PsychAGE News

Information and commentary about older adult and carer wellbeing

Issue 14, 16th July, 2019: Excerpt Series Part 3: Types of Distress

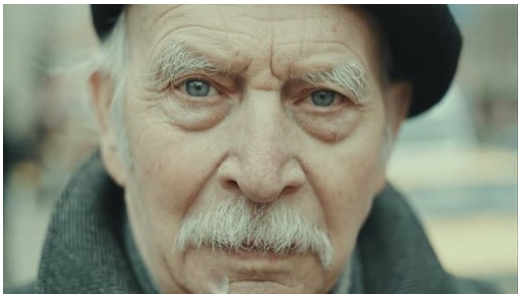
The Perfect Storm, Residential Living, **Types of Distress**, Invitations for Engagement, Grief and Loss, Ageism.

Please see below excerpt three from chapter three (pp.62-64) of **Counselling and Psychotherapy with Older People in Care: A Support Guide, Jessica Kingsley Publishers.**

Also I'm delighted to share with you the article **It's Never Too Late** from this month's issue of the UK magazine Therapy Today (through the British Association of Counselling and Psychotherapy). Journalist and therapist Sally Brown interviewed me for this feature and I think it offers a great diversity of voice and is a fabulous piece advocating for older adult wellbeing.

TYPES OF DISTRESS

"Understanding the types of distress common, but not inevitable, for advanced seniors can give you an ability to better empathize: both emotionally and practically. As a psychotherapist you would be no stranger to the idea of empathizing with your clients. We use our skills of intuition and emotional engagement to develop a productive therapeutic bond. In the case of seniors, it can be advantageous to also foster practical empathy: developing a therapeutic alliance by being attuned to practical issues which might increase client comfort and engagement. If you have spent any time working in the disability or palliative care sector then this notion will be familiar to you.



"For example, if someone is not able to stand then you direct all contact to them while sitting, instead of talking down to them. If you are visiting someone in a hospital bed then you might ensure that your position in the room is one which minimizes strain to their neck. If you are seeing a homeless person then you might consider how helpful it could be that they have some food in their belly before you begin. A person with a speech impediment might appreciate being able to write their thoughts down, and so on. Therefore, the following hopes to highlight common forms of distress for seniors with the view to develop a comprehensive empathetic stance. In this way, not only are you learning to see things from their point of view, thereby "walking" with them more closely, but you are also considering how you can make counselling more accessible and comfortable for that person. To take this journey, I invite you now to recall Harold, as his story will help us explore the types of distress common to the advanced senior.

PsychAGE News

Information and commentary about older adult and carer wellbeing

Physical

The yellow hospital blanket sinks conspicuously down on one side of Harold's body. "That's all I got now," he says glancing at his lower limbs. You are not sure whether to follow his line of sight or stay looking at him, so you settle for trying to take in the whole story. He tries to move his left leg then winces, his face crunches tight. "Even this one gives me stick." Then he looks at you and adds through still gritted teeth, "Peripheral arterial disease – PAD – means my blood doesn't flow so well. It's part of the diabetes." You admire out loud his ability to say the full medical term, and suggest that it could be tricky to say if you were drunk. A chuckle bubbles up and his chest wobbles for a bit. Your gaze returns to the contemplative and it appears that this waft of humour has been appropriate and helpful. Harold volunteers more of his story, his voice gaining strength. While the amputation is the most obvious physical change for Harold, like peeling an onion, you learn of other layers: excruciating pain, sleeplessness, infections and increased medication resulting in side effects. There are also other physical changes, not all related to diabetes: reduced hearing in his left ear (you have observed this and moved your seat to his good ear), diminished eye sight, "gammy" hands and bed sores that require painful turning. "It's not the same body I used to have," Harold says, his eyes a mixture of pain and reminiscence, but softer toward you than when you first arrived.

"For many advanced seniors, the list of physical change and decline can be like the rolling credits of a Star Wars movie and pain is the monster that everyone is trying to shoo away. There are of course medication and other strategies for management (discussed in Chapter 6), but living with persistent pain can be a fly-in-the-ointment experience of ageing.

"Another physical issue that can cause considerable distress – but can (literally) be a silent issue – is deafness. Whether in the community or in a facility, the experience of deafness can limit opportunities for social nourishing. Even with the aid of a hearing device deafness can frustrate and isolate. Ringing or reverberations in the ear can be a constant irritation – the extent difficult to explain to others – and when deafness is acquired late in life there is a good chance that reduced sight will make lip reading difficult also.

"Engaging in therapeutic relations with someone who is deaf can be tricky too. It is not so comfortable yelling at the top of your lungs a sensitive reflection, "So you feel really sad and lonely at the moment?" And trying to deliver a soothing guided meditation is out of the question. One therapist I know of uses a laptop to type questions or comments for her clients which I think is a very clever remedy but there are still bound to be frustrations on both sides when trying to offer counselling to someone with a hearing impairment.

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"Some are bothered more than others by their physical ailments, but the experience of physical decline – and the physical world – is as familiar to seniors as meteorological readings are to a pilot. It is just something that has to be navigated. Like a Dalmatian, their days are dotted by tablet regimes, doctor appointments, supported care schedules and physio treatment. All a reminder of what no longer is.

"Sometimes a focus on improving the physical can give a sense of purpose – for everyone – keeping at bay the ugly truth that things are winding down. "I'm gonna get these legs walking better though!" they might say, with the intensity befitting an Olympic athlete. And sometimes that same determination can be a masking of grief. Criticisms about how staff are not doing enough to help them reach their goals may really be about how they are starting to see the "writing on the wall", an indirect protest against their failing body."

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See subsequent pages for the Table of Contents.

Felicity Chapman
Accredited Mental Health Social Worker
Author of Counselling and Psychotherapy with Older People in Care (JKP, 2018)

PsychAGE News

Information and commentary about older adult and carer wellbeing

Table of Contents

PsychAGE News

Information and commentary about older adult and carer wellbeing

PART 2: INTERVENTION

PsychAGE News

Information and commentary about older adult and carer wellbeing