



**KINETIC FAMILY DRAWING INTERVIEW QUESTIONNAIRE
(KFD-IQ): A TOOL TO LEARN ABOUT THE FAMILY UNIT
FROM A DRAWER'S PERSPECTIVE**

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Abstract:

Although reports on akinetic family drawings or Draw-a-Family (DaF) found in literature can be traced to Hulse (1951, 1952), Burns and Kaufman (1970, 1972) have been credited as the originators of the Kinetic Family Drawing (KFD), which is used in assessing cognitive, interpersonal, and/or psychological functioning today. Spinetta et al. (1981) revised the KFD measure and used it as an affective measure to work with siblings of children diagnosed with cancer. The focus of this paper is to introduce the Kinetic Family Drawing Interview Questionnaire (KFD-IQ) within the context of a family unit which is based on the triangulation of three key components – composition of a family (C), the relationships of the family members (R), and the dynamics of family activities (D) – involving the social beings (S) that make up the family unit. From these components, the authors of this paper have created the CRDS framework as the model of a family unit. The goal of the KFD-IQ within the CRDS framework is to provide therapists an additional tool to be used with children and adolescents with emotional behavioral issues and also to complement the KFD (Burns & Kaufman, 1970, 1972) or KFD-Revised (Spinetta et al., 1981) scoring system for the KFD analysis.

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1. Introduction

Although the earliest reports in literature concerning the Draw-a-Family (DaF) measure can be traced to Hulse (1951, 1952), Burns and Kaufman (1970) moved beyond the akinetic DaF to include some form of action (or activity) being done by the human figures shown in the drawings. This is described as “kinetic.”

The addition of action (“kinetic”) to the DaF drawings has resulted in more meaningful and revealing information about the drawer’s self within his/her family matrix (Fan, 2012). In fact, the use of the KFD technique has been extended into counseling, special education, educational therapy as well as a part of arts as dialogic-diagnostic therapy (including expressive art therapy). The technique *“has sparked renewed interest in research relating to both family, school group drawings ..., and ... can produce drawings rich in projective content”* (Klepsch & Logie, 1982, p.175).

In fact, Burns and Kaufman (1970, 1972) have been credited for introducing the Kinetic Family Drawing (KFD) technique, which is a form of projective drawing measure like Single Human Figure Drawing (SHFD) (Koppitz, 1968) (see Figure 1 for an example), Draw-a-Family (DaF) (Hulse, 1952) (see Figure 2 for an example), Draw-a-Teacher (DaS) (Klepsch, 1979), House-Tree-Person Drawing (HTP-D) (Buck, 1948, 1964) (see Figure 3 for an example), Draw-a-Coconut Tree (DaCT) (Chia & Ng, 2011), and Family-Centered Circle Drawing (FCCD) (Burns, 1990), to name a few here. Figure 4 shows an example of a KFD.

Figure 1 shows an example of the SHFD drawn by a 10-year-old boy with inappropriate behavior/feelings disorder-disruptive behavior subtype (EDMⁱⁱ-EDⁱⁱⁱ 3.02). Figure 2 provides an example of the DaF drawn by an 11-year-old boy with emotional disturbance by exclusion (EDM-ED 1.00). Figure 3 is an example of HTP-D done by a 9-year-old girl with low self-esteem. Figure 4 is an example of the KFD drawn by a 10-year-old girl from a good family background.

ⁱⁱ EDM stands for The Educator’s Diagnostic Manual of Disabilities and Disorders (Pierangelo & Giuliani, 2007).

ⁱⁱⁱ ED stands for Emotional Disturbance (a disability class found in the EDM).

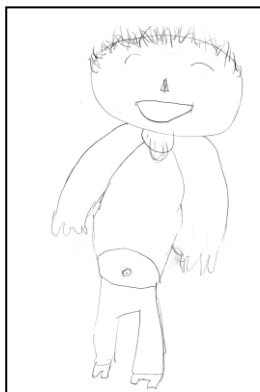


Figure 1: SHFD

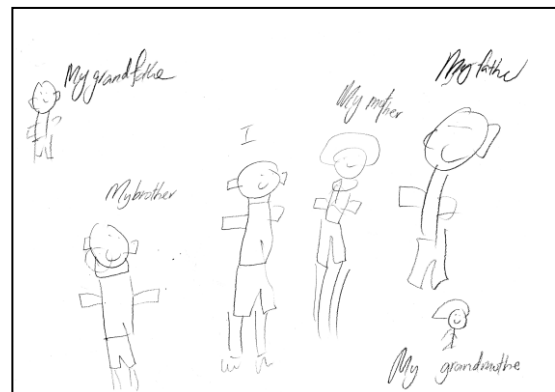


Figure 2: DaF

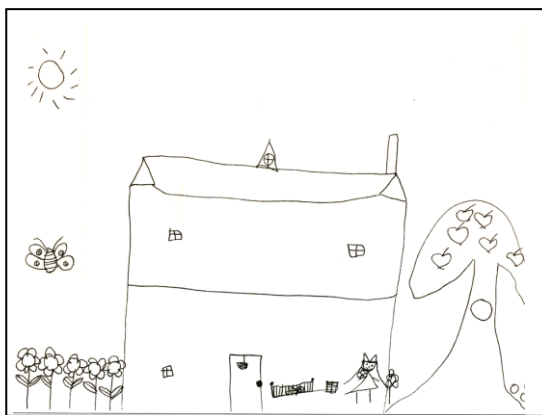


Figure 3: HTP-D



Figure 4: KFD

The usefulness of the KFD measure has been reported in several studies. For example, a study done by Nuttall, Chieh and Nuttall (1988) showed that KFDs could be used to reflect differences in cultural values as well as rules. Chuah (1992), in a later study on using the KFD measure to compare Chinese-American households with white American households, confirmed that KFDs could also reflect the process of cross-cultural integration. Another example is a study done by Johnston (1975) who showed the KFD differences in child drawers from intact family versus divorced family. In another study done by Heineman (1975) showed that the style of compartmentalization of human figures drawn in KFDs of siblings of children with severe emotional disturbance. O'Brien and Patton (1974) used KFDs to identify and predict children for manifest anxiety.

However, it is still difficult to establish clear formal evidence of reliability and/or validity of the KFD. The study done by Heineman (1975), as mentioned earlier showed that the validity of the KFD measure depends on the style of compartmentalization shown in the drawings of siblings of children with emotional disturbance. However, it is important to note that KFDs keep changing all the time. One explanation is that *"the composition of the family changes"* over time (Fan, 2012, p.186). Another explanation is

that what the drawers “say about their family is different from how they draw their family” (Fan, 2012, p.187). Hence, it is difficult to establish the reliability/validity of the KFD measure. Klepsch and Logie (1982) have admitted that the “**KFD technique was based on the authors’ clinical experience**” (p.79). In the same way, too, we have also to admit that the accuracy of scoring and interpretation of KFDs depend very heavily on the experience and training of an examiner/user of the projective drawing measure. This issue of concern will be covered in the later part of this paper.

2. Understanding the Concept of Family

Before introducing the KFD as a projective drawing measure, it is important to understand the concept of family, which is “*the most ancient and fundamental form of human social organization, and represents the basic constituent unit of the social structure*” (Fan, 2012, p.175). We define family as the most basic social unit that consists of a pair of parents (father and mother) and children (brothers and/or sisters) living together under the same roof. However, the family can compose of a single parent with only one child or just a childless widow or widower. It also can be a family consisting of a step-parent, step-children, half-brothers/sisters, and/or god-children. Hence, the permutation of a family can come in many different forms.

In today’s context, there are many different types and forms of family and it is based on various parameters, i.e., on the basis of marriage (e.g., polygamous, polyandrous or monogamous), the nature of residence (matrilocal, patrilocal or changing residence), ancestry or descent family (i.e., matrilineal or patrilineal), size or structure (i.e., nuclear or single unit family, extended family, or joint family), and nature of relations (i.e., conjugal family that consists of adults among whom exists sexual relationship, or consanguine family that consists of members by blood relationship). This, however, is not the main focus of this paper.

In terms of the KFD, there are three main components of a family unit (see Figure 5):

- a) composition of a family, i.e., who are the people in the family?
- b) relationships of the family members, i.e., how are the people in the family related to each other (e.g., step-father, foster mother, step-son, god-daughter)? and
- c) the dynamics of family activities, i.e., what are each of the family member doing (e.g., What is the father doing in the drawing? What about the mother? What about the drawer him/herself in the drawing? What about the drawer’s siblings?).

This framework provides the therapist (who can be a counselor, social worker, or youth worker) some form of a working structure when examining or analyzing the KFDs.

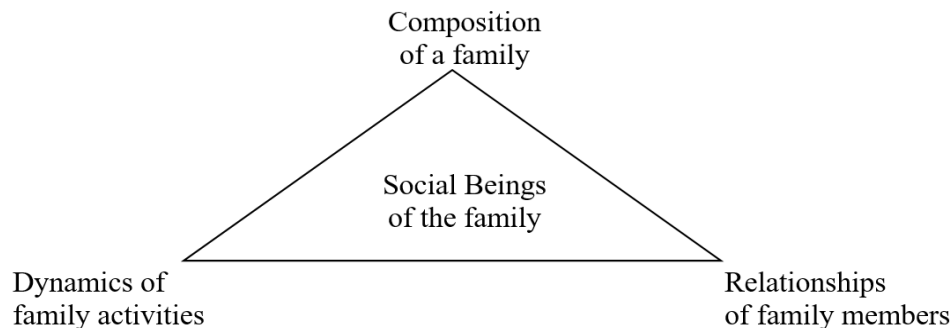


Figure 5: Components of Our Proposed Model of a Family Unit

Briefly, a family consists of several social beings who are related in one way or another as already described earlier. It consists of four key components, which when put together form our proposed model of a family unit that we have termed as CRDS (i.e., Composition, Relationships, Dynamics and Social beings) with each being briefly described below.

A. Composition of a family (C): A family composes of a pair of parents – father and mother – and at least a child if any. If there is more than one child, the child is described as having a sibling. There are cases, especially in families where parents are divorced and re-married, a step-parent will come into the scene. If the step-parent has his/her own children from the previous marriage and where the step-parent holds the custody of the children, they will join the newly formed family unit where children from two different families now have step-siblings. This is an important fact that must be made known or provided before doing a KFD interpretation or analysis.

B. Relationships of family members (R): Within a family, there are many relationships among its members. These relationships are among the most fundamental of human social ties and have *“a major impact on children’s development of interpersonal relations skills, socialization and emotional growth”* (Fan, 2012, p.183). A good genogram^{iv} – first introduced by Gerson and McGoldrick (1985) – can also provide us a clearer picture of such relationships. *“Genograms allow a counselor or therapist and his/her client to quickly identify and understand various patterns in the client’s family history which may have*

^{iv} A genogram is a graphic representation of a family tree. It provides detailed information on relationships among the family members. Often it goes beyond a traditional family tree so that the user of genogram can analyze hereditary patterns and psychological factors that punctuate relationships among the family members. *“The genogram maps out relationships and traits that may otherwise be missed on a pedigree chart”* (GenoPro, 2016, para.2).

had an influence on the patient's current state of mind" (GenoPro, 2016, para.1-2). Hence, it is good to have a genogram on hand to use it for checking with the figures of the family members that the drawer has put in his/her KFD.

C. Dynamics of family activities (D): In the KFD, a drawer is required to draw a picture of everyone in his/her family doing something or is involved in some kind of action. Often there is some kind of a typical habitual pattern that each family member is expected to be doing something. For example, the father figure is often drawn as reading newspaper or doing some gardening; the mother figure is always placed in the kitchen preparing meal for the family. For children, boys are often drawn playing with a ball or riding bicycles outside the house, while girls are either playing their dolls in the bedroom or reading a storybook.

E. Social beings of the family (S): This refers to the members of the family in the KFD. When interpreting the KFDs done by a drawer, the examiner must bear in mind that that the drawings are made from the drawer's perspective and not anyone else's from the drawer's family. For instance, if a drawer drew a smaller figure of his father than the figure of his mother, the examiner should not be too quick to jump to the conclusion that the drawer's father is a hen-pecked husband or that the drawer's mother is a domineering woman in the family. It should be interpreted from how the drawer perceives his father and/or mother to be as such. One possible explanation could be that the mother figure is more important or closer to the drawer since the father is out at work most of the time.

3. Understanding the Family Life Development

Equally important is the understanding and awareness of the different stages of family life. One of the early models of family life cycle was developed by Glick (1955) who asserted that individuals grow up, establish their own families, rear their children, launch their grown-up children into adulthood, experience the empty nest syndrome, and age gracefully as they move into the twilight of their lives. This linear stage-based sequence of predictable series of family life development (see Figure 6 for an example) used to be a prominent family development model in family sociology (Strong & DeVault, 1992) but it failed to capture the diversity of family forms.

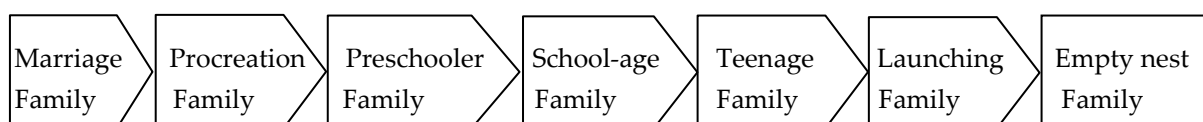


Figure 6: An Example of a Linear Stage-based Model of Family Life Development

There are also several other models of family life development (e.g., Carr, 2006; Carter & McGoldrick, 1999) drawn and presented in a variety of interesting formats (e.g., a cyclical form, a chart and in the form of a flowchart).

In this paper, we have chosen selectively from different models to create our eclectic framework of family life development (see Appendix 1). It provides us a useful context when we try to understand and/or analyze the KFD. This means we have to take into consideration which phase of the family life development a drawer is currently in, and hence, the kind of family tasks and familial issues of concern that will be affecting the drawer's state of mind at the time of drawing.

4. Scoring on the KFD Measure

Scoring in any projective drawing measure (e.g., SHFD, DaF, FCCD, HTP-D) is never easy or straightforward. Its interpretation, especially the items drawn, is often quite subjective depending on the examiner's relevant experience, training (including under whom the examiner has been trained and supervised), qualifications, and personality. Hence, the KFD system is no exception and according to Klepsch and Logie (1982), several researchers in the field of projective drawings done by children, youths and adults have attempted to make it more objective for the benefits of the examiners using such an assessment tool.

Closer to scoring on the KFD measure is the DaF scoring system. For instance, Corman (1967) devised a scoring system that only focuses on ten parameters, each evaluating a specific psychological trait (see Table 1 below):

Table 1: The Corman scoring System for DaF

<i>DaF Parameters</i>	<i>Psychological Traits</i>
1) Peripheral figure(s)	Lack of adaptation and/or reality
2) Still life drawing	Control over act of pushing, inhibition
3) Symbiotic links between the human figures	Dependence
4) Small sizes of the human figures	Sense of inferiority, depression
5) Objects instead of human figures	Relation anguish
6) Lack of parts or deformities of the human figure bodies	Insecurity, inhibition, sense of guilt
7) Wavering lines	Anxiety
8) Drawer is absent in the drawing	Severe depression, poor self-esteem
9) Schematic human figures	Depression, anguish, weak identity
10) The family of origin instead of present family	Infantility, desire for affection

Each parameter is judged as normal or pathological. The Corman scoring system has been used to identify children, who have been abused. Moreover, it *"has been widely used in children and adults to assess cognitive, interpersonal and psychological functioning"* (Miliacca, Gagliardi, & Pescatori, 2009, p.793).

Reynolds (1978) developed a quick scoring system that comprises 32 significant anxiety indicators for the KFD interpretation. In the same year, Myers (1978) came up with a quantitative scoring system to score 21 measurable styles, actions and characteristics of KFDs in order to differentiate the emotionally disturbed from the emotionally well-adjusted. Four years earlier, a scoring system was devised by O'Brien and Patton (1974) to compare children's KFDs with their scores on the Coopersmith Self-Esteem Inventory, the Children's Manifest Anxiety Scale, and a School Behavior Checklist (all had been completed by their teachers). The KFD analysis was done to find out about the following manifestations:

- a) the drawer's profile of self: general self-concept, school and academic self-concept;
- b) the drawer's affective state, i.e., anxiety; and
- c) the drawer's behavior: aggressive behavior, withdrawal behavior, and hostile behavior.

Findings from O'Brien and Patton's (1974) study suggested that the most important variable for predicting manifest anxiety was the activity level of the father figure. As for the school and academic self-concept, the most important variable was the number of human figures in the KFD. Moreover, the size of the family is significant, too: the larger family members are drawn, the greater the concept.

In order to ensure accuracy in scoring and interpretation of KFDs, Burns and Kaufman (1972) came up with a detailed scoring system that uses a scoring manual, a grid and an analysis sheet to assist in the KFD interpretation with special attention on the various KFD symbols seen in the drawings. The scoring system takes into consideration six key elements: (1) styles, e.g., encapsulation and edging of human figures; (2) individual actions of the human figures; (3) actions between the human figures drawn; (4) observed drawing habits, e.g., erasures, omissions of body parts, and shading of human figures; (5) height of each human figure; and (6) the distance between the drawer's own figure from the mother and/or father figure as well as the drawer's sibling figure(s), if any. This aspect will be dealt with in the later part of this paper.

4.1 Following the KFD Procedure

The following KFD procedure is the standard protocol that we have practiced in Malaysia and Singapore. We have chosen to use the adapted version (see Rollins, 1990,

for detail) of the KFD-R measure (Spinetta et al., 1981). Each KFD session is divided into 3 parts: (1) before KFD; (2) during KFD; and (3) after KFD. The latter part is divided further into two parts: (3a) KFD interview and (3b) KFD analysis.

Before KFD session: At the start of the KFD-R interview session, the following information (see Questions 1-4) must be gathered first either from the drawer/client^v him/herself or from the drawer's family members while Question 5 should be posed to the drawer:

Q1. How many people are there in your family?

Q2. Who are the people (estimated age) in the family staying in the same house?

Q3. Is there anyone in the family not drawn here?

Q4. Is there anyone in the family still studying?

Q5. What are the people in the family doing for a living?

It is important to ask the drawer the above five questions. In our years of working experience, we have come across drawers/clients who include deceased family members in their KFDs and we did not know until we asked Q1. There are also young and school-age children who drew their imaginary friends or personified their pets (e.g., drawing of a cat dressed in a dress). Q2 is just as essential, too, as we need to ascertain the people (better still if the drawer can provide an estimated age for each of the family figure in the KFD) who actually live under the same roof. Just as important as Q1 and Q2 is Q3 since in many cases, victims of abuse (emotional, physical or sexual) often omit any family member(s) with whom they do not want to associate in their KFDs. Such omitted figures could be the perpetrators or bystanders but there is a need for an interviewer or examiner to treat each case with caution. Allegations of an innocent person drawn in KFDs can become a serious issue in the court of law, and hence, more evidence other than just drawings alone will be needed to establish the truth. Q4 and Q5 are asked in order to find out more about the current status or occupation of each family member.

During KFD session: The instruction given to the drawer/client is taken from Klepsch and Logie (1982) for administration. It is as follows:

"Draw a picture of everyone in your family, including yourself, doing something. Try to draw whole people, not cartoons or stick people. Remember, make everyone doing something – some kind of action" (p.79, word in italic added by the authors of this paper) (also see Burns & Kaufman, 1970).

This instruction is very different from the instruction given to akinetic DaF: *"I would like you to draw your family"* (Klepsch & Logie, 1982, p.85).

^v The two terms *drawer* and *client* will be used interchangeably.

After KFD session: There are two parts in this after KFD session: The first part is the KFD interview and the second part is the KFD analysis. As already mentioned earlier, the first part 3a is the KFD interview. For drawers who are under the age of 6 years, their KFDs cannot be scored using the KFD-R scoring system. Fortunately, Burns (1982) has come up with 12 questions for an examiner to keep in mind when scanning a KFD done by a young child (see Table 2 below) as they provide some kind of qualitative data that will be useful in the follow-up KFD analysis.

Table 2: Questions for Examiner to ponder/ask the Drawer when scanning through a KFD

No.	Questions
1.	What is your first impression?
2.	Who and what do you see?
3.	a) What is happening? b) How do you feel about what is happening?
4.	What do you notice about physical intimacy or distance?
5.	Is the KFD warm, cold, soft, hard, pleasant, unpleasant?
6.	a) Are the human figures in the KFD touching? b) Or are they shut-off from each other?
7.	Which human figures are facing each other?
8.	a) How do the human figures in the KFD feel about their bodies? b) Are these human figures using their bodies to show off? c) Or to hide? d) Or to be seductive? e) Are they proud of their bodies? f) Or ashamed?
9.	a) Who is on the top portion of the drawing? b) Who is on the bottom portion of the drawing?
10.	Are the human figures in the KFD happy; sad; sadistic; suffering; blank; bored; rigid; strong; involved (participatory); detached; angry; subservient; trusting; satisfied?
11.	a) How does the group of the human figures representing the family relate? b) Are they tense or relaxed? c) What are their messages toward each other? d) Do you feel love present?
12.	Is this a family to which you would like to be a member?

We have designed the following questionnaire (see Table 3) for the examiner to use with older children and adolescents and also for the purpose of complementing the KFD-R analysis.

Table 3: KFD-R Interview Questionnaire

No.	Questions	Components	Drawer's Responses
1	Who are the people in the family drawing?	C ^{vi}	
2	Which is the first person to be drawn?	C	
3	Is there anyone in the family omitted from the drawing?	C	
4	Where is each person placed in the family drawing?	R ^{vii}	
	4.1) Who is/are placed above the upper half of the paper?	R	
	4.2) Who is/are placed below the upper half of the paper?	R	
	4.3) Who is/are placed at the center of the paper?	R	
	4.4) Who is/are placed on the left half of the paper?	R	
	4.5) Who is/are placed on the right half of the paper?	R	
5	Who is/are the person(s) drawn the biggest (more than 3 inches)?	R/S ^{viii}	
6	Who is/are the person(s) drawn the smallest (less than 3 inches)?	R/S	
7	Who is/are the person(s) drawn closest to/next to/beside the self's human figure?	R/S	
8	Who is/are the person(s) drawn furthest away from the self's human figure?	R/S	
9	Is there any encapsulation/separation (by barriers) of a person or people from the others in the family drawing?	R/S	
10	What is the orientation and/or directionality of each person in relation to the others?	R/S	
11	What is each person in the family drawing doing/involved?	D ^{ix}	
12	What are the colors used in the family drawing?	R/D/S	
13	Is there any underlining of any person/people in the family drawing?	S	
14	Is there any shading of any person/people in the family drawing?	S	
15	Is there any transparency of clothing noted in the family drawing?	S	
16	What are additional items added in the family drawing?	C/R/D/S	

^{vi} C stands for the Composition of a family

^{vii} R stands for the Relationships of family members

^{viii} S stands for the Social beings (members of in the family)

^{ix} D stands for the Dynamics of family activities

For the second part 3b, which is the KFD analysis, we use the KFD-R version developed by Spinetta et al (1981). The objectively structured KFD-R scoring system is used to interpret the KFDs done by the drawer(s) and/or the drawer's family members (e.g., parents and siblings). The KFD-R scoring system/rating scale is divided into three key subscales:

- a) Family communication (subtotal score is 16), e.g., compartmentalization, barriers, and exclusion;
- b) Drawer's self-image (subtotal score is 9), e.g., incompleteness of a human figure's body, high frequency of omitted body parts from a human figure or more, and cross-outs; and
- c) Drawer's emotional tone (subtotal score is 10), e.g., weather condition (e.g., dark clouds, thunderstorm), use of certain colors, use of stick figures, and incomplete face of a human figure (including facelessness).

The total score for the KFD-R scoring system, which is negatively valenced, is 35.

The higher the score, the more negative or higher level of concern is about the drawer's emotional state of mind.

Alternatively, an examiner of KFDs can also use the following guidelines based on the five kinetic elements, i.e., style, symbols, actions, physical characteristics, and KFD grid, as shown in Table 4 below.

Table 4: The Five Kinetic Elements of the KFD

No.	Element	Questions
1.	Style	a) Does the drawer compartmentalize or encapsulate any human figure in the KFD? b) Does he/she edge his/her drawings? c) Does he/she underline any individual human figure in the KFD?
2.	Symbols	a) What are the traditional Freudian symbols seen in the KFD?
3.	Actions	a) What is each individual human figure in the KFD doing? b) What actions can be identified between these human figures?
4.	Physical characteristics	a) For each individual human figure, what are the apparent characteristics noted in the KFD: extensions; elevation; which figures are in front, at the back, hanging? b) Which human figure has body parts omitted? c) Are erasures apparent/noted? d) Which are human figures in the KFD that have been omitted completely?
5.	KFD grid	a) How are the human figures placed? b) What is each of their relative height? c) What are the distances between the human figures in the KFD?

4.2 Validity and Reliability of the KFD-IQ

Although several studies (e.g., Cummings, 1980; McPhee & Wegner, 1976; Mostkoff & Lazarus, 1983) have been done to validate the KFD with reliability scores ranging between .65 and 1.00 and a median reliability score between .87 (McPhee & Wegner, 1976) and .97 (Mostkoff & Lazarus, 1983), the KFD-IQ has never been validated. However, we welcome interested researchers to write to us should anyone be interested to do a study to validate the interview questionnaire.

5. Conclusion

Interpretations and analyses of all KFDs based on the data gathered from the KFD scoring system and the KFD interview done with the drawers should always be made with caution. This is because we must consider the limitations of the KFD measure. Generally, it is good practice for therapists to use the KFD measure as well as the KFD-IQ as part of an overall assessment or evaluation battery and never as the sole instrument for testing.

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Appendix 1: An Eclectic Model of Family Life Development

Phase	Family structure	Description
1	Family of Origin	This phase concerns mainly three family tasks: <ul style="list-style-type: none"> • Establishing the foundation of family life • Maintaining relationships among family members • Completing the necessary education
2	Leaving Home	In this phase, the three family tasks are: <ul style="list-style-type: none"> • Distinguishing self from family of origin • Establishing adult-to-adult relationship with parents • Seeking employment and independence
3	Pre-marriage/Courtship	This third phase involves: <ul style="list-style-type: none"> • Seeking a life-partner • Dating and developing intimacy • Preparing for commitment to starting a family
4	Marriage (childless until consummation of marriage)	The fourth phase includes the following family tasks: <ul style="list-style-type: none"> • Committing to a chosen life-partner • Moving out from the home of the family of origin • Settling down with the life-partner
5	Procreation (child ages from birth to 18 months old)	The fifth phase involves three family tasks: <ul style="list-style-type: none"> • Consummating the marriage • Having the first child • Beginning of parenthood
6	Preschool (child ages from 18 months old to 6 years old)	This sixth phase covers the following family tasks: <ul style="list-style-type: none"> • Realigning family system to include the newborn • Making space for the young child • Adopting and developing parenting role/style
7	School-age (child ages from 7 to 13 years old)	This seventh phase covers the following <ul style="list-style-type: none"> • Nurturing the child through family activities, etc. • Providing the child with necessary education and life skills • Facilitating the child to develop peer relationship
8	Adolescence (teenage child ages from 13 to 20 years old)	The eighth phase concerns the following family tasks: <ul style="list-style-type: none"> • Giving more autonomy to the teenage child • Focusing on midlife relationship and career issues
9	Launching (child attains young adulthood)	This ninth phase may involve the following challenges: <ul style="list-style-type: none"> • Negotiating adult-to-adult relationship with the grown-up child • Coping with midlife issues • Adjusting to living as a couple again
10	Empty Nest	The tenth phase covers the following: <ul style="list-style-type: none"> • Leaving the home of family of origin by the adult child • Parents of the adult child experience a sense of empty home

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11	Later Life	This eleventh phase focuses on familial adjustment which covers the following: <ul data-bbox="687 322 1428 519" style="list-style-type: none"><li data-bbox="687 322 1428 398">• Coping with health issues, aging problems, bereavement of spouse/peers and preparing for eventual departure<li data-bbox="687 405 1428 481">• Adjusting to adult children taking over family maintenance<li data-bbox="687 488 1428 519">• Valuing of the wisdom and experience of the elderly
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