It is this concept that one never stops becoming that keeps the elderly individual going. The activist theory carried out by such organizations as the Gray Panthers insists that the healthy elderly is one who maintains as much contact with society as is possible (Moody, 1976). Tillich (1944) calls to mind the axiom that one should think as a living, real being.

Existential anxiety

All persons are anxious about the future. To many elderly it is the most anxious time of their lives. So many changes are taking place; retirement, loss of loved ones, often having to move to other places of residence, failing health, money worries (Glass & Grant, 1983). It is not difficult for normal anxiety to become a neurotic anxiety. Not all have the capacity to make the necessary adjustments without help (Mooney, 1980).

Bugental (1981) contends that to be overcome by existential anxiety is to forfeit one's authenticity. How to assist elderly individuals from being consumed by their anxieties is the task of the counselor. Lazarus & Olbrich (1983) remind us that assisting the aged to cope with stress is of prime importance.

The debilitating aspect of anxiety is that if it is anxiety which spurs one to exercise one's freedom and that freedom is being curtailed, the anxiety increases without producing any results. One is anxious about that for which nothing can be done.

Freedom or the lack of freedom

When the existentialist insists that anxiety is that which urges us to utilize our freedom to the fullest extent

(May, 1977), one is not taking into account the limitations which have been placed upon the elderly. No longer do they feel in control of their lives (Curtin, 1972).

Along with the loss of freedom, there is the attitude that within those freedoms which one has, there is the danger that one can make a mistake, spend money unwisely, lose some of one's savings and therefore not have enough to last throughout old age. To compensate, the elderly often become more conservative, more careful, physically and socially (Mooney, 1980).

The existential gerontological counselor in accepting the individual where s/he is, deals with the problem here and now (Knight, 1980). This means accepting the losses over which a client has no control, accepting the changes which have inhibited a client's freedom, but at the same time challenging the elderly client to maintain one's autonomy as much as possible by choosing how to react to any given situation (Bugental, 1981). The choice of response to loss of freedom lies with the individual. In choosing how to respond to whatever freedom or loss of freedom that one has, one accepts the responsibility of that choice.

Responsibility and choice

Elderly persons who have always been independent, who have had no difficulty making their own decisions, are now faced with what seems to be no choice. Others decide for them. Yet, if they accept the responsibility of deciding how to react to those choices foisted upon them, they can continue to move toward the potential that is within them. Maslow (1976) states that accepting one's responsibility is a great step toward self-actualization and Frankl (1967) asserts "Man is free to be responsible, and he is responsible for the realization of the meaning of his life . . ." (p. 71).

This must be made real in the life of the elderly, for with so many changes occurring at once, it becomes overwhelming to the elderly individual. Stockdale (1985) in his autobiography describes how he reacted when the Vietnamese tried to make a propaganda example of him. They wanted him to appear on television to show the humane treatment he was receiving. To keep from appearing, he mutilated his face to appear as though he had been beaten, knowing they would never make him be seen in that condition. He was able to control how he responded to a situation in which he seemed to have no control. The elderly often feel as helpless as a prisoner, as if they were prisoners in a

retirement home, prisoner in a deteriorating body, or of one who has lost all independence. It is in choosing the response to that "prison" that the elderly exhibits integrity or despair, authentication or lack of authentication.

Loneliness of the aged

Existentialism maintains that loneliness emerges whenever one discovers there is no other person exactly like oneself, hence, no one can ever fully understand the feelings and the needs arising (Mooney, 1980). Ortega (1957) says, ". . . life is untransferable and each man (sic) has to live his own; that no one can take over his task of living for him; that the toothache he suffers from has to hurt him and he cannot transfer even a fraction of the pain from it to anyone else; . . . that he cannot make his neighbor think for him the thoughts that he has to think in order to orient himself in the world" (p. 46). As one ages, these individual differences become more pronounced and the sense of loneliness becomes greater (Riker, 1980).

Loneliness is often exaggerated by the death of friends and loved ones, by feeling that there is no one left with whom to share life (Riker, 1979). As retirement is forced on an individual, that individual assesses the

accomplishments of the past, reviews the contributions made to family and friends, and jobs, determining the sense of fulfillment acquired. Having a sense of no longer being needed, nor being productive, loneliness takes its toll (Riker, 1979). As Erikson (1963) put it, this is the time for authentication or for despair.

Williams (1978), speaking to nurses concerning loneliness in their patients, suggests that it is essential that the nurse not deny one's own feelings for to do so makes a nurse unable to accept the patient's feelings. She reminds the nurse to keep "an openness to involvement in which two human beings relate to one another as persons rather than as objects. A human experience is shared with another without anything being asked for in return" (Williams, 1978, p. 186). This is existential counseling at its best, for existential counseling is sharing with the client in whatever joy or despair may be found.

Death

Becker (1973) asserts that humanity is innately afraid of death. This is supported in almost all of the existential writers, philosophers and psychologists alike (May, 1958). As death becomes a reality and the loss of friends and loved ones occurs more often, the fear of death

becomes more prevalent (Mooney, 1980). Belsky (1984) contends that death is feared by all ages and anyone who is unwilling to discuss death is so overwhelmed by the fear as to be consumed with inner turmoil.

Rogers (1980), contemplating his own death as he writes in the eighth decade of his life, compares the anxiety, magnified multifold, of going under an anesthetic to that of imminent death. He says that he thinks little of death, because he has lived his life so fully, and he has already had a degree of immortality, referring to those who will carry on his work and the continual usage of his seminal ideas (Rogers, 1980).

Some of Rogers' (1980) experiences as he approaches the latter part of his life may help speak to other elderly. He relates that he is more willing to take risks, that doing the same thing bores him. He finds himself better able to ask for help, saying that he had always been better at helping others than being helped, a failing common in many. By learning to look after himself, by asking for help, he could lessen the outside demands made upon him, those little problems of trying to help too many (Rogers, 1980).

It is well for the counselor to be aware of the stages of dying as described by Kubler-Ross (1969). She suggests that people go through five stages when told they are going

to die: denial, anger, bargaining, depression and acceptance. It is interesting to note that a bereaved person goes through the same series in recovering from the death of a loved one. Belsky (1984) reminds us that too many counselors have taken the five stages and made of them a procrustean bed by which each of us must live. This was never meant to be and counselors who do not realize that the order may be confused, the individual may spend more time in one area than another, may skip one or more areas, or have a depression unrelated to the illness or the loss, do an injustice to their clients (Belsky, 1984).

Undergoing the loss, undergoing the anger, living through the depression, the individual must now face one's own death (Riker, 1980). The existential counselor, maintaining that death is a part of life, must assist the elderly in making one's own existence "real, absolute and concrete" (May, 1958, p. 49). The fact that death is the one absolute of life is that which makes living meaningful (Heidegger, 1962). The very finiteness of humanity is that which provides meaning to living (May, 1958).

Within the psychiatric and psychological literature there is a dearth of systematic examinations of attitudes toward death (Feifel, 1959). One of the few studies made is that of Feifel (1959) where he examines three groups:

"(1) (sic) 85 mentally ill patients--mean age, 36 years; (2) 40 older people--mean age, 67 years; and (3) 85 'normals' consisting of 50 young people--mean age, 16 years; and 35 professional people--mean age, 40 years' (p. 117). Of these groups he asked several questions concerning attitudes toward death. In all of the groups, especially the mentally ill, some found that thinking about death was so disturbing that they denied any ideas at all about it. When asked at what age people would most fear death, the patients and the older persons felt the age period of the seventies would be most fearful because of the imminence of their own death. The normal group felt the fear would be greater during the forties and fifties because "death is now a definite possibility and you cannot brush it away" (Feifel, 1969, p. 118).

Of special interest to counselors to the elderly, Feifel (1959) found that patients very much wanted to talk about death and that younger persons keep them from doing so. Physicians and other health care professionals find attitudes of avoidance of talking about death within their own ranks. Feifel (1959) goes on to say: "Rather, in gaining an awareness of death, we sharpen and intensify our awareness of life" (p. 123). May (1981) insists that it is necessary to confront death before one can fully live. "The

most intense experiences of life bring with them the most intense experiences of death (May, 1981, p. 109).

"Death is the key to the door of life. It is through accepting the finiteness of our individual existences that we are enabled to find the strength and the courage to reject those extrinsic roles and expectations and to devote each day of our lives--however long they may be--to growing as fully as we are able" (Kubler-Ross, 1975, p. 164). She goes on to say that in denying death we leave our lives empty, purposeless and not doing the things we must do (Kubler-Ross, 1975). The survival of humankind will occur only if each individual commits oneself to one's own and others' growth. The awareness of death and living each day at a time as though it were the last makes life meaningful (Kubler-Ross, 1975). In aiding the elderly to accept these concepts concerning death, the counselor must be aware of one's own groping for an acceptance of death as an understanding of life.

In other studies reported by Belsky (1984), it was found that there were five dominant themes concerning death: (a) that one ceases to exist, life ends; (b) interpersonal terms wherein they were reunited with a loved one; (c) death would be a reward for a life well lived; (d) curiosity, a sense of anticipation; (e) death was the cruel

disrupter of life, or even a bearer of pain. Those who saw death as a happy reunion welcomed the prospect; those who considered death as the enemy reacted with fear (Belsky, 1984).

May (1981), commenting on the statement of Senator Richard Neuberger while dying of cancer, quotes Neuberger as saying: "For the first time I am savoring life. I realize, finally, that I am not immortal" (p. 107). May's comment: "But what a tragedy that one waits until one is dying before savoring life (May, 1981, p. 107). May (1981) continues by saying that thoughts of death are necessary if we are to think significantly of life.

It is at death that one's life reaches its culmination, that it becomes itself fully (Frankl, 1978). Life has become complete, it has been perfected, one is (Frankl, 1978).

In dealing with individuals in their relationship to death, one must constantly be aware of the differences of response. Each is afraid of death, yet the reaction to that fear differs with individuals (Feifel, 1959). Having collected and evaluated data as to the differences between religious and non-religious individuals in regard to attitudes toward death, Feifel (1959) concluded that religious individuals were more afraid of death than non-

religious because the stress was with concerns of the afterlife, such as "I may go to hell," or "I have sins to expiate yet" as well as the cessation of existence (p. 121).

Kubler-Ross (1974) reports that it is the quality of faith that makes the difference in how people deal with death. "People who have believed in reincarnation, or people from Eastern cultures and religions have often accepted death with unbelievable peace and equanimity even at a young age; whereby many of our Christian patients have had difficulties in their acceptance of death. Only the few truly genuine religious people have accepted death with great peace and equanimity; . . . Truly religious people with a deep abiding relationship with God have found it much easier to face death with equanimity" (Kubler-Ross, 1975, p. 162).

Comparing Jung's findings with those of the eastern psychologies, Ajaya (1983) points out that in the east there are four stages of life. The first is the period of preparation, attending to studies and self mastery. The second stage is that of the family man, a responsible, functioning member of society. The third stage occurs in middle age where the individual turns toward spiritual concerns and the fourth stage where the person becomes a recluse, devoted entirely to a monastic life. However,

especially in our western civilization many become stuck in one of the early periods, refusing to progress and governing their lives at the end as they did in the beginning (Ajaya, 1983). For these arrested individuals, death is fearsome, for those who have followed the four stages, death is but a part of living (Ajaya, 1983).

In order for one to accept death as part of life, it is necessary to have a commitment to oneself, to know who one is (Kubler-Ross, 1975). Kubler-Ross (1975) describes one patient: "She became committed to the cherishing of herself as a person, valuing herself as a body knowing joy, sorrow, love, hate, confusion, clarity, being alone and being with. This commitment to experiencing our identity is basic to every transformation of our lives" (p. 157).

Another phenomenon related to the fear of death is the suicide rate among the aged. Suicide is one of the ten leading causes of death in the United States and particularly among white males (Blake and Peterson, 1979). In 1969 and 1981, 19 of 100,000 of persons 65 to 74, 22 of 100,000 aged 75 to 84 and between 14.6 and 15.3 per 100,000 over 85 committed suicide in the United States (Vierck et al., 1983).

The high rate of suicide among the elderly is usually attributed to depression, often following a severe loss

(Pfeiffer, 1977). The isolation which so often follows such a loss, seemingly more apparent in men than women, is often mentioned as responsible for the suicide (Belsky, 1984). Men are more apt to succeed in the suicide attempt, probably because of the more violent method selected (shooting, jumping) as compared to the more passive methods used by women (pills, for example) (Belsky, 1984). Suicides in older persons, in contrast to those of younger persons which are often done for attention-getting purposes, are more likely to be serious attempts and therefore more apt to be successful (Belsky, 1984).

Sinick (1979) suggests that to assist persons with suicidal tendencies, counselors need to overcome some of the myths surrounding suicide. He lists the myths as: "persons who talk about suicide do not commit suicide; suicide happens without warning; suicidal persons are fully intent on dying; once a person is suicidal, he or she is suicidal forever; improvement following a suicidal crisis means that the suicidal risk is over; suicide strikes much more often among the rich, or conversely, it occurs almost exclusively among the poor; suicide is inherited or runs in the family; all suicidal individuals are mentally ill, and suicide is always the act of a psychotic person" (Sinick, 1979, p. 38). It is imperative that the counselor deal with these myths

realistically. The counselor must take seriously the threat of suicide (Belsky, 1984, Birren, 1975).

Meaninglessness

Lonely, isolated from the society previously known, waiting for death, the elderly feel life has lost its meaning. It is as though when one is not producing, is at the mercy of others for assistance, feeling as though one is no longer contributing anything, life is of little value (Riker, 1979). It is with the loss of meaning in life that pathological depression often sets in (Frankl, 1969).

Existentialists have long known that a lack of meaning in life was one of the persistent anxieties of humanity (Yalom, 1980). Tillich (1952) states: "The anxiety which determines our period is the anxiety of doubt and meaninglessness" (p. 173). He goes further in saying that this is not a neurotic anxiety, but one which must be accepted as part of existence (Tillich, 1952).

Asserting that the search for meaning is the driving force in the human life, Frankl (1967) says: "Lack of purpose or meaning implies a failure to perceive an integrated pattern of goals and values in life, with a consequent dissipation of energies which can be only debilitating" (p. 184). Bolles (1981) restates it by

saying: "People who survive best . . . seem to be those who are able to take any random experience that happens to them and put it into some kind of larger perspective . . . The more the patient believed that there was no such thing as a meaningless experience, the faster the patient healed. Thus, spiritual survival seems to require that there be some meaning to everything that happens, even if that meaning is not evident to us at the time that we are going through the experience" (p. 353).

Yalom (1980) contends that each human needs some meaning in life, but in a world where there are no absolutes, the only meaning available is that which each of us creates for oneself. The question raised is, "How does a being who needs meaning find meaning in a universe that has no meaning" (Yalom, 1980, p. 423). How aptly this fits the elderly persons for whom all purpose seems to have disappeared.

Some suggestions of different types of meanings are proposed by Yalom (1980) and may be helpful for the counselor in dealing with elderly individuals. The list includes: a cosmic meaning--something outside the realm of this world, some spiritual ordering of the universe. Finding meaning in an absurd world are those meanings which we create for ourselves such as Sartre (1955) depicts in his

play The Flies. The play, which is essentially a story concerning meaning, has Orestes, the main character, having been reared away from his home in Argos, returns home to find his sister, Electra, plotting to avenge the death of their father at the hands of their mother and uncle. Orestes desires to assist her. He feels that all of his life he has done as the gods have desired in order to maintain peace in his life, maintaining the status quo. This sense of "maintaining" is meaningless to him for it was without purpose or direction. He feels that his old life has just died and he experiences the emptiness of his existence. It is then he can take his leap of faith and come to the assistance of his sister. Killing first his uncle and then his mother, he declares it is better to have been his mother's murderer than to live with no purpose in life, better than wandering through a life with no meaning (Sartre, 1955). It is then he makes a further discovery. There is no absolute meaning in life, but each of us must create our own meaning. He says: "Suddenly, out of the blue, freedom crashed down on me and swept me off my feet. My youth went with the wind, and I know myself alone . . . and there was nothing left in heaven, no right or wrong, nor anyone to give me orders . . . I am doomed to have no law

but mine . . . Every man must find his own way" (Sartre, 1955, p. 121).

It is the privilege and task of the counselor to help the client recreate meaning in life. All past knowns and dependable guideposts are gone, life has changed and the elderly individual must create a new meaning.

Values

Existentialists contend that as one finds meaning in life, values appear. Values are those things which are important to each individual, objects, events, ideas, the rights and wrongs of society. Counselors have stayed clear of abstractions such as values because they were so subjective, unable to prove and to measure, personal, yet fitting into the general social pattern. If we are to have a holistic process of meeting life's anxieties, values must be included (Frankl, 1976). The questions of religion and spiritual interests must be addressed.

Maslow (1976) says: "Nevertheless, for the counselor, especially for the counselor of older people, where these philosophical questions about religion and the meaning of life come up, this is a most important way of helping the person to move toward self-actualization" (p. 48).

Maslow (1976) suggests that self-actualizing individuals are those involved in causes outside themselves, that they devote their lives to "being" values (B-values). In the fulfilling of the B-values there is a need, a need which unfulfilled produces a pathologic sense of not trusting anyone, as if one lived among liars all the time. The counselor's role may be to make people aware of their B-needs just as the classical psychoanalyst made his patients aware of instinctoid needs (Maslow, 1976).

Admitting that only about one percent of society ever reach self-actualization, Maslow (1976) lists eight behaviors for that attainment: (a) self-actualization is experiencing fully, vividly, and selflessly; (b) self-actualization is an on-going process, an on-going process of growth choices; (c) to speak of self-actualization, one must speak of a self that can be self-actualized, to be aware of the self which can make choices without interference with the shoulds of the outside world; (d) look within oneself, be honest and accept the responsibility of the choice; (e) to be courageous rather than afraid, to listen to one's own "self;" (f) self-actualization is not only an end state but a process, a process of using one's own intelligence to the very best of which one is capable; (g) be aware of the peak-experiences of life; (the

counselor may have to help people be aware of their peak-experiences;) (h) finding out who, and what one is, what one likes or doesn't like, what is good or bad for oneself, the opening of oneself to oneself.

These eight behaviors must be kept in the back of the counselor's mind in working with elderly persons. Moody (1976) and Boucouvalas (1980) in contending that education must be a life long process, insist that we must be willing to deal with B-values, with the spiritual values with which the elderly are faced. Western psychology until recently has ignored this facet of life.

The counselor must remember that self-actualization is not a static state. Individuals move in and out of self-actualized states, depending upon the satisfaction of their needs at the current moment. Like happiness, one cannot seek self-actualization, it comes about as one finds meaning from the values placed on living, (Frankl, 1967).

As society changes, as political and social demands are made on people, new ways of behavior will be required, new values and guiding principles of living will be necessary in the lives of each person (Rogers, 1980). Often the elderly will feel left out, replaced by younger persons in making of decisions. The counselor will be required to assist the elderly in adapting to the new changes demanded, will have

to assist them in accepting the new status required by these changes.

Reminding us that man is the only animal who can make choices of values, May (1967) asserts that it is necessary for one to choose a value system, making it a part of one's ethical awareness. In this way he takes responsibility for his actions, accepts the risk one takes in making one's own decisions. Feeling they are more limited in their choices, the elderly must seize the opportunity to choose how they value what choices they have left.

Values are necessary for humanity to maintain itself, for it is through values that meaning is created (Nietzsche, 1961). Maslow (1970b) calls valuelessness the ultimate disease of our time and contends that no value system yet devised has proven effective. We need values in which we can believe, not because we are told to do so, but because they are true (Maslow, 1970b).

Creativity

Maslow (1976) asserts that creative persons are more likely to be self-actualizing individuals. For elderly persons this would be the final chapter of their life when they have time to use their creativeness in whatever way they prefer, not just in busy work, which is devastating,

but in having the opportunity to do something they have not yet been able to do (Curtin, 1972). Super (1984) said that retirement is an opportunity to choose those activities he prefers to do and to refuse to do tasks which are not as enjoyable.

Frankl (1978) contends that illness is never creative and that creativity is one means of giving of oneself. It is too easy for the elderly to sit feeling sorry for the pains of the body, yet by using the creativeness of giving to others one can overcome the self pity (Nouwen & Gaffney, 1974). It is in the creative act that one loses past and future and lives for the present (Maslow, 1976).

In her interview with Eric Erikson, Hall (1983) reports Erikson as saying that elderly individuals can and should remain creative. De Beauvoir (1972) cautions that the work necessary for elderly individuals is not to be a repetition of something of the past, or something innocuous but rather new and inventive, of particular interest to the individual. Erikson, according to Hall (1983), suggests that too often volunteer work does not seem to be real "work" but rather something to just keep one busy. Erikson felt this degrading.

God or no God

Maslow (1970b) considers an individual to be "sick" if one is not concerned about "religious" questions. Religion is not to be understood as one of the organizational institutions of religion, but rather the deep spiritual values necessary for a self-actualizing life. Whether or not elderly persons are more religious than younger persons is unknown, but the stereotypical suspicion is that because the elderly have more time they spend much of it in religious quest. Rogers (1980) reports that as he has aged he has had more spiritual, even mystical, experiences. He reports that the near death experiences reported by Moody, (1975) and Ring (1984) have brought an awareness that death is not the end of life. This is the old man speaking for Rogers wrote this as he approached 80.

Lieff (1982) reports that the elderly, the handicapped and the dying almost always deal with spiritual issues, fundamental to life's meaning. Bergin (1980) shows that religious consciousness is necessary in psychotherapy and that therapists tend to neglect this area.

Eastern culture considers old age to be the time of retiring to contemplate the spiritual values of the universe. Often the old man is expected to shut himself away in a monastery or retreat house of some sort (De

Beauvoir, 1972). Jung (1971) suggests that one "individuates" in old age, pulling away from society, and prepares for old age, death and eternity. This preparation, says Jung (1971) came from our religions and gave meaning to the latter part of life.

Summary

This chapter has examined the complementarity between existential psychology and the problems of the elderly. The relationship of existential anxiety, the responsibilities of freedom and choice, the loneliness of individuals, the fear of death, the search for meaning and values, have been shown to be at the crux of the problems of the aged. The anxieties which come from change and loss, the difficulties to maintain a sense of freedom when it seems all freedom is gone, the loneliness after loss of spouse and dear friends, the imminence of death, the apparent lack of meaning and a changing value system in the society about, present a challenge for an existential counselor working with elderly clients. We shall next examine how existential counselors may function using existential psychology as an ontological groundwork for their gerontological counseling.

Chapter V

Functioning as a Counselor of the Elderly with Existential Psychology as the Ontological Groundwork

"To become free and responsible. For this alone was man created, and he who fails to take the Way which could have been his shall be lost eternally."
Hammarskjold (1980)

"Does Life exist? Seek and you shall find, experience Life as reality. Has Life a 'meaning'? Experience Life as reality and the question becomes meaningless."
Hammarskjold (1980)

The philosophical concept of humankind from the point of view of the existentialist psychologist/counselor which includes the world view of the individual's ontos (being) and provides a groundwork for counseling has been discussed. The elderly and their needs and its complementarity to existential counseling has been examined. Now it is necessary to discuss how to counsel the elderly within this ontological groundwork of existential counseling.

Existential psychology insists that life is a process of "becoming," a constantly moving, changing experience, therefore the counselor must be willing to make constant adjustments, to be aware of one's own growth and movement as well as aware of the growth and movement of those who come for help. The counselor is concerned about relationships with the client and relationships to the community at large by both the counselor and the client.

A holistic concern is felt for the client to determine the older person's place in society, to observe possible physical problems, to ascertain the psychological impact on the client produced by a changing environment. The counselor employs the resources of as many of the helping professions as are available.

What is the Counseling Process with the Elderly?

Accepting the notion that life is a process which continues from birth to death, counseling must enter into that process, take part in it, use it and be used to further the self-actualization of the individual. Existential counseling is not a system of techniques but a way of understanding human existence, not "doing something," but a living attitude towards people that transcends all techniques. Understanding the client's being-in-the-world at the existential moment in counseling allows the counselor to share with the client from his/her being-in-the-world.

Most psychological theories have been based on a medical model, where the patient comes to the physician for healing; the neurotic comes to the psychologist for a cure of an unhappy life. Existential counseling is not such a method, but rather an active participation with the client through the experience of life, a sharing of life with a valued individual.

Counseling is living with the client

It is in sharing with the client that the existential counselor obtains the data necessary to be of assistance. The counselor is careful not to have an agenda of preconceived ideas, solutions, or panaceas which will work

with each client, but the agenda of the existential counselor is to empathically relate to another human being in such a way that together they grow through the experience. One knows that the client is bringing, intentionally or unintentionally, his/her existence, his/her whole being-in-the-world and the existential counselor must intentionally relate to that being-in-the-world with his/her own being-in-the-world. It is a personal relationship, a personal encounter.

The counselor does not make change, but through a process of understanding and sharing with the client, change occurs. Any necessity of the counselor to "cure" the client probably reflects a lack of self confidence or competence with the counselor's personality.

Without having any preconceived ideas it is possible for the counselor to experience with the client, to live in the I-Thou relationship. Counseling is a subjective experience, a humanizing of the client, a helping the client to regain some of the freedom which has caused a sense of meaninglessness or of isolation, a sense of companionship (which literally means sharing of bread), where one shares with the client, experiences whatever the client is experiencing at the moment of companionship.

Counseling is trusting the client

Since each individual has a tendency toward self-actualization, the counselor must capitalize on this tendency to assist the client in overcoming whatever loss of meaning that has brought the client to counseling. It is necessary to trust in this tendency for that is the only force which will aid the client.

As the counselor trusts this self-actualizing tendency in the client, the client in turn builds trust in the counselor, and this mutual trust is essential in successful existential gerontological counseling, for it is through trust that the client builds self confidence. Since the client is the only one who can fulfill his/her own potentia, the only one who can regain his/her authenticity, this self-confidence building trust is necessary.

Counseling is accepting the client

When the counselor fully accepts the client as another "Thou," as an individual to be prized, then understanding can take place, trust between the two can occur. It is not necessary to agree with whatever the client may have said, but it is up to the counselor to accept what was said as the honest, being-in-the-world of the client at that given

moment. These are the feelings, views and behaviors with which the client is wrestling at this time.

In working with elderly clients, experiencing with the client these momentary feelings is essential. It is easy for a person who has been removed from the family home, separated from family and friends, deprived of the movement that was customarily available, to feel despair and isolation. At such a given moment there is little feeling of worth, little hope in a happy future. Death may seem imminent. The counselor must share that despair, and, with the self-confidence of one's own authenticity help the client restore a feeling of worth-whileness.

In sharing these moments empathically, the counselor enters that private world of the client and points out some meanings of which the client is aware and some meanings of which the client is unaware. Many elderly have a sense of no meaning left and need be reminded how much they still have.

One takes the client as s/he is, now, at this given moment, making no judgments, for judging sets the counselor outside the existential moment and experience, where the client becomes a thing, something or someone to be "treated." Rather than judge, the counselor confirms the

client as a person whose pain and suffering are real and the counselor shares that pain and suffering.

It is not an easy task to accept each client. Since each client is an individual, a person whose existential moment is very real to him/her, the counselor puts aside whatever moral ethic is within one's own background and moves into that of the client. Later, there may be opportunity, if need be, to review the value system by which the client is living, but it is not the privilege to insist the client accept the values of the counselor.

Counseling is attending the client

Binswanger (1958) records his client, Ellen West, saying during a period of intensive psychotherapy: "I scream but they do not hear me" (p. 256). Too often counselors have not heard the pain of their clients' cries, for they are too busy diagnosing, finding treatments, observing their client as an object.

When one truly attends the client, truly hears what is being said, and often, what is not being said, the counselor becomes part of the client's world. The counselor's being-in-the-world becomes a part of the client's being-in-the-world and it is this meeting in which healing takes place.

Attending is being a presence which is aware of the client's being and participates as much as one is able in the existential moment. It is being an observer who participates in the existential moment of the client.

In counseling the elderly it is necessary to hear what is truly being expressed, i.e. is loneliness due to isolation from friends and family? Is meaninglessness due to a physical debilitation or a lack of emotional stimulation or a feeling sorry for oneself? Is depression due to senility, (a typical old-age stereotype,) or is depression due to loss of someone very special?

The counselor who is attending the client may find that the client transfers relationships of parent or spouse or child to the counselor. This is not the time for an arithmetical explanation to the client, rather a time to allow the experience to work itself through until the client realizes what is occurring.

The discipline of attending calls for the counselor to realize that counseling is not a chatting along with the client, easy to do with elderly clients, or foisting one's own ideas or feelings onto the client. The counselor is being there as though a midwife to help bring to birth something from within the client's being-in-the-world.

Counseling is being there to immerse oneself into the life experience of the client.

Counseling is being authentic

Whether one uses the word authentic, or congruent, or real, the counselor must establish the best mode of communication possible and to do so, the counselor must be in constant touch with one's own authenticity as well as observant of that of the client. The counselor is aware of one's own growth, of the changes going on in one's own life even while assisting in the growth and change in the life of the client.

To be authentic one accepts the fact that experience is constantly changing, that new choices must be made and that one accepts the consequences of these changes and choices, and has an awareness that it is necessary for a counselor to assist a client in living with the choices of his/her own life. To accept someone whose experience is contrary to that of the counselor means that the counselor must be very sure of one's own being. Working with elderly clients, many of whom will have had much more experience in living than the counselor, it is fundamental for the counselor to be self-confident in accepting the anxiety of the client. It may be a growing experience for both client and counselor to

review some of these past experiences to deal with the current anxiety.

It may be that change is not being made because the client has not been challenged to change. It takes a counselor who is aware of the risks of change, confident enough to take those risks and aid the elderly in risking. Changes are often perceived as an attack on the center of one's being and when an individual protects oneself from these changes attacking one's being, the anxiety becomes so great that neurosis occurs. To overcome the threat, the client adopted unauthentic behavior. The counselor must proceed cautiously, for in asking the client to change, to leave this unauthentic self appears as a risk which will be perceived as the disintegration of the self. The counselor experiences the pain of altering one's personality along with the client and in so doing the counselor's authenticity is being challenged.

Counseling seeks to assist the individual to loosen the bonds of the self to where new content may be added and the old content experienced in new ways. It is helping the client discover a deeper identity in being through living and sharing the experience, risking the change and exposing the power of the individual. Each client resists confronting the anxieties which persist and it is with the

aid of the counselor that together these anxieties can be faced and new strength be incorporated.

What Techniques Are To Be Used

Since existential counseling is basically concerned with process and not technique, the techniques are often an eclectic collection from other disciplines, but always used within the existential framework. For example:

remembrance is used by psychoanalytic counselors to take the client back to early feelings and experiences to find the source of the problem. Remembrance in existential counseling would be for the purpose of examining the "here and now" problem, perhaps remembering how a problem was solved in the past and if the same technique is applicable today.

Existential technique should have flexibility and versatility; it should vary from client to client, and from phase to phase in the counseling process. There are basic questions which may be of help, questions that will reveal where the client is in existence at this moment. What will best illuminate the client's being-in-the-world at this time?

The counselor must constantly remember that the goal is to change the client's view of one's own being, not to

change some symptom which may be disturbing at this moment. This is relevant in working with elderly clients who tend to blame their situation on outside sources, without accepting the responsibility to change their attitudes in handling the problem.

Instead of asking the client "How are you?" as the session begins, asking "Where are you?" might be more productive. The use of "where" involves not only the feelings of the individual, but indicates the direction in which the client feels s/he is moving. Is the client running from some anxiety, hiding some feeling from the counselor, evading the anxiety? If the client only intellectualizes his/her existence and does not experience it, the client is treating him/herself as a mechanistic object. By objectifying oneself one avoids confronting one's own existence. This is a warning for the counselor, also, for it is easy to "treat" the client, and not subjectively deal with the core of the client's existence.

A helpful technique for working through resentments against family members or friends who are ignoring the client, or overly demanding, may be the Gestaltists dialoguing with the other party. The client might write out a script for each member of the family, acting out how each would respond. Dreams may be dealt with in the same manner.

Elderly persons often feel resentment against children who seem to neglect them or hold bitter resentments against old friends or relatives with whom they did not have opportunity to cause a reconciliation before the death of the other. Dialoguing and acting out might work out some of these resentments.

The counselor who uses existential psychology as an ontological framework always works from the reference that the clients have created the situation in which they find themselves, and the clients must accept responsibility for the predicament. The elderly tend to blame others for being in this place, for not being able to do this or that. Insisting that the client face up to that fact that "I let him bug me," not "he bugs me," calls the client back to the reality of assuming responsibility for the situation.

In facing the meaninglessness of life, it may be necessary for the counselor to assist the elderly client in finding an outside interest, something which transcends immediate personal concerns. It may be in caring for another individual, or finding a cause within the limits of the client's physical means of pursuing. Whenever one concerns oneself only with oneself, problems are bound to occur.

Meaninglessness may be a cover up for an anxiety about death. It may be a protection against loneliness or isolation. The counselor must assess carefully the client's feelings, for it is important to know what is meaningful in the life of the client, what is it that will bring purpose back into the client's experience. Long range plans are futile in dealing with the elderly client, but short range activities may enable the client to express him/herself creatively. Knowing more and more about the client is the only solution to finding ways of producing meaning again. It may be as simple as finding sufficient activities to cover up the feeling of meaninglessness.

Frankl (1967) suggests the use of "dereflection" with clients suffering from meaninglessness. Dereflection is a process of interesting the client in something other than oneself, something outside, or someone who needs one's assistance. It may be helpful to point out accomplishments in the past and suggest their continuance in the future or citing a past experience wherein difficulty was overcome and calling on a similar response now. It may be necessary to subtly suggest meaning at times if the elderly client is withdrawn into their meaninglessness. One may need remind the client that if nothing matters, then it should not matter that nothing matters. However, if it does matter

that nothing matters then something is causing this problem and the solution is to seek what it is that matters.

It is necessary for the existential counselor to remember that meaning for meaning's sake cannot be pursued. Meaning is a by-product of engagement, engagement of an activity which directs one's attention to existence. It may be in the interrelationships with other individuals or with some purposeful activity of creativity. The counselor must help the client find the engagement suitable for the occasion.

When the client can stand back and laugh at his/her actions, the battle is half won. Humor is a basic human capacity, no other animal has it. The counselor needs to help the client find the amusing portions of life and learn to laugh at them. Along with the humor needed, Frankl's (1967) suggested usage of paradoxical intention often produces a sense of self ridicule which enables a client to relieve oneself of fears and phobias. In paradoxical intention the client is urged to wish for the thing to happen of which s/he is afraid, to wish for it to occur better than ever before.

The case illustrated was that of a young physician who was disturbed by extreme hidrophobia (sweating). By being conscious of his problem and the times when it occurred most

prevalently, he would consciously try to perspire more and more profusely. After only one session he was able to free himself from this problem for the client was able to set himself outside the situation and to enjoy the humor of his experience.

Some Thoughts on Research

The subjectiveness of existential counseling makes research difficult for many people. How does one measure the amount of fear of death which is prevalent in any individual? How does one assess meaninglessness or meaning within a person's life?

The existential counselor, in concern for the whole person of the client, realizes that phenomena cannot be examined in isolation, that we can never measure without changing that which we are measuring, for the questions we ask and the answers received are functions of our beliefs between subjective and objective relationships.

(1) Maslow (1976) suggests a holistic method of research, different from most styles of research, in which he says he gets to know each individual very well, understanding them as a whole person. After getting to know some one hundred and twenty persons he can begin to ask particular questions, do some simple statistics and make general conclusions. This would suggest a valid method of

doing research with elderly individuals, holistically, and realistically to find characteristics of aging.

(2) There is need to follow through and continue some of the research of such individuals as Feifel (1969) where he pursued three levels of concern: conscious awareness by responding to a question such as "Are you afraid of your own death?"; or fantasy, by the response to a question such as "What do you picture in your mind when you think of your death?"; or the unconscious awareness such as responding to word-associations of death words. What do the elderly think about death? Do they think more of it than younger persons? Dream associations would provide areas of study.

(3) Yalom (1980) suggests that in researching depression and its causes, one might begin with the learned-helplessness model, assuming that certain individuals are taught earlier in life to be helpless and that helplessness leads to depression. Undoubtedly elderly individuals in certain institutions are taught to be helpless, and since they can do nothing for themselves, become depressed at their uselessness. It would be beneficial to determine how elderly individuals feel about their need to assume responsibility for their lives, even in institutional settings. Subjective reports from the elderly themselves could easily be obtained by using subjective reports consisting of

responses to questions concerning what aspects of therapy are most helpful.

(4) Questions of relationships to therapists/counselors could easily be determined. Yalom (1980) reported that forceful, active counselors often infantilized the client. This is important information for working with elderly clients who may be easily taught to be helpless.

(5) George Howard (1985), a research specialist, suggests that previous methods of research in which certain elements were teased out of the whole and examined may not be the best way to examine human behavior. He suggests that in examining behavior one do so utilizing the general systems theories of multiple systems considered simultaneously. Citing one of his own projects considering the effectiveness of drug therapy and psychotherapy in depression of adults, he suggested that perhaps they should have examined the effect of both treatments at once (Howard, 1985). This would provide valid suggestions to research with elderly clients.

(6) Longitudinal studies would provide valuable information, but would be of little help in working with the current group of elderly individuals. It might be helpful for the next generation if someone were to ask basic questions of younger persons concerning the anxieties expressed by existentialism. How does loneliness and isolation affect a

twenty year old, a forty year old and how different is it when the client is sixty or eighty years old? Is the fear of death any less at twenty or forty than it is at seventy or eighty? Is life more meaningful in middle age than it is in old age? Is our capacity for making wise choices in how we exercise our freedom any better at one age than another? To follow a cohort through a thirty or forty year span might give much information although the task sounds prodigious.

(7) It might be helpful to ask the relationships between client and counselor. How does the attitude of the counselor toward the elderly client affect the outcome of the counseling? Does the reluctant counselor of elderly persons have a marked affect on the client?

(8) Research is often confounded by a lack of agreement on the use of vocabulary. Careful definitions need to be made, especially when dealing with such subjective subjects as freedom, isolation, meaninglessness. Agreement is essential if any hope for replication is to be found.

Summary

It was the purpose of this paper to provide counselors a framework for counseling conducive to working with elderly clients from an existential point of view. In Chapter I the need for counselors of the elderly was discussed, citing the

growing numbers of older people in the population and the lack of counselors willing to work with them. In Chapter II the uniqueness of the elderly and the particular problems which confront them was discussed. It was pointed out that the losses of life leave them feeling deprived of their freedom, alone and isolated from that which was familiar, feeling that life has little meaning and that death is imminent. Chapter III was an over-view of existential philosophy and psychology indicating that existentialists have always dealt with these problems of freedom, isolation, meaninglessness and death, a fact that would prepare the existential counselor to work with elderly clients. Chapter IV indicated the complementarity between existential counseling and needs of the elderly in specific terms. In this last chapter a framework for counseling is suggested which is compatible with a theory of existential thought.

Existential thought insists that each individual creates the world in which to live, that each one is responsible for whatever action taken, that, whereas one cannot always control the environment, one can choose how to respond to it. There is no opportunity to blame "them" or "it", or any other force outside oneself. Each is responsible for one's own world. Each is free to create it as one wishes.

Within this concept of humanity, it is realized that each one faces the fact that each are distinct, unique and different from every other being. Immediately one is faced with the fact that no one can completely understand another individual, that each stands alone, isolated from all others. To compensate, one reaches out for meaningful relationships with other individuals, hopefully remembering to treat them as one wishes to be treated, to treat them as a Thou, not an It. Each other person is a subjective individual who deserves to be treated as a subject, not an object. For the counselor, this is an imperative concept.

Being thrust into a world without being asked, without any choice on our part, free to make choices of what kind of a world one will create, alone and isolated from every other individual, concerned that one does not know the day of one's death, only that one shall die, one asks the meaning of life, seeking within oneself to determine that which gives purpose, that which makes life worthwhile. If one assumes one's responsibilities of making choices, of establishing relationships with other individuals, one finds that meaning comes as one thinks less about oneself and concerns oneself with others or with causes which allows one to give rather than hedonistically receive. Meaning comes when that which one receives is a return of that which one gives.

One realizes that death is inevitable and being so, that it is like birth, part of life. Even though one cannot know with certainty that which is afterward, one knows that in death one completes the growth process with which one has been faced throughout life. Accepting the challenge that living is a process of becoming the most one can become, of self-actualizing oneself, one faces death as the ultimate in the growth process.

The counselor accepting these precepts and applying them to the client, finds that counseling is also a process of growth, growth for both the client and counselor. The counselor who becomes more and more congruent, more and more authentic in living, is able to assist the client in doing the same. Treating the client with respect as another subjective being, who is struggling to return to an authentic existence, the counselor is in a position to live through the growth experience with the client. The counselor does not "do something" to the client, does not foster a cure, but shares with the client the life experience which is causing the feelings of loneliness, or despair, or meaninglessness.

In working with elderly clients, counselors must be sure enough of themselves to realize that the experience of the older person may be a source of much growth material.

Remember that the clients are the only ones who can help themselves, the counselor is but a guide, a reassuring, strengthening presence, reminding the clients they are not alone but that the counselor is sharing in the experience. The counselor must be willing to give out of a genuine concern. It must be a free gift, without reluctance or a desire to have some form of recompense. It is necessary to prize the client, to value the individual so that s/he may begin to find the same value. It is a confirming of the other's humanity. It may be the opening into a transcendence of the self, of going beyond the ego into the transpersonal self. Opportunities may present themselves for the counselor to assist the elderly client in reviewing and renewing peak experiences, of finding new ways to relate not only to the world in which we live but to the cosmos, a uniting of the conscious self and the transpersonal self.

We have made some suggestions for research. There is still much to be done. Creative minds will find words to define the subjective experiences in order to enable us to have better insights into what is done. The growing number of elderly provide great opportunity for the gerontological existential counselor.

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