

REMARKS ON PSYCHOTHERAPY WITH AGED PERSONS

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Together with an intensification of the medical specialty of *geriatrics*, that is, the medical and surgical treatment of "the aged," the literature in this field has expanded enormously within the last one or two decades. In the United States alone, there are at least two monthly journals in geriatrics, not to speak of a virtual library of books in this medical area. However, *not* quite the same can be said, in this writer's view, about the literature on the *psychotherapy* (nor about *group therapy*) with aged people.

Before any example is offered from my own experience in *geriatric psychotherapy*, a definition, or at least a *tentative* clarification of the concept of "aging" or of "agedness" in this therapeutic field is necessary.¹ First, let me introduce the British monograph *The Over-Sixties*,² which I consider a particularly excellent study despite the fact that it is based on only 136 closely examined cases, 49% married, 39% widowed, and 9% single. Among the "illnesses" described in that study, only 17% of the persons are classified as suffering from "disorders of the central nervous system (and sensory organs)." This is not to imply that only this group needed (or wanted) *some* kind of psychotherapy.

To this writer, two points appear to be most important: 1) "... old age meant the *gradual lowering* of the capacity [of the aged] to take care of themselves or to be fully responsible for all their personal needs"; "... those still in the sixties did *not* consider themselves 'old.'"³ At this point, I cannot overemphasize that for anyone who has a professional, particularly a psychotherapeutic interest in dealing with "old-agers," this study by Joyce Arkley is required reading, both in its methods and "social" approach and in its *results*, particularly in revealing the utmost importance of "human environment" (family or friends *vs.* loneliness) for development and *prognosis* of depression and other psychopathological symptoms. It cannot be denied that so-called "mental deterioration" is often attributed to progressive brain arterio-sclerosis. However, the extent to which this is true is (I believe) very hard to determine *statistically*. There is the probability therefore that it is as often wrongly attributed to this as it is correctly so. At any rate, this bio-chemical process certainly ought *not* to be considered either the "center" or the numerical maximum of the cases that require psychotherapy in in "older age," that is, from the age of 55 and up.

Here Dr. V. Louis, in a most interesting publication,⁴ has shown convincingly that it is the *preservation of interests* (goals) that had been guiding them during their younger years that keeps the oldsters "mentally alive." This is true even though "*partial deterioration* of some capacities" (sclerotic in nature?) may be present or may develop—whether such "deterioration" be based on a poorer condition of aging tissues directly (brain cells, blood circulation?) or, indirectly, on poorer function of sense organs (for example, vision and hearing).

Finally, let us glimpse at a case of possible interest, taken from the files of the New York Alfred Adler Mental Hygiene Clinic:

Mrs. B, 72 years old, was brought to the clinic by her husband, who is only slightly younger. The *main complaints* (his!) were that she is "intolerable," complains constantly and "groundlessly," is becoming more forgetful, is mildly "fearful" though by no means panicky, and she often sleeps poorly.

No gross physical illness, neurological or other, was found.

Mrs. B herself came relatively regularly (always accompanied by her husband) for almost 12 weeks on a weekly basis, though apparently not eager to start or to continue. No "cure" could be achieved in this case (nor was one expected) except that the husband became more understanding, more helpful to his wife and could tolerate his wife's morbid behavior more calmly—a *gain not to be underrated both for the patient and for the husband.*⁵

For all those who attempt the not-so-easy psychotherapy of "older persons," two points cannot be overemphasized: 1) that the "interests" or goals of the earlier or "major" part of the oldster's life be found, brought out, and closely "interwoven" into the treatment, and 2) that any physical handicaps (ills or defects) of the oldster not be overlooked but be *alleviated* (by a knowledgeable, skillful physician) while the psychotherapist *not* stress them in his orientation toward his patient.

Here is another example from private practice: a 79-year old, semi-retired eye doctor. He was plagued by frequent heart palpitations and "poor sleep," both admittedly worsened by anxiety (basically a "fear-of-death"). He himself had requested *psycho*-therapy.

Psychotherapy was conducted mainly by evoking and stressing his life-long "interest"—as a most skilled and successful healer-scientist—in his own great medical achievements, inseparable from *his* ability to calm the "nerves" of *his* patients, formerly, aside from his treating them, of course, by physical means. This method of "treating" him by eliciting *encouragement* in and by *himself* has succeeded fairly well so far, at least allaying his sufferings without *increasing* the sedatives which he tolerates rather poorly.

REFERENCES

1. *Handbook of Psychotherapy*, ed. B.B. Wolman, New York, N.Y., 1965. See especially pp. 826-837. References: pp. 836-37. ("Clinical Patterns of Aging," etc.).
2. Arkley, Joyce, *The Over-Sixties: A Survey of Social Problems and Unmet Needs*, (Queen Victoria Institute Fund), National Council of Social Service, 26 Bedford Sq., London, W.C.1., 1964. Pp. 59, with 24 tables and 2 appendices.
3. Arkley, J., p. 21.
4. Louis, Victor (Zurich, Switzerland): "The "Third" Age and the Cerebro-Degenerative Phenomena in the Light of Individual Psychology," paper read at the International Congress, Paris, 1953. (Pp. 5, mimeographed, French and German original text).
5. Meiers, Joseph, "The Intermediary-Distantial Therapy ...," in *Essays in Individual Psychology*, eds. Kurt Adler and Danica Deutsch, New York (Grove Pubs.) 1959, pp. 268-274.

ALFRED ADLER'S SENSE OF HUMOR

[Editor's note: The first two paragraphs of the following have been taken from the *Newsletter* of the Women's Division, edited by Mrs. Hazel C. Shoobs. N.S.]

Alfred Adler, far sighted and immediately practical though devoted to helping patients, never lost his sense of humor. There was little or no monotony in his sessions.

He was unique in his ability to lighten tense moments with an appropriate tale. To a scolding, domineering mother who frequently became involved in quarrels with her children, he told the story of the child, who, after being tucked to bed, with lights out, called down in a few minutes, "Mama, I'm thirsty. I want a drink of water." To which the mother replied, "You've had enough water. Now sleep and don't bother me." A few minutes later, the child called down,