

BUILDING BRIDGES: PERSON-CENTERED THERAPY WITH OLDER ADULTS

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ABSTRACT

The growth of the older population has accentuated the need for consideration of how to manage stressors that compromise successful living across the aging continuum and that affect older adults' successful aging.

This paper, of theoretical reach, comes to explain some of the most pertinent older adults' issues in the context of person-centered therapy (PCT), as well as research to sustain person-centered approach to older populations. First we examine some of older adults' main contributors and limits to successful aging, based on growing literature. Then, we introduce PCT and its potential for addressing older adults and finally we explore older adults' issues while discussing them within the PCT context.

The value of this paper is to deepen the understanding of older adults' distinctive reality and to help health care and medical professionals to better understand older adults' needs. As professionals adapt to the shifting demographic composition of reality, it should be of importance to comprehend what old age might mean to older adults, to whom we are attending. Interventions with older adults may benefit from clearly understanding PCT as an important approach for promoting successful aging and reducing health and medical disparities.

Keywords: Issues, old age, older adults, person-centered therapy, successful aging.

Introduction

We hardly need to resort to census data to know that more people aged 60 to 100 are alive today than ever before in the history of the world. Moreover, James Fries (1980) was among the first to assert that the 1955 motto of the American Gerontological Society was coming true; modern medicine was adding life to years; not just more years to life.

In past decades, research on the health and function of older adults has tended to focus on the prediction of negative outcomes such as morbidity, mortality, disability and dependency (Boult, Kane, Louis, Boult, & MCCaffrey, 1994; Maddox & Clark, 1992) or to be developed on samples limited to frail individuals (Manton, Stallard, & Corder, 1995; Wolinsky, Stump, Callahan, & Johnson, 1996).

In spite of these perspectives, there is consensus that positive self-perceptions of aging serve to sustain levels of social activity and engagement, enhance self-esteem and well-being, and boost biophysiological functioning (Kleinspehn-Ammerlahn, Kotter-Grühn, & Smith, 2008; Levy, Slade, & Kasl, 2002). Moreover, biological and cognitive health, social competence, personal control, self-esteem, positive self-perceptions of aging, productivity, active engagement with life, personal and spiritual beliefs are some of the most relevant contributors to successful aging (Baltes & Baltes, 1990; Barrett, 2005; Ford et al., 2000; Kim & Moen, 2002; Rowe & Kahn, 1987, 1999, 1997; Vaillant & Mukamal, 2001).

However, life span theory (e.g., Baltes & Smith, 2003) suggest that there may be limits to aging successfully in old age (Gerstorf, Ram, Röcke, Lindenberger, & Smith, 2008; Mroczek & Spiro, 2005). Indeed, research findings on the oldest and young old demonstrate that the third and fourth age entails a level of bio-cultural incompleteness, vulnerability and unpredictability and that interpersonal, occupational and social aspects, worries about health and physical limitations are stressors that compromise successful aging (Baltes & Smith, 2003). Previous literature pointed out correlates of poor aging (defined as dependence, dissatisfaction with living and being bedridden) such as depression, trouble walking, poor vision, age per se, and dementia (Baltes & Mayer, 1999). Furthermore, the effects associated with social loneliness in old age are generally associated with poor health and the loss of significant others (Cacioppo, Hughes, Waite, Hawkley, & Thisted, 2006).

Nevertheless, some studies indicate the opposite. Elderly people show consistently pragmatism about their physical reality and aging, and higher self-esteem (Clarke, 2001) and often experience senior years as a period of introspection and self-acceptance that bring more congruence about their internal and external age (Sneed & Whitbourne, 2005). Furthermore, previous research presented that, on average and despite the high prevalence of negative age-related changes, older people feel younger than they actually are and generally are satisfied with their aging. As Rogers described senior years: “I feel as though a whole new depth of capacity for intimacy has been discovered in me. This capacity has brought me much hurt, but an even greater share of joy” (Rogers, 1980, p.84)

Person-Centered Approach: A Salutogenic Approach

Health care perspective has evolved from a pathogenic perspective to a wider concept of well-being. Considering that the concept of health does not imply the absence of illness but the attempt of maximum functionality of the individual, elements such as stimuli being seen as challenges, challenges being endemic, life being a continuum, and not a dichotomy, became important basics of the salutogenic orientation (Antonovsky, 1987).

In this context, person-centered approach is a holistic, organismic theory that regards the individual as an integrated whole (Sanders, 2007). For Rogers (1951, 1961, 1977, 1980), human nature is positive and optimistic, which does not refute the ability for destructive, anti-social and depressive behaviour. Yet, PCT focuses on the potential for positive change and sustains that environmental factors are critical for determining both positive or negative self-concepts, and hence healthy or unhealthy functioning (Rogers, 1980). In PCT, people are regarded as potentially fully functioning, creative, social and congruent, that is,

able to absorb all experiencing into awareness without distortion or denial and they have, within themselves, the resources needed for personal change (Sanders, 2007). Moreover, humanistic and experiential theorists regard emotions as central to human functioning and transformations in clients' emotional experiencing is seen as core to the change process in psychotherapy (Watson & Lilova, 2009).

PCT is essentially based on the experiencing and communication of attitudes and these attitudes (congruence, unconditional positive regard and empathy) cannot be packaged up in techniques (Rogers, 1951, 1980; Sanders, 2007). Moreover, PCT provides the opportunity for deeply negative or despairing experience to be expressed, fully felt and received empathically as a reality of experience (Barrett-Lennard, 2007). This is particularly true when working with older adults (Pörtner, 2008). In fact, PCT is based on the premise that people are free to express themselves and, hence, should assume responsibility for their decisions. Furthermore, PCT also emphasizes 'here-and-now', as opposed to a 'there-and-then' approach (Rogers, 1951, 1980).

The experience of discovering within oneself existing attitudes and emotions which have been viscerally and physiologically experienced, but which have never been recognized in consciousness, constitutes one of the deepest and most significant phenomena of therapy (Rogers, 1951, 1980). This characteristic is most remarkable given that PCT, with the intense focusing upon self, has as its end result, not more self-consciousness, but less. One might say that there is less self-consciousness and more self. The self functions blend with experience, rather than being an object of introspection (Rogers, 1951, 1980).

Being with a client often becomes a fragile process of back and forward movements, which means to be open for his or her inner world. Moreover, psychosocial research about person centered therapy (PCT) and its relation to older adults is still lacking (von Humboldt & Leal, 2010), although there is frequent talk a great deal about older adults reality, in terms of retirement, social security, widowhood, voting, and health insurance (Schneidman, 1989). Thus, the following section is our effort of putting into words some of the most significant issues that older adults bring to PCT.

Uncovering Older Adult's Issues

Common themes when working with older adults such as grieving for losses, fear of physical illness, solitude, feelings of worthless, failure to adapting to retirement, disability, death, and guilt over past failures tend to have a negative impact on successful aging as they can block the individual from moving on, and hence will need to be addressed early on in therapy to establish the impact they are having on the older person (Bugelli, 2008). Moreover, psychotropic medication in older patients, particularly those in poor physical health, is likely to be associated with more side-effects; furthermore, it is common for patients to fear becoming vulnerable and dependent (Bugelli, 2008). Some clients entering therapy can, in fact, be significantly ambivalent about the following issues, so as to preclude the active adoption of change-based strategies (Alpaugh & Haney, 1978).

4.1 Mortality and Bereavement

As older adults age and are confronted with new losses-declining personal health and ability to function, plus the natural death of friends and family, survivors are easily reminded of their earlier tragedies (David & Pelly, 2003). As a result of bereavement, some of the complex reactions can occur, such as uncertainty, depression and loss of independence. Grieving can last for many years and elderly people may have many losses to mourn; family, friends and even pets (David & Pelly, 2003).

Realizing that the life cycle is limited and that that limit is closer than ever before is a very common theme in therapy sessions with older adults. A limited future time perspective (i.e., feeling close to death) is predictive in the immediate and short term of shifting one's focus from knowledge-related goals to emotional goals and emotionally rewarding social interactions (Carstensen, 2006; Lang, 2000). Those

effects are observed particularly in older adults because they are more likely than younger adults to experience their remaining lifetime as limited (Carstensen, 2006). In fact, older adults tend to show in therapy, a significant level of introspection, referring the uncertainty of not knowing how to cope with future loss of autonomy, of intellectual productivity, of physical abilities, of lack of dear ones, and of future death (Kotter-Grühn, Grühn & Smith, 2010; Lang & Carstensen, 2002).

Hence, empathy becomes a relevant competence for enriching interpersonal communication and fostering personal growth, because it can facilitate the integration of death issues with older adults' expectations from life (Barrett-Lennard, 2007; Pörtner, 2008). PCT can help older adults realize that life can still bring a sense of fulfilment, utility, social interactions and intellectual challenge, once the defence mechanisms are no longer used (Pörtner, 2008; Rogers, 1961; Sanders, 2007).

Empathy is also particularly required in bereavement therapy as it lets the client perceive that the therapist understands him, by seeing things from clients' perspective and that he or she is not judgmental. An older adult verbalized that "Since my husband died, I don't know what I am doing here anymore; I cooked his meals every day, took care of him, helped him with the shower, and organized his things. Now, I don't know what to do with my time anymore. It seems that the day never ends." In fact, the use of therapeutic skills can help reducing some of the significant effects that occur as a result of bereavement, such as depression, confusion, loneliness and loss of purpose (Pörtner, 2008; Rogers, 1961).

4.2 Functional Capacity and Physical Independence

The aging process involves physical adjustment. Older adults may not feel or look as fit as they did. There may be a general slowing down of activity pace and cognitive speed. There are also specific losses (e.g., of hearing, vision, movement, and memory and frequent situations of chronic pain. Older adults can still do the same things but it can take longer. The alterations though, can impact on mobility in terms of going places, driving and accomplishing activities (Corner, Brittain, & Bond, 2007).

In fact, the consequences of poor health are wide-reaching. The capacity to take on the roles offered through the family, such as grand parenting, or those offered by the social community, such as sports, outdoor activities, voluntary work, are often shaped by the level of health enjoyed by the individual. Indeed health impacts on opportunities to socialise (Corner, Brittain, & Bond, 2007). An older adult reported that "I cannot visit my friends abroad anymore because I have to fly there. It's just easier to stay in my city." A feeling of physical and emotional powerlessness and frustration is frequently explored during PCT sessions, due to the fact that interests that individuals were able to pursue before were being curtailed by, for example, failing sight or hearing, stiff joints, and lack of medical insurance. Also, the fear of common health conditions, such as a simple cold would limit future decisions for travelling and visiting family. The safe environment during PCT is important to older adults, so that they feel protected and valued (Sanders, 2007). This facilitates the acceptance of the present physical limitations and the development of physical abilities and competencies (Pörtner, 2008). These could involve taking care of the young, passing on their experience, playing with them, participating in physical activities in group with other adults, exploring projects that involve physical and intellectual dedication, or practising humour. Gains from these activities are social, and existential - the latter through a feeling of still being in charge, self-recognition and being heard (Pörtner, 2008).

4.3. Loneliness and Social Isolation

Presently, the social dynamics has moved away from the days when the extended family all lived close together and looked after their elderly relatives. Yet, being integrated in social networks is determinant in senior years. The lack of social relationships is associated with the deterioration of psychological and physical conditions (anxiety, depression, solitude and poor health) (Lansford, Autonnucci, Akiyama, & Takahashi, 2005). Moreover, another distressing aspect is that older adults may be on their own, as, they

have no family nearby. However, this can be aggravated by a negative perception of the process of aging, and may consequently affect their future physical and psychological health (Sarkisian, Steers, Hays, & Mangione, 2005).

Rogers referred that “It is often said or assumed that the older years are years of calm and serenity. I have found this attitude misleading . . . I am more ready to touch and be touched, physically. I do more hugging and kissing of both men and women” (Rogers, 1980, p.83)

The roles provided by family come forward in terms of relationships with partners although relationships with other generations also supply with roles, namely children, and grandchildren. Some older adults indicated the importance of their role in examples such as “having life experience”, “being support to others including to the youth”, and “being the bond of the family”.

One older client expressed in a session that “when I am with my grandchildren, my time flies, I don’t have time for anything else. I don’t think about my back pain and don’t even have time for soap operas.” Another reported that “I love being with my grandchildren. They make me feel younger. Sometimes when I knee in the floor to tell them stories I create, I know I am teaching them how to be good and responsible. I always keep my mind working when I am with them”. These examples brought them a sense of purpose.

During PCT, older adults develop self-esteem, and often stabilize their self-perception of aging. Subsequently, this helps them better interact with the others, bringing the best out their relationships and avoiding solitude (Rogers, 1980). In fact, older adults can preserve relationships of significance, even up to 90 years old (Lang, Staudinger, & Carstensen, 1998), and individuals that benefit from social network can gain better health, due to better health care habits and also because these relationships protect them from pathological effects of stressful events, reducing the intensity of response to biological stress (Servan-Schreiber, 2003).

4.4. The Transition after Retirement

Retirement from work can generate a gap and negatively impact on self-esteem. Rogers (1980) among others distinguished sixty-five as a mark, for many people, as the end of a productive life and the beginning of retirement. Additionally to the role change that occurs with retirement from work, progressively, there is also a role change that happens with the elderly vis-a-vis their descendants. For some older adults the retirement years are anticipated positively and with a prospect of more free time and a lessening of responsibilities and difficulties. But in reality, making the transition from work to retirement involves sharp and abrupt changes in what is expected of them (Luborsky & LeBlanc, 2003). Older adults who are unable to let go of the role provided by their job may find it not easy to benefit from their retirement years. Within work, the day is outer-directed. It is defined by the requirements of the job, and achievement is based on performance and rewards come from work. With retirement, the day becomes inner-directed. Accomplishment highly depends on the capacity to find happiness in satisfying personal pursuits, human relationships, and active mental endeavours (Luborsky & LeBlanc, 2003). Moreover, retirement often means less income and less autonomy. Subsequently, older adults often feel anxiety because of lack of financial security. For older adults in therapy, the focus was on assuring the predictable and preventing risks, such as lack of financial autonomy and management of their proximate environment such as comfort, accessibility and safety. For these purposes, defense mechanisms to maintain the congruence or integrity of self and to protect and enhance self-esteem, such as distorting experience and preventing threatening experiences from reaching awareness, can be used (Pörtner, 2008).

In a world that prizes decisiveness, feelings of uncertainty and based on the ambiguity of human situations become difficult for both therapist and older clients (Duffy, 1999). The situations brought to therapy by older adults are often complex and the ambiguity and associated uncertainty capture that complexity (Duffy, 1999). However in the PCT context of security and autonomy, the older adult is able to move forward more expeditiously in a manner that validates the complexity of their decision and allows him to be unencumbered

by embarrassment at being indecisive while focusing their complete energy on the decision itself (Duffy, 1999, Pörtner, 2008; Rogers, 1980). By facilitating the client's actualizing tendency expression, the therapist is creating conditions for the client to develop fulfilment and self-realization within his own resources (Barrett-Lennard, 2007). When older clients feel more congruent, they often engage creative work that brings them discipline and fulfilment, in one hand and abstract reasoning, in other. This is considered important for maintaining the brain working, when combined with a true sense of purpose. Being involved in projects and bringing a sense of fulfilment, utility, social interactions and intellectual challenge, are indicators for a healthy self-esteem and congruence (von Humboldt & Leal, 2010).

4.5. Change and Loss of Control

The term 'old age' defines not only an individual's appearance, but often refers to a loss of power, role and position. Loss of full possession of the faculties and a proneness to physical diseases causes an individual to become more dependent on others, a fact that requires consideration when deciding on the manner in which the elderly are approached (Ayranci & Ozdag, 2005).

In many ways, older adults face moments of decision making, which can bring them anxiety and stress: Whether to retire now or continue work? What to do after the death of a spouse? What vocational direction best fits the client's fulfillment? How to move with this pain? When these and similar decisions are life-involving, that is, involve a major change in the life trajectory, then it is understandable that they can be inherently ambiguous. It follows, therefore, that uncertainty is an appropriate expression of the complexity of this change process (Duffy, 1999). In fact, a good therapeutic posture in such ambiguous situations is to permit the client to move across the advantages and disadvantages of each pole without pressure to decide, or without the therapist being committed to requiring a particular outcome (Duffy, 1999).

PCT facilitates the progressive acknowledgement of older adults' limits and the integration of the fact that they have to evaluate new challenges and decide if they are able to embark on them, without colliding with the fear of future lack of intellectual and physical autonomy (Pörtner, 2008). This way, they can feel at ease using their own resources to manage anxiety coming from what they have to do with their life and the limitations of their age (Rogers, 1980). Examples expressed by the clients for this would be valuing the importance of a good meal, not embarking in long-lasting and difficult projects, adapting objectives to something time-tangible, and circumventing major changes such as changing house, partners, or profession. Demanding respect for older adults' rhythm is a frequently pointed aspect, as being an achievement of old age by fully-functioning seniors. Older adults want to make decisions in order to respect their own pace as a right they were entitled to. This aspect, together with choosing the contents of their time occupation is an important issue for older adults. Being able to dream about the future, creating personal projects and imagining further alternatives, as a result of a creative productivity, could become a major source of satisfaction and optimism (Luborsky & LeBlanc, 2003). In a very subtle way, practice of the continuing use of capacities, is, in itself, a variation of the self-fulfilling prophecy. To continue to do something implies that one can do it, and doing it demonstrates that one is capable of performance (Shneidman, 1989).

Conclusions and Future Outlook

This paper aimed to contribute to an exploration of some of the most relevant older adults' issues while discussing them within a PCT context. Numerous issues and concerns become prominent during old age for this population and therefore, can be addressed within PCT. Within the framework of our research, we discussed five main issues: mortality and bereavement; functional capacity and physical independence; loneliness and social isolation; the transition after retirement; and change and loss of control.

The development of psychological processes related to self contributes to the actualization of potentialities of the older adult, increases in autonomy, and integration in social support networks as a result of more self-esteem and improved psychological adjustment (Pörtner, 2008; von Humboldt & Leal, 2010). This has a direct benefit on the subjective well-being of older adults and subsequently on successful aging. In fact, PCT can facilitate senior individuals to develop their internal potentialities, improve the quality in relationships and adequately articulate affection with cognition. These factors are vital for a balanced development of personality (Pörtner, 2008; Rogers, 1980).

As health care and medical professionals, we may help older adults in freeing themselves from the constraint of ageism stereotypes so that they can live more self-directed lives (Levy, 2003). Stepping away from fears, away from "ifs" and "shoulds", away from meeting expectations, away from limits, and away from fitting the roles, is challenging for anyone; older adults carry the supplementary weight of shared stigma through being outwardly seen as superfluous.

Therapists must persist on questioning themselves how can they contribute for older clients to live a life full of meaning, challenge and fulfillment within their own resources. This means being willing to take into consideration, and become more sensitive to challenges towards empathic understanding, congruence and unconditional positive regard (Sanders, 2007). Fully-functional older adults do not lose their identity because they age, and in spite of their chronological age, some do not feel aged; they expect acknowledgement as citizens; they reinforce that being healthy is essential for autonomy in their lives; they emphasize the importance of family support, life and care; they value financial independence and avoid focusing on the finite nature of human beings (Silva & Boemer, 2009).

Beyond the traditional approach of caring for the elderly in the accommodation of their own homes or in residential care homes, the society must seek alternatives in order to ensure the well-being of the independent elderly (Ayranci & Ozdag, 2005).

The answer to the challenge of PCT with older adults is to help them to face aging as a form of realistic defiance: a resolve not to capitulate, on psychological grounds alone, to the stereotypes of aging, but in each of the older decades to proceed as a fully-functioning person. Mature age can be (and often is) a very special time of fulfilment, independence, increased opportunities for selfhood, freedom and release. Consider that when one is aged, one's parents are gone, children are grown, mandatory work is done; health is not too bad, and responsibilities are relatively light, with time, at long last, for focus on the self. Thus, psychotherapists and gerontologists must pay attention not only to the ills of the old but also to the contributors to successful biopsychosocial aging. The run that brings you to a standstill need not to be only coming to rest. For to live is to function. And that, in no small part, is an example of what older adults reaffirm within PCT.

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