Group Treatment with Aged*

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Therapy [treatment] is not real life. At its best it is a metaphorical working-through of representations of real life and is a preparation for major change. So group therapy is not a substitute for missing relationships and defective social linkages in the lives of the aged . . . But group treatment does partially compensate for some gaping deficits in the lives of aged clients.

WHEN we consider Robert Browning's romantic invitation to come grow old with me, the best is yet to be, it might seem to some of us that Browning, at that point in his life, knew *diddly-squat* about growing old. Dylan Thomas might seem more in touch with reality when he warns us not to go gentle into the night. At any rate, research bears out the value of that warning.

Whatever our own views, we worry about growing old just as we worry about not growing old, and those of us in the healing and helping professions are concerned not only about our own mortality but with how to help others to maintain themselves as whole people while facing the coercions of time.

Group services on behalf of aged clients at Jewish Family Service are based on our understanding of concepts about: aging as a developmental phase; the meanings of change to aged people; the interaction of person and social context; and what constitutes an integrated sense of self.

Aging as a Developmental Phase

Erikson says that each stage of life has to be understood in the context of the person's whole life cycle.[1] Gerontological research consistently finds that "People grow old in very different ways, whether we refer to biological, psychological or social processes."[2] Adulthood is usually defined as a time of ongoing "crisis, challenge, and change"[3] during which a move is made from *creating* (the developmental task of the young adult) to *validating* (the developmental task of the older adult). Aging is the final developmental stage (as far as we know!) and includes incremental as well as decremental phenomena[4] although the latter are usually our focus in treatment.

An aged person can be categorized as "competent" or "frail" depending upon that person's social functioning and physical health.[5] Some recent research indicates that 80–85% of all people over 60 are probably "competent".[6] Nevertheless, the aged are often thought of in the same way as are the mentally ill.[7] We are likely to avoid that

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[1] Neil J. Smelser and Erik H. Erikson, editors, *Themes of Work and Love in Adulthood.* Cambridge, Massachusetts: Howard University Press, 1980, vi.

[2] Manfred Bergener *et al,* editors, *Aging in the Eighties and Beyond.* New York: Springer Publishing Company, 1983, p. 392.

[3] Smelser and Erikson, *Op. Cit.,* p. 130.

[4] Richard A. Kalish, *Late Adulthood: Perspectives on Human Development.* Monterey, California: Brooks/Cole Publishing Company, 1975, p. 1.

[5] Bergener, *Op. Cit.,* p. 393.

[6] *Ibid.*

[7] Lois M. Tamir, *Communication and the Aging Process* New York: Pergamon Press, 1979, p. 99.

mistake if we look at the old person in terms of what does he/she do? What have been his/her patterns? What are his/her expectations of self and others?

It has been said that the major aging task is to deal with ego integrity versus despair,[8] or with zest versus apathy.[9] More specifically, let us think that aging is a time of opportunity for personal growth, that personal growth means more than adjustment to losses or coping with a series of problems, that it means overcoming the shock of transition (which seems to occur in the mid and late 60s) and maintaining and enriching the wholeness of self.[10] Aging as a developmental phase must include:

- —*setting and achieving goals* (which depend upon certain conditions: "It can be said that goals exist only where and when human consciousness can anticipate future states, and where and when human action can transform desirable states into deliberate purposes");[11]
- —*socialization*, a process that continues throughout life in relation to the development of new values, attitudes, and role behaviors;[12]
- —*a view of leisure as legitimate* (separate from illness or failure);
- —*sufficient behavioral flexibility* to allow for tolerance of changes in activity (the first sign of aging is often erosion of flexibility).

Opportunities for personal growth in this final developmental phase coincide with the person's need to work with inevitable role relinquishments, losses,[13] and declines. There are declines in muscular strength, reaction times, acuteness of senses,[14] and some diminution of synthesizing faculties.[15] Nevertheless, aged people have the capacities to learn, to change, to hold on to identity—personality develops throughout life in relation to internal and external stimuli. Since growth implies the ability to make shifts in the defensive system and a maturational push to free one's self from the myths that define false boundaries of the self,[16] it is important to note that research done in the mid-70s found that creative processes retain plasticity throughout life and always remain susceptible to environmental influences.[17]

Health, solvency, and continuity of social supports strongly influence a person's coping abilities[18] as do societal ideals, particularly when these ideals are at war with each other and/or with life as it really is. We have some strikingly dissonant ideals when it comes to old people; for example, there tends to be an appreciation in the abstract for the autonomous, self-reliant, willful old person, but rewards are often given to the aged who are conforming, docile and pliant, although we know the research that tells us that the aged who are the most likely to survive crises are those who are demanding, aggressive, narcissistic and angry.[19] In the same way, there is a great societal emphasis placed upon caring for others as an essential part of successful adulthood and upon sexual experience as self-fulfillment and a significant expression of intimate emotional commitment to another although such opportunities for older people are seriously limited and the aged person's own natural inclination is to become more inner-directed.[20]

Despite those realities, the developmental stretch is the same for the

[8] Kalish, *Op. Cit.*, p. 56.
[9] *Ibid.*, p. 63.
[10] *Ibid.*, pp. 64–69.
[11] Bergener, *Op. Cit.*, p. 314.
[12] Kalish, *Op. Cit.*, p. 50.
[13] Smelser and Erikson, *Op. Cit.*, p. 159.
[14] *Ibid.*, p. 2.
[15] Tamir, *Op. Cit.*, pp. 137–138.
[16] Smelser and Erikson, *Op. Cit.*, p. 222.
[17] *Ibid.*, p. 202.
[18] Jober F. Gubrium, *The Myths of the Golden Years*. Springfield, Illinois: Charles C Thomas Publisher, 1973, p. 122.
[19] Tamir, *Op. Cit.*, p. 11 and p. 84.
[20] *Ibid.*, p. 94.

older person as for the younger—struggle to crisis to struggle to adaptation to mastery.

Meaning of Change to Aged Persons

Nothing is more important in that stretch than the changes that do or do not take place in the aged person's life. The definition of aging depends upon awareness of change as well as upon the passage of time.[21] We know that old people look upon lack of change as a great positive[22] since change—or lack of it—connects with awareness of one's distance from death, which can often be very different from awareness of one's age.[23]

Cognitive changes associated with aging—changes in memory, in decision-making, in increased distractibility by multiple stimuli[24]—affect the person's self-concept and, therefore, behavior with others. Aged people often experience alienation growing out of their pained recognition that their self-perceptions are incongruent with others' perceptions of them.[25] (Think for a moment of all the jokes that relate to decremental changes in aging and an old person's awareness or lack of awareness of these changes. The jokes are an index to our anxieties about these matters.)

Changes in meaningful relationships and loss of significant others, such as relatives, friends, colleagues, reduce social contacts, which reduces linkages to the immediate community and to the general society, which reduces social role options. Diminution of independence and control over one's environment and social status are connected losses that accompany those changes.[26] As inner and outer resources decrease, the old person's self-concept becomes more vulnerable because more powerful people take charge of parts of his life and, thus, affect negatively his self-esteem.[27] A momentum of negative changes builds: unanticipated crises become catastrophes;[28] a sense of lessened competence leads to self-defeating behaviors;[29] learning new ways of coping is inhibited by fear of failure,[30] (particularly true for achievement-oriented people). Reversal of this momentum means helping old people to exercise active coping behavior: to perceive, to assess, to attempt to actively deal with new and complex situations while holding to a positive view of one's self.[31]

Aging within a Social Context

Changes in self (or lack thereof) occur within a social context and, in turn, shape the person's social context. "Biological rhythms are acted out through a social medium. . . ."[32]

There is a reciprocity between the person and his social context and there appears to be a general relationship between satisfying social interactions and a sense of well-being or gratification in life just as there appears to be a relationship between others' expectations of one's morale and self-concept. Smelser and Erikson point out that the capacity to cope well in a crisis may depend as much upon the person's self-esteem as upon the intensity of crisis, the abstract meaning of the crisis, the

[21] Jober F. Gubrium, *Time, Roles and Self in Old Age*. New York: Human Science Press, 1976, p. 30.
[22] Tamir, *Op. Cit.*, p. 21.
[23] Gubrium, *Op. Cit.*, p. 65.
[24] Kalish, *Op. Cit.*, p. 34.
[25] Tamir, *Op. Cit.*, p. 83.
[26] Kalish, *Op. Cit.*, p. 33.
[27] Tamir, *Op. Cit.*, p. 53.
[28] *Ibid.*, p. 111.
[29] *Ibid.*, p. 96.
[30] Kalish, *Op. Cit.*, p. 38.
[31] Bergener, *Op. Cit.*, p. 263.
[32] Gubrium, *Op. Cit.*, p. 41.

person's cognitive and affective flexibility, and the person's material circumstances.[33] Responses to events that affect self-esteem are produced by social definitions of the event and the person.[34] The social context is defined by a person's observations and interpretations and shapes the very observations and interpretations (as Minuchin has explained in his descriptions of how family structure changes).

There are some basic givens in our general American social context: the individual is important: self-knowledge, definition of self through work and the accumulation of goods, and constant efforts toward self-improvement are also important. Within these parameters, the aged individual can be viewed either as a resource or as a burden.[35] In either event, the aging are "an emergent subculture"[36] and an increasingly feminized group who are often seen as nonproductive and burdensome[37]—"a special collection. . . . devalued as a collection"[38] whose existence is a social problem. This is easily understood if we think of characteristics we value: productivity, skill in relationships, self-reliance, physical attractiveness, sexual capacity, creativity, physical vitality, wealth, influence, ability to have fun, achievement or the potential for it, wisdom, ability to help others, and ability to invest in the future.[39] Compare these with the characteristics most often mentioned in relation to aged people: they're sick, tired, unsexual, slow, forgetful, grouchy, self-pitying, less social, less able to learn, unproductive, defensive, inactive, passive, dependent.[40]

[33] Smelser and Erikson, *Op. Cit.*, p. 164.
[34] *Ibid.*, p. 164.
[35] Bergener, *Op. Cit.*, p. 21.
[36] Gubrium, *Op. Cit.*, p. 146.
[37] Tamir, *Op. Cit.*, p. 98.
[38] Gubrium, *Op. Cit.*, p. 57.
[39] Kalish, *Op. Cit.*, p. 75.
[40] *Ibid.*, pp. 65 and 73.

The aged have two choices: they can define themselves as others see them—their social context; or they can change their social contexts[41] although many aged are likely to have limited options, (particularly since about 20% of people over 65 have incomes at or below the poverty level). Nevertheless, many old people can participate in creating a supportive environment for themselves, an environment which allows them to be autonomous even when not totally self-sufficient. Ideally, such an environment emphasizes the accessibility of resources, is predictable and stable, facilitates the ready processing of information,[42] provides intellectual excitement and opportunities for effective behavior and rewards for competency.

Sense of Self of Aged Persons

Family and work usually provide us with the social environments in which we can exerciese power, continue developing a sense of self, and keep learning how to relate to others. Deprivation in these areas for many people leads to a narrowing of life, decreasing activity, negative changes in self-concept and loss of cognitive functions.[43] The chronically unemployed and many problem-laden aging people show striking attitudinal and behavioral similarities: feelings of humiliation and of being superfluous, extreme sensitivity, aggression combined with inertia, and an impoverishment of wishes and ideas.[44]

If work is not available, adequate family relations can support a continuous sense of self,[45] depending upon the individual's feelings about his/her marital state and intergenerational relation-

[41] Gubrium, *Op. Cit.*, pp. 47 and 56.
[42] Tamir. *Op. Cit.*, p. 108.
[43] Gubrium, *Op. Cit.*, p. 7 and Smelser and Erikson, *Op. Cit.*, p. 195.
[44] Gubrium, *Op. Cit.*, p. 63.
[45] Tamir, *Op. Cit.*, p. 134.

ships. Marriage is a major socializing experience.[46] (We can, of course, expect an increase in marital problems as the duration of marriages increases.)[47] Intergenerational relationships, characterized by conflict or by cooperation[48] offer chances for initiation of young-old interactions (such interactions customarily are initiated by the young, if they occur at all), and for participation in family decision-making (on which old people often have minimal impact). If family and work are not sufficiently available, other avenues for social interactions must be found to offer opportunities for norms for communication and other behaviors, and maintenance of some sense of stable social status (especially since our society offers few norms of behavior for male—female roles outside of work and marriage).[49]

While old people do not identify with others only on the basis of age,[50] they show the same inclination that other age groups do to be with their own reference group. It is with one's cohort that it is the easiest to relate in terms of shared memories, language, and customs, and it is to one's cohort that it seems natural to look for confirmation of one's competency, social position and sense of purpose—what Tamir refers to as "hedges against anxiety",[51] what we might name as essentials for the continuity and integrity of self.

The social being of any age has two primary tasks: the evaluation and validation of self and the consideration of contingencies that affect behavior toward others and the self.[52] Old people engaging in those survival tasks are concerned with these issues:

> How to deal with the unexpected? How to deal with giving and receiving? How to maintain "a sense of purpose in relation to others?"[53] How to compensate for physical changes and behavioral manifestations of physical changes? How to meet their own needs for emotional, physical, social and intellectual stimulation? How to adjust internalized ideals to real capacities? How to deal with desolation (that is, the impact of being left to be alone)? How to keep informed and cognitively skilled? How to handle economic, social and psychological disengagement in such a way as to give up roles without giving up the integrity of self? (Disengagement has always been thought of as inevitable because of decrements in the aged person's social structure, physical powers, and span of future.)[54] How to tolerate the freedom and confusion inherent in the diminution or surrender of social roles?[55] How to keep a continuity of commitment to others? How to usefully retrospect about one's life?

When these issues cannot be adequately addressed, the integrity of the self is weakened and symptomatic behavior appears: depression (the most common mental disorder of the aged)[56] which increases as positive reinforcements fade;[57] a continuing state of irritated frustration (particularly acute in people who are used to achievement and to taking the initiative); efforts at magical mastery (which intensify as powerlessness grows);[58] what appears to be unreasonable, stubborn behavior but is really an attempt to fight dependency.[59]

Group Treatment with Aged

The type of group treatment used in our agency with clients of all ages is a psychodynamic model in which group

[46] *Ibid.*, p. 73.

[47] Herman J. Loether, *Problems of Aging.* Belmont, California: Dickinson Publishing Company, Inc., 1967, p. 9.

[48] Bergener, *Op. Cit.*, p. 298.

[49] Tamir, *Op. Cit.*, p. 110.

[50] *Ibid.*, p. 81.

[51] *Ibid.*, p. 113.

[52] Gubrium, *Op. Cit.*, p. 179.

[53] Tamir, *Op. Cit.*, p. 122.

[54] Kalish, *Op. Cit.*, p. 63.

[55] Tamir, *Op. Cit.*, p. 105.

[56] Bergener, *Op. Cit.*, p. 169.

[57] Tamir, *Op. Cit.*, p. 147.

[58] Gubrium, *Op. Cit.*, p. 85.

[59] Tamir, *Op. Cit.*, p. 143.

relationships and processes provide the "growth medium": group clients are helped to recognize, identify and express feelings, to test out perceptions, to examine reactions, and to experiment with new styles of behavior; the ultimate objectives are to change the attitudes, feelings, and patterns of behavior that interfere with the individual's sense of self-worth and productive use of self in relationships. Jewish Family Service's group treatment with aged proceeds from the assumptions that aged (sometimes *very* aged!) people struggle with the same issues as do others—working-through versus acting-out or giving-up —and that they have the options of growth or regression as do others.

Group Composition

When we screen for groups, we look for some empathic capacity, some ability to tolerate frustration, sufficient intelligence to translate emotional learning into cognitive terms, significant others who won't actively sabotage group treatment, and some readiness to try the group.

In composing the group, we try for a good mix—people who talk and people who listen, people who look for nurturing and those who need to nurture, people who burst forth with feelings and those who tend to hold back feelings. We consider 7–9 individuals or 4–5 couples to be a reasonable number in group; with the larger number we usually use two therapists.

Phases in Group Process

Our experience is that all groups, regardless of clients' ages and the content brought into the group's interactions, have certain similarities in terms of beginnings, middles and endings. Each phase has its own characteristic affects, process, content and specific requirements of the therapist.

The beginning phase is chaos and requires the group therapist to "teach" the group members how to be clients, how to use the group, how to relate to their own feelings and to others. The beginning content is usually: Look what I've done; look what they've done to me: what can you (the group therapist) do to make me feel better: how can I make others change. The process is polite, marked by denial and advice-giving. The affects are dependency, deprivation, helplessness and frustration.

The middle phase has more of the same and also includes the content of: How come you (the group therapist and the others in the group) don't do more for me. The process now includes open confrontations between group members, attacks upon and defenses of the therapist, acknowledgement of the intensity of negative and positive feelings about themselves and each other, and mutual clarification of defenses. The affects are intensified anxiety and satisfaction related to self-revelations and experiencing the revelations of others, open anger, and an approach to the sadness under the anger.

The ending phase recapitulates earlier material, translates feelings into cognitive terms, and is characterized by the group doing most of the work of following the themes, high-lighting interactions, and analyzing process. Separation is the content, the theme, and the process: separation from the past by acceptance of self, a giving up of old fantasies and hurts, the integration of new behaviors, and separation from the group-as-a-whole, from individual group members and from the group therapist.

This relationship/process model is the framework for almost all of our work with groups. We do, however, by plan,

work with a few groups outside of this model.[60]

Variety of Groups

We have six-week family life education groups for children of the aged; we also have ongoing groups of clients ranging in age from the sixties to the nineties in our Group Apartments for Aged who meet in weekly sessions with a team of senior and junior group therapists. These groups are like our model of group treatment in that group process is used much as it is in our other groups, but with certain limitations—the goals of work with these two groups are to enable the members to increase their capacities for cooperative living and, therefore, as conflicts arise between residents, these are reframed rather than beig ventilated, explored and worked through; and the group therapists are actively tuned in to putting the lid on embarrassment and shame-producing incidents.

Additionally, there are groups of physically disabled men and women called Handicappers, socializing/support groups in which age is not a criterion for membership. Clients' ages ranged from 30 to 65 years. The group leader, our Coordinator of Volunteer Services, reports that there was no evidence of a generation gap; people dealt with each other as equals although the few truly intense, intimate relationships that developed during the life of the group developed along age lines.

In the recent past, the agency offered group treatment at the Federation Apartments, a community institution that provides small apartments and communal meals to aged people. Over a period of a few years, we discovered that the group experience enabled our clients in the Federation Apartments to improve their relationships in general and more competently to manage their adjustment to life in the apartments, specifically in relation to handling disappointments and feelings of being trapped, coping with fears of future losses and with ambivalence about authority. The success of that group prompted the Federation Apartments Director to ask us to do another group for the healthy spouses of failing partners. There was concern about the stresses experienced by the healthy spouses. Despite some doubts, we undertook to do the group and discovered that it did not work. Our conclusion was that the healthy spouses were terrified of exposing their partners' frailties to others and felt an intolerable disloyalty in approaching the subject.

For several years, the agency has provided socialization/support groups for isolated, dependent, aged Russian immigrants. I am inclined to describe the central issue of these groups as pain control: group sessions as an expression of a caring community helping our clients to manage their powerful feelings of uprootedness, loss, disappointment and alienation with greater skill and comfort.

A number of our treatment groups have included people of 60 or older along with younger people. In some of our groups where there might be an age span from the 20s to the late 50s or early 60s, age is important only in terms of what the group members do with it. We see no clinical reason to exclude people over 60 from groups with members who are under 60 solely on the basis of age.

A particularly interesting experience with aged women in a group occurred without the group therapist's plan; I believe we might want to re-create the experience on purpose. A long-term

[60] For a more detailed exposition, see Margaret Weiner, "Conversation on Group Treatment," this *Journal*, vol. 50, No. 2 (1973) pp. 164–173.

group of women in their 30s and 40s decided—without telling the group therapist ahead of time—to bring in their mothers. Six sessions were held with the mothers, women in their 60s and 70s, and daughters. The senior group therapist writes in part:

> They [the daughters] lacked awareness of their own conflicts that were being acted out in the mother-daughter relationship. . . . The amazing part of this process was the rapid switch away from wanting "mom to change" . . . . Another important part of the process was the group's sharing of each other's pain and the collective loss of hope that if they did it right, mom would make them feel better. . . . The mothers felt let into their daughters' lives. . . . Initially they [the mothers] banded together in a defensive posture of "I did the best I could—you were always hard to please!". . . . We got the mothers to feel safe by recalling their feelings about their own mothers. . . . Then they turned to their daughters out of curiosity to confirm or disavow their perceptions of themselves. . . . The common goal became to be heard rather than to change each other. . . . The mothers talked about the fear of losing their daughters because the anger had sustained the relationship. . . .

Since we view heterogeneous groups as providing the richest opportunities for multiple identifications and mirrorings of the self, we do not usually work with age-segregated groups (except for children and adolescents), nor do we design treatment groups around a single issue. However, in November, 1978, an experienced clinical social worker and longtime group therapist in the agency started a long-term, open-ended treatment group only for aged clients (defined in our agency as 60 plus years). The therapist wanted to test out two hypotheses: the first was that aged clients would want to use group relationships and process to find out their goals for personal development and how they could achieve their goals; the second was that a group is a group is a group.

> The **first session** focused on: loneliness, bitterness about people not doing enough and not giving respect, keeping a stiff upper lip, giving advice, and joking about what was missing from life—what one client referred to as "vim, vigor, and money."
>
> The **second session** focused on: who was absent and why, not staying in the past, looking at themselves rather than at relatives, feelings of isolation (prompted by a hearing-impaired client's refusal to get a hearing-aid), and helplessness.
>
> The **third session** focused on feelings of being not understood and concerns about being rejected.
>
> The **sixth session** dealt with feelings of uselessness and fear of anger.
>
> At **eight months,** the group clients were confronting each other and expressing previously denied feelings. At **one year,** group clients verbalized understanding their conflicted feelings about family members and each other, and talked of how hard it was to change. At **one-and-one-half years,** group members had come and gone and one had died. The group talked about their impact on each other, their relationships with their parents and children. At **two years,** the talk was about "love", sharing, caring about themselves and each other, and covering up feelings.
>
> At **six years plus,** the group talked about their sexuality and about "I remember when. . . ."

The group therapist conceptualizes her work in this group as building upon her ability to create safety in the group and to help people "to name their feelings." She moves into the group process somewhat more quickly than she does in younger groups, having observed that often when the group gets stuck, it is because they have not heard or have mis-heard because of problems with hearing or with speech; so she sees no value in allowing such struggles to escalate. She speaks slower than in other groups, matches her voice, language, and behavior carefully to how the group looks and sounds.

Importance of the Agency Milieu

Group treatment with aged requires an institutional sensitivity that includes attention to the physical aspects of the clinical contact such as:

Space—The physical space for group

interviews must be big enough so clients do not feel intruded upon and small enough for hearing-impaired people to hear each other without shouting. The room must be accessible and be visually interesting without being overwhelming.

Chairs on wheels permit mobility, including rolling out of the way of a heated exchange, while chairs without wheels offer stability to people concerned about balance and sudden movements. So we have both kinds of chairs and, of course, the chairs have arms to make sitting down and standing up easier.

Getting to and from group sessions regularly and on time may or may not have anything to do with motivation for treatment. Sometimes a cigar is only a cigar, and sometimes failing an appointment or coming late has nothing to do with defensive maneuvers or resistances but has to do with an old person's problems with mobility. Regular attendance at group sessions by aged clinets means that the agency often arranges for or provides transportation through volunteer drivers, cabs, or special arrangements of public transportation for senior citizens. The sharing of rides or one client picking up another is a delicate matter. First, this solves a problem of mobility and/or social isolation. Second, this arrangement promotes transference reactions between the clients who are parties to the arrangement and between those clients and the ones excluded from the arrangement. Third, sharing the ride promotes interactions outside of the group context.

All of these consequences may or may not be useful, depending upon what the group can do with them but, without such concrete support, treatment is not available to many aged clients. Depending upon the number of clients, where they live, and the duration of the life of the group, transportation for aged, long-term clients can demand a massive commitment from the agency.

Another major element of institutional support for this work is the agency's interest in and readiness to help with how the work feels to the group therapists, particularly in relation to the transference and counter-transference traps that surround us because working with aged people is our rehearsal for our own aging[61] and because certain reality needs must be met or treatment cannot take place. The care and feeding of group therapists (literally, as well as symbolically) is a matter of some importance at Jewish Family Service. Monthly group treatment seminars, individual supervision, the availability of experienced *groupniks* to visit groups for assessments and interventions and attendance at group psychotherapy conferences are all part of the agency learning about groups.

But the cornerstones of our in-agency education for group therapy are *Group Group* (weekly one hour meetings of all of us who work with groups), *Groupeles* (weekly one hour meetings in small groups to augment *Group Group* because *Group Group* has gotten so large—*Groupeles* meet right after *Group Group*) and the use of two-therapist teams with the experienced group therapist acting not only as senior therapist in the group but as tutor to the junior partner. Participation in *Group Group* and *Groupeles* is mandatory and the senior—junior team concept is almost universally applied.

Our group therapists have found the work to be very gratifying. Inexperienced therapists have sometimes been intimidated by aged clients even while being aware of their own reactions. There have been some concerns expressed about how to set limits without being disrespectful to an older person, and there has been some apprehension

[61] Kalish, *Op. Cit.*, p. 46.

about the effect of strong feelings upon frail bodies, occasionally openly expressed as a fear of upsetting the client into a heart attack. The most experienced one of the group therapists who works with the long-term aged treatment group describes no concern at all about people collapsing from the weight of feelings; she does, however, express feeling before every session, even after many years (which seems to surprise her), as if she is bending under a great burden and needs "to pull myself up by my bootstraps" before entering the group, and feeling "exhilarated" as she comes out of each session. The feelings of exhilaration, of excitement and pleasure are common to all of the group therapists who work with our aged clients.

Here is some of what what we have learned from our agency experience with group treatment with aged clients (whether "pure" psychotherapy or social treatment with psychotherapeutic effects):

1. likely precipitants for seeking psychological help (or for being referred) are: the importance of physical insults, keeping motivation for self-reliance, the struggle to reintegrate after bereavement.

2. Groups of aged clients, like any other groups, promote change and growth, or serve as maintenance for functioning, or arrest or prevent deterioration.

3. Group offers affection (placing a value on each other), consensus (agreement about behavioral norms), and association (doing meaningful work together).

4. The client experiences the positive impact of mutuality of expectations, a mark of "adult" relationships unlike the asymetrical pattern of "parent-child" relationships that often prevails in the lives of old people.[62]

5. The group is a rich resource for intellectual stimulation—ideas and behaviors are challenged—and change.

6. For old people, as for any others, group treatment is a chance to relive family and to do some things better the second time in metaphor than were done the first time in reality.

7. Old people tend not to want to waste time. However, they are also inclined to be somewhat cautious in relationships.[63] While women have seemed to be more sensitive with regard to social intimacy issues, and, therefore, more skilled in communication and men have seemed to be more inclined to relate to each other within a task-oriented or "game" context,[64] there appears to be a sex crossover of characteristics with aged men often becoming more sensitive, passive and accepting and women becoming more assertive, dominant and task-oriented.[65]

8. Egocentrism, the inability empathically to "be" another, is minimized by the group experience.

9. The group encourages the maintenance of cognitive and communication skills, particularly if value is placed on the lifetime of experience that shapes the person's use of language.

10. The group therapist needs to pay attention to facilitating the cognitive processes that form communication: the processing of information, role-taking, problem-solving, decision-making.[66]

11. Group treatment, with its variety of opportunities for effective behavior, minimizes the aging trend of shifting from active to passive to magical mastery.

12. Retrospection—"life review"—has a significant place in group treatment with aged. It facilitates self-

[62] Tamir, *Op. Cit.*, p. 126.

[63] *Ibid.*, p. 93.

[64] *Ibid.*, pp. 17 and 138.

[65] Smelser and Erikson, *Op. Cit.*, p. 158.

[66] Tamir, *Op. Cit.*, p. 23.

assessment, self-awareness, self-acceptance and feelings of personal continuity.[67] Reminiscences seem particularly satisfying when older people work with younger people and have a sense of sharing their wisdom and of passing on something of value. In looking at the life review, we try to remember that the present state of well—or ill-being—influences the person's perceptions of past events.[68]

Therapy is not real life. At its best, it is a metaphorical working-through of representations of real life and is a preparation for major change. So group therapy is not a substitute for missing relationships and defective social linkages in the lives of the aged any more than activity group therapy is a substitute for normative peer play in the lives of children. But group treatment does partially compensate for some gaping deficits in the lives of aged clients.

Here are two views of the aged: A child talking: "Old people usually die, or lose a leg or an arm."[69] Bergson: "To exist is to change; to change is to mature; to mature is to create oneself endlessly."[70]

In group treatment with the aged, the beat goes on.

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[67] *Ibid.*, p. 136.

[68] Bergener, *Op. Cit.*, p. 265.

[69] Kalish, *Op. Cit.*, p. 71.

[70] Smelser and Erikson, *Op. Cit.*, p. 160.