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COUNSELING FOR OLDER ADULTS: A STUDY
OF ITS IMPORTANCE AND EFFECTIVENESS

BY SUZANNE GRAM August, 1977

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CHAPTER I

Introduction

Purpose of the Study

The purpose of this essay is to present a position paper regarding the potential for counseling older people. This paper, in the writer's opinion, shows the benefits that can be derived from counseling which will enhance the life of the aging population. The benefits for older people receiving counseling are reported as gleaned from the literature and observed by the writer. Writings of gerontologists which provide insights related to helping older people are included. Experiences of the writer that may be helpful to potential counselors will be shared.

Statement of the Problem

There is increasing evidence that older adults suffer from numerous problems which include physiological, psychological and environmental aspects. Many of these problems remain unresolved for older people as a result of unavailable or inadequate assistance. The writer takes the position that counseling could be a valuable tool in assisting older people to clarify and

resolve many of their problems. Even in our academic programs, counseling the elderly is a very neglected area in counselor education. A recent report of the American Psychological Association stated that at least three million older people require mental health services, but existing psychiatric facilities provide service to only about 20% (Eisdorfer & Lawton, 1973). The report pointed out that although older citizens constitute approximately 10% of the population, they comprise only 2% of the patients that receive out-patient mental health services but 22% of the annual mental hospital admissions. It was also reported that older Americans tend to have symptoms of mental and emotional problems for long periods of time before they receive help.

Despite the obvious need for research and personnel in the crucial area of working with the aging, relatively little has been done in counselor education specifically in the field of aging (Salisbury, 1975).

The following are the results of data gathered by a research project on counselor education for the elderly (Salisbury, 1975).

1. The majority of students enrolled in counselor education programs do not have the opportunity to take a course

specifically designed for counseling the elderly.

2. Although few counselor education programs currently offer a course in counseling the elderly, almost three-fourths of the counselor educators responding to the questionnaire think that there should be such a course.
3. Topics related to counseling the elderly have not been popular thesis or dissertation subjects.
4. Practicum opportunities for counseling the elderly are much more readily available than course work for students interested in this area of counseling (p. 237).

Certainly the wide discrepancy between the very limited number of courses available and the felt need for such courses by counselor educators is a significant finding.

This writer believes that more young people will find the field of counseling the aging much more gratifying if they are taught to learn the true facts and are exposed to the education of the aging process in the lower grades at school. There should be

specific courses in the psychology of the aging in the universities which teach counseling.

The writer has observed that counselors are needed in many areas. There are jobs in nursing homes, centers for the aging, and on the job counseling for persons in large companies reaching retirement age. Today when many older people are going to school again to attend special classes, an advantage might be to introduce these "students" to peer counseling. "An older counselor partakes of his client's life situation, but a younger counselor can also take on the life issues of an aged client as his own . . . Often he must use an outreach approach" (Buckley, 1972).

Outline of Paper

Chapter I - Introduction

Chapter II - Review of Related Literature

In developing this paper the second part will include a review of facts about aging taken from literature written from 1942 to 1977. Many facts will be taken from leading gerontologists' books and papers. Since this is a paper on psychological counseling, the writer will introduce facts that she feels are the most important information for the reader to be aware of that concern the aging person. In order to counsel the

older person, the counselor should have an exposure to the many fine books written by leading gerontologists and especially those recommended as references for this paper.

There is an abundance of literature related to the field of gerontology. The writer feels that the selection of material presented in this paper is among the most appropriate for potential counseling of older adults. The data presented is viewed by the writer as being most beneficial to prospective counselors of older adults.

Chapter III - Observations of Counseling Experience

This section includes actual case histories of clients who have been interviewed. Included with these case histories will be two tapes that can be reviewed by the reader. This chapter explains the effectiveness of counseling the elderly. The problems recorded in the chapter are believed by the writer to be typical of those that other elderly people in other settings might feel. Since there is very little (if any) literature available on counseling the elderly, many of these observations are personal reflections by the writer.

Chapter IV - Ingredients in Effective Counseling

This section of this paper includes thoughts on the topic enclosed for the reader to review. There are suggestions of the attending "techniques" which can be used effectively in counseling older people. The reader must listen to the tapes to gain the feelings the counselor must impart to his client. The main idea here is to put the client at ease and make him feel the counselor wants to help him and will help him.

Chapter V - Conclusion

In conclusion, the writer will discuss ideas on counseling, examining techniques and findings which can be used most effectively in a counseling session with older adults. The reader will note several references in the bibliography that are of help in the art of counseling. However, there is a definite lack of information available on counseling the elderly. Because of this, most of the conclusion will be from the writer's own experience and research.

CHAPTER II

Review of Related Literature

"People are living longer"

Gerontological counseling is a must for our growing population of older adults. There are many facts about the aging that I will introduce to help make the reader more understanding of this age group. A better understanding on the part of the younger population, as well as a better understanding on the part of people reaching the older age plateau, will help one to prepare for a more productive and more meaningful life.

If the youth of our country is better prepared to accept "old age", why then is counseling so important? The answer to this is that as of now, we are not prepared to handle a time of life that we know so little about. This is why counseling would help to alleviate some of the fears or problems some of the aged find so monumental.

"RECIPE FOR YOUTH"

On the 7th day of the 7th month pick 7 ounces of lotus flowers; on the 8th day of the 8th month gather 8 ounces of lotus root; on the 9th day of the 9th month collect 9 ounces of lotus seeds. Dry in the shade and eat the mixture and you will never grow old.

Yin Shan Cheng Yao

Those of us who have tried this recipe have come to the conclusion that we must stop dreaming and face facts. We live in a world of an aging society. We start to age from the day that we are born. In many people there is a decline in seeing, hearing, and sensitivity to taste, smell and touch as one ages (Botwinick, 1973).

In spite of this, more people are living longer today in a creative, productive, thinking society. However, the aged are often given a secondary status in our culture which is constantly promoting "youth." It would be worthwhile to become aware of the fact that creative living does not end with retirement. Counseling the older adult could help retirees live a more fulfilling and more peaceful existence.

Specialists in the field of psychology have become increasingly concerned about meeting varied needs of the aged. Frankl (1963) emphasizes the need

for purposeful activity to help older adults find meaning in their lives. Assistance must be provided to these adults by a counseling service that could be made available to them.

The aged are in particular need of counseling to help them meet developmental problems that accompany the aging process. Some of these problems which normally accompany aging are (Blake, 1973,p.53):

1. Trying to adapt to physical changes
2. Trying to face mental and emotional changes
3. Trying to adapt to sexual changes
4. Losing one's loved ones and friends through death
5. Trying to face terminal illness and death.

During the past two decades the number of citizens over 65 years of age has increased dramatically. In 1975 an estimated 22 million Americans were 65 years or older. A recent report predicts that if current population trends continue, by the year 2000, one-third of the population will be over 50 years of age. As this number of senior citizens increases, the problems associated with being over 65 in a youth-dominated society

will also rapidly increase (Harris, 1975).

In St. Louis there are 126,000 people over the age of 60. This number includes people of many different social backgrounds, some black, some white, some living below the poverty level. Many of these people need assistance to help them deal with the problems of aging. Some of these difficulties are related to health, nutrition, transportation, and finances. A gerontological counselor could help the aging deal with all of these difficulties which can lead to many personal problems.

Other problems which exist among the elderly are loneliness, feelings of uselessness, being unwanted, boredom, and fear of crime. In a survey conducted by Louis Harris & Associate (1975) for the National Council on Aging, older Americans cited the most serious problems attributed to old age as "poor health, loneliness, financial problems, lack of independence, being neglected or unwanted, and boredom." It also indicated that "fear of crime" was a very serious problem (Harris, 1975).

The fear of crime keeps many of the aging from participating in activities outside of their homes. Proper counseling could alleviate those fears when they are not well founded, as is often the case.

Good Health Includes Good Mental Health

Health is probably the most important factor of well-being in later years (Bild & Havighurst, 1976; Hares, 1975; Palmor & Luikart, 1974; Riley & Foner, 1968). Health status is strongly related to activity in later years. Good health often allows continued participation in a more active social life. (We refer here to physical health.)

Mental health is also a part of the health of the entire person. When we realize how important health is as one ages, we confirm the fact that more attention must be paid to the role that counseling plays in the total well-being of a healthy individual. In my opinion this "confirmation" of the need for counseling is not clear.

More and more, doctors are coming to the conclusion that many physical problems are related to the psychological outlook of a patient. If this is so, an older client with an emotional problem that results in a physical ailment needs a counselor to help him recover.

"Aging is seen as a deterioration rather than a further development. Physical changes are inevitable. Not only is this change inevitable, it can also be threatening. By being aware of the issues, the problems, and the myths, aging can be a continuation of development" (Huyk, 1975, p. 122).

Alex Comfort (1976), noted gerontologist, lists the following attitudes which old people believe or feel about aging:

1. Aging has no effect upon you as a person. When you are "old" you will feel no different and be no different from what you are now or were when you were young except that more experiences will have happened. In age your appearance will change, however, and you may encounter more physical problems. When you do, these will affect you only as physical problems affect a person of any age. An "aged" person is simply a person who has been there longer than a young person.
2. "Oldness" is a political institution and a social convention, based on a system which expels people from useful work after a set number of years. This institution is bolstered by a large body of ignorant folklore which justifies the expulsion by depicting those expelled as weak-minded, incompetent and increasingly fatuous. None of this folklore is true.

3. Retirement is another name for dismissal and unemployment. It must be prepared for exactly as you would prepare for dismissal and unemployment.
4. You are about to join an underprivileged minority. There is no way of avoiding this at present. The remedies available to you will be those available to other minorities--organization, protest, and militancy. Don't get trapped into aging alone if you can help it. The time to organize and get into a posture to resist is before the floor falls out.
5. At a set age you will be deprived of half your income. There are some benefits you can and should demand by right, but these won't compensate. You will be poorer than you think at a time when you need more than now, so prepare and reinsure if you can. Best of all, stay in paid useful work.
6. On the other hand, you need not count on illness or decrepitude. Your memory, sexuality, activity, capacity for relationships and zest should normally last

as long as you do, and do last in the majority of people. When they do not, it is for the same cause as in earlier years, namely illness.

7. Science is nearer than most people realize to attempting the slowing of the health deterioration of age so that vigor lasts longer and death comes later. It is not likely either to abolish age changes or to reverse them in the foreseeable future. How fast it progresses in slowing them depends almost wholly upon social investment.
8. You are "created" old by society in the same way that an English worthy is "created" a Lord, but this honor is negative. Those who have had it conferred on them, however, will total up to 20 percent of the population of America by 2000, enough to raise a ruckus if they get together and ensure that they are not, as now, picked off singly. When this happens, either the title will stop being conferred or it will change significantly in meaning.

9. As an "old" person, you will need four things--dignity, money, proper medical services and useful work. They are exactly the things you always needed. As things are today, you won't get them, but there is no divinely ordered reason why you should not. So, either set out now to see that you do get them or work to force society to change its posture-- or do both (Comfort, 1976, p. 28).

Disengagement Theory

A very important theory on aging is the "disengagement theory" (Comfort, 1975, Botwinick, 1973, Atchley, 1972). Many older people somehow seem to narrow their world. They direct their attention to themselves and away from others (Botwinick, 1973). There has been considerable research on the disengagement theory. Many gerontologists refer to the theory, but the interpretation that I find simple to understand is, "The heart of this theory rests on the observation that, in later life, people tend to become withdrawn or dissasociated from others and from activity" (Botwinick, 1973, p. 142).

Even though the disengagement theory is sociological in character, some psychological investigations agree with this stage of development. The fact is that people do become withdrawn or disassociated from others and from activity in later life (Butler, 1973).

This fact alone points out the need for someone, perhaps a counselor who understands older people, to be available to be of help. Lowenthal & Haven (1968) discuss another modification in the disengagement theory. It matters a great deal, it seems, whether or not there is a confidant on the scene, someone in whom to confide, to talk about oneself and one's problems.

The following quote is from Lowenthal & Haven (1968):

. . . it is clear that if you have a confidant, you can decrease your social interaction and run no greater risk of becoming depressed than if you had increased it. Further, if you have no confidant, you may increase your social activities and yet be far more likely to be depressed than the individual who has a confidant but has lowered his reaction level. Finally, if you have no confidant and retrench in your social life, the odds for depression become overwhelming. The findings are similar though not so dramatic in regard to change in social role etc. (p. 20).

According to N. E. Tinberg depression is the most frequent psychological difficulty encountered in the aged. At least one basic concomitant of successful aging is the ability to tolerate depression (Tinberg & Kaufman, 1963).

There is reason to believe that the extent of depression may be underestimated in later life. Goldfarb (1967) reported that physicians and other professional workers may not recognize depression in aged patients, when in fact it is there, because of their own fears and prejudices.

The study of depression in later life is not only complicated by issues of normality vs psychiatric disorder, but it is also complicated by issues of social class. Self-esteem loss can play a very important role in older people wanting to seek counseling.

Busse & Pfeiffer (1969) suggest that treatment programs for the aged who are mildly depressed be geared toward restoration of a feeling of self-worth. For depressions that are severe or psychotic other recommendations are needed. For such depressions, a well trained counselor would recognize the need of the services of an M.D. to dispense drugs, electroshock therapy, or other limited psychotherapy.

Busse & Pfeiffer (1969) also point out that

hypochondriosis is also a frequent pattern of later life, an "anxious preoccupation with one's own body or a portion of one's own body which the patient believes to be either diseased or functioning improperly." There is a need that proper evaluation of an illness be given, whether the problem is the health of mind or body. A good counselor could be of great help if the problem is in the person's mind.

Moment of Truth

Aging is a gradual process with relatively few abrupt changes. It varies, sometimes greatly, from individual to individual. We do not all age in the same way.

Aging is not a radical change. One does not become a different person as one ages. However, past indoctrination by society makes one believe that he does become a different person.

Aging favorably or unfavorably is a natural and inevitable process. There are many reasons for the study of the changes in a person's life. Kalish (1975) writes that there are many good reasons for the study of psychology of the later years. He lists the following as some of the reasons.

treatment of mental illness, and also the psychological effects of the aging process on personality characteristics.

Kalish (1975) has written a fine book that states many important aspects in the psychology of aging, specifically. I recommend the work to anyone interested in the study of gerontological counseling. Another important book is Creative Retirement, Murry Hoyt, Garden Way Publishing, New York, 1974.

Concluding Remarks

Most social and personality theories of the aged are those that were developed for young people and applied to old people. This provides little benefit to the investigator.

This is an important point. To effectively counsel the older client, the counselor must have a complete understanding of the many traumas associated with growing older. The psychological changes are different from those which happen to younger people. It would be an important step forward in the field of psychology if there could be classes formed at the universities to teach counseling of the elderly. These classes would be most beneficial for training persons who were going into nursing homes or any other area

where they would work with the aging. "Up to the present, no theory exists which takes full account of the aging personality" (Riegel, 1967, p. 342).

CHAPTER III

Observation of Counseling Experiences

The cases which I will review are typical cases that could apply in any center for the aged, such as the one where the writer has done counseling.

Case #1: W.V.B.

W.V.B. Female, 75 years old, black, very young looking, neat, better than average looking. Has a fine background, father was a teacher, her mother was a nurse. Her financial situation was always good. She owns her own home and was left quite a bit of insurance by her son who recently died. She is a widow. Four of her grandchildren live with her. She does volunteer work in the neighborhood where she lives which includes taking care of babies while their mothers work.

This woman came into the center very confused. She needed help from someone. She needed to talk. It was hard for her to control tears.

Her problem: first of all she had never really gotten over the loss of her son. He had died only five months before. Secondly, there was a continuous

problem with a granddaughter who was now 34 years old. She raised this girl and it is this granddaughter's four children that live in her house.

The granddaughter, whom we will refer to as M., has been on drugs for some time and cannot seem to break this habit. She has been in the Jewish Hospital and at Barnes Hospital for treatment. These hospitals refuse to take her in again at this time. She is now at a neighborhood treatment center.

This girl, M., has a boyfriend that keeps coming to WVB's home asking for money. The boyfriend is also on drugs from time to time. When he is not on drugs, he is as nice as can be and even concerned about the children.

WVB worries that the boyfriend will do harm to her or the children. Formerly, her son protected her before his death.

The counseling sessions were quite effective for this client. She discussed her problems and was able to elaborate on her feelings about her granddaughter, the boyfriend and the children that she took care of. Through counseling she came to the realization that she must learn to accept her situation and handle the children the best way possible. She was also able

to take a firm stand in her own attitude and handling of "M" and her boyfriend.

Three appointments with a counselor gave this woman the understanding she needed to make her life easier. WVB now has a young male college student living with her. This makes her feel much safer in her home. She is also able to handle her own feelings to deal with her granddaughter. She has a beautiful outlook on life, in spite of her immediate problems. After much investigation, our center was able to find an agency that will help the granddaughter and her boyfriend.

Case #2: I.B.

I.B. Female, 62 years old, born in Memphis, Tennessee. Separated from her husband for 18 years. No children. Lives alone; eleventh grade education. Her father is a preacher, her mother was a school teacher. As a child she had spinal meningitis, which left her crippled. Her body is twisted, her face is very pretty. She keeps herself very attractive and neat. She has had many operations, and has taken a lot of medication over the years. This lady finds it very hard to accept the death of her mother, which was over a year ago. They were very close and this was

her only friend. They were together every day.

I.B. has tried to commit suicide, she becomes very depressed, unable to cope with the changes in her life since her mother died. She does not relate to her father, who is senile, and has no other person she can talk to.

She needed someone to talk to and came to my office twice a week for twelve weeks. I.B. was able to come to certain realizations and conclusions by talking about her problems. She understands now that she can accept the death of her mother and her physical problems by feeling better about herself and getting involved. She decided that she would cut down on the drugs (medication) that she was becoming so dependent on. She would make an effort to stay busy with friends and become more involved in volunteer and social activities at the Center and at her church.

Case #3: R.B.

R.B. Age 67, female, white, born in St. Louis. She is single, has never been married. She graduated from the 8th grade of a Catholic school. She had sleeping sickness as a youngster. This illness left her paralyzed on the right side when she was 13 years old. She lost her job two years ago, when she turned 65. She lives with her sister, but they do not get along

well. She has always worked and always supported herself. She has frightening hallucinations, and she finds it very hard to cope with life now that she has no job and is growing older. She has many crying spells. She speaks of taking her life, but cannot because of her religious beliefs. The doctors say that she is in good health, but she imagines all kinds of illnesses.

R.B. came to the Center often and spoke to me twice a week for six weeks.

Here again is an example of a person who needed someone to talk to and needed reassurance. After counseling this woman could better cope with the pressures of life. She realized that she was not taking care of herself physically. She needed to visit an M.D. who might help to alleviate the pains in her lower back and legs. She would try to be closer to her sister and try to work out a better relationship with her. She realized how important a good family relationship can be. She would also start serving again and perhaps contribute to the art program at the Center she visited almost daily. She felt happier about herself than she had felt in many years.

The reader will refer to the tape enclosed for a personal interview with the above client.

Case #4: J.C.

This client is 55 years old. This is one of the younger women I have counseled at the Center. She is a fine looking, physically healthy, impressive person. She is very fastidious. She is single, a widow, and is a former nursery school teacher.

She seemed very nervous at our first encounter and fidgeted quite a bit. Her voice shook when she spoke.

After several sessions she finally started to discuss her problem with her mother. It seems that since her mother has gotten older she will not let her out of her sight. They live together.

The tape enclosed will give the listener an idea of part of one session with J.C.

The results after eight sessions were quite rewarding. J.C. came to the realization that she must find a friend or a companion that her mother could be with so that she could get away. Also, she was young enough to make a good life for herself. She decided she would try to get a job--preferably at a nursery school. She might even take a night school course and find her own friendships and a life away from her mother. This, she realized, would make her a better companion to her mother when they were together. This new interest away

from her mother would help to make her much more tolerant of her mother and happier with herself.

The reader can review the taping of one session with this client.

These case histories are mentioned to give the reader an insight into the type of problems some of the older people might have. Many things that the average younger person can handle easily become monumental to the older adult. These people need counseling to help them cope.

At this point I would like to give a review of the people I have interviewed, including the three case histories I mention in this paper:

Ages of clients	55 to 84
Men	7
Women	15
Black	14
White	8
Education level	high school or lower
Income level	all were receiving government help of some type
Referral	Director of Center (low income group)

I will list some of the feelings that these older adults had as a group.

1. Almost all of the people interviewed preferred living alone, rather than in a nursing home or with their children.
2. Many are lonesome much of the time.
3. Yet, many complain about neighbors who "drop by" too often to "bother" them.
4. Most complain that their children, if there are any, neglect them, don't call them or see them enough.
5. Most women remember a closer relationship with their mothers than with their fathers.
6. Very few seemed to miss the jobs that they retired from.
7. Only one seemed to mind the fact that she was not actively employed.
8. All of those interviewed keep busy by attending activities at senior citizen centers.
9. Most seemed, more or less, in a good frame of mind, especially after counseling sessions.

10. Some clients came to see me only once, but most wanted to come back week after week just to "talk."
11. Many had their own table and chair at the center and resented intrusion on "their space."
12. Most looked upon the others as "old" but they did not feel themselves to be as old.

The following two pages are copies of the form which was used in interviewing clients who came in for counseling at the center. These were modified to fit the people being counseled. Other forms would be more helpful in other areas, such as more questions about the physical health of the individual, etc.

The form which was used in this Center is a modified version of one suggested in Aging and Mental Health, Butler (1973). Since this was used in a center which did not file these reports and since this was a practicum experience, the writer and her professor, Dr. Bayla Myer, were the only ones who would see the form. Dr. Myer agreed that a form of some type must be used; however, in a more professional situation, many more questions need be answered. Also, time-wise, the form had to be kept short to give the writer time enough with the patient. Only the most basic questions appear on the data form.

PERSONAL DATA FORM FOR OLDER PEOPLE

Date:

Full name:

Age: Complete birth date:

Birthplace:

Where spent childhood to age 21:

Present Address: Home:

Work:

Telephone number: Home: Work:

Religion:

Present affiliation, if any:

Any internal religious conflict:

Ethnic, racial, or cultural background:

Year of immigration to U.S.:

From:

Present marital status: Single: Separated: Widowed:

Married: Divorced:

Full name of spouse:

Age difference: (years older) (years younger)

Religion

Place of birth:

Date of separation, divorce, or widowhood:

Previous marriage:

Details:

Children: Name Sex Age Address

Living of (date) dead

Grandchildren: Sex Age

Members of current household: (Relationship)

Education:

Preretirement: Occupation or profession:

Occupation of spouse:

Did you work after retirement, describe:

Are you currently employed:

Residence:

Any problems with living situation:

Interests:

 Hobbies:

 Sports and exercise:

 Music Travel Gardening collect anything

 Pet(s) Clubs Church work

Family History:

Is there someone you can talk to whenever you feel like it

 If so, who?

 Describe contacts, and if the relationship is a good
 one for you

When was your last medical checkup?

How do you rate your general medical health:

Sexual activity:

Self view:

Alcohol, Smoking, Medications, Weight, Sleep, Lonely,

Ever been in counseling, Group Therapy, etc.:

CHAPTER IV

INGREDIENTS IN EFFECTIVE COUNSELING

This section of the paper will discuss ideas and examine techniques used to the best advantage in counseling the elderly. There is a lack of information available on specifically counseling the aging. Most of these conclusions will be from my own thinking and research.

The tapes enclosed will give the reader some ideas on various attending techniques used effectively in interviewing older people. You will note the interviewer's voice, its sound, its tone. Also note the interruptions at some intervals, to help the client know that the counselor is attentive. (Sometimes the client "puts on an act" when he knows that he is being taped. For this reason, it is not always the best presentation to offer. However, it can be effective in gaining insight into a type of understanding between client and counselor.)

Carkhuff (1973) has initiated the "life skills" which I find most effective in working with the elderly.

His steps for "attending," both physically and psychologically, and listening:

"Responding" to behavior--to feelings--to meaning;

"Initiating," laying the base-additive understanding, confrontation; and,

"Communicating," immediacy, direction, putting it all together.

These describe the most important aspects of a session with a client.

In the act of "attending" the client, the counselor, by the physical act of being there, somehow communicates to the client his interest in helping. There might even be an occasion when the counselor has to "attend" to needs very basic, such as offering him food. Our posture in sitting with the client can show we are attending him in an open manner. Eye control is important; showing interest in a relaxed and interested manner is effective.

The way in which the counselor responds to the client can be very important. The counselor must be aware of the many mannerisms that the client assumes--i.e., does he look you in the eye, does he walk with his head bent low, does he fidget? The counselor will be more effective if he responds on the most understanding level. Tone of voice, facial expression,

genuine interest all make the clients more accepting of you as their counselor.

It is important to initiate the client's interview by laying a base of interchangeable responses. If we can have a good communication process, helping the client is possible. It is important to respond to each part of the client's experience with accurate understanding. The counselor must help the client to put together the pieces of his so called puzzle; communicating properly will make the client feel that you are "with" him. We communicate best by giving the client a feeling of a positive regard for him.

In properly attending, responding, and initiating, we put it all together and can better communicate with the client. You can communicate that you are interested, you want to help, you care, he can depend on you.

The above, while used by the writer while interviewing the aging, are also good techniques to use in interviewing any age group.

Body Language (Fast, 1970) plays a very important role for the counselor to be aware of. The positioning of the client as well as the counselor can be very effective in creating a better understanding.

Setting up the Interview

This writer will describe what she has found to be the most effective physical setting for interviewing. Both the one attending (Carkhuff, 1973) and the interviewee sit facing each other; in a face to face confrontation. The client is sitting in one chair (a comfortable one) and the counselor in another, no desk in between. The counselor's body is in an open position, eyes making contact. The expression on the face of the counselor must be one of understanding and of interest. Tone of voice must be most effective.

In the more common counseling situation, the emphasis is on the sharing of experiences and not upon the counselor's accepting responsibility for the solving of problems. The skillful counselor who wants to help the person to better adjust will let the client do the larger share of the talking. By means of timely questions, the counselor directs the line of thinking until, in the end, the client himself will seem to have thought the problem through and to have decided upon a course of action almost independently.

Counseling is a highly sensitive art. One comes to this realization when one realizes the sensitivity necessary to be of help to clients who need someone to turn to.

Truax & Carkhuff (1967) say that the central ingredient of the counselor appears to be his ability to "Perceive and Communicate" accurately and with sensitivity the feelings of the patient and the meaning of these feelings. By communicating "I am with you" and "I can accurately sense the world as you construe it" in a manner that fully acknowledges feelings and experiences, he facilitates the patient's movement toward a deeper self-awareness and knowledge of his own feelings and experiences and their import.

Intense focusing is the most important ingredient for the therapist to be aware of in nonverbal communication. The many important clues such as expressions of the face, postural expressions, and gestures often contradict or multiply the meaning of the clients verbal communication.

Other traits which are important for the counselor to project are feelings of nonpossessive warmth and authenticity, or genuineness. These qualities must be communicated to the client for a most effective feeling of trust.

The following list indicates the steps that may take place during a counseling session (Dunlap, 1968):

1. The person asks a counselor for help and states the situation as he sees it.
2. The counselor leads the aging person in discussing the situation until the problem is clearly defined.
3. The counselor leads the person to talk about his problem at length. In the beginning, the client's statements about the problem will in all probability be negative. That is, he will talk about how difficult the problem is or how unendurable the situation, and how thoroughly disgusted he is with the whole business.
4. Instead of criticizing this attitude, the counselor accepts it as normal and logical. He does not show approval, but avoids creating antagonism by trying to force a different attitude at this point.
5. After the client has "talked himself out," the counselor, by means of appropriate suggestions, leads him to begin consideration of the positive side of the situation.

6. The counselor accepts the positive suggestions of the client calmly and thoughtfully, and voices approval when the client seems to be on the right track.
7. As the aging person talks on the positive side, he begins to develop insight and to formulate a plan of action.
8. The counselor allows the client to do most of the planning, but keeps in mind the accumulated information about this client. He tries to steer the client into a course of action consistent with his abilities and with the problem at hand.
9. The individual puts his plan into action, thereby acquiring further understanding of the problem.
10. He develops an integrated and successful program of action, loses his need for the counselor, and terminates the guidance relationship as far as it applies to the problem at hand (p. 193).

The above outline of the development of a counseling situation is, of course, very general, and in actual practice certain steps will be merged and will not occur exactly in this sequence. The important point is to acquaint the reader with some of the steps that can follow in counseling the elderly. It is important for the reader to know that the adviser, or counselor, must see that the subject takes a positive and appropriate action which is self-initiated and is therefore likely to persist and to contribute to the personal growth of the individual.

The following is a list of certain characteristics a counselor will need in order to deal successfully in helping the aging (Dunlap, 1968).

1. An intelligent view of the philosophy of individual guidance and the relation of guidance to a group of aging adults.
2. A genuine interest in and liking for people.
3. Ability and willingness to know and understand individuals before attempting to guide them.
4. A sincere and business-like attitude, tempered by a sense of humor.

5. An easy and cordial manner in meeting and talking with people.
6. Ability to approach the main problem in a discussion without abruptness but without vacillation.
7. Ability to control the interview and still take a self-effacing position.
8. Skill in asking the right questions at the right time and in keeping silent at the right places during the interview.
9. Awareness of one's own strengths and limitations as a counselor, combined with a willingness to undertake what one is competent to do, and to admit inability to provide treatment for certain individuals.
10. Sufficient knowledge of various theories of personality to understand what different kinds of overt behavior may mean in terms of maladjustment (p. 241).

The rules above are somewhat general. There are other specifics for effective counseling of the aging. There are three areas the counselor who becomes involved in gerontology must prepare for (Blake, 1975).

1. Counselors who work with the aged

must become aware of their own feelings and prejudices regarding aging and older people. Counselors must clarify their own values and feelings on such issues as the meaning of work, compulsory retirement, institutionalization and home care for the disabled, and euthanasia. How do counselors feel about their own aging. Counseling has generally stressed the importance of counselors knowing themselves and "where they are coming from." Counselors must learn about themselves as aging people and as people who relate to the old.

2. Counselors need to be reeducated to replace myths with facts. Much of what people believe to be true of the aging process and of older people is simply not true. Unfortunately, counselors are not much more knowledgeable about the aging process and older people than the general public.
3. Counselor education programs must help counselors become aware of the occupational, educational, and social information relevant to older people. Most counselors know

little about retirement plans, the requirements for Medicare, the local nutrition program for the elderly, or the American Association of Retired Persons (p. 53).

Counselors must learn about the world of aging and older people. This is different from the education would-be counselors are receiving in our universities' classrooms.

Concluding Observations

There are many general areas where counselors might be allowed to help the aging. People in counseling can work to improve the quality of communications between older persons and those who work with them in helping capacities. Counselors also can use their influence to help change people's beliefs and feelings about aging and older people.

Aging, like sex, is a fundamental fact of life and a phenomenon of compelling importance. As is done with sex, our educational system has managed to avoid the subject of aging. This is one of the reasons why the medical schools are having trouble recruiting doctors who will go into the field of gerontology (Percy, 1976).

The involvement of our schools with respect to aging is almost nil. They will not employ older people

as teachers, administrators, counselors, or custodians. A counselor might encourage the active participation of older people in the school system. Counselors could propagandize on behalf of the dignity of older persons, and be vocal advocates on behalf of the elderly because of their knowledge of the elderly and their deep understanding of old people and their needs.

The reader will be aware of the fact that there are some changes in the aged that one must be ready to accept. There can be changes in health, in living quarters and in income which can contribute to depression and need for counseling. The truth is that these same things can occur to the younger person with the same depressing results.

Some writers have emphasized that mental illness and senile breakdown in the elderly could be prevented or reversed if prompt intervention and treatment were available (Salmon (1972) Macmillan (1969), James (1967)). This leads one to realize the importance of mental as well as physical checkups of the elderly. A counselor would be able to recognize symptoms of depression and act soon enough to prevent severe damage to the outlook of the aging client.

Salmon (1972) quotes Goldfarb (1967) as stating that depression among the aged cannot be overemphasized.

Goldfarb considered depression as a common disorder that is disabling and painful not only to the ailing aged individual but also to his family and friends. He says: "According to Goldfarb, fearful, angry, and depressed states of mind constitute virtually all the functional disorders among the aged who receive psychiatric help." (Salmon, 1972, p.12)

Dr. Harold Salmon (1972) has written one of the few (if any) dissertations on counseling the aging. Among his conclusions he stated that group counseling with aged clients resulted in greater achievement of identified goals.

The aging person seems to feel deeply the regard of one human being for another. One must not try to change the older client, but to help him to cope with the true life situation. A young person can show empathy and understand the aging person's need for love and self-worth. Buckley (1972) states "the slow and subtle, even disguised ways of supporting the old are best for meeting their needs. Support of their very real strengths is what they need." (p.50)

CHAPTER V

CONCLUSION

In conclusion: I have tried to present some of the facts, ideas, and techniques that I find necessary in counseling the aged. In my own counseling experience, I find it easier to relate to my clients because I am older. I am more understanding of their feelings and their needs. My clients seem to feel the genuine regard of one human being for another in their relationship with me.

It takes time for the aging client to gain confidence in the counselor. As each case is different, each person relates to you in a different way.

As stated earlier, some of the places that would benefit from the use of the gerontological counselor would be nursing homes, aging centers, and industry. Retirement counseling in industry is now becoming important. The transition from working to retirement can be a most traumatic time for a working person.

Counseling for the elderly is also needed in changing careers, changing roles in the family, adapting

to physical change, losing loved ones, and facing one's own death (Kubler-Ross, 1974). Counseling can work to improve the quality of communications between older people and those who work with them in the helping fields, such as doctors, nurses, etc. Many people now employed in nursing homes and social welfare agencies would do well to be counseled in understanding the aging. They could certainly deal with these people in a much more gratifying way. There could be an atmosphere established in which the old person and the person who works with him could give and receive from each other to their mutual satisfaction.

Relating to each other in the kindest and most understanding way possible; this is what makes the world a happier place to be.

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