

NOTES FOR A SPEECH BY

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TITLE - "I AM A UNIQUE PERSON"

I AM A UNIQUE PERSON

I am a unique person.

I must experience the world and express the person I am.

Everett L. Shostrom
Freedom to Be

I am a unique person and must have the "freedom to be". What makes me unique? I am the sum total of all my genetic attributes and experiences. Through the years, I have developed a cultural role as prescribed for my age, sex, social role and profession. I have my fair share of conscious and unconscious attitudes, biases and prejudices. My uniqueness comes from my past; born on a farm at Avonlea, received my education in a one-roomed school, lived through the 10 years of depression and drought in the Saskatchewan dust bowl. I took up nursing, married and enjoyed motherhood. I have the privilege of having wonderful parents. My father lived to the age of 94 and my mother is still bright and alert at the age of 93. My life has been influenced by my ethnic and religious background as well as by the choices I made. Finally, I am here today trying to express the person I am.

Because of my visit here, my ego has been bolstered. I am still productive and still climbing Maslow's hierarchical ladder toward self-actualization; I am "no longer motivated by the needs of safety, belongingness, love, status and self-respect because these needs have already been satisfied"¹.

¹ Abraham H. Maslow, *Motivation and Personality*, p. 198.

Since I have no serious deficiencies, I am free for further growth, maturity and development especially as it relates to my work with the aged and our staff. As long as I am physically healthy, psychologically mature and socially concerned, I can gain some measure of success and in the process I experience independence and contentment.

What will happen to me once I'm forced to retire? Will my past work-oriented behavior allow me to be content dusting the house? Will my reduced funds allow my past extravagances? Will my relationships with my working associates remain in tact? I think not. I will be denied the admiration and affection of my colleagues and staff, and the exhilaration I experienced from my work. In a few weeks, my enforced leisure will turn to boredom. In all likelihood, I will have to give up my car, and since women outlive men, I will probably become a widow. This will now add grief and loneliness to boredom. Loneliness is described as "a most crippling disease and more serious than any other virus or autoimmune phenomenon"². Boredom is defined by psychologists as one of the "feeling states". It is classified with fatigue, depression and anger. All of them negative states that affect a person's concentration and efficiency. Add to this grieving, and you will find me a very ill person, but it isn't obvious to the outside observer.

² Dr. Amos Johnson, Past President of the American Academy of General Practice.

As losses continue, my life style will become greatly altered. I will have to sell our home in the country, with it will go the beautiful horses and a house full of mementos and treasures. How does one decide what must go and what to keep for a small suite in an apartment? In this social crisis, I find myself beset with denial, depression, and stress so powerful I do not hear what is said. I am so preoccupied with anxiety, I cannot remember the simplest detail. What did I do this morning? It's gone. I am frequently embarrassed because of this loss. I feel so useless. Casual observers see this behavior as symptoms of senility.

My old friends aren't around to comfort me as they, too, are sick or dead which produces the threat that I could be next. I do not want to die. My daughter and her husband belong to the nuclear set and are always in flight. My brothers and sisters are deceased, as I was years younger. My neighbors are kind and look in briefly, but they, too, are preoccupied with their own problems. I live with my losses.

My hearing deteriorates as does my eyesight. These new losses further separate me from my environment. My hearing plays tricks on me, I only grasp a phrase or two and so my imagination runs off on a completely unrelated topic. As a result, people avoid these encounters because they, too, see this as a symptom of mental confusion. I live in solitude. I feel rejected and devalued, but I

don't know why, as I have not had a personal failure. I'm still the same person. I still crave a successful, satisfying social life in which I see myself playing the role of mother and hostess. "It is human to want to be wanted, to yearn to be liked."³ I try to tell the postman about my very clever and beautiful daughter, but he says he's too busy to stay. Finally, my unfulfilled human needs and deprivations change my personality because my path toward self-fulfillment is thwarted at every turn. I no longer live in a gratifying atmosphere.

No one enjoys eating alone, so I settle for tea and toast. I am in constant quandary over my pills; I either neglect to take them or I repeat the dose and then worry I might have a heart attack because of the overdose. I begin to have blackouts, I fall easily. The kettle burns dry, the pots melt on the stove and I burn the dish towel. My Mother's Day plant is withered. I talk to myself. I cling to memories; some make me smile and there are regrets as well.

Then one day the door closes in on me, I am in a nursing home.

Now we come to you. You are a unique person. You, too, have had your own particular past and experiences. Along the way, you have formed many attitudes and biases, and you express the person

³ Elizabeth Monroe Drews, Learning Together, Prentice-Hall, p. 277

you are. How will you receive me when I arrive at your doorstep? Will you stereotype me because of the many myths society believes in as it relates to the aged, e.g. all aged are alike, older people can't make decisions, a disability is an illness, old age is second childhood, most old people are in poor health? If you subscribe to these myths, I am doomed because all your actions will re-enforce me toward that end. Are you genuinely interested and socially sensitive to the welfare of people? If you are psychologically mature and have a healthy outlook about your own self-worth and dignity, you will be able to submerge your own needs and desires in the interest of one less fortunate who needs strength and encouraging support. Are you mature enough to embrace me with love even though my hair is unkept, my clothing soiled and my mind confused? I will feel insecure, anxious and unsure of my abilities. Will you understand my fundamental needs? Maslow states, "psychological needs of safety, love, self-esteem and self-actualization have to be assured"⁴. If these yearnings are not understood and you disturb or twist my course toward self-actualization, you produce psychopathological distress. I must be set on the right course so that I can again develop as I was destined to. My human capabilities demand to be fulfilled.

Most neurosis can be traced to the deprivation of love, therefore, "I will need to lead a loving life, to have love and be loved"⁵.

⁴ Abraham H. Maslow, Motivation and Personality, Harper & Row, p. 57

⁵ Ibid.

In order to provide this humanistic care, your environment must be happy, serene and peaceful, conveying caring and loving concern by all, among staff as well as with their residents. If this is so, you will set up a chain reaction of therapy, growth and well being.

My accompanying diagnosis says senility. Will you see senility as synonymous with old age and illness, or will you see it as possibly a deviated behavior due to my many physical, social and psychological losses? My confusion could be due to malnutrition, poor drug therapy, an undiagnosed illness, or merely my high score of social deprivations. Doctor Robert Butler states, "Senility is an especially convenient tag put on old women by doctors who do not wish to spend time and effort necessary to diagnose and treat their complaints"⁶.

Once labelled as senile, the doctor withdraws, restorative programs are not initiated. He generally does not know how to order for rehabilitation. Other disciplines do not act independently, as they are placed at risk. They wait for orders which are never written. The most deteriorating by-product of the label senile is that the person is immediately given a dependent role. Everything is done for the unfortunate person, any remaining abilities are negated. In this process, the person is guided towards a self-fulfilling prophesy and the person will be destroyed.

⁶ Dr. Robert Butler, Aging and Mental Health, p. 22

I left myself entering a nursing home. What message will your physical facility convey to me? Is it a mini-hospital patterned after an acute care hospital complete with nurses in full white uniforms to further intensify the "institutional" aura? Scientists tell us we respond to our environment and become what is expected of us, or that the environment shapes and maintains our behavior. Needless to say, in this facility, I will be molded into the prefabricated shell of a patient even though I may still have many strengths and capabilities which could be improved or restored.

On the other hand, perhaps your nursing home has a more homelike environment, and I am greeted with positive expectations of wellness. Here, I will be programmed step by step into a well role.

What sort of organizational structure will you have? Will you cling to the traditional medical model? Is it a bureaucratic maze of red tape? Will you indulge in an authoritarian leadership in which your roles demand respect? Within a pyramid, will each department and each discipline be a little kingdom onto itself? Will medical staff remain aloof? Will nursing, even though they are capable of developing a restorative program, refuse to participate in rehabilitation because you have physio and occupational therapy departments? Will the physiotherapist remain in her department waiting for orders without assuming any responsibility

at the floor level? Is dietary inflexible within its own rigid system, making it difficult to initiate a therapeutic program, e.g. must they have a week's notice to change the menu for a picnic? Then, what if it rains? Will the social worker fill her time with placements and neglect social care? Will one discipline discuss with another, related problems or even share a cup of coffee in friendship? In situations where this informality does not exist, a team approach is an impossibility.

I do hope that you will have broken with tradition, reduced your pyramid, and that communications tend to run horizontally and diagonally as well as vertically. Possibly you will be working within a democratic environment in which you will have a flat, humanistic organization in which the roles of all disciplines will be blurred and merged to a degree so as to provide a continuum of care. This type of organization will be working as a team because they believe in humanized and individualized care, and will attempt to make it a reality.

In a humanistic organization, the authority is not demanded, but respect and cooperation is gained from recognized fairness, insight, knowledge and superiority of experience. All staff are requested and encouraged to be part of the democratic decision-making process in which their expertise is solicited before decisions are made. You need not be heavy handed, as most people respond more to a whisper of suggestion than a shout of command.

In this environment, all staff develop a potential for growth because it is expected of them and because they enjoy the challenge as they move toward self-actualization.

For the environment to be emphatic, comfortable and therapeutic, all personnel have to receive the same consideration as your residents, they, too, have their needs for dignity, self-esteem and respect. Reinforcements of praise and recognition can assist them in gaining gratification. For a dynamic organization to flourish, status must be removed, all members must be equal, there can be no exclusiveness. A humanistic organization can provide the basis for a happy staff, and their happiness then will be reflected in the eyes of the residents.

Will your facility be controlled by rigid or piecemeal rules and regulations because you wish control or lack understanding? Will the rules with their detailed procedures rob me of my uniqueness? Will I be forced to adapt and conform to the non-person role and even learn to apply a grateful smile? Once you accomplish this, I become that "model patient" completely withdrawn, nothing will be expected or required of me. Will neatness and order become an obsession in which the janitor is more important than patients because the furniture must remain lined up against the wall for greater ease of cleaning, even though it curtails sociability? Will I be oversedated and restrained in order to effect control and solve your problem?

What about mine? Will I have to obtain permission from someone in charge for some mere request I have taken for granted for years?

In this facility, for me to play the patient role, I am given a wardrobe and a stage. When I am admitted, my clothing is sent home because there isn't sufficient space for storage. I'm permitted to keep only a couple of nighties, dressing gowns and slippers. I will always be clad in night attire completely confusing my concept of day and night. Meals will be served to me on a tray at the bedside, conveying to me punitive connotations or illness. Toileting will also be done in my living quarters. I will be given a most humiliating and stressful vehicle, the bedpan. Instead of a tub bath, I will be bathed out of a small hand basin.

Rather consider the opposite, present me with a well role. My self-esteem will need to be rekindled. Have my clothing cleaned and suggest subtly my wardrobe needs replenishing. Have my hair permed and set. See to it that my make-up is applied, and that I'll always be seen well turned out. Replace my worn-out slippers with attractive supporting shoes. Do not offer me the bedpan, rather give me bathroom privileges and have me bathe in a tub. Be sure to have washing arrangements and toilets close at hand and easily located. Toileting becomes a private ritual in our culture, we won't perform this bodily function if

observed. If privacy isn't assured, I may not perform, and may even work against this need when a bedpan is offered to me in my room or in the presence of others. I may even become incontinent because of this. Clothing and personal possessions, too, should be stored so that they can be kept under my observation and control. I should be able to have a few of my precious belongings under lock and key.

In our culture, food also is generally consumed with a certain ritual which is as necessary as food itself. Encourage me to eat in the dining room seated at a well set table, not a tray. If I have forgotten how to feed myself, teach me and encourage good table manners. Find an amiable companion for me, perhaps the opposite sex might prove beneficial in encouraging socialization. Adding a glass of wine will surely help.

Use consistency of approach in all areas that require retraining, and don't forget to give me rewards, smile at me or give me a nod in recognition. Please listen to me, don't rush by leaving my sentence suspended in mid-air. Your tone of voice, facial expression and gestures are very important to me as they will convey to me your sincere interest far more than your words. While you're near me, please touch me. I must have this physical contact, it is a biological need. As you know, even pets crave and demand attention. Stroking, petting and hugging are all signs of love and acceptance. Without these, I will wither and deteriorate.

Expect me to walk and exercise so as to regain my strength. Do not introduce me to the wheelchair until absolutely necessary, because it has been proven that confinement to wheelchairs for prolonged periods of time results in demonstrable personality deterioration. In a wheelchair, I will feel trapped, my environment shrinks, and I am dependent on others; hence, I again lose control.

Be sure to follow the building code as it relates to the disabled in order to help maintain my independence. Avoid stairs, if you must use ramps, be sure they are not too steep. Often, token considerations are given these necessities, but errors are still made because the handicapped person was not involved in planning. We still find halls and doors too narrow, bathrooms too small for wheelchairs, windows too high and elevator buttons out of reach, just to mention a few.

Having been assigned to my room, I will begin to regard my room or the space around my bed as my territory. Once these boundaries have become firmly established, please do not change my accommodation without serious consideration to the consequences. Moving me from one room to another, or even switching me from my place at the table, will greatly upset me. In this dilemma, I may become confused because of the strong reluctance to alter my territory. Just think of the damage done everytime I am bounced from one facility to another, because my level of needs change.

Whenever you alter my life style by breaking relationships with former acquaintances as well as disturbing my space, you exact a heavy price. You create stress so serious, symptoms of mental deterioration are immediately evident. These enforced changes tell me I am no longer in control of my autonomy. The strong desire to stake one's claim to an area can become very unhealthy in an environment in which one does not have an interesting or diversified program. I must also be able to manipulate my environment to my liking, therefore, allow me to create and personalize my space to suit my needs.

Overcrowding or "herding" has a deteriorating effect as well. Among so many, I will see myself as only a blob of humanity. Will anyone notice me among so many? Scientists state that overcrowding in animals can produce major changes in the adrenal glands and creates a very strong stress factor. According to Selye, stress in humans can create many physical and emotional diseases. Periods of privacy are necessary for our well being. The continual presence of others can create irritability and resentment. Vischu found in his research with prisoners of war that lack of privacy, also, leads to accessive criticism of others and boasting in an attempt to maintain one's identity. By the same token, isolation to a room can also have a deteriorating effect because of loneliness, boredom and lack of sensory stimulation.

Scientists also tell us that man deteriorates when he hasn't sufficient sensory stimulation. He tends to withdraw and escapes from reality, therefore, our environment has to build in these stimulations. Stimulus can be accomplished through gay pictures, indoor and outdoor gardens, adequate space, patios, music, suitable and tasteful appointments, clocks, and beautiful and therapeutic colors. Color can affect a person physically and psychologically, e.g. red raises vital signs, while blue reduces them. Discotheques use color to great advantage in stimulating mind expansion. The markets have taken advantage of space, color and music for years, in order to compel the purchaser to reach out for a product. The patient should be motivated in the same way. Utilizing the outdoors provides tremendous exhilaration and the sun is a great therapeutic source. This free energy, however, will not be utilized if we place too many obstacles in the way. The obstacles would include: limited staff, heavy portering in unwieldy chairs, elevators, long corridors to unsupervised areas which would make surveillance of the confused person an impossibility. If we provide an interesting and motivating environment, our staff will not have to set aside precious and valuable time to contrive sensory stimulations, reality orientation exercises, plus numerous other activities to stem vegetation.

If I'm not interested in arts and crafts, please let me perform some other duties. Provide me with productive responsibilities, perhaps I could shell some peas, prepare

carrots, play the roll of a postmistress or librarian. I must do something to occupy my mind and hands in order to establish some former roles of usefulness.

Currently, one hears much about a social consciousness. Do our health care facilities foster and enhance our residents' social well being? In studying man, scientists say, "Next to the family, the community is the most important center of activities that make life human, civilized and cultured. No other environment contributes so significantly to nourish the intimate values of life."

Perhaps we should examine this community more closely so that we can develop it within our facilities. For a community to be viable, it has to be balanced and must contain certain basic ingredients, e.g. a comfortable home with a good living environment, services, a source of work, educational opportunities, recreation and shops.

Within this complex, a person has his family, and he is supported by relatives, friends and associates working together for mutual benefits and protection. He lives within a familiar locale in which he is endowed with limited political and personal autonomy. He supports schools, churches and charities and he belongs to such institutions as fraternal societies, recreational centers, and participates in hobbies and artistic activities. A

healthy person cannot live in isolation; he seeks fellowship with people of like status, interests and desires. He must have a sense of belonging. Associations at work and recreation are based on friendship, intimacies and companionship. He desperately needs to feel accepted and worthwhile. In living together within this closely knit society, people, naturally, develop a common bond. "The individuality of each person cannot develop to maturity except in community with others. Each person is in constant need of others, not as trainers or coercers, but as friends and councillors, as recognizers and encouragers."⁷

The process of forming your community within the hospital may be slow to begin with, but you must shed the traditional model and enhance a more liberated environment. Open your doors. Welcome all who come. Show hospitality, generosity and encouragement so as to build your community. It must be based on love and trust. We often hear the phrase "meeting a person's total needs", but because of our uniqueness, this is an impossibility. However, you can provide the environments which comes close to allowing it to happen.

The nature of the community defines the social roles each person must play. A program should allow the person to play his former roles as much as possible. Spouses, children,

⁷ Elizabeth Monroe Drews, Learning Together, Prentice-Hall, p. 277

grandchildren and friends should be welcomed, as group support eases stress and at the same time stems social impoverishment. Yet, we still find restricted visiting hours, and family, visitors and volunteers are treated as intruders. Absence of visitors is a blow to self-esteem indicating no one cares.

You must foster a spirit of love, mutual helpfulness and high expectations, yet, we see homes where this isn't the case. At one time, educational systems taught us not to become involved. Teachers were told not to smile at their pupils before November, and nurses were told not to become too personal. These attitudes create aloofness and social distance, which can crush a sensitive human. They also reduce communications and stifle involvement.

Critically evaluate your facilities and your own beliefs. Have you grown so accustomed to deficiencies that you do not see anything wrong with, for example, using catheters for staff convenience, using syringes to feed the slow feeders, or seeing your residents sit by the hour in idle boredom because you do not encourage volunteers or visitors? Do you refuse to admit couples or permit them to share a double bed if so desired? Does your facility show motivation toward enlightenment? What was once considered good and basic care needs to be questioned. If it is no longer appropriate or effective, reject it. Professional roles and skills which continue to give the same care to all are not listening to the pleading of a unique person.

Perhaps professional disciplines are not benefiting from the research presented by our related scientists. Pathology can no longer receive priority. Preventive and restorative techniques must be applied to social, psychological, emotional and spiritual distress just as avidly. Dr. Butler says, "Much about old age is not known, but infinitely more is known than is applied."⁸ Dr. Kastenbaum has stated that we have done little more than count wrinkles.

How to deal with a unique person's dignity and self-worth continues to baffle us. We don't know how to apply theory in a practical manner. We must study the material provided by our various sciences so that all policies can be backed up by scientific knowledge. With enriched learning, attitudes and personal philosophies will become more appropriate and meaningful. Perhaps we should take a good look at our roles, if they are outmoded, perhaps they can be recycled into a new model, one which embodies love, helpfulness and kindness. Setting it right for my uniqueness is in your hands. I must have the freedom to do it my way.

The challenge and responsibility assumed in a long term care facility is often far greater than in the acute care hospital, but disciplines are blinded to this. They equate their experiences with the aged to the limited program on the

⁸ Dr. Robert Butler, Aging and Mental Health, p. 9

drab medical wards. Because of this experience and their studies on psychosocial needs, they feel they are handsomely prepared for extended care. They are deluded.

With more and more hospitals extending their facilities to include long term care, we do not have adequate staff exposed to an extended care philosophy to assume strong leadership roles. Education is desperately needed by all disciplines, including ancillary staff. This education must come from dedicated faculty who have been actively involved in extended care, so they can initiate the desired program. Utilizing the practitioner to teach can prove to be very beneficial as they have the practical experience. Once exposed to the system of an acute care center, it is very difficult to embrace the psychosocial aspect. When, for example, a new nurse comes to an extended care unit, she has to be retrained to a new philosophy. Yet, in most cases, while this is happening, this nurse tries to superimpose her ideas which she believes correct. She still hasn't the ability to judge because she does not comprehend the full scope of restorative care, so we have conflict. In this see saw, extended care finds it difficult to maintain its identity.

Having been exposed to extended care prepares a person for acute care and enriches the experience, but in reverse it can have a destructive influence, and you can see the results of this as you walk through some long term care facilities. Nurses and

doctors there have tended to model these after hospitals based on their acute care philosophies. We must recognize that the two are not compatible. It isn't a traditional hospital we want for the aged, it is a home.

This paper includes some 25 well researched factors which contribute to the deterioration of an institutionalized person. In the main, I have not dealt with physical neglect, but rather on the psychosocial deprivations.

Dr. V.L. Bergston states, "It is obvious that behavior in just about every aspect of living or dying is influenced by the real or perceived social context."⁹

Some of the social factors so necessary to health and well being are not possible because of many inadequacies in our education, be it hospital staff at all levels, or planners and architects. They have not been taught to be autonomous, original or socially concerned.

Architects must avoid the inadequacies in a physical plant as mentioned throughout my paper. To date many buildings cannot provide a viable program due to inappropriate spaces, for example,

⁹ Dr. Vern L. Bengston, Selected Papers on Psychosocial Needs of Aged.

no dining room space, forcing residents to eat at the bedside off trays. Lesser spaces which afford socialization in small groups to avoid overcrowding are not planned for either. Privacy is often non-existent. Strict rules and regulations make it impossible to personalize a room, because nails to hang a favorite picture are not allowed. All inadequacies tend to lower self-concepts. They do not allow the person the freedom to be unique.

We ascribe to our own values in making judgements, therefore, we must not be found wanting when we set policies which may overlook the social aspect so necessary to health. Generally, our social conscious needs to be raised so as to become more acute and discerning as it relates to human beings.

You may say, we do not have money or the time for these frills. This is not so. An enriched and therapeutic environment only needs more knowledgeable planning. Loving, expressed through therapeutic attitudes, e.g. listening, smiling, talking and touching, are free. Thoreau (Walden) states, "Money is not required for one necessary of the soul". Love has been defined as giving respect, dignity and understanding to a person's needs, wants and desires.

In order to learn to care for me as a person, you must learn to know me, so that you are not dealing with a stranger. A comprehensive questionnaire greatly assists in becoming acquainted

with me. This data base should include a personal history, prior living arrangements, general personalities, personal problems, sensitive areas, social attitudes, hobbies and interests, family relationships, childhood, socio-economic, cultural and religious factors, present awareness and psychological orientation. Once this documentation, along with a total physical examination, is compiled, you will find my uniqueness emerge. You will see how I experienced the world, and how I am trying to express the person I am. Once you know me, you will be able to set goals for my improvement. Reaching these goals is possible only if the data is related to all staff. This information should not be considered confidential, and filed away in the social worker's office.

Every person should have the right to be self-directing in order to feel worthwhile. This right can be initiated into the program in many subtle ways. Let me help you set my goals as a member of your conference. Within my limitations, allow me to be self-sufficient in all activities of daily living. Let me choose the dress I would like to wear, and allow me to keep my jewelry and trinkets. When I go shopping, allow me to choose and pay for the dresses and shoes I select. These are small steps for mankind, but so necessary for my well being.

As a member of a Resident Council, I can participate in directing the care given. This Council can plan activities

which become more meaningful because of the involvement and because, as a group, WE decide which programs appeal to US. Staff should not feel threatened by the Council, as it can become a very useful tool, and it tends to identify with administration if residents know the problems involved. There is much wisdom to be tapped, but it must be solicited.

Do not remove all my familiar objects. If the doll I brought with me is a comfort to me, why not leave it until you have brought me back to reality, and I am again able to enjoy my own keepsakes. Personal possessions provide comfort, security, satisfaction and aid memory, therefore, send for my family album and treasures. Encourage me to write my autobiography or make scrapbooks of my past. These activities will give me the opportunity of telling my story over and over so that in the end, I will have things to talk about other than how clever and pretty my daughter is. When I'm down and depressed, ask me to tell you the story again about the time I gave a keynote address in Saskatoon.

I will have a strong desire to leave a legacy. I have to leave something of myself, as I don't want to be forgotten. A close friend will provide a sense of continuity. Glasser says, every person must have at least one close relationship. Someone must remember me. Invite children and let me talk to them so that I can share my accumulated knowledge. Perhaps I can tell them of my past experiences, and, just by chance, they might find

them interesting and even valuable. Think of my self-esteem.

I will begin to realize my end is drawing near so I will value time more. I will be living in the here and now. Have my priest come to see me so I can set my books straight. There may be some unresolved conflicts which need to be discussed and resolved, but don't allow me to dwell on my approaching death. Provide me with stimulating activities because creativity and curiosity do not decline. Before I go, I should have a sense of fulfillment, a feeling of satisfaction and serenity. When I reach the critical stage of death, remember I still have feelings, desire, opinions and the need for love. Don't place me in isolation where I must exist in an impersonal and inhuman manner, as if I were already dead. Be sure you recognize Dr. Kubler Ross's five stages of death, and when, finally, I reach out and accept these stages, please understand them and be there to support me so that I can die with dignity and self-respect. I will then remain a unique person to the end. I will have experienced the world, and I do hope my uniqueness has pleased Saint Peter.