

COUNSELING AGING PERSONS WITH SELF-BOUNDED LIFE STYLES

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A social worker is often struck by the diversity of life styles among the aging, some wholesome, others faulty, most of them confirming the Biblical observations, "As ye sow, so shall ye reap." Under favorable circumstances a wholesome life style may crown one's declining years with a serenity and wisdom that are a joy and a blessing to behold. But a faulty, more self-bounded life style under normal circumstances tends ultimately to yield dejection. This communicates itself subtly and insidiously through gestures, posture, or tone, in turn depressing relatives and friends. These cannot fail to recognize and deplore the depressed older person's self-centeredness and his tendency to exaggerate and aggravate his adversities and incapacities. The chilling atmosphere he spreads is such that even the professional helper is not immune to it until he reminds himself that he is dealing with a suffering person, agonized by a belief that he is a failure, inferior, and unlovable, and that life will worsen as he comes closer to death.

We are concerned here not with the mentally disturbed older individuals, but with those normal ones who are depressed in that they are relatively inaccessible to stimulation, show lowered initiative, and suffer from persistently gloomy thoughts (4). Instead of taking pride in their past achievements, they wallow in self-torment over unfulfilled, often unrealistic goals. Where it is a faulty life style—rather than an organic deterioration—which has brought about this prolonged sadness, chronic distress, magnification of physical symptoms, and the generally shallow and joyless living, I prefer to call the condition "poverty of spirit." And this is the condition of the cases to be dealt with here.

As to what constitutes an aging person, he certainly cannot be defined solely chronologically. Some feel old at 40; others at 70 and 80 still feel young, alert, and productive. An aging person is a psychological, biological, and social whole. Probably the best definition of aging persons is in terms of what Goldfarb (5) has conceived as their common denominator: some decline or severe loss of resources.

RATIONALE

Most therapists agree that it may be unrealistic to expect radical change in behavior or even insight in the elderly, but they report that depression can be diminished. While, as in cancer, we may not cure, it would seem to be our social obligation to reduce suffering and depression.

My own experience as a social worker has shown that one can lessen or interrupt the poverty of spirit of the aged by means of a combination of a good relationship and the necessary correction of the present negatively toned and ineffectual way of living. Such a correction must encourage a change toward more social interest, more usefulness to others. It has often been possible by suggesting a new way of looking at the individual's problem or situation, and by introducing a new goal, to reduce loneliness and to restore a sense of dignity and self-esteem whereby the individual is enabled to return to community living.

Thus far the individual's life style has been mentioned as a factor inducing depression in old age, but there are also factors outside the individual which are significant and obvious. Our culture's insulting neglect of the old, and its worship of youth and material success deprive our aging population of their means to satisfy some of their basic needs. Rosow (7) has called attention to two such basic needs which he has called *status* and *function*. Part of growing old gracefully is to accept enforced retirement, the "decline and loss of resources," and the degree of disengagement (3) or withdrawal which this entails. But to avoid or overcome a poverty of spirit one must foster one's social interest, one's connections with the community, as long and as much as possible through some cooperative activity.

This paper will present several cases in which an understanding of the older person's present situation and his customary approach to life's problems together with an acquaintance with the resources and needs of his community have enabled the therapist to change the person's opinion of himself and of his world sufficiently to start him off in the direction of playing a new role, one which gives him a means of feeling a part of something outside himself and of restoring his self-esteem by his usefulness to some one or others.

CASES

The author's agency held its office in a community center which was adjacent to a large hospital. This center, famed for its workshops,

discussion groups, chorus, and drama circle for those over 50, served as an ideal bridge to those who had lost contact with the community and wished to find their way back. Joining a group was only an initial step. Our clients had to be primed, well motivated in advance, and then observed and encouraged, particularly when in the hurly-burly of activities they tended, unnoticed, to retreat into their former, passive, solitary way of life.

Cases came from the hospital, from the center itself, or from members and friends of the center. None were on relief; all lived on social security, supplemented by meager life savings. Each paid a nominal fee based on what he could afford.

The Retired Chemist

The hospital requested help for a 70-year old retired chemist about to be discharged. A cardiac, miserably lonely, he showed excessive fear and reluctance to return home because of his wife's increasing mental confusion. Home visits and frequent telephone calls somewhat eased his loneliness. They also revealed an abusive, contemptuous attitude toward his wife whose frailties, her physician and I agreed, he had grossly exaggerated at the time. She was filled with despair and helplessness over his perfectionism which made him, e. g., eschew rugs in the house as germ-breeders, and over his finicky food habits which had infuriated the hospital staff.

My familiarity with his books and musical recordings, and my admiration of his alert intellect and articulateness enhanced this man's respect for me. But when I asked him to join the center's discussion group, he spurned the invitation. "How do I know I'll be appreciated there? I've never joined anything. It's too late now." Only after very good rapport had been established could he be made to see that his main axis or goal had always been to get something (appreciation, attention), rather than to give; and that by his arrogance and air of superiority (the reverse side of his inferiority feelings) he had not only isolated himself from the community but from his two married children. His son had moved to another continent, his daughter to the opposite end of the country.

A final appeal to his pride evoked some social interest. "Why not share your intellectual gifts? We need your help in our discussion group." This man's mistaken goal had been focussed on the possession of gifts rather than the use made of them.

Leaving his ivory tower cost him considerable struggle but was

rewarded by a break in his isolation, by the anticipated appreciation of his intellect, and by an improvement in his relation to his wife. By the time her deterioration required hospital care, he had become more accepting and resigned about her decline, and he was already serving on an important committee, also. The last time I saw him he joyfully showed me a letter from his son who planned to return to the United States with his family. This son's decision was a definite response to a recognized change in his father from a proud, demanding person to one more humble, giving, and sharing.

The Divorced Former Schoolteacher

A retired, divorced schoolteacher of 73 years, socially a recluse, came on the advice of her physician. He thought it would be wonderful if we could help reduce her high blood pressure, related to her self-blame for the pending divorce of her daughter, her only child, and for her grandson's delinquency. She was convinced that both were punishments for her mistakes in life.

During World War I, she discovered that her husband, a good man, had had a secret affair with another woman. After her divorce she had adopted a cloistered life, excluding all male contacts. Day and night she had slaved, unaided, to support herself and her daughter. In violation of the demands of social living she had now unwittingly extended her grievances against her husband to include her son-in-law, which precipitated a family rebellion. She told me that when her son-in-law also began an affair with another woman she prayed every day that he would die of cancer.

I began by expressing sympathy for her daughter's predicament and praise for her wish to help her family, but asked, how could her son-in-law's death help her grandson who, by her own admission, was fond of his father? Critically assessing her revenge as indeed a very sick feeling, she said she wanted to change but did not know how she could at *her* age. I assured her I felt confident that she *could* change if she made an effort to live her own life more creatively, thus setting a good example to her family.

But first I needed to challenge her whole concept of punishment. Did she honestly believe that her European relatives, when exterminated by the Nazis, were being punished for their sins? She got the point, but still could not abandon the notion of punishment until I showed her the purpose behind her obsession. Was it not an excuse from facing her present responsibility, namely, to help her daughter and grandson?

Together we spelled out concretely how she could meet this responsibility: by refusing to be sucked in by her family's troubles; by refusing to harbor vindictive thoughts that might raise her blood pressure and destroy her health; by letting old psychic wounds heal rather than pick or tear at them. Her daughter's anguish (she was in therapy) and her grandson's rebellion provided good incentives for change.

It was remarkable to see how this woman came alive once she was shown how exaggerated had been her early response to her husband's infidelity (a wartime casualty) and her exploitation of this experience as a "clinging to shock effects," a sign of a mistaken life style (1, p. 295). Her guilt feelings abated when she saw them as part of a striving for superiority, kept aroused as if in order to prove her stoical powers of suffering and endurance to cover up feelings of worthlessness.

The next problem was how to apply her insights and find a new role for her. Due to the shortage of remedial reading teachers for economically and culturally deprived children, her training and skill in this field were immediately mobilized. This proved only partially satisfying since it still enabled her to avoid adult, especially male contacts. Once after attending a Kennedy memorial meeting, I telephoned to tell her how sorry I was to have missed seeing her there. She regretted that she had sat home brooding, as usual, in solitude. Fond of music, she joined a chorus a week later. In this group she learned to regard men more objectively rather than through the distortion of her past. Her moment of triumph came when she told me with a gleam in her eye about two glad tidings; her grandson had just phoned her, expressing a wish for his favorite pudding; and the night before, she and an invited neighbor had enjoyed a concert with two complimentary tickets I had sent her.

The Old Cabinetmaker

A retired, childless cabinetmaker of 70 years, still in vigorous health, complained of depression and isolation. Contact had been made a year ago by a previous social worker to provide a special bed at home for his wife, ill with protracted cancer. His first contact with me was when he came to see me in order to dispose of the bed on the day his wife died. After expressions of sympathy and admiration for his competent, devoted nursing care, I encouraged him to return should he wish to talk over some of his problems.

Five months later he came straight from visiting his wife's grave,

saying, "This is it!" He knew she would never come back. He had lost his best friend. They had had the perfect, happy marriage. At first he had tried living with his married nieces, to his dissatisfaction. Then he learned for the first time to cook for himself. (His kosher scruples precluded restaurant eating.) But he felt utterly lost.

I showed him how he not only frustrated his former friends by disdaining their consolation as futile, but that he actually imposed his isolation on himself, with his suspicions that every woman, particularly widows, nursed designs on him for remarriage. Only gradually did insight into his withdrawal from people break the chain of his prolonged mourning and isolation.

Once, after listening to him extol his craftsmanship, I telephoned the director of the carpentry workshop, saying, "Let me introduce you to a man here who has an important contribution to make." This opened up a field of work, and our man responded with enthusiasm to a missing social goal, to use his skill in the service of others. He became popular teaching the rudiments of carpentry to a group of retired men engaged in repairing children's toys and furniture, and in building scenery for a small community theatre. After a while he came to accept condolences graciously, and learned that people can be kind and sympathetic without ulterior designs. Although he still fled from closeness with women, he was no longer averse to involvement with new acquaintances.

The Demanding Mother

Depressed, aging women who rule their families like matriarchs can make life hell for their families. Often they reverse roles and expect their children to take complete care of them. They transmit their depression and guilt feelings to their children who come for counseling such as the daughter in the following case.

A widow, aged 68, a retired dress-shop owner, recovering from surgery, refused to take her daily walk which the doctor had ordered, unless her only daughter, living nearby, took her out. The daughter, already overburdened by a sick husband and three children, of whom one was mentally retarded, complained of guilt feelings if she missed one day's visit to her mother.

I told the daughter that behind her "masochistic compliance," as she described her sacrifices, I detected pride and vaunted superiority. I challenged her hidden goal, saying, "How you must enjoy playing your mother's game of acting the martyr!" Only after she saw that her

guilt feelings were not genuine and actually were inimical to the best interest of her husband and children, and after she recognized these feelings as signs of "reluctant and twisted ethics" (2, p. 299), was she able to take a stand against her mother.

As for the mother, I found her so embittered by the loss of her husband and another daughter that she was seeking solace for these tragedies by dominating and exploiting the surviving daughter.

After listening sympathetically to the tearful dramatization of her woes I had to shock her out of her obliviousness to her daughter's plight by reminding her that lightning *may* strike twice. How would she manage if something happened to this daughter? This challenge so mobilized her initiative that she herself suggested paying an elderly indigent neighbor to help her walk outdoors.

CONCLUDING REMARKS

These four cases show how a warm relationship and the guidance of a social worker can bring about a correction of the life style of an aging person, can lessen his depression and restore zest and self-esteem.

Since depression is known to cause loss of muscle tone, an inner psychological change is often dramatically matched and enhanced by physical manifestations of improvement. The person who entered stooped, with sad eyes and woebegone face, complaining in a lugubrious voice, often leaves squaring his shoulders, his body erect, head high, and his face wreathed in smiles. Zest kindles his eyes, and his voice vibrates with confidence as he tells you, "Somehow, I feel like another person. You have given me hope. Things don't have to be this way." He has discovered for himself that only by losing himself in pursuit of a goal can man find himself.

What role can society play in preventing faulty goals that often lurk behind the apathy among the aging? First, prevention of faulty life styles should take place in the earliest years, and correction should start in the kindergarten where a sensitive teacher can detect mistaken goals. During the school years such problems as delinquency and poor learning should be approached by understanding the whole person embodied in his life style, as is already widely being done.

Secondly, society should create an environment with opportunities that would encourage the retired person to continue activities or take up new ones of which he may still be capable and which would be compatible with his life style.

Third, services should be made available to the older person that will help him correct a mistaken life style and will guide him toward suitable community resources. At present too many of our community centers for the aging are reminiscent of the ancient Roman policy of "bread and circuses"—to keep the old people busy and entertained. This busy work—including self-serving hobbies—is degrading and dehumanizing since it ignores the individual as a whole person.

Only by helping an older person take risks, make the leap from isolation into the unknown, from the paralyzing threat of uselessness to finding his place in society, can we help him live out his remaining years in a creative way. And creativity has always served as a way of cheating death.

Only when the aging person feels himself part of the social stream of living can he fulfill Longfellow's claim,

Ah, nothing is too late
Till the tired heart shall cease to palpitate (6, stanza 21).

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