

PART ONE IN THE SERIES THE ELDERLY AT RISK

Mr. Nobody

USER'S GUIDE



National
Film Board
of Canada

Office
national du film
du Canada

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Acknowledgement

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Elizabeth Podnieks

Ms. Podnieks is a professor at Ryerson Polytechnical Institute's School of Nursing. She has held key teaching and administrative positions at several schools of nursing and hospitals in Canada, the U.S.A. and London, England. She is the author of many publications dealing with caregiver stress, abuse of the elderly, and gerontological nursing. Ms. Podnieks is a much sought after speaker for conferences, seminars and workshops throughout Canada, and holds professional memberships for nursing foundations and associations, and gerontology institutes. She sits on advisory boards for psychogeriatric service organizations and advocacy centres, and is also active on the Toronto Mayor's Committee on Aging. In addition, Ms. Podnieks is a Doctoral Candidate in Sociology at the Ontario Institute for Studies in Education, Toronto.

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Canada



Lyn Wright

Lyn Wright's varied career has encompassed work as a script reader, writer, researcher, editor and director of film and video productions. Lyn moved from her first love, acting, to directing in the mid-1970s. She has produced videotapes and films for organizations as diverse as Toronto Women's Educational Media, the National Film Board's Challenge for Change Programme, the CBC, CUPE, and the Ontario Ministry of Culture and Recreation. Before beginning research on the *Elderly at Risk* series, she directed *Dad's House*, *Mom's House*, a film about joint custody, for the National Film Board.



Introduction

"One man's self-neglect may be another's exercise of free judgement." — E. Salend, 1984

For some people, old age may provide the only period in life when they can escape "the madding crowd." These people may be found in long-term care facilities where they lead a secluded life. Others closet themselves in old family homes, rooming houses or apartments, venturing forth only to obtain food and other necessities. They are often reported to public health agencies by neighbors or police concerned with the deterioration in the senior's appearance or property. Social and health care professionals working in the community are well aware of elderly people who are in need of care yet refuse help.

What Is Self-Neglect?

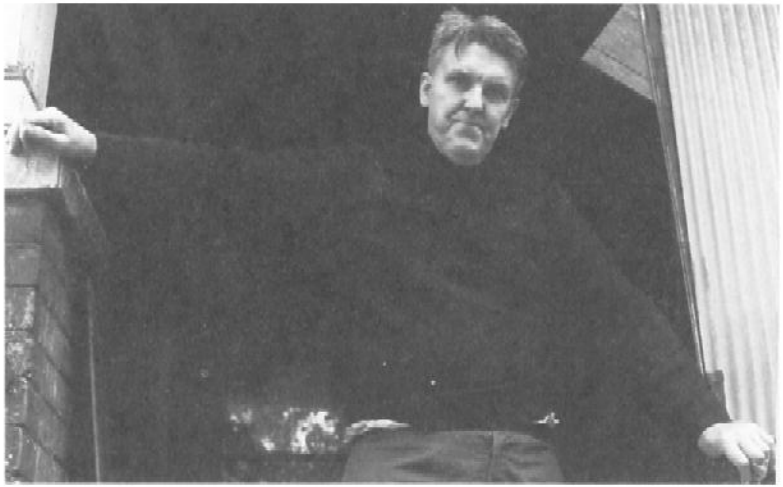
Self-neglect occurs when individuals fail to provide themselves with such necessities for physical and mental health as food, shelter, clothing, medication, and social interaction. Self-neglect refers to people who are mentally competent, who have "the ability to understand the subject matter in respect of which consent is requested and able to appreciate the consequences of giving or withholding consent" (Ontario Mental Health Act).

What We Know About Self-Neglecting Elderly

Not a great deal is known about these individuals. They often have no one to care for them at a time when they can no longer meet their own basic needs. They may have lost their last close friend, have no children because they never married, and have few relatives. They may have always been loners, preferring the company of animals to people. Their numbers are equally divided between male and female. For whatever reasons, their contacts with the outside world may be minimal. Their neglect of themselves may arise from ignorance of where to obtain help, suspicion of doctors and social service systems, and fear of institutionalization. Some elderly clearly use defiance and extreme independence to preserve their dignity. The incidence is hard to define because cases are under-reported. Sometimes they are identified when they enter the health care system as victims of violence. Unfortunately, their vulnerability makes them easy victims for criminal attack.

Characteristics of Self-Neglecting Elderly

- reclusiveness, frugality, shrewdness, fear, distrust
- intelligence, humor, capacity to survive
- filthy and unhealthy living environments, often without utilities
- a menagerie of pets
- inappropriate eating habits; malnourished, dehydrated
- absence of basic hygiene, personal care, and appropriate clothing
- the purposeful hoarding of rubbish
- economic discomfort or even poverty
- inability or refusal to pay bills



- storing money or valuables at home
- fiercely guarding independence and privacy

How the Community Views the Problem

"Jack's a good neighbor, he's relatively quiet. He only carries on at 3 o'clock in the morning a couple of times a week ... yells and screams at the cats."

"The stench was absolutely ferocious ... so I got in contact with the Health Department." (neighbor)

When the elderly choose not to care for themselves the social and medical implications are far-reaching and complex. Potential dangers to the community exist in the form of fire, explosive hazards, garbage, chemicals, and the deterioration of property values. Such hazards are recognized by neighbors, landlords and building superintendents. Conflict can arise, however, from invoking the help of police or health and welfare agencies to protect older persons or members of the community.

The Community's Role in Protecting the Self-Neglecting

The concept of aiding those elderly who need help is based on a shared sense of family and community responsibility. Most communities have experienced anguish and soul-searching when the media investigate the death of a vulnerable older person who refused services. Such instances often occur because a competent person chooses to live in a way that makes most

of us intensely uncomfortable. It is imperative to find a middle ground between those who assert the right to rescue and those who assert the right to be left alone. Worried onlookers wish to help, but feel inadequate and unsure of appropriate words or actions. In attempting to assist a self-neglecting adult, a concerned individual could approach a seniors' organization, legal aid clinic or local department of health.

Professional Intervention

"Help unasked for is help unwanted." — Euripides

Some believe that so long as self-neglecting older persons do not commit overt acts against the public interest, they are entitled to live as they wish. Still others feel that professionals and the community have a duty to become involved in cases of suspected self-neglect.

Professionals are often unable to understand why an older person would choose to live in filth and squalor. Unfortunately, those who would allow older persons to live in such circumstances may be labelled "abusive." Yet, in many cases, proposed intervention only offers inadequate social services, an artificial sense of community, or the indignities of institutional care. The gains of solving the problem of self-neglect must thus be carefully weighed against possible losses arising from intervention.

While there is no single approach, an essential strategy consists of building a trusting relationship with the older person, thus determining why services have been refused. This often requires considerable patience, tact and persistence. Visiting nurses and public health nurses, who are generally respected and trusted by elderly people, may be the only service providers allowed in the home.

- If the older person refuses admittance, the case worker must continue visiting and monitoring the elder, even if this requires talking through the door until the latter is ready to accept help.
- Use every possible means to open and maintain communication (letters and telephone calls).
- Provide services that the older person will accept. Jack, for instance, allowed the St. Elizabeth Nurses to change his dressing; he refused meals-on-wheels.



- Try to understand the values, attitudes and culture of the older person.
- Encourage the involvement of others — family, friends, neighbors, rabbi or clergy, and community groups.
- Have public health and social agencies keep files on self-neglecting elders. It is important that they be known, even if they refuse services.
- Make the major goal one of initiating a co-ordinated multidisciplinary approach. In this way medical systems, legal systems and social service systems would provide a network of preventative, supportive and rehabilitative services and facilities.

Legislation

The story of Jack took place in Ontario and therefore the legislative policies of that province are outlined as they pertain to this particular case. Each province has its own legislation; for a more complete understanding viewers of this film should consult their provincial Attorney General's office.

The Mental Health Act (Ontario)

If a person has threatened or attempted to cause bodily harm to himself or is showing a lack of competence to care for himself, that person may be the subject of a psychiatric assessment.

Health Promotion and Protection Act

Under this act there is a provision for entry to a home by a medical officer of health or his delegate. Entry to a private residence must be on consent of the occupant or on a warrant from a Justice of the Peace. The reason for entry must be the existence of a health hazard. The medical officer of health may order work to be done or a clean-up of the premises. If the owner of the premises fails to comply with the order, as in the case of a person living a marginal existence, then the medical officer of health may arrange to have the work done. The owner of the premises will be required to pay the Board of Health. The medical officer's entry and the subsequent orders to clean the premises are limited to situations where a health hazard exists. This does not address the real problem of the individual continuing to live in the fashion that had created the health hazard. The entry may persuade the individual to accept some services in the future, but there are no guarantees the individual will trust someone enough to allow other services, such as homemakers or visiting nurses.

The Public Trustee

The Public Trustee is an office under the ministry of the Attorney General. If a person is found to be incompetent a certificate of incompetence is submitted to the Public Trustee and the Public Trustee assumes management of the person's estate. The Public Trustee gives the client an allowance for their maintenance. The officer of the Public Trustee usually does not meet the individual client. Each officer is responsible for hundreds of estates and therefore delegates the management of the allowance to a third party, e.g., an institution or agency. There is no social work component in the Public Trustee's office. No field work is done and no follow-up on the actual lifestyle and living conditions of the client occurs.

Guardianship Legislation whereby a person is lawfully invested by a court with the power and charged with the duty to make some or all personal care decisions on behalf of and for the benefit of an individual who is mentally incapable of personal care.

Partial or Limited Guardianship Recognizes a person's ability to maintain control over parts of their lives and make decisions for themselves but gives them assistance in those areas of their lives in which they are having difficulties.

Mental Competency Having the ability to understand subject matter in respect of which consent is requested and able to appreciate the consequences of giving or withholding consent.

Power of Attorney A written document that gives someone else the power to act on your behalf. This power is only for money and property matters and cannot be used to make other decisions for the individual. The donor must be competent at the time of granting power of attorney.

Under present provincial legislation, self-neglecting older persons may refuse professional help if they are mentally competent. Yet health officials may want authority to remove the self-neglecting elder to a place of safety until it is decided whether the person can continue to live alone or needs a supervised environment, such as a nursing home.

Legislators are now examining ways to help these seniors stay in the community, but to lessen the potential danger to themselves.

Some argue that by extending legislative control over another life we risk promoting premature institutionalization. Others feel that to allow elders to remain in the community, we must make limited or partial guardianship available. The latter would ensure the professional care necessary to prevent unnecessary degeneration, even when such care is unwanted.

Some legislators question whether it is wiser to adjust the present Mental Incompetency Act or to introduce a modified guardianship statute. Many argue that law reform is needed in the area of guardianship for the elderly. A major drawback in some provincial statutes is the absence of a middle ground in determining whether a person is mentally incompetent. Certainly a more flexible format, allowing for degrees of competence, or competence in some areas but not in others, would be

less stigmatizing and less restrictive. It is also generally agreed that stress should be placed on supplying adequate community support services. Clearly, legislation alone cannot prevent isolation and premature institutionalization.

Prevention

The government alone cannot be expected to provide all the needed services for the increasingly aging population. Ensuring the safety and well-being of the elderly thus requires mobilizing unconventional social resources — particularly the neighborhood agencies. This takes for granted, of course, the need for substantial government aid as well as the need to work in concert with the huge bureaucracy that co-ordinates professionals. The neighborhood agencies can provide services above and beyond those of bureaucracies. While bureaucracies may better deliver technical services, the voluntary community agencies can best respond to personal needs. As the film showed, the young worker from Senior Link addressed Jack's deeper needs with a special understanding. Another advantage in meshing bureaucracy and neighborhood agencies is that the latter can provide a critical check, serving as advocates for the elderly. Sometimes it appears that health care and social welfare practitioners develop a defensive, proprietary relationship to their clients, which may seem to lead to spiritual callousness. Those already within the community can far better acquaint society at large with the needs of the elderly and create community support for the bureaucracies. A caring community can protect the elderly, at the same time allowing those who are eccentric, reclusive or natural "loners" to make their own choices.

An agency that exemplifies such a philosophy is Senior Link. This neighborhood agency attempts to reach out and help people like Jack before they become reclusive. They are aware of the seniors in their catchment area and visit them on a regular basis, keeping them involved in neighborhood activities, providing services, and, most of all, developing a trusting relationship.

Preventive Strategies Include:

- Effective care-giving systems.
- "One-stop shopping" to provide improved access to, and delivery of, community support services.
- Self-help groups and political activism for the elderly to increase self-esteem, expand social networks and provide dignified, challenging social roles.
- Programs to challenge attitudes that undervalue or stereotype the elderly.
- Education at all levels to increase awareness of aging and the aging process and develop understanding of the needs of the elderly.
- Responsible media to inform the public and the elderly themselves about where and how they can obtain services. The media can thus affect attitudes toward the elderly and raise awareness of issues.
- Legal recognition of the Living Will, an instrument giving an individual an opportunity to indicate, while competent, their personal values, wishes and instructions concerning medical treatment.
- Legislation permitting people to designate in advance the person they wish as their guardian in case of incapacitation. Similarly, this legislation would encourage them to specify any persons they do not wish to serve as their guardian. Such invaluable legislation would help people plan ahead for unforeseen circumstances before they can no longer make such decisions.
- Geriatric and psychogeriatric assessment teams to make sure competency has been accurately evaluated.
- Ombudsmen to ensure the rights of the elderly are respected and their needs met.
- Funding for reliable, dedicated professional advocates who will encourage self-advocacy wherever possible.

Advocacy

"Do not imagine, because I am silent, that I am not present and alive to all that is going on."

— Samuel Beckett, 1956

Restricted ability to speak for or protect themselves renders the elderly particularly vulnerable. Advocacy programs and services can assist them in meeting their needs. Advocates can lobby for legislative reform, raise the public's level of consciousness, and help develop new services. The well elderly are ideal potential advocates for those who are experiencing difficulty. Any member of society concerned with enhancing the quality of life for the elderly can become an advocate and help produce changes within the system. One successful model of advocates for the elderly is Experience Unlimited, the Seniors Resource Association in Halifax. This is a voluntary group of retired seniors who provide a community resource bank, sharing their skills and experience to help others in the community. Senior volunteers can do much to lessen the loneliness and isolation of elderly people like Jack.

An example of a formal model is Toronto's Advocacy Centre for the Elderly (ACE), a free legal-aid clinic for low-income elderly who have legal problems. ACE is the first free clinic of its kind in Canada.

Ethical Dilemmas

Self-destructive behavior constitutes a formidable challenge to our understanding of the moral boundaries of the client/professional relationship. Jack, a diabetic, needed a special diet and attention for his gangrenous legs. Yet he all but ignored the implications of his self-neglecting behavior. The older person's view of the quality of life may differ from those of younger persons.

To what degree should mentally competent older persons be allowed to make decisions regarding their own lives? When is it justifiable to deprive the elderly of their decision-making autonomy about matters affecting primarily themselves when they have enjoyed a lifetime of such autonomy? Should a finding of incompetence in one area automatically be assumed to exist in other areas? How can we prevent harm, injury or even death from befalling an elderly person without violating the cherished value of individual freedom?



Just as opportunities for the elderly to determine their own lives should be expanded, opportunities for others to decide for them should be reduced — particularly undignifying submissions to another's will. Age alone should not deprive people of the right to direct areas of personal responsibility.

- Should older people be allowed to enjoy freedom and privacy in filthy private domiciles, or be forced to live in the healthy cleanliness of a care facility?
- At what point should legislative power infringe on the right of eccentric but mentally competent older persons to starve or freeze to death if they choose?
- To what degree does a well-intentioned neighbor become "his brother's keeper"?
- Do older persons have the right to live at risk? Do we have the right to save lives?

The Need for Research

The characteristics and welfare of the self-neglecting elderly have largely escaped consideration. Funding must be made available for research to analyze the life experience and relationships of self-neglecting elders. In particular, such research must examine the degree to which reclusive behavior may be a reaction to such factors as retirement, bereavement, or change in position combined with a certain type of personality. Factors isolating aged recluses may indeed be related to those that isolate the aged in general.

The results of such studies could alert community health and welfare agencies to the problems posed and thus encourage the formulation of policies allocating responsibility.

Discussion Questions

- 1 Do you know anyone like Jack? Discuss community and professional responses to a “reclusive” person.
- 2 What would you do if you lived next door to Jack?
- 3 Identify situations you feel should prevent an older person from living as he or she chooses.
- 4 The Mental Health Act was used to keep Jack in hospital against his will and to certify him financially incompetent. Was the Mental Health Act used appropriately in Jack’s case?
- 5 An alternative to the enforcement of the Mental Health Act would have been an order for partial or limited guardianship. How would this have helped Jack during the period of the house clean-up?
- 6 “The City Health Department kept tormenting me.” (Jack) Discuss ways in which the Health Department might have gained Jack’s co-operation in the clean-up of his house. Develop a plan of action.
- 7 What is the extent of the authority of the Public Health Department in terms of intervening and entering a person’s home? Discuss how this authority was used in Jack’s case.
- 8 The Public Trustee provides substitute decision-making in a number of circumstances. In Jack’s case the Public Trustee became involved because, under the Mental Health Act, Jack was declared mentally incompetent. Discuss the Public Trustee’s role as portrayed in the film.
- 9 Discuss the implications of the authority and power of the Public Trustee.
- 10 In light of the fact that more elderly are remaining in the community rather than being institutionalized, is the office of the Public Trustee appropriate and valid? Discuss possible changes.
- 11 At least seven agencies/individuals were involved in Jack’s case. Discuss his relationship with the following:

Department of Public
Health
Public Trustee
Psychiatric Hospital
Senior Link

Psychiatrist
St. Elizabeth Visiting
Nurses
Advocacy Centre for the
Elderly

- 12 Under what circumstances would police involvement be necessary in dealing with a self-neglecting elder?
- 13 Do you think Jack was competent to make his own decisions? What can you do when someone like Jack refuses help or services?
- 14 In what ways did Senior Link facilitate Jack's remaining in his home?
- 15 What risk did Senior Link take in forcing the system to allow Jack to remain in his own home? If something happened to Jack, could Senior Link have been held responsible?
- 16 How might your community address situations similar to Jack's?
- 17 Discuss possible interventions in a self-neglecting case from the perspective of: a large urban area; a small town; a rural area.
- 18 What type of guardianship does your province have? Discuss your concept of model guardianship legislation.
- 19 What are the rights of individuals who live in residential buildings and share facilities with a self-neglecting elder?
- 20 How could you develop an advocacy model similar to the Advocacy Centre for the Elderly in your own community?
- 21 If Jack had been 35 years of age instead of 65, would all these intrusive actions have taken place?
- 22 At what point does intervention in order to prevent neglect represent abuse?
- 23 In what way can the media increase public awareness and sensitivity to competent but eccentric people like Jack?
- 24 Jack's story is both a triumph and a tragedy. Although allowed to remain in his own home, he has suffered many indignities in the process. "They deliberately dragged me down the steps on my seat like a garbage bag and then put handcuffs on me." **How can a community prevent others from being treated** "as if I'm Mr. Nobody, just Mr. Nobody out on the street"?

Glossary of Terms

Guardian	A person lawfully invested by a court with the power and charged with the duty to make some or all personal care decisions on behalf and for the benefit of an individual who is mentally incapable of personal care.
Living Will	A signed, dated, and witnessed document that allows the individual to state, in advance, wishes regarding the use of life-sustaining procedures when dying. It also has a provision for the appointment of someone else to direct care if the individual is unable to do so.
Mentally Competent	Having the ability to understand subject matter in respect of which consent is requested and able to appreciate the consequences of giving or withholding consent.
Official Agencies	Funded through federal, provincial, and municipal governments. Regulatory responsibility is with the federal, provincial, and municipal governments. Activities are directed towards effective prevention and health promotion.
One-Stop-Shopping	A concept directed towards improving access to, and delivery of, community support services to the elderly.
Partial or Limited Guardianship	Recognizes a person's ability to maintain control over parts of their lives and make decisions for themselves, but gives them assistance in those areas of their lives where they are having difficulties.
Power of Attorney	A written document that gives someone else the power to act on your behalf. This power is only for money and property matters and cannot be used to make other decisions for the individual.
Self-Neglect	The failure to provide for one's self the goods and services necessary to avoid physical harm, mental anguish, or mental illness.
Voluntary Agencies	Citizen-organized, non-governmental agencies that focus on providing services for health and social problems within the community. Voluntary agencies appoint their own boards of directors. They are funded particularly by the private sector but may be eligible for certain government grants. Voluntary agencies play a vital role in pioneering and demonstrating needs for services, in shaping government policies, and in developing well-balanced community programs.

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- Pillemer, K., & Wolf, R. (Eds.) *Elder Abuse: Conflict in the Family*. Dover, M A: Auburn House, 1986.
- Salend E. et al. "Elder abuse reporting: limitations of statutes," *The Gerontologist*, 24, 1 (1984), 61-69.
- Schlesinger, B., and Schlesinger, R. *Abuse of the Elderly: Issues and Annotated Bibliography*. Toronto: University of Toronto Press, 1968.

Resources

- | | |
|--|---|
| For information regarding guardianship legislation, write to the Provincial Attorney-General. | For information on the Advocacy Centre for the Elderly, write:
120 Eglinton Ave. E.
Suite 902
Toronto, Ontario
M4P 1E2
Tel: (416) 487-7157 |
| For information on Family Violence Prevention, write:
Family Violence
Prevention Division
Health and Welfare
Canada
Brooke Claxton Building
Tunney's Pasture
Ottawa, Ontario
K1A 1B6
Tel: (613) 957-2865 | For information on Senior Link, write:
2550 Danforth Ave.
Toronto, Ontario
M4C 1L2
Tel: (416) 691-7407 |
| | For information on Experience Unlimited, write:
Centre for
Continuing Education
Mount St. Vincent
University
Halifax, Nova Scotia
B3M 2J6 |

Related Films*

The following films have been used effectively as discussion starters for groups dealing with issues relevant to seniors.

George and Rosemary

C 0187 070 8:48

This animated romantic comedy centres on two golden-agers. George cherishes a passion for the lady across the street and daydreams about the object of his affections until one day he gets up the courage to knock on her door.

Sonia

C 0186 052 53:40

This film shows us the toll that Alzheimer's disease takes on Sonia, her daughter, and those around her. This is an impressionistic, rather than clinical look at the disease and its social repercussions.

Why Me?

C 0178 199 9:22

This animated film shows the reaction of one individual whose doctor has just told him he has only a short time to live.

Reflections on Suffering

C 0182 048 20:37

In a moving conversation with her friend, colleague and treating physician, a cancer victim discusses how she has come to terms with her illness, and the perspective it has given her on the meaning of life.

Discussions in Bioethics: A Chronic Problem

C 0185 103 12:03

As hospitals become increasingly overcrowded, chronic patients become the subject of much controversy. Who should care for the chronic patient?

Discussion in Bioethics: The Old Person's Friend

C 0185 081 12:45

An elderly woman refuses medical attention and creates a dilemma for hospital staff. Should she be allowed to die as she wishes, or should everything possible be done to preserve life?

The Last Right

C 0184 048 28:50

A 79-year-old man, living with his grandson's family, begins to lose his memory. Diagnosed as incurable, he steadily worsens. When, angry and depressed, he decides to end his life by refusing to eat, his family must deal with the moral dilemma. They are torn between respecting his wishes and seeking medical intervention to prolong his life.

*Contact your nearest NFB office regarding additional titles.

Programming Films for Seniors*

Titles in the following sampler of films have been used successfully for programming for seniors. They are generally entertaining and informative, and those that focus on seniors are positive and often quite inspiring.

Something to Celebrate

C 0183 023 56:43

From balloonists to fraud artists, this upbeat documentary features men and women aged 71 to 92, each with a fierce sense of independence and a notion that the best way to keep alive is to be intensely curious about tomorrow.

Steady as She Goes

C 0181 049 26:30

George Fulfit, retired at 65, didn't want to sit around and get "crippled up." He illustrates the delicate craft of putting ships in bottles. The film goes far beyond the "how to" formula. It shows the very real contribution a craft or passionate interest can make to one's life.

Musical Magic: Gilbert and Sullivan in Stratford

C 0184 086 57:16

An exhilarating documentary recording the behind-the-scenes activity as Canada's Stratford Festival Theatre mounts three Gilbert and Sullivan comic operas for its 1984 season. This program includes highlights from the three shows, as well as scenes from special gala performance in London at Ed Mirvish's refurbished Old Vic Theatre, with Princess Anne in attendance.

Don Messer: His Land and His Music

C 0171 015 69:45

Music, song and dance performed by Canada's king of old-time music and the entire "Jubilee" cast.

Long Lance

C 0186 040 55:00

Penetrates the depths of one of recent history's most astounding masquerades. This is the true story of Chief Buffalo Child Long Lance, a man marked by three racial identities that sentenced him to a life forever torn between honesty and ambition.

For the Love of Dance

C 0181 551 57:46

A moving tribute to the thousands of dancers who strive for perfection every day, this documentary records what life is like, backstage and on, for seven of Canada's top professional dance companies.

**Doctor Woman: The Life and Times of
Dr. Elizabeth Bagshaw**

C 0178 279 28:52

Dr. Bagshaw overcame social bias to become one of the first women to practise medicine in Canada. During a 70-year career, this remarkable woman pioneered the use of birth control, risking condemnation from the bench and the pulpit to do so.

Jack Rabbit

C 0175 042 28:40

"Jack Rabbit" Johannsen was a pioneer of cross-country skiing in North America. He was 100 years old when this film was made; it shows how a love of life, a love of wilderness and a love of exercise kept him hale and hearty.

*Contact your nearest NFB office regarding additional titles.

How to Obtain NFB Films and Videocassettes

16 mm Films

Loan

Individual films in the *Elderly at Risk* series are available for loan, on a first-come, first-served basis, from NFB regional centres.

Purchase

Individual titles may be purchased on 16 mm film. Prices vary according to length.

Video

Each title may be purchased individually in ½" Beta or VHS format, or in ¾" U-matic format.

Rental

Videos may be rented from NFB offices across Canada at a cost of \$2 per day (in VHS format only).

Electronic Reproduction

Organizations may purchase a master tape and pay a royalty of \$3 per minute of the film for use during a 3-year period that is renewable. During this period, the purchaser may make any number of copies, in the video format of their choice, for use within their organization.

NFB Regional Centres

Vancouver

Suite 100
1045 Howe Street
Vancouver, B.C.
V6Z 2B1
(604) 666-0718

Edmonton

Centennial Building
10031-103rd Avenue
Edmonton, Alberta
T5J 0G9
(403) 420-3010/12

Winnipeg

245 Main Street
Winnipeg, Manitoba
M3C 1A7
(204) 983-4131

Toronto

1 Lombard Street
Toronto, Ontario
M5C 1J6
(416) 973-9093/9110

Ottawa

Suite 642
150 Kent Street
Ottawa, Ontario
K1A 0M0
(613) 996-4863

Montreal

Complexe Guy-Favreau
East Tower, Room 102
200 René-Lévesque Blvd. W.
Montreal, Quebec
H2Z 1X4
(514) 283-4823

Halifax

1572 Barrington Street
Halifax, Nova Scotia
B3J 1Z6
(902) 426-6000

Elderly at Risk Series

Part 1, *Mr. Nobody*

Color

Screening Time **35 minutes 45 seconds**

16 mm **106C 0187 100**

3/4" **116C 0187 100**

VHS **113C 0187 100**

Beta **114C 0187 100**

Written and
Directed by **Lyn Wright**

Editor **Leslie Borden Brown**

Cinematographer **John Walker, CSC**

Sound Recordist **Ross Redfern**

Sound Editor **Gary Oppenheimer**

Music **Randolph Peters**

Narrator **Tedde Moore**

Additional
Cinematography **Leonard Gilday, CSC
Doug Kiefer, CSC
Joan Hutton**

Additional Sound **Ian Hendry
Ervin Copestake**

Assistant Camera **Gillian Stokvis
Cathryn Robertson
Phillipe Champion
Per-Inge Schei
Joel Guthro
Yvonne Dignard**

Assistant Sound
Editor and Technical
Co-ordinator **Robert Benson**

Re-recording **David Appleby**

Marketing Officer **Doug Eliuk**

Unit Administrator **Sonya Munro**

Producer **Silva Basmajian**

Executive Producer **John Spotton**

Graphic Design **Ivan Holmes**

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	Colour
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