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## Out-Patient Group Therapy with the Elderly

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Dear ladies and gentlemen,  
dear colleagues,  
dear chairman,

it's a great honour for me to have the possibility of making a work-shop with you. The theme is psychotherapy, especially group psychotherapy with the elderly.

I thank the scientific committee of this world congress for inviting me to this workshop. So we can meet, exchange our opinions and discuss about the fascinating theme of psychotherapy with elderly people.

I hope, you agree when I give – for introduction – some information from my personal experience with the psychiatric-psychotherapeutical work with the elderly. I'll try to make my introduction fairly short, and I'll leave a lot of questions open to give us some more time for the exchange of our experience.

We can find some new data and perhaps a prognosis referring to the aims and the future possibilities of our common theme.

## **Introduction**

### **"When the Hell Will the Good Years Come?"**

That was the exclaimed sentence by a lady, nearly 80 years old, in the middle phase of one of the further therapy-courses! Quite a lot of women and men going to my practise really don't know if they belong to "the old iron" – this is a German idiom which means: your life is over - or if they can expect some or even a lot of years filled with joy and satisfaction they have often missed their whole hole lives up to now.

The chapters of my little lecture will be

- Introduction
- The Frame of My Work
- The Group-Therapy-Offer
- Group Portraits
- A Questionnaire
- Results
- Discussion under Aspects of Psychoanalytical and Systemic Theories

### **The frame of my work**

I'm going to present a therapy offer of my psychiatric-psychotherapeutic practice that is addressed to patients of the daily consultation who are older than about 60 years.

My practice is in Schleswig in Germany. This town Schleswig has about 30.000 inhabitants, and is also a centre for about 100.000 people living in the rural area around it.

The participants were treated before for a shorter or a long time with differently structured individual conversation. When symptoms of depression or anxiety were quite strongly expressed, psychopharmacological therapy was also done by me. Due to the low rate of side effects, especially important for elderly patients I prefer Selective Serotonin Reuptake Inhibitors (SSRI) and I see at least as good responder rates in the elderly as in younger clientele.

Since 1994 I've offered therapeutic groups for one year with weekly sessions.

Thus the development of 54 participants can be described. These clients, 36 women and 18 men, were between 50 and 80 years of age. In each group at least three men took part during the whole year. Four women and one man dropped out after one to eight months.

I'd like to give a short survey of my clientele:

It's a fairly young clientele (in years):

- ca. 15 % are under 30
- ca. 20 % between 30 and 40
- ca. 35 % between 40 and 50
- ca. 20 % between 50 and 60
- ca. 10 % older than 60

70 % of my patients are women and 30 % are men.

55 % come from Schleswig and 45 % from the surrounding villages.

The diagnoses of all the patients of my practice can be categorized as follows:

- 22 % depressive disorders
- 32 % depressive adjustment disorders
- 28 % all anxiety and phobic disorders
- 10 % schizophrenic disorders
- 10 % substance dependence
- 15 % somatoform disorders

### **The group-therapie-offer**

Now I'd like to present the course of the one-year group-therapy as concretely as possible.

How can you put in words such a complex process like a group psychotherapy?

## **Group portraits**

To achieve this I use a simple procedure which I learned from Prof. Jörg FENGLER (Köln, Germany) many years ago: The so-called group portrait.

After every group session I make a short transcript of the proceedings laying particular stress on activity, dynamic and statements of every single participant.

Fengler's idea is to look for a so-called group portrait for each session: This means that at the end of a session I think about which word, sentence or picture of the participants or which idea of mine reflects best the development or the content of the whole session.

Classifying all the group portraits from all the 50 sessions of one year of therapy we find the typical "everlasting, lifelong themes" (RADEBOLD, Germany):

we most often (12 x) find self-imagos of the aging people, (4-5 x) loneliness and loss, relationship to parents, children and partner, (2-3 x) memories of the "good old days" and the own process of aging. 14x the theme mentioned was the current process within the group.

Some technical remarks on the group therapy:

Generally speaking, I didn't structure the course of a session much and came to the conclusion that a certain structure is neither necessary for groups of elderly patients nor for younger patients. But I intervened earlier when there was silence, for example using the group portrait which appeared to me during a phase of silence.

I tried to answer direct questions whenever possible: I complied with the hunger for information concerning medical as well as therapeutical terms and made sure they understood.

Again and again the patients talked intensively about absent participants, which opened the possibility of pointing out the latent desire for togetherness, faithfulness and steadiness and the corresponding fears of threatening loss.

### **A questionnaire**

Another instrument to show the development is a questionnaire which the group participants got at the beginning and at the end of the therapy.

The initial questions were:

1. What do you expect from the therapy? How can the group help you?
2. How do you assess your emotional condition on a scale between 0 and 10?
3. What is your most important / second important problem?
4. What would be different if the group therapy had ended successfully?

The final questions were:

1. Did you experience the group therapy as helpful? If yes, how do you know?
2. How do you assess your emotional condition on a scale between 0 and 10?
3. What was the most helpful part of the therapy?
4. What improvements would you like?

50 % (27 individuals) of the patients handed in both the initial and final questionnaire. 50% (27 individuals) of the patients returned either the initial or the final questionnaire.

I subdivided all information from the questionnaires into six categories.

## Results

The most frequent expectation is "to become more stable and healthier", followed by the expectation "exchange with others", "to change attitudes" and "to have a positive outlook on the future". Four patients were not able to verbalize any expectation.

Answers to the question asking for the most important present problem are "depression and feelings of guilt", "anxieties", "little self-confidence" and "pains". It is certainly remarkable that 6 times "retirement" was considered to be the main problem.

The answers to the question for the changes that were achieved during the year: The most frequent statement is that the patient has gained a "different attitude" and has "become more self-confident". With the same frequency the problems from the beginning of the therapy are considered to have improved.

With the help of both these questionnaires the changes of the subjective mental condition during the year of therapy could be evaluated. On the one hand all the 54 questionnaires returned by the patients can be evaluated. Because of the better return of the initial questionnaire compared to the final one and due to the unsatisfactory comparability of the 2 points of time of inquiry the reliability of the results is limited.

A more exact result can be expected if only the questionnaires of those 27 patients are evaluated who handed in the initial as well as the final questionnaire.

The variation of the personal condition at the beginning and at the end. It becomes obvious that before the year of therapy 11 participants put themselves into the "worst" category 0 - 3, which, however, none of the participants did after the year.

Before the therapy only 4 patients put themselves into the high category between 7 - 10, whereas at the end there were 19.

### **Statistical review**

The empirical distribution "before" and "afterwards" differs on the 1% level if you apply the "Chi-Quadrat-Test".

With the restriction that in this study there is no comparison with a control group, an effect meaning a positive change of the subjective mental condition can be highly significantly proved.

### **Discussion under aspects of psychoanalytical and systemic theories**

That group therapy is helpful is generally not doubted. Inquiries since the 1950ies have proved this. This has also been shown in numerous publications with elderly people - but only recently.

There are various opinions as to what makes group therapy helpful. My observations are congruent with the results of the American group psychotherapy scientist I.D. YALOM. To him the main factors are among others altruism, group cohesion, universal suffering, learning through exchange in a group, remembering the family history and mutual giving of hope.

In the books by Kurt LUDEWIG, Germany (1993) and VON SCHLIPPE, Germany und SCHWEITZER, Germany (1997) group therapy is not explicitly mentioned.

Work with the elderly and elder elderly is not very often a topic of systemically orientated publications, but I think that especially group therapy

with elderly clients is an ideal field to apply the basic attitude as well as the clinical practise of systemic thinking and acting. Deep respect, positive opening and strengthening feedback and resource-based biographical work are adequate for the specific conditions of aging people.

"The look back" is inevitable for the old and corresponds clearly with his position in life. There is a big danger for the client as well as for the helper to glorify the past (and thus degrade the future) or to devalue the past (and thus to become resigned in the face of the relatively small scope for the future).

What VON SCHLIPPE and SCHWEITZER claim for family reconstruction can be of equal importance for the work on commonly experienced past decades in a panel with elderly clients: "The basic idea is to check with the support of a group how your own family history helped form the "today" of a person in a positive as well as in a negative way. You aim at freeing yourself from such influences that confine your present life and at the same time you strive for opening new resources for your own identity that haven't been available before." (Arist von Schlippe and Jochen Schweitzer: Textbook of Systemic Therapy and Councelling, p. 219)

The image that Ludewig gives as a resumé is also suitable, saying that the therapeutical process of a systemic therapy presents itself as a common improvisation of soloists: It is the "professional", who takes the arranging part, the various members join in if possible and find themselves – if everything works well – in one common melody. He finally takes care of the end of the common music.

This image contains the group phenomenon of very different individuals and of the group as a whole, the willingness for a group cohesion especially with elderly patients, the regular and unpredictable as well as refreshing working out of new group themes and finally achieving and living through the end of therapy.

The "therapeutic dilemma", - well known in all therapeutic work under systemic aspect is particularly given in a group therapy with the elderly:

1. Non-transparency of non-trivial systems:

Because of the quantity of themes the participants of groups feel this non-transparency and desire leadership from the therapist.

2. Impossibility of instruction of autopoietic systems:

Particularly these groups require a lot of variations in some technical aspects.

3. Self-reference of social system:

Up to now I can't make a prognosis for example which group meets in a café after the weekly sessions or even after the whole year and which group does not.

The "concept of membership" (LUDEWIG, Germany) is very suitable in the psychotherapeutical work with the elderly. Becoming older, memberships change, for example with ending of the job, becoming grandparents, leaving the home to go to the nursinghome, losing the physical power, losing the sexual attraction and so on.

At the end some psychoanalytical remarks. How do I feel during one year working closely with patients up to the age of 86 (the oldest participant some three years ago)?

What do I remember especially well?

### **The initial phase**

Behind the activity in conversation there was the depressive-regressive wish of the patient to be supplied with the knowledge of a fantasized omnipotent group leader. They expected me to lay open results of previous individual sessions, to make concrete suggestions for solving problems or to give analyses of single group members.

These expectations, directed to me, repeatedly stressed me, I felt a childlike impatient urge, and it didn't happen before the second half of the therapy that I could interpret these projections and use them for my patients.

RADEBOLD (1983) supposes that the initial phase with this expectation lasts longer and is more intensive with groups of elderly people than with younger patients.

During this initial phase I also felt a strong behaviour of rivalry of the men against me, sometimes a real conspiracy against the "youngster" (that was me!), who was considered to be inexperienced and ought to prove his competence. This corresponds to the typical reverse projection with latent and open rejection of useless children who don't understand their parents.(RADEBOLD 1976)

### **The middle phase**

From the whole course of the therapy I remember most clearly the sadness, caused by the omnipresent theme of loss and leaving. This sadness was increased by real, actual problems and reached me as the leader in the form of transference reactions of accusations and disappointment.

As very positive I experienced the often lively and productive group cohesion. This strong feeling of togetherness is confirmed by a lot of authors and is connected with the theme of loss, which causes a feeling of comradeship in the presence of a common threat.

### **The final phase**

The previously planned termination of the therapy finally provoked strong and reproachful reactions because the patients felt left alone. I felt mean and strict, when I had to confirm and defend the approaching end. But the fact that the next group was waiting helped me defend my decision.

## Some pictures of the old age

I want to invite you to look at some famous pictures showing the old age.

First two examples of classical interpretation of the old age:

Adam ELSHEIMER (1578 Frankfurt a. M. - 1610 Rom):

"Jupiter and Merkur in the house of Philemon and Baucis", painted in 1608:

The classical picture of the elder couple beyond sexuality, beyond any desire.

Peter Paul RUBENS: "Eremit and the sleeping Angelika", painted 1629.

The old man lecherous in his forbidden desire.

Sir Alexander MORISON: In his book "Physiognomy of mental disorders", 1838, entitled: "Portrait of a lady, the first beauty of her age, now in the condition of dementia". A study from the beginning of psychiatry as a science.

Francisco GOYA: "The elderly hiding themselves as well", 1803.

"Heroism? Think of your old age!", 1812. "And not yet they go away", 1797.

"Still I'm learning", 1828. Fantastic studies of the aging by this famous painter.

Paula MODERSOHN-BECKER: "Farmer from Worpswede with cap", painted in 1898. A fairly realistic picture.

This reality is already a hundred years old!

Rolf ESCHER: "Portrait Lady Th.", painted 1975. Our reality? Our future?

At the end:

Leonardo DA VINCI: Self-portrait, painted at the end of his life (1452 - 1519).

We know the following sentences from Leonardo referring to this picture:

*Oh time destroyer of all things*

*Oh envious old age*

*You destroy everything*

*And bit by bit  
You shred all things  
With the hard tooth of time  
And deliver them slowly to death!*

Thank you very much for your attention.

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