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ABSTRACT

For the elderly client, the adjustment to aging and a realistic perspective toward death go hand in hand. The counselor must help the client to realize the usefulness of his present life and to make realistic preparations (wills, burial arrangements) for his death. Such work can be done effectively via group or individual therapy sessions, discussions with community or church groups or family sessions. Regardless of the modality employed, both the counselor and the client must find some value in old age, resulting in a more realistic and calm approach to dying. (Author/PC)

COUNSELING WITH THE ELDERLY:

DEALING WITH DEATH AND DYING

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The 1970's may well be the decade of the exposure of the "elderly mystique" (Rosenfelt, 1965) as the appearance of Betty Friedan's book The Feminine Mystique began the process of exposing and examining female stereotypes. The "elderly mystique," however, still seems to operate as our society maintains the view of the elderly as people whose health and vigor have decreased, who are behind the times in their thinking, and who are dull and non-creative. The elderly in our culture are typically viewed as having little or no worth to society and are in fact often seen as burdens because of their emotional, physical or financial dependencies on others.

This dangerous and basically unfounded stereotype not only influences our society to isolate and ignore the elderly, it also has important implications for counselors. First, if as professionals we are proponents of this mystique, it is unlikely that we will invest our energies in working with what is seen as highly demanding and minimally rewarding group. The literature indicates that this has generally been the case resulting in only custodial care or no care for most elderly clients. A second result of the "elderly mystique" seems often to be a kind of adjustment treatment where we encourage, overtly or covertly, our elderly clients to "adjust" to this stereotype. The interrelationship of expectation and performance is well documented in the literature and there are indications that the counselors' prejudgments about appropriate adjustment -- or in this case, resignation -- of the elderly will encourage that behavior.

Thus, for counselors working with the elderly a prerequisite is

a positive attitude toward this life stage and a healthy respect for the elderly. This is crucial since the counselor's therapeutic goal with the elderly is often to help the elderly client find some value in his own aging process. For just as other members of our society are influenced by the "elderly mystique," the elderly are also influenced. They often feel valueless and isolated from the mainstream of life. Many are suffering from a loss of a spouse or peers, a loss of status, job, physical capibilities, etc.. Thus, the crucial work for a counselor of the elderly is to help the person recognize some positive feelings toward aging, whether it is the increased freedom from responsibilities, more time for personal enjoyment, respect from others or receiving services from others. The elderly client can be helped to see his older years as ones of enrichment, creative activity and personal gratification.

This task may be accomplished in several ways. The Rogerian quality of "unconditional positive regard" is a way for the counselor to project that he values the elderly person and to reinforce self-esteem in the client. In addition, the counselor may help the client make a positive review of his life by use of a structured case format or simply by pointing out accomplishments and useful activities as the client reveals them.

The relationship between the elderly's adjustment to and enjoyment of his present life and his attitude toward dying is direct. If he can find some value in old age -- he will likely have a more realistic and calm approach to dying. The fear of death in the elderly is often relieved when they come to believe that they have not and are not now living in vain. As the elderly client's confidence and self-esteem

is strengthened, he will become able to handle fears realistically.

Thus, the elderly client's feelings about dying are covertly revealed by his feelings and attitudes about living. Some accept or even desire death as an end to their loneliness, physical illness, dependency on others or as a chance to be reunited with loved ones who have died. Others deny or repress their feelings which may result in maladjustive behaviors such as panic, fear of the dark or being alone, insomnia or depression. The counselor may be able to alleviate these symptoms by conveying hope and support, by enhancing the client's self-esteem and by encouraging goal directed behaviors. In some cases, it will be useful for the counselor to discuss directly with the client the topic of death and to solicit and assist in the client's exploration of feelings. Many elderly clients will be willing and probably even relieved to discuss it.

A study by Wolff (1966) at Coatesville Veterans Administration Hospital in Pennsylvania provides some useful guidelines for counselors initiating such discussions. He identifies the nature of the client's reactions to discussions of death based on their personality types. Specifically and briefly, he found that passive-dependent type people exhibit no specific concern about dying and see it as unavoidable and a relief from painful events of life. Similiarly, the schizoid personality type showed little anxiety about death. The inadequate and the unstable personality types, however, had a great fear of death and were reluctant to discuss it. The inadequate personality typically reacted with passivity and depression while the unstable personality type tended toward great emotional outbursts of depression and agitation. The

compulsive person tended to deny and minimize death, fearing the unknown and his lack of control over it. The paranoid types were generally either very afraid and suspicious of death or, in contrast, they wished for death as an escape from hostile people on earth.

Thus Wolff indicates that the elderly clients' reactions to death and discussions of it will be consistent with their lifelong patterns of coping. Other researchers have found evidence of relationships between attitudes toward death and various physical and social characteristics. For example, persons in good health have been found to more likely evade the issue of death while a strong fear of death has been found more often among the elderly who live alone than among those living with relatives or in homes for the aged (Swenson, 1961). Thus, such personality and environmental factors need to be considered and evaluated by the counselor when raising the issue of death.

In addition to assisting the elderly client gain a positive perspective on his own aging and a realistic view of death, the counselor may play a decisive role in helping the elderly make practical preparations for dying. For instance, making wills and burial arrangements are tasks that the counselor may encourage by support and by serving as a source of technical information. Taking steps to alleviate concerns about the economic future of relatives and unfinished business matters often leaves the elderly client feeling more emotionally prepared for death.

The modality of actual counselor - client contact may be any one of several. Individual sessions may be indicated for elderly clients with great mental or physical impairment or certainly for those hospitalized

with terminal illnesses. Often short sessions such as 20 minutes, twice or several times a week may be indicated. It is important that the contact be regular and predictible thus indicating a continuity of care and of life.

The group modality seems a particularly appropriate one for many elderly clients. This format is less anxiety provoking for many people and the contact with peers can be very therapeutic. Members tend to profit just by knowing that others share their problems of loneliness, loss and isolation. In my own experience leading a psychotherapy group for the elderly in a community mental health clinic in suburban Washington, D.C., over the course of a year the group members began to interact more openly and freely with each other. They shared stories of their lives and problems and increasingly showed concern for each other. They were typically very stern with members displaying constant pessimism about living -- making clear their feelings that the client can take responsibility for making his own life worthwhile. They shared information about leisure kinds of activities and other community resources and services for the elderly. They undoubtedly saved each other much bureaucratic hassle as they traded stories of failed attempts as well as successful ones, to gain services.

The issue of death surfaced several times during the 12 month duration of this group as one member's husband died and others lost relatives and friends. The members were empathetic and supportive of each other and tended to reveal more of their own experiences and feelings each time the issue arose. A particular value of the group setting was the support members gave each other during their mourning and readjustment after the

death of someone intimate. They were indeed individuals with much personal strength.

In addition to individual or group psychotherapy, the counselor may work in a less highly structured format by serving as a consultant to or a discussion leader in homes for the aged, Senior Citizens groups, or church or community groups. The counselor might intervene also to affect the social environment of the elderly client. For example, family conferences are often indicated to help relatives understand the needs of the elderly member of the family. The attitude of the client must be a guide in decisions to work with the family. Some clients welcome the counselor as an ally in reestablishing a useful role in the family. Others, however, see the intervention as an indication of their lack of independence and may feel they are being treated like children. If the family conference is indicated, the counselor must help the family recognize the needs as well as the abilities of the client. They may be helped also to explore their feelings about aging and death but the counselor must be alert to phenomenon known as "social death." This is when the family, in this case, thinks of and treats the individual as if he were already dead. Instead, the family should be encouraged to actively solicit the elderly member's participation in the family.

In summary, let me reemphasize that for the elderly client, adjustment to aging and a realistic perspective toward death seem to go hand in hand. These two areas must be then inseparable goals in counseling the elderly.

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