LIFE REVIEW AS A THERAPEUTIC FRAME IN THE TREATMENT OF YOUNG ADULTS WITH AIDS

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In this article, the author describes developmental and clinical issues in the use of life review as a therapeutic frame in psychotherapy of young adults with acquired immune deficiency syndrome. Presentation of clinical data suggests that elaboration of life narratives, by means of reminiscence, may help people to regain a cohesive sense of self, carry out psychological and social tasks, and revise life structures in the context of the illness experience. The author demonstrates how narrative approaches, informed by developmental theory, shift the focus from disability and dysfunction to concern for relative health and personal growth in social intervention with this population. Emergent research issues also are identified.

The tasks of psychosocial intervention in acquired immune deficiency syndrome (AIDS) are determined largely by the stage and severity of the illness. Development of treatment strategies must be based on an understanding of biological, psychological, and social aspects of the condition. Given the dismal prognosis inherent in the diagnosis and the increasing levels of care required by progressive impairment, discussions of psychosocial intervention have focused on crisis intervention (Isaacs, 1985), psychoeducational strategies (Goldstein & Yuen, 1988; Perry & Markowitz, 1986), supportive group approaches (Gambe & Getzel, 1989; Spector & Conklin, 1987), and hospice care (Schoen, 1986). Social workers have emphasized the importance of strengthening supportive networks and community involvement as well (Stulberg & Smith, 1988). However, there has been relatively little consideration of the ways in which psychotherapy can help people develop coherence, continuity, and meaning in their lives in later stages of the illness. The paucity of literature in this area is surprising, given the potential value of the narrative process in helping people to make sense of adversity and realize a sense of purpose and meaning in the face of death.

In this article, the author examines the use of life review as a therapeutic frame in psychotherapy of young adults with AIDS-related conditions. The approach emerged from efforts to apply life-span developmental theory and psychodynamic principles to the realities of clinical intervention with terminally-ill young adults. These people may lack the inner
resources to work in more intensive, open-ended modes of therapy. The author also describes a developmental frame of reference that provides a context for understanding the experience of life-threatening illness in young adulthood. The author also discusses how use of reminiscence and reconstruction in the context of the life review may facilitate the therapeutic process over the course of the illness experience.

This article extends the range of strategies available to social workers as they seek to help people with AIDS perform psychological and social tasks over the course of the illness experience. Given its emphasis on inner experience and developmental factors, the approach complements other types of intervention that focus on social needs and management of illness-related problems (Parry, 1989). By virtue of its concern with the strategy, personal narrative embraces basic social work values, such as respect for individuality and self-determination, and also reflects the humanistic emphasis on subjective experience and client autonomy advocated in health-oriented models of social work practice (Weick, 1983).

LIFE STRUCTURE

The concept of the life structure, formulated by Levinson and his colleagues in a study of adult development (Levinson, Darrow, Klein, Levinson, & McKee, 1978), provides a useful frame of reference in understanding the developmental factors that influence the experience of life-threatening illness in early adulthood. Although the data in Levinson's initial studies were limited to men, he has applied his formulations of the life structure to both genders (Levinson & Gooden, 1985). The individual life structure can be understood as the underlying pattern or design of a person's life, as it is seen in relationships with other persons, groups, institutions, or activities. In the context of general systems theory, the life structure functions as a boundary between personality and social structure, mediating the relationships between person and environment. Adult development, seen from the perspective of the life structure, is understood as the "story of self-in-world" (Levinson et al., 1978). As such the concept provides an organizing framework for the interpretation of a life, which Levinson called a form of biography.

Early adulthood, as conceptualized by Levinson et al. (1978), spans the years from the late teens to the mid-forties. They distinguished four periods: (1) the early adulthood transition, ages 17 to 22; (2) development of entry life structure for early adulthood, ages 22 to 28; (3) the age 30 transition; and (4) development of a culminating life structure in early adulthood, ages 33 to 40. Levinson et al. (1978) described the life structure as evolving in a relatively orderly sequence of phases through these periods, which are characterized by alternating periods of "structure-building" and "structure-changing" or transition (p. 49). He theorized that life structures emerge in early adulthood as the person separates from the family of origin and forms relationships, chooses an occupational direction, and establishes a lifestyle on the basis of interests, values, and goals. Generally, Levinson (1980) saw young adulthood as a time of "energy and abundance" as well as "contradiction and stress" (p. 282). The sense of fulfillment experienced in the development of relationships, of a family, and of occupational advancement, and the realization of goals is accompanied by the stress of having to make important life decisions before having the maturity or experience to know that one has chosen wisely (Levinson, 1980).

During transitional or structure-changing periods, the person reviews the past, reappraises the present life structure, and explores options for change in view of new goals, hopes, and circumstances. Although periods of limbo may emerge in the transition to age 30, structure-changing is most pronounced toward the end of the thirties and early forties, the time of the mid-life transition.

As the young adult approaches mid-life, the independence of earlier years is moderated by a growing anticipation of eventual decline and death in later life. Earlier commitments and goals are reviewed and reevaluated, as the person begins to fear that it may be too late to accomplish certain tasks. In time, choices are made that will form the basis for a new life structure in the next phase. As Rodeheaver and...
Datan (1981) emphasized in their review of empirical studies, competence and control emerge as primary developmental issues in response to growing awareness that the person has final authority over his or her life.

Whether or not the young adult has a sense of mastery and competence in the elaboration of a life structure, or is reviewing and revising existing structures, the onset of life-threatening illness generates crisis, conflict, and discontinuity. The person is caught between the needs of the developing self of young adulthood and the tasks of the reflective self that generally mark preparation for death in later life. As a young adult, the person is striving to develop, maintain, or revise a life structure that will give expression to values, goals, and hopes. However, having been diagnosed as having a life-threatening illness, the person realizes that death is approaching, and faces the final task of affirming the life that one has lived, to achieve ego integrity (Erikson, 1963).

As the person works to integrate past events with present realities, the sense of control and competence that has characterized the developing self in the external world may find expression in the inner world of the reflective self. Use of reminiscence and reconstruction in the life review may provide a therapeutic focus in efforts to facilitate this developmental transition.

**LIFE REVIEW**

Life review has been conceptualized as a normative developmental process in later life, initiated by the realization of approaching decline and death (Butler, 1963). Life review is marked by a return to past events and unresolved conflicts, as the myths of personal invulnerability and immortality recede. As Butler described the process, the person reflects on the course of life events to reorganize, reintegrate, and reinterpret unresolved issues and conflicts. Butler suggested that review processes may lead to personality growth, and speculated that such activities may help to account for the wisdom and serenity sometimes seen in later life.

More broadly, the life review can be understood as a form of personal narrative. As defined by writers in life course social science, personal narrative refers to the individual’s reformulations of life history, in an effort to organize and make sense of unexpected or adverse life events. This serves to maintain coherence and continuity in a person’s sense of self (Gergen & Gergen, 1983).

Butler’s (1963) formulations have generated much interest in the psychological and social functions of reminiscence in later life, and a number of studies have attempted to document the effects of life review processes on morale, life satisfaction, and psychosocial functioning in older adulthood. Recent reviews of the empirical literature show inconsistent findings regarding the adaptive value of reminiscence (Thornton & Brotchie, 1987). Some writers, including Butler, have suggested that the process may lead to maladaptive outcomes in narcissistically vulnerable persons (Hultsch & Deutsch, 1981). In general, however, research findings have emphasized the potential value of reminiscence processes in fostering adjustment and adaptation in later life (Coleman, 1987; Merriam, 1980).

Case studies and clinical narratives support Butler’s hypothesis that reminiscence may help people maintain personality organization in the midst of discontinuity and loss (Coleman, 1987; Sherman, 1985). The assumption is that reminiscence processes work to preserve a sense of ego integrity (Erikson, 1963), order (Basch, 1976), coherence (Antonovsky, 1987), and cohesiveness (Kohut, 1977), which are seen as critical determinants of adaptive functioning and mental health (Cohler, 1982).

Although life review processes are believed to occur throughout adulthood, interest in clinical application of reminiscence to psychotherapy generally has been limited to intervention with older adults (Frankel, 1987; Lewis & Butler, 1974). There has been little attention to the role of life review processes in psychotherapy of younger people facing adverse events that may threaten their sense of identity or cohesiveness.

**CLINICAL APPLICATION**

A social worker’s emphasis on helping the client to develop a personal narrative or life story distinguishes the use of life review as a therapeutic frame from the reconstructive and
interpretive work of psychodynamic psychotherapy. The therapeutic contract consists of client and social worker agreement on the life review as a treatment focus. Brevity of intervention is emphasized, although no specific time limit is set. The social worker educates the client about the therapeutic process, using approaches conceptualized in brief term psychodynamic treatment models (Bauer & Kobos, 1987), and distinguishes the activity from other services the client may be receiving, such as case management, supportive group treatment, or couples therapy. The clinician works rapidly to establish the treatment alliance, using positive transference to strengthen the relationship, and assumes an active role in maintaining the treatment frame.

As the client enters therapy and begins to speak about the present, historical antecedents follow. Certain memories emerge, calling forth images of earlier times. As the process continues, the client recalls events from childhood and adolescence, and relates stories of significant relationships, experiences, and life decisions. The process is highly interactive, with the social worker participating in elaboration of basic themes and patterns. Over time, therapist and client piece together recollections of experience to show the pattern of a life, a form of biography.

The social worker helps the person to recall, reinterpret, and recast past experiences, seeking to promote a sense of continuity and integrity through the life course. Awareness of the phases of adult development, as described by Levinson et al. (1978), helps the practitioner and client track development of life structures, transitions, and shifts.

The following case illustrates the ways that use of life review in treatment may facilitate adjustment and integration in terminal illness.

**CASE EXAMPLE**

The client, age 39, diagnosed as having AIDS, was referred for psychotherapy by his physician after he developed symptoms of depression. He had been single for 3 years, following separation from his partner of 7 years, and described a “close and supportive” network of family, friends, and colleagues. He had achieved considerable career success the year before his AIDS-related symptoms appeared, but said he had recently “retired” from his position because he felt “too depleted” to continue professional activities.

In the initial session he acknowledged feeling “lost” and disoriented by the loss of his career, and that he needed “to learn how to live the time I have left.” He wished to better understand himself and his life, in the hope that it would help him to direct the course of his day-to-day activities. Despite the debilitating effects of his infections, he had continued to function at a high level of activity consistent with a sense of competence and control characteristic of the developing self, carrying out professional responsibilities. His work had provided a sense of control, competence, and continuity in the midst of the dislocation imposed by his illness. In contrast, his retirement had precipitated a crisis of identity, a period of limbo.

To meet the client’s goal of achieving a better understanding of himself and his life, the therapist suggested that he review his past—to recall “where you have been” and “where you are now” to understand “where you want to go next.” The client spontaneously recalled a series of events from his twenties, involving early relationships and educational activities, and then focused on his childhood and adolescence, as if to provide a general map of his life. He emphasized such normative transitions as family moves, the start of school, and changes in his father’s occupation. As therapy continued, however, he began to relate a series of traumas from his childhood: knowledge of his near death as a premature infant, the onset of his mother’s chronic illness shortly afterward; the sudden death of an aunt who had served as a primary caretaker during this mother’s illness; his hospitalizations for whooping cough and polio; and the recognition of learning disabilities.

These events provided touchstones for the client in uncovering further memories and in developing interpretations of experience. He recalled feelings of abandonment, alienation, and confusion as he struggled to come to terms with his sexuality, to separate from his family, to
develop meaningful relationships, and to begin his career. The practitioner helped to provide coherence to these accounts by framing them in the context of personal growth, using Winnicott’s (1965) metaphor of the “true self.”

Although the client experienced varying degrees of sadness and regret in recalling his experiences, his feelings of distress receded as he realized the strength and resilience that he had demonstrated in dealing with adversity over the course of his life. Using an allegory from Ingmar Bergman’s (1957) Seventh Seal, he compared himself with the Knight engaged in the struggle with Death in the chess game: “We all play chess with Death,” he said. “The question for me is how well we play it: how well and how fully we live the life we have, given the givens of our fate. This is the only way I believe we can hope to win.”

Although the treatment is presented here in a condensed form, this overview shows how the life review process provided sources of mastery and gratification. Life review helped the client make the transition to the reflective self preparing for death. Despite progressive impairment, the client began to reexperience a sense of control and completion, and developed a greater sense of what he called “the history and the mystery” of his life.

DISCUSSION

The author has used life review as a therapeutic frame in psychotherapy with eight young adults in various stages of AIDS. Although some of them showed a fragility of defense, tendencies toward anxiety or depression, and episodic periods of disorganization, review of clinical data suggests that reminiscence and reconstruction in the context of the life review facilitated adjustment and adaptation in two ways.

First, in accordance with Butler’s (1963) formulations, the review helped some clients reorganize and integrate unresolved conflicts and perceptions of adverse experiences. It appeared to increase clients’ self-esteem and promote self-continuity and cohesiveness in the face of progressive impairment. For example, one client in his mid-thirties found the process helpful in working through feelings of guilt associated with a divorce. He came to understand the separation from his wife not as a personal failing, but as a consequence of his growing realization of his sexual identity and transition to a new life structure. Another client, in his late twenties, used the review to resolve feelings of abandonment following his family’s failure to accept his gay identity. By addressing unresolved conflicts within the supportive framework of the life review, the practitioner helped clients draw on their capacities for self-understanding and adaptation.

Second, the life review process provided a bridge in the transition from the external activities of the “developing self” to the internal tasks of the “reflective self” in preparation for death. The clients developed an acceptance of what Erikson (1963) described as “one’s own and only life cycle . . . as something that had to be and that, by necessity, permitted of no substitutions” (p. 268).

RESEARCH ISSUES

The life course perspective used in the therapeutic approach described here provides a helpful frame of reference in conceptualizing and conducting psychotherapy of people with life-threatening or terminal illnesses. Research is needed, however, to determine the strengths and limitations of life review in the following contexts:

- client characteristics (such as premorbid personality, narcissistic vulnerability, motivation for treatment, capacity for introspection, coping strategies, perceptions of illness)
- developmental aspects of the illness experience (such as time since diagnosis of condition, stage of illness, specific types of impairment)
- family and peer relationships (such as structural and functional factors, relative degree of perceived support)
- environmental characteristics (such as care setting, availability of community-based support services)

Specific indicators of adaptational outcome, such as psychological well-being, morale, self-cohesion, and social functioning, must be
assessed before, during, and after intervention. Research efforts should seek to establish criteria for assessment, treatment, and management decisions in psychosocial intervention with this vulnerable population.

In addition to its clinical relevance, the life review perspective demonstrates the importance of interpretive or phenomenological approaches in the study of psychosocial functioning and adaptation in life-threatening or terminal illness. Empirical findings suggest that efforts to “make sense” of the illness experienced in the context of life philosophies or life biographies help to provide a sense of purpose and patterns of meaning in the midst of discontinuity and loss (Borden, 1988). However, little is known about the ways that people develop and maintain coherence and continuity over the course of a life-threatening illness. Clinical case studies, phenomenological descriptions, anthropological field studies, and analysis of narrative context promise to enrich the understanding of adaptation in times of illness and adversity (Ryff, 1986). Research efforts addressing the subjective experience of the client using life review as therapy will further the understanding of factors that foster coping and mastery of developmental tasks associated with the experience of life-threatening illness.

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References

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