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"When the hell will the good years come?"

Out-patient group therapy with the elderly

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Ladies and gentlemen,
dear colleagues
dear chairman / -woman

I'd like to thank the organizers of our joint-meeting for having the opportunity of telling you about an analytical one year group therapy, I have been carrying out since 1994 in my psychiatric psychotherapeutical practice.

The concrete results of my project come from the year 1995.

My practice is in Schleswig in Germany. 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 of this group are patients from my consultation. They were treated with differently structured individual conversation.

Psychopharmacological therapy was done with Selective Serotonin Reuptake Inhibitors due to the low rate of side effects especially important to elderly patients.

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

It's a fairly young clientele:
- 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 an 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:

In the group which I'd like to describe I diagnosed the following disorders:

7 x chronic adjustment disorder with depressed mood
1 x single major depressive disorder
1 x recurrent major depressive disorder
multiple somatoform disorders, among others headache,
most of them had indigestion, eczema, rheuma, adiposity.

The age of the patients was between 50 and 76 years.

The course of the group:
Now I'd like to present the course of the one-year group-therapy as concretely as possible and I'd like to discuss my own experience.

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

To achieve this I use a simple procedure which I learned from Prof. Jörg Fengler 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 the problem which word, sentence or picture of the participants or which idea of mine reflects best the development or the content of the whole session.

As there were 47 sessions all together, there is the corresponding number of group portraits (with the exception of 2 sessions, in which I could only find an abstract theme, because I didn't find any pictures.)

For table 4 I have selected 10 clear-cut portraits which I consider to be especially important for the whole process.

What can we conclude from table 4?

The main problems are the everlasting, lifelong themes (Hartmut Radebold): parent-child-relationship, dependence and autonomy, partnership, responsibility, guilt.

Classifying the group portraits of all the 47 sessions into these everlasting , lifelong themes (table 5) we most often (12x) find self-imago 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. 14 x the theme mentioned was the current process within the group.

How did I feel during this year? 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 technical remarks:

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 with group portraits 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.

What did the patients expect and what had they achieved in the end?

Two drop-outs:
Two therapy drop-outs ought to be mentioned, one beeing the oldest participant, aged 76: from the beginning on she had been very ambivalent towards the group, and left after 7 sessions. After the death of her husband and her dog she felt cut off from her previous life. In spite of parallel individual conversation she wanted an exclusive relationship towards me and in the group she deliberately tried not to listen.

After a heart-attack a 60-year-old man came to me with continuous cardiac symptoms, fears and feelings of insufficiency. After the 17th session he broke off the therapy. In the group he had never talked about his serious problems in his marriage.

Evaluation and the end of therapy:
I'd like to give 3 examples of what was achieved at the end of the therapy:

A man of 52 comes because of several broken up relationships, afraid of starting to drink again. His question is, "Will there never be peace in my life?" At the end his conclusion is as sceptical as his basic attitude, "I leave a I came here." On the other hand he also says, "I want to forgive myself the old mistakes." and "I'll never again look desperately for a woman".

A 55-year-old woman with long-lasting stomach aches, who returned to her husband after a couple of years and is now uncertain about her decision, appears to be extremely insecure. She can hardly say a sentence without stuttering. She

comes with the question, "Is it still possible for me to make new friends?" In the last weeks of the therapy she didn't stutter any more and reflected, "I have become calmer. I wonder if I was ill so often because my soul was ill." And, to the group, "I don't love my husband at all."

Finally a lady of 62 realizes, "There are still some things that you'd like to do." In the 39th session, "I know now, that it is sometimes necessary to hurt other people to achieve my goal."

Sex and age:

It is obvious that a lot more women than men are interested partaking in this therapeutical concept. But I'm not of the opinion of J. Kemper (1994) that a group therapy is a therapy exclusively for women. However, I agree with Kemper (1994) – also based on my own experience – that the over 60-year-old patients get better results than those who are 10 years younger.

I found out, that the loss of social status, quitting the job and the shocking loss of persons you love is more important to a group of 50 to 60-year-olds than to other people.

In 1995 I developed plans to work with a group "the young and the old", which I have been able to realize in the meantime.

All final and catamnestic ratings show a satisfactory improvement of condition.

You can surely understand that I have been continuing the offer of a group therapy for the elderly.

I thank you for your attention.