

It's Never Too Late To Change: Group Psychotherapy Experiences With Senior Adults

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Difficult changes in life circumstances, such as retirement, illness, and loss of friends and family occur in every age level of seniors. As a geriatric social worker I've become aware of the effectiveness of group therapy, both in private practice with people in their 70s and 80s, as well as in retirement homes with seniors in their 80s and 90s.

The women in my private practice group have many characteristics in common. These senior women in their 70s and 80s feel they do not have much time left in their lives; therefore they connect quickly with the therapist and the other group members, working hard to make changes. They live in their own homes where they have lived for many years and they are desperately anxious to remain there, rather than be forced to move into a retirement home. They are generally retired, lonely, and suffer from depression and shame about their changing lives. They struggle with deep feelings of incompetence, of not being the successful adults they once were.

In this group we deal with many of the common issues described by Leszcz (1996) that seniors face, including relationships with spouses and adult children, loss of friends and family, and anxiety about possibly having to leave their homes. For example, one of the women, a 78 year-old widow, had been married to a successful, domineering and extremely controlling man. Although very lonely since his death nine years ago, she is relieved not to be dominated and controlled and is now free to make her own life choices. With the groups' support she is gaining control of her own life, working on making decisions about doing volunteer work and going to events that interest her. She is extremely grateful for the emotional support the group provides her, using it to grow in new enriching and satisfying directions.

Another member, age 82, has had an extremely difficult life with her angry and controlling husband. She feels it is too late to separate from the marriage; however, she uses the group to help her to confront her husband and family, and to feel more comfortable and stronger in her life situation.

Many groups focus on the member's difficult relationships with their adult children. For example, one woman, age 73, is raising her granddaughter, now 18. She is dealing with her anger toward her son for having left his daughter in her care, while rarely being in touch with them. She is deeply resentful and frustrated at having to assume the role of mother again, and cherishes the group's validation and support. Having a nurturing place where she can vent her feelings, and receive appreciation and encouragement helps her to continue in this difficult position.

As the therapist, I am aware of countertransference and transference issues in the treatment of the members in this group. I have found that countertransference can be very strong in dealing with the group closest to my age. Feelings arise as I feel empathy for members dealing with health problems and adult children and grandchildren. Sometimes it is a struggle to understand and sympathize with them, while avoiding discussing my own similar feelings and life events.

Transference issues that occur in this group may relate to the age of the therapist. These clients in their 70s and 80s may react to younger therapists as they would to their own adult children. As I am a contemporary, these complications do not seem to occur.

The clinical issues in this group include restoring a sense of self-esteem and self worth, grieving, adaptation to loss, and lessening of feelings of isolation. Although there continues to be considerable emotional pain and physical illness among all the members, dealing with these issues, while giving and receiving suggestions and support, is an important component in remaining stable in their own homes and improving their lives.

My work, over the last several years, with individuals and groups of seniors in their 80s and 90s has

been quite different. When I started to meet with the members of each retirement home (six people in each home), I became immediately aware of their lack of interest in making changes in their lives, as well as their lack of interest in forming a cohesive group. They all seemed to have a strong sense of resignation, anger and depression. As most of the members in these retirement homes had been placed there by their adult children, there was a common sense of unhappiness and bitterness for being removed from their own homes without their consent.

Saiger (2001) states that “the primary diagnosis for the vast majority of participants in the group is in the depressive spectrum.” In his opinion, these depressed patients can be successful in achieving therapeutic goals.

Each week, I devise a central theme for the meeting, which helps to elicit participation. Some of the issues include discussing an important event in their lives, describing family members, talking about their past work, and sharing how they felt about being moved to Los Angeles. Some lively discussions have been stimulated from my reading of short stories that relate to their lives.

As these seniors are dealing with the final stage of their lives, reminiscence therapy is important for life review and coming to terms with how they have handled various stages and the challenges and events that were presented along the way. Erwin (1996) states, “Reminiscence explores an individual’s strengths and weaknesses to achieve resolution of the past, and self acceptance.” I have noticed some relief in depression following these discussions.

There are no particular session limits for the groups in the residential retirement homes. One of the therapy groups had to end after a year when one woman, age 94, died, and two other group members could no longer speak due to stroke and Parkinson’s disease. One of the remaining members, an 87 year-old widow who had had a successful career as a nurse, was desperately eager to remain in therapy, so I have treated her individually once a week. She continues to deal with the same issues of unhappiness at being in the retirement home, anger at her son for placing her there, and acceptance that she is too physically helpless to be on her own. She is grateful for my sympathy, and our discussions about her life provide her with some comfort.

Countertransference and transference issues differ in my experience with this older population living in retirement homes. As I do not identify with the feelings of depression, resignation, hopelessness for the future and anger that are so prevalent in this group, I am able to offer empathy without struggling with my own concerns. And transference issues seem to be minimal.

This paper explores some of the differences in group treatment between seniors in their 70s and 80s who live independently and attend a private practice group, and seniors in their 80s and 90s living in retirement homes. These dissimilarities include the nature of the problems discussed, the differing treatment goals and expectations for change, as well as the therapeutic styles that are employed. My experience in the 12 years as a geriatric therapist makes me believe in the importance of group therapy for seniors in helping to improve the quality of their lives.

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