

longer any need for the various useless manifestations of his geriatric protest.

Alfred Adler has rightly taught that the best way to prevent and to treat geriatric problems is to keep aging people active in their own lines and callings as long as possible. In the present hypertechnological era, in which even young people have to undergo retraining(s), re-orientation(s), and re-location(s), one should endeavor to keep aging people active biologically, economically, and socially so that they can achieve the best possible "social security"—which in its real meaning must also include "biological" and "economic" security.

The therapist's task in such cases is to "rejuvenate" the patient's degenerating social interest which is usually "demoralized" by his ill-directed compensation of his age-centered inferiority feelings. This is not an easy task, but it is not a hopeless one either.

The carefully drawn geriatric profile can point out clearly the area(s) which should receive the most attention or adjustment—if necessary with the help of environmental manipulation—in order to decrease an otherwise hopeless discrepancy between the demanded and the available social interest. Furthermore, the recognition of the content, means, and target of the patient's "geriatric protest" may very well reveal his faulty and oftentimes self-defeating compensatory mechanism.

Thus, by means of an effective holistic management of the geriatric patient, an unhealthy attitude of a "protest against" may be changed into a more healthy attitude of "striving for" a relatively useful way of life, or at least a satisfying and worthwhile human way of life until the time of the final retirement comes along.

CONTACT!

by Anna Sten, Recreation Therapist, New York City

She was 86 years old. In this home there are many older than she, but she was completely senile.

I discovered her at lunch when two nurses were caring for her. One put food into her mouth; the other pushed her hand so that she could swallow.

She slept all the time. She didn't react to anything. Incidentally, I found out that years ago she had been a dancer—an amateur, I believe.

We know that the habits, hobbies, or the profession that people live with for years remains a part of their memories. One day I came into the infirmary with a record player and set it up near her on the table. She was German and this was a German waltz. When the music started, she opened her eyes but closed them immediately. Then I took a red scarf in my right hand and a green one in my left. I started to dance very fast. She opened her eyes and started to smile and articulate her voice.

After two days, I came again and said, in German, "Hello! How are you?" She didn't close her eyes for fully the ten minutes that I was there.

When I returned again with the record player, I took her hands and did movements with them to the sounds of the same waltz.

Thus I continued many days, and then I took her feet in my hands and moved them. She started to move her hands—without any assistance from me.

She was paralyzed and remained in the wheelchair. But she had good hearing. I took her to my office many times and played the piano for her. After each

song, classical, popular, or American folk song, she would bow her head. One day I played from a book of folk songs from all countries. When I came to a Polish mazurka, she started to move her head in time to the music. I asked her if she came from Poland. She bowed her head and smiled. I felt the Dr. Alfred Adler “a-ha” moment coming. I played an old Polish hymn “Poland Must Be Free,” which belonged to her younger years—and she started to talk, “Ieshce Polska ne sginiele: Poland will never be restored,” and tears of recognition came to her eyes—tears nevertheless of happiness.

Mrs. W., 94 years old, was a resident in a home for the aged. Although not perfect, her vision and hearing were quite satisfactory for her age. She was able to walk to the dining room and to the porch on the same floor, an enclosed porch bathed in sunshine and flowers.

One day Mrs. W. became very ill and depressed: she wouldn't eat, she cried all the time, and screamed, “I have nothing to live for.” No one knew what had happened.

Naturally, the other residents talked about her. One of them said to me, “She is such a nice woman. Her one interest and greatest pleasure is to water the plants.”

In a flash, I understood what had occurred. I hurried to her room. “What's the matter with you?” I asked. “Don't you know that the flowers that belong to you are waiting to be watered? Mrs. X. has watered all the flowers but yours.” She started to smile and went out onto the porch.

There I brought her a bottle of water which I had labeled with her name. I also wrote her name on the table that held the plants to which she dedicated her loving care.

It had been all my fault, and I must blame myself for her depression! I hadn't known that this was her special job. Therefore, while watching another resident watering just one flower pot, I suggested that if she wanted to take care of the flowers, she could water all the plants. Mrs. W., standing nearby, had overheard my suggestion. It proved to be most unfortunate—and her undoing. For Mrs. W. this simple chore had been so very important. Coming to the home only a few days each week for the recreation program, I had not known of her particular interest in these plants.

After I had demonstrated that I cared enough about her to remedy the situation, Mrs. W. became my best friend. She would come to my office and she attended all the recreation programs, though in a wheelchair. She even started going to the beauty shop at the home. Each morning that I was there, I would go to her room for a few minutes.

Now Mrs. W. feels that she has something to live for, and she is looking forward to the celebration of her hundredth birthday. I sincerely hope that she will realize the fulfillment of her wish to attain this wonderful age.