Clin Soc Work J (2017) 45:354–363
DOI 10.1007/s10615-016-0601-6

ORIGINAL PAPER

# From Despair to Integrity: Using Narrative Therapy for Older Individuals in Erikson's Last Stage of Identity Development

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Published online: 17 August 2016


**Abstract** Adults aged 65 and over are a growing population in the United States today. This population is underrepresented in the mental health literature despite the high rates of depression and suicide. Additionally, the newest generation of older individuals is more likely to seek therapy than past generations, furthering the need for mental health professionals to be prepared for treating older individuals. Erikson in Childhood and society, Norton, New York, (1950) describes this time period as being critical in terms of the final identity crisis, integrity versus despair. Integrity is marked by a positive evaluation of the individual's entire life, less anxiety about death, and a feeling of gaining wisdom. Individuals who do not resolve this crisis can manifest despair in a number of ways, including depression, anger, and regret. This model proposes utilizing Narrative therapy (White in Maps of narrative practice, Norton, New York, 2007) to understand how elderly individuals evaluate their lives in reference to their environment. The model utilizes externalization, unique outcomes, and re-membering conversations to unlock subjugated stories and promote integrity.

**Keywords** Narrative therapy · Older individuals · Erikson · Aging · Integrity · Despair

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## Introduction

### Older Adults in the United States

The United States has reached a point where there are more adults ages 65 and over than ever before (Werner 2011). As of 2010, older adults made up 13 % of the total U.S. population. By the year 2030, older individuals are projected to make up nearly 20 % of the population (Federal Interagency Forum on Aging-Related Statistics 2012). This rapid increase is the result of the baby boomer generation moving into their later years as well as the extended lifespan humans now enjoy. The older population presents new challenges to therapists, specifically due to the limited training and resources available to therapists to aid in treating clients in their later years. The older population has traditionally received mental health services from physicians, clergy, and case managers (Hanna and Hargrave 1997). Although these fields are necessary and serve vital roles, psychotherapy is frequently missing from the comprehensive care required to tend to older clients' emotional well-being.

One of the most common mental health concerns of older individuals is depression (Munk 2011; Taylor 2014). A common myth in today's society is that depression is a natural and inevitable aspect of aging (Munk 2011). Depression should never be perceived as an accepted characteristic during any age of life; in fact, researchers have found depression to be just as common in middle age as in old age (Mitchell and Subramaniam 2005). However, depression in older populations can be difficult to treat due to a bidirectional relationship with their physical health (Taylor 2014). For example, depression may worsen the effects of a coexisting medical condition, while the coexisting medical condition can also worsen the effects of

depression (Taylor 2014). Depression in older adults might include any of the following disorders (intentionally non-specific due to difficulty in diagnosing precise disorders): major depressive disorder, minor depression, subsyndromal depression, persistent depressive disorder, and bipolar disorder. Depression is a manageable mental health issue, but, if left untreated, can result in physical impairments, increased risk of dementia, and increased risk of suicide in older adults (Alexopoulos 2005). Although older adults make up only 13 % of the population in the United States (Werner 2011), they account for more than 15 % of completed suicides (Drapeau and McIntosh 2014). This potential outcome of depression should not be ignored.

Although depression is a common and valid diagnosis for older adults, it is often misdiagnosed (Munk 2011). According to the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (American Psychiatric Association 2013), symptoms of depression may include depressed mood, decreased interest or pleasure in activities, loss or gain in appetite, loss of energy, insomnia or hypersomnia, and the diminished ability to think or concentrate. Many of these symptoms, however, appear similarly in cases of grief, loss (Munk 2011), or memory decline (Young 2010). Grief frequently results from the death of loved ones, particularly spouses, but also parents, siblings, or children. Older individuals who have small social networks, are single, and/or have little interaction with their children are more likely to be diagnosed as clinically depressed (Vink et al. 2008), whereas older individuals who report strong social support often have much higher well-being (Inder et al. 2012). Loss is typically experienced when independence is inhibited or removed altogether (such as being placed in a nursing home, loss of activities of daily living, or loss of mobility), leading the individual to feel helpless, lonely, or angry (Munk 2011). Memory decline can cause older individuals anxiety or depression because they often feel their identities are slipping out of their control (Young 2010). A comprehensive and systemic assessment for depression will decrease the likelihood of a misdiagnosis and will help the older individual receive appropriate treatment.

There are a number of factors that individuals may possess that can lead to a more positive aging experience. Overall health is important, and low to moderately intense exercise has been shown to improve physical and psychological health for older individuals (Lee and Hung 2011). Older individuals who are not suffering from a brain disorder can improve their crystallized intelligence, knowledge and skills that arise from life experience, and emotional intelligence as they age if they continue to build those skills (Baltes 2006). That being said, how one views life satisfaction seems to change in old age. Mehlsen (2011) describes life satisfaction in old age as being an appraisal of their lives based on broad, abstract values (e.g., did something important, was a good person, etc.) rather than accomplishing concrete goals. Chimich and Nekolaichuk (2004) found that individuals who characterize their lives as meaningful and rich are less likely to experience depression. This evaluation of life is directly related to Erikson's (1950) eighth stage of identity development: integrity versus despair.

## Integrity Versus Despair

Erikson's (1950) focus on identity development is one of the few human development theories that propose a lifespan perspective. Erikson's theory explained how personality development is determined by the resolution of eight sequential life stages (trust vs. mistrust, autonomy vs. shame and doubt, initiative vs. guilt, industry vs. inferiority, identity vs. role confusion, intimacy vs. isolation, generativity vs. stagnation, and integrity vs. despair). Resolution of each stage (also known as *crises*) is based on a point on a continuum rather than an absolute. Erikson's final stage, integrity versus despair, is a life review process. Individuals in this stage are often retired and reflecting on the lives they have led while preparing for the inevitableness of death. As individuals approach death, they are confronted by their assessment of their life as a whole and their acceptance of the person they have become. Individuals who attain integrity are characterized as self-accepting and tolerant of others, and feel satisfied in their lives. These individuals have found meaning in their lives, feel they have achieved important goals, and have found peace prior to death. Integrity can be experienced as transcendence for some, or the resolution of an existential crisis for others. On the other hand, individuals who do not achieve integrity fall to despair; these individuals are characterized by alarm that they will never achieve their life goals, feel that life was unjust, and fear death. These individuals lack acceptance of themselves or events that occurred in their lifetime, and are likely to be diagnosed with depressive symptoms. If this crisis is positively resolved, *wisdom* is achieved. Wisdom is attained through experience and fulfillment in life and contributes to the individual's overall identity (Erikson 1950).

It is not uncommon for those working with older populations to overlook how older individuals are still developing, even at the age of 65 or above. Erikson's psychosocial theory developed around the individual's identity; therefore, it is recommended the therapist consider how individuals' identities change and develop as they adjust to the challenges life continues to present as they age. If the individual is not content with the life that was led, or lacks acceptance of the self or events in life, it

is likely that the individual will experience despair instead of integrity. Despair can influence the individual's physical, cognitive, and social health. Chimich and Nekolaichuk's (2004) findings suggested that depressed older individuals fail to resolve Erikson's last crisis, thus linking together Erikson's concept of despair and depression. Depression often accompanies despair due to the individual experiencing feelings of disgust, anger, regret, and bitterness (Johansson 2002). Attempting to treat older adults without considering systemic factors, including the identity crisis of integrity versus despair, may result in a lack of improvement of depressive symptoms.

### Life Review

Based on the significance associated with individuals achieving Erikson's last stage, multiple concepts have emerged over time to explain the phenomenon of late life reconciliation. Perhaps the most prominent and applicable of these concepts is Robert Butler's life review (1963). Butler suggested life review is a natural aspect of all individuals towards the end of their lives, at whatever age the end of life that might occur. Life review is a process of self-reflection, in which the individual might evaluate past experiences. If the individual experiences a predominantly positive review, he or she is assumed to handle impending death more positively. If the evaluation of the life review is more negative, the individual might feel unprepared for death due to many regrets; this can result in the individual failing to resolve Erikson's final crisis (Butler 1963).

The life review process can be experienced through a variety of methods (e.g. talking to a mental health professional, talking to friends or family, or introspectively) and to fluctuating degrees on a continuum, from an elaborate and constant reflection process to a few occasional thoughts. How a person experiences this life review process may also influence their ability to achieve integrity; for instance, individuals who may have negative evaluations may not experience despair if the life review process is less consciously invested (Butler 1963). Erikson's integrity versus despair stage of life has fueled inspiration for working therapeutically with older populations for decades (Johansson 2002; Peachey 1992; Woods and Witte 1981), but has yet to be incorporated with post-modern therapeutic practices such as Narrative therapy.

## Narrative Therapy

Narrative therapy (White 2007; White and Epston 1990) focuses on a person's view of his or her personal story, also known as a dominant narrative. This narrative is how individuals make sense of their identity, the events in their lives, and the meaning behind those events. Just as a person reads the events of a story and makes judgments about the characters and themes of the story, people do the same for their own lives. This has the potential to become problematic, as people are likely to ignore most events that happen in their life and only focus on the events that fit their story, creating a cycle of self-fulfilling prophecies (White and Epston 1990). Narrative therapists work with clients to help them re-author their lives (White 2007).

A person's dominant narrative often incorporates the problems from one's life as part of one's identity, another person's identity, or the identity of relationships. Narrative therapists often use externalization in order to separate the person from the problem. Externalization involves talking about a problem as outside of the client's identity (White 2007; White and Epston 1990). White (2007) described objectifying the problem by making it an additional character in the story. During these externalization conversations, the client begins to view the problem as something outside of him or herself. Therapist and client can then map the influence of the problem by gaining an understanding of how it affects the client and others (White 2007; White and Epston 1990).

White (2007) also described finding unique outcomes to bring out a client's subjugated story. Unique outcomes involve highlighting events that do not fit into the client's problem-saturated dominant story. Highlighting unique outcomes involves asking questions about events that may have been ignored previously to cement it into the landscape of action. Landscape of action is White's (2007) term for the events that occur in a person's story. After asking landscape of action related questions, the therapist asks questions about the landscape of consciousness, in order to expose the 'themes' of the story. Landscape of consciousness (White 2007) refers to the meaning making process people use to develop their understanding of events that happen to them. For example, the therapist could ask what a particular event means or what it says about the person(s) involved. These questions can, over time, unlock subjugated stories (White 2007). Important to unlocking a subjugated story is the concept of scaffolding (Vygotsky 1986). The therapist must work toward the client making small changes that are within the client's zone of proximal development (Vygotsky 1986). Each small change makes the next change possible until a chain of changes takes place (White 2007).

A central premise of Narrative therapy is that identities develop in comparison to other individuals. Dominant culture, various subcultures, other individuals, and the media create a reference point for developing identities. White (2007) described these environmental factors as *memberships*. Narrative therapy involves engaging clients in re-membering, the conscious reorganizing of

memberships that play prominent roles in an individual's life. These re-membering conversations explore the varying levels of influence of the different aspects of one's environment on said person's identity. The process of re-membering allows the client to envision a shifting identity based on the memberships that are revised or discarded (White 2007).

Older individuals have identified story-telling related therapies as both helpful and enjoyable (Feldman and Howie 2009; Gardner and Poole 2009). Hsieh and Wang (2003) describe the process of reminiscing and reflecting on one's life decreasing depression in old individuals. Narrative therapy specifically has even proven to be useful for older individuals with memory loss (Young 2010) and substance abuse disorders (Gardner and Poole 2009). The current model builds upon this evidence by integrating Erikson's (1950) identity stages and the concepts of scripts to Narrative therapy with individuals in their later years.

## Scripts

A person's narrative involves a socially constructed script about his or her life and identity. A life script refers to cultural expectations about what life "should" look like at different ages across the lifespan (Berntsen and Rubin 2002). An example of a suburban, middle-class, heterosexual individual living in the United States script might include graduating from high school, going to college or trade school, getting married, having children, experiencing grandparenthood, and then retiring, in that order or similar. Life scripts are typically learned from older generations passing down information to younger generations; however, technology and the media now provide persuasive (yet frequently unrealistic) images of what individuals in society "should" be doing (Mehlsen 2011). For example, television advertisements tend to portray older Americans as vibrant, physically healthy, loved by their grandchildren, and financially secure in their retirement, which may not be reality for all older individuals.

An individual's memberships serve as a reference point for his or her narratives; therefore, a script is also created for what the individual's dominant narrative or a similar person's narrative should be. An older individual who feels as though he or she is reaching or exceeding the 'should' narrative is assumed to have resolved Erikson's identity stage and achieved integrity. These individuals are likely to have followed their personal expectations for how their lives were led in comparison to others, and are likely to be accepting of themselves based on their evaluation of their lives. Individuals with a large discrepancy between their dominant narrative and the 'should' script that they have constructed can be characterized in the despair category. This discrepancy may have been caused by the individual experiencing trauma, facing opposition or oppression, encountering unusual life circumstances, or some other unexpected life events. Because these situations are not included in most individuals' 'should' script, it can lead the individual to feel unfilled or disappointed in themselves at the end of their life. In integrating Narrative therapy, Erikson's stage of integrity versus despair, and the concept of scripts, the goals of therapy with older individuals who display depressive symptoms are to empower the individual through unlocking subjugated stories and to facilitate a re-membering of the individual's narrative to alter the 'should' schema. Unlocking subjugated stories may reveal themes such as overcoming hardship, bravery, acceptance, peace, or some other previously unacknowledged trait. This model will describe how narrative therapy can help move individuals in their later years towards integrity achievement.

## Treatment Model

Older clients in Erikson's integrity versus despair stage can manifest their failure to achieve integrity in a number of ways. The client may describe his or her symptoms as depression, guilt, regret, death anxiety, anger, or any number of problems that result from a negative evaluation of his or her life. It is important to use the client's language in discussing the problem and not impose the word or concept of "despair" into the therapeutic process. The utilization of Erikson's last stage is simply to aid therapists in conceptualizing the problem more globally and help guide the formation of subjugated stories toward integrity.

For the purposes of this paper, both integrity and despair are viewed as socially constructed concepts. The integrity versus despair developmental stage does not occur in a vacuum; the importance of achieving integrity is imposed by societal factors. The nature of what it means to achieve integrity is also socially constructed. Using Narrative therapy, the therapist can work towards helping the client alter his or her definition of integrity as well as his or her dominant story surrounding the concept of integrity. In a sense, the client is allowed to re-define what it means to have had a 'good life' and to re-define his or her own story so that it more closely matches his or her definition of a 'good life,' leading to resolution of the integrity versus despair crisis.

This proposed model consists of early, middle, and late phases, each accompanied by tasks and goals to be accomplished. The early phase goal focuses on the client telling his or her story, mapping the influence, and identifying unique outcomes. The middle phase involves re-membering the story and then thickening the plot of the client's subjugated story. The last phase of this model

includes solidifying and exploring the potential for the preferred narrative. The overall goal of this therapy model is to unlock subjugated stories that move the client closer to integrity on the integrity versus despair continuum. Accompanying the different phases of therapy will be a case example. The case example was created to better illustrate the points of each section and is loosely based on a combination of client experiences of the authors.

> Rose (name has been changed), 79, presented to therapy due to feelings of depression and anger. She was divorced and had three adult children. She discussed spending her days limited to her home as she had no means of transportation. She said most of this time in her house was spent reflecting on her regrets and difficult life events. This constant reflection on the negatives of her life left her oscillating between anger directed at others and feelings of low self-worth. She was arguing with her adult children, which exacerbated both of these negative feelings. She expressed being afraid that she would die soon without being able to rectify all of these issues.

## Early Phase Goals

### *Client Tells Story*

The therapist's primary role at the beginning of therapy is to listen to the client's story. There is great therapeutic benefit to the client being able to tell his or her story uninterrupted to an engaged and curious audience (Gardner and Poole 2009). Older individuals in particular place value on being able to reminisce past events, particularly those that were meaningful or emotionally charged in some way (Berntsen and Rubin 2002). The therapist's role here is to listen and be alert to the client's presented dominant story. This dominant story will emerge in how the events are reported, the client's perceived role in the events, and the meaning attributed to the events. As the therapist begins to identify the client's dominant story, the therapist can also begin to identify common themes surrounding how the client perceives his or her life. The therapist should also be gauging how important their life review process has been to their current identity and dominant story.

During the discussion of the client's dominant story, life scripts will begin to emerge, along with aspects of despair. These are often related and discussed simultaneously by the client. The older client might describe how friends' or peers' lives were different from his or her own, or how the client feels he or she "should" be living at this point in life. Deviances from the accepted life script are typically reported as the client discusses the problem or reason for coming to therapy. These deviances may be described as positive, but (considering the client is coming to therapy) are more likely to manifest as regret, guilt, fear, despair, or depression. It is important for the therapist to be aware of the life script, how the life script influences the dominant story, the client's feelings about any changes or deviations from the life script, and ultimately the client's despair as they reflect upon life. The therapist can only achieve this awareness by listening to the client's story in depth, as the client chooses to tell it. The client's story is never-ending and always changing, and depends on the client's perspective at that moment. It will be told any number of times throughout therapy; how the therapist draws attention to less noticed details and highlights exceptions for the client will shift how the story is told in the future.

> Rose discussed her history about having been physically and emotionally abused by her parents while growing up, and being physically and emotionally abused by her husband before getting a divorce. Rose discussed feeling angry at those who had wronged her, but also feeling she was weak and stupid for falling for and staying in her marriage as long as she did. Rose described regretting not obtaining a degree or any skills that would allow her to live on her own after the divorce. Due to the current state of her relationship with her children, Rose was ambivalent about her role as a parent and told many stories related to her relationship with her children in which she blamed herself for the current tension in the relationship. A dominant story began to take shape of Rose viewing herself as inept, weak, and a poor parent.
>
> Rose's expectations for a person at her age were very different. She often discussed her friends that were still married and had positive relationships with their children. Rose spent a lot of time watching television and discussed getting angry whenever she would see a portrayal of a grandmother who was wise, respected, strong-willed, and/or the matriarch of the family. As she talked about these expectations, the therapist began to draw out several of the values Rose felt were important. Grandmothers and older individuals are portrayed in a variety of ways on television; the portrayals that Rose spoke of most frequently and with the strongest feeling signaled what she valued most.

### *Mapping the Influence Through Externalization*

Mapping the influence involves exploring how the problem (e.g. depression, regret, guilt, or however else the problem is described) impacts an individual's life and the lives of others. The therapist and client discuss the different aspects

of the problem including when the client first noticed the problem, how the problem is able to affect the client, and when the problem is strongest and weakest. This questioning also explores the client's relationships and how the problem impacted him or her. As the therapist is mapping the influence, they are also working towards externalizing the problem. The therapist externalizes the problem by presenting the problem as an entity that exists outside of the client's identity

Considering a common manifestation of the failure to achieve integrity is regret, mapping the influence questioning can have a dramatic effect on re-authoring the client's story. While the current presenting problem in therapy is described as depression, guilt, etc., the concept of despair is focused on a lifetime of 'problems.' It is important to map the influence of these problems as well, considering that they are a major contributor to the client's current view of him or herself. Individuals who are in the despair stage have spent years attributing the problems of their life as something that is part of their identity and because of this, older clients may struggle during the externalization process. Therefore, this process may take longer for clients to think about the problem as a separate character in the story and not as a trait they possess. Eventually, as the client begins to externalize the problem, he or she can begin to imagine what life might be like if the problem did not affect him or her so negatively. This opens possibilities for change in the client's life and therapy progresses based on these possibilities.

> The therapist focused on how 'regret' currently impacted Rose. The therapist asked how she was introduced to 'regret,' how 'regret' has changed since she met it, and how Rose interacted with 'regret' on a daily basis. Rose described regret being a part of her life shortly after she was married. She described it as being ever present and as a constant negative voice in her head. This helped the therapist understand Rose's history of experiences with regret. The therapist asked how 'regret' impacted her view of self, her current relationship with her children, and other parts of her life. Rose discussed how the negative voice in her head often makes her think less of herself or makes her angry easier when interacting with others. The therapist also worked to externalize Rose's self-described trait of 'weakness,' focusing on how weakness impacted particular events in her life. Rose described how her weakness was the reason she was abused as a child and why she did not leave her husband earlier. While Rose was able to talk about 'regret' as something outside herself, she could not do the same with 'weakness' and explicitly rejected the therapist's attempts at wording it as an outside character. Being 'weak' had been a part of her identity for so long and the trauma she experienced was so strong that she could not see herself separately from 'weakness.'

### *Identifying Unique Outcomes*

As the client is telling his or her story, the therapist identifies examples of events that do not fit with the older client's dominant story, which reflects the despair stage. These are unique outcomes and are typically in contrast with the dominant story. White (2007) discussed how human beings only pay attention to a select number of events that occur during a lifetime, and often those are the events that already fit our dominant story. It becomes important for a clinician to make unique outcomes more prominent in the client's mind by asking a number of detailed questions about the event so they do not go ignored. This cements the event into the client's landscape of action.

Once the unique outcome is thoroughly cemented into the client's landscape of action, the therapist begins asking questions about the landscape of consciousness (White 2007). As mentioned before, older individuals often evaluate their lives in terms of abstract ideals as opposed to concrete accomplishments. This makes the landscape of consciousness (White 2007) questioning more important as these questions can begin to unlock subjugated stories. The therapist must work to understand what values and ideals the older individual holds to be most important. For example, if a client values 'making a difference' (e.g. helping in the community, passing down traditions to younger generations, donating possessions, etc.), the unique outcomes should support this value, as opposed to a value that the client does not find as important or a value that further reinforces the dominant story. These unique outcomes are the beginnings to unlocking subjugated stories which promote integrity. The more events added to the landscape of action, the further reinforced the values and ideals from the landscape of consciousness can become.

> Rose discussed feeling torn between the cultural expectation to be a good wife and her choice to divorce years before. The therapist encouraged Rose to continue the conversation through asking clarifying questions and keeping the discussion focused on her defying cultural expectations. The therapist labeled Rose as being a rebel. Rose agreed that she was a rebel and described being proud of herself for rebelling against societal expectations. The therapist asked Rose to describe other ways she sees herself as a rebel. Rose discussed other instances when she rebelled against rules, social norms, and/or people

when she felt it was justified. The therapist pointed out the discrepancy between her view of herself as a rebel and her view of herself being weak, by saying how someone needs to be very strong to rebel. Rose agreed and discussed never thinking about herself as a strong person before. The therapist also focused on finding and exploring unique outcomes that ran contrary to the negative traits that Rose used to describe herself and parts of her dominant story or outcomes that reflected her living up to values that she previously thought she did not achieve.

## Middle Phase Goals

### *Re-membering The Story*

As previously discussed, an older person's identity is relative to others in his or her environment. Cultural expectations, media representations, lives of similar friends and family, and other environmental factors serve as reference points for how older individuals view their story. The older client labels his or her individual story, problem, identity, etc. in relation to others. In considering this, exploring how the client views his or her environment is important to understanding how the client perceives him or herself. This reference point that the older client creates is his or her life script on how life should be. For example, if a client describes him or herself as being a 'bad person,' it is because the client has a life script about how a 'good person' would have acted based on all of the memberships in the client's life, and the client felt he or she did not act in that way.

Throughout therapy, a client will describe different people, groups, or ideals that are members in the client's life. A therapist should be listening for these memberships and asking questions to understand the influence of these memberships. This includes questions regarding greater sociopolitical influences or cultural influences. These memberships, and the importance of these memberships, are not all created equal. The client grants these memberships and can work to re-member them. Re-membering conversations involve helping the client negotiate memberships and, in doing so, alter the life script he or she is referring to for his or her own identity. The intent of these conversations is to give the individual a better understanding of how he or she is influenced by surroundings and empower the client to decide how all those surroundings influence him or her. For example, an older client may describe him or herself as a 'bad person' because he or she did not meet cultural expectations of what it means to be a 'good person.' The therapist then attempts to understand where these expectations came from (e.g. family-of-origin, media, church, etc.), and possibly challenge these origins. These challenges give the older individual an opportunity to renegotiate the validity of the expectations. This renegotiation process empowers the older individual to take control over who is granted memberships in his or her life and how strong those memberships are.

The therapist gathered information about the different memberships as Rose was telling her story. Rose had previously discussed her family, her friendships, television, religion, and macro level societal expectations as being large memberships in her life. After the therapist felt there was sufficient knowledge of what Rose's memberships were, the therapist began to ask questions about those memberships to explore them further. The therapist asked Rose how each of those memberships impacted how she viewed herself and what her expectations of her life were. The therapist then gently challenged Rose, as a 'rebel,' to reassess those memberships. The therapist facilitated discussions regarding the degree with which she agreed and wanted to give importance to the different memberships.

### *Thickening the Plot*

As the client begins to identify subjugated stories, the subjugated stories need to be strengthened. This is especially true as older clients have years of events that have reinforced the dominant story. Their landscape of action (White 2007) is full of memories supporting the dominant story. While exploring the client's answers to landscape of consciousness (White 2007) questions, the therapist is looking for patterns that can be used to expand into additional rich subjugated stories and relate this to the client's values about life. For example, if a client continually uses the word 'brave' to describe him or herself in landscape of consciousness (White 2007) questioning, the therapist would want to focus on emphasizing the client's bravery as a subjugated story. This is referred to as 'thickening the plot' of the subjugated (integrity) story. The therapist should use the older client's language to define his or her own subjugated story and work towards promoting integrity. The therapist and client can work together to discover these subjugated stories by filling the stories with many events on the landscape of action and rich descriptions within the landscape of consciousness.

There may be situations where the client or the therapist has unrealistic expectations about the potential for change. According to Tomm (1989), this can be especially true when working with clients with chronic problems. Examples of chronic problems in older adults may include memory decline, heart problems, arthritis, or another

psychological or physical ailment. Another roadblock to change may be the deterioration of one's fluid intelligence. All of these challenges can compound upon already difficult issues like feelings of depression, stressful relationships, and past trauma. In these cases, it is important for the therapist to help the client establish attainable goals and to make the client aware that change may appear small. White (2007) addresses this through Vygotsky's (1986) concept of scaffolding. The therapist should be working towards understanding the client's zone of proximal development based on physical and mental health of the client and work towards multiple small changes within that zone that can build into larger sustainable changes.

> Over time, the therapist began to draw out other subjugated stories based on Rose's responses. Despite Rose's interest in the 'rebel' subjugated story, her dominant story persisted for a long time. The therapist and Rose had several of the same conversations, in which Rose would re-tell stories over and over. The therapist pointed out any slight changes in how the story was told or what meaning she took away from the story. This helped Rose see her own progress and further altered how she viewed the events. Her evaluation of feeling like she was a weak person also persisted despite the growing acceptance of the 'rebel' subjugated story. Rose even stated explicitly that she believes that she will always feel like she is weak because of the trauma she experienced. It was still beyond her zone of proximal development to view herself as not weak. That being said, as she further identified with the 'rebel' story, she had to redefine 'weakness' so that both traits became a part of her identity. While it was beyond her zone of proximal development to eradicate weakness from her dominant story, the therapist was able scaffold her, altering her definition of weakness. The therapist paid special attention to the slight changes in the 'weakness' definition and would highlight them to try to further develop the influence of the subjugated stories on Rose's landscape of action and consciousness. As the subjugated stories gained more influence, Rose reported experiencing improved relationships with her families, a more positive outlook on her past, and not hearing 'regret' speak to her as often.

## Late Phase Goals

### *Solidify and Explore the Potential for the Preferred Narrative*

The purpose of this phase is to address any remaining issues, such as family narratives and future events (Freedman and Combs 1996). Thickening the plot continues to occur in this phase and is broadened to include sociopolitical factors and the influence those might have had on the problem. If the family, partner, or friends of the older client have not been involved in therapy up to this point, the client might consider inviting key supportive family members or close friends to come to a therapy session to "witness" (Freedman and Combs 1996) the client telling his or her new subjugated story. Witnesses, or audiences, are an essential part of any story because stories are influenced by the subculture the older client belongs to. The witnesses can discuss with the client the implications of the new story and how the new story might affect the relationships. By hearing the new story, the witnesses' life scripts may also adjust as they consider this new perspective. By inviting witnesses to be told the new subjugated story, the story becomes a shared experience and is added to the client's landscape of action, and later to his or her landscape of meaning (White 2007). It is vital that the client only invite witnesses who are known to be supportive; it is inadvisable to invite witnesses who would not be supportive of the client's subjugated story, such as witnesses who discourage or challenge the client, or are impassive about the client's changes.

The last goal of this phase is to explore how the client is going to move forward with his or her new story in the future. Due to the age of older clients, this conversation will likely include the client's new outlook about death. If the client has in fact moved towards integrity and away from despair, the client might describe feeling more prepared, ready, or at peace with the fact that he or she will die. The therapist might ask how the client plans to pass on what he or she has learned to younger generations. The result of the successful resolution of integrity versus despair is wisdom, and many older adults attempt to find ways to share this wisdom prior to death. Inviting witnesses to a therapy session can be a celebration of the end of therapy, but also an opportunity for the client to share with others the wisdom he or she has gained. Wisdom can also be shared through letter writing, community engagement, or mentoring. By sharing wisdom with others, the client is further solidifying their belief in their new story and creating new landscapes.

> The therapist began to ask Rose about the wisdom she has acquired over her life and during therapy. Rose discussed learning to make her own rules and not allowing others treat her poorly. Rose discussed wishing she could share some of the harder lessons she learned with her grandchildren. When the therapist introduced the idea of bringing in a witness, Rose agreed and discussed her desire to invite two of her grandchildren. The therapist discussed with Rose

what she would like to talk about and how to present this wisdom for her grandchildren. During the witness session, Rose told a story about her life and her achievements. Rose also discussed her downfalls and what she learned from those experiences. Rose expressed what she hoped they took away from her story, and then expressed to her grandchildren the strengths that she saw in them and the hopes she had for each of their futures.

As the subjugated stories began to grow more influential in Rose's life, Rose described her view of death as changed. She explained how although she did not wish to die, she was no longer experiencing an intense fear of dying that impacted her daily life. When asked why this was the case, Rose responded that she believed sharing wisdom with her grandchildren gave her legacy that she could be proud of.

## Discussion

This article presents a conceptualization of depression and other issues that may arise in later life as failure to resolve Erikson's integrity versus despair crisis. The concepts of integrity and despair are socially constructed. A person's identity exists through comparison to others and the comparison to the socially constructed ideas of what integrity and despair look like. If a person's dominant narrative does not meet his or her definition of integrity, he or she is assumed to fail to resolve this crisis, resulting in despair. Narrative therapy can work to empower older adults to re-story and re-member their own narrative to alter their perception of their identity, their history, and their definitions of what integrity and despair mean.

It is important to note that integrity versus despair occurs on a continuum. Therefore, some older clients may be much closer to achieving integrity and others may be much closer to the despair. Additionally, this model may not be appropriate for clients suffering from severe dementia, Alzheimer's, or other cognitively debilitating disorders. The client's mental state should be assessed prior during intake sessions to determine if this model can be applied. Discovering subjugated stories may take longer in therapy with older clients than younger ones because their dominant story has been a significant piece of their identity for much longer. Clients that have experienced significant trauma or stressful events throughout their lifetimes are likely to have deeply ingrained dominant stories, and therefore may require more deliberate scaffolding to access subjugated stories. This can be accentuated by the fact that individuals in their later years traditionally struggle with fluid intelligence, or the ability to build new skills and ideas, as subjugated stories may be foreign to them.

## Conclusion

The expected outcome of this therapeutic approach is to help older clients achieve integrity in Erikson's last stage. The case example described in this article exemplifies the impact of the therapeutic model. Throughout the course of therapy, the dominant story is told, the therapist externalizes the problem from the client, the problem's influence is mapped, unique outcomes are discovered, the story is remembered, the plot of the new story is thickened, and the preferred narrative is explored and solidified. Throughout this process, the goal is for the client to move from feeling depressed, sad, guilty, regretful, and/or angry and to report higher rates of contentment, peace, resolution, or acceptance. This marks the shift on the continuum from despair to integrity and concludes Erikson's psychosocial stages of identity.

### Compliance with Ethical Standards

**Conflict of interest** Author Eric Goodcase declares that he has no conflict of interest. Author Heather Love declares that she has no conflict of interest.

**Ethical Approval** This article does not contain any studies with human participants or animals performed by any of the authors.

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