

# THE OPPORTUNITIES OF THE GROUP PSYCHOTHERAPY FOR OLDER PEOPLE

Rozeta Drăghici

*National Institute of Gerontology and Geriatrics "Ana Aslan", Bucharest*

**Abstract.** According of the type of psychotherapy applied, a group is always a miniature society, a microcosmos with a very operational role. Group therapy is suitable for elderly people because it offers them the opportunity to talk about themselves, about their problems and to see that they are not alone, thus making them more open and receptive. As compared with individual therapy, group therapy presents financial benefits, but also it offers patients support and understanding that allow elderly people to strengthen their coping mechanisms and resolve their (inner) conflicts. Key-words: opportunities, group psychotherapy, older people

**Rezumat.** Având în vedere tulburărilor relaționale ale persoanelor în vârstă, terapia de grup este adesea propusă pentru că ea confruntă mult mai bine îmbătrânirea cu realitatea, grupul oferind o societate miniaturală, un microcosmos cu un rol foarte operațional. Vulnerabilitatea individuală este mai bine înțeleasă în contextul grupului, încrederea, posibilitatea de a comunica și sentimentul apartenenței la grup reprezintă beneficii nete pentru participanți. Terapia de grup prezintă beneficii economice, în comparație cu terapia individuală, dar de asemenea oferă suportul și înțelegerea ce permit persoanei în vârstă să-și intensifice mecanismele de coping și să-și rezolve conflictele. **Cuvinte-cheie:** oportunități, psihoterapie de grup, persoane vârstnice

Research shows that older adults respond well to a variety of forms of psychotherapy and can benefit from psychological interventions to a degree comparable with younger adults. Multiple evidence-based therapies have demonstrated utility in the treatment of depression, anxiety, sleep disturbance, pain, sexual issues, alcohol abuse and interpersonal relationship difficulties. There is also evidence that psychological interventions are effective in reducing depression and behavioral disturbances, and improving functional abilities, among cognitively impaired older adults.

The psychotherapy needs to be adapted for work with older adults. The specific challenges of later life require specific knowledge and therapeutic skills because of the problems they pose for clients, not because of the client's age. The major reasons for changing therapy when working with an older client are not due to developmental differences but to context effects, cohort effects, and specific challenges common in later life (APA, 2009).

M. Gatz et al. (1999) reported that behavioral and environmental interventions for older adults with dementia met the

standards proposed at that time for well-established empirically supported therapy. Probably efficacious therapies for the older adult included cognitive behavioral treatment of sleep disorders and psychodynamic, cognitive, and behavioral treatments for clinical depression. Support groups for caregivers based on a psychoeducational model, and memory retraining and cognitive training are probably efficacious in slowing cognitive decline, life review and reminiscence are probably efficacious in improvement of depressive symptoms or in producing higher life satisfaction. The challenge for access is to ensure that older adults with treatable mental disorders will get connected to psychologists trained in these evidence-based therapies.

The Group Psychotherapy is a well-established therapeutic modality for older individuals often conducted in combination with individual psychotherapy and pharmacotherapy. The decision to refer an older patient to a group begs the essential question of what it can offer different from or in addition to individual psychotherapy and/or pharmacotherapy. The group therapy can be useful to the elderly in reorganizing their lives to best advantage, overcoming

losses and disabilities, and coming to terms with death. Elderly patients may be placed in heterogeneous therapy groups or groups designed exclusively for them (Agronin M., 2009).

***Deciding on the Appropriate Group***

To decide on the most appropriate group for the elderly patient, the therapist needs to take several factors into consideration:

- The patient’s self-image – knowing how patients view themselves is important, people who do not see themselves as old prefer to work in mixed therapy groups rather than in groups specially designed for the old;
- The age specificity of the presenting problem – combating increased dependence is a concern for elderly;
- The theoretical focus and group goal – three categories of groups are available to the elderly: psychodynamic group therapy, cognitive-behavioural group therapy, and supportive group therapy;

- Practical options – there may be no groups exclusively for the elderly, when a choice is available, the decision is generally based on the focus of the group and the attitude of the older person.

**THE GROUP THERAPY MODALITIES AND STRUCTURE**

Because there is a shortage of mental health professionals devoted to treating the increasing number of older people with functional disorders, group therapy is a logical and important treatment modality. Besides the obvious economic benefit compared to individual therapy, therapy groups provide a sense of sustenance and support that allows older people to enhance their coping mechanisms, to resolve conflicts, and to diminish the disabling symptoms of functional disorders (Finkel S., 1994). In the elderly the group therapy modalities include insight-oriented family support, cognitive behavioral, supportive, institutional, activities-oriented, creative groups.

The differences in conducting group therapy for older patients versus younger

Older patients	Younger patients
prefer late morning and mid-afternoon times	prefer after working
group predominantly of woman	easier to obtain an equal male/female
transportation problems, inclement weather, illness, vacations	work problems, time availability
alliances between the therapist and elderly group members tend to form more quickly	the opposite
tend to be more patient and tolerant of monopolistic or silent group members	break, remake, test and consolidate relationships with others
after-group socialization and touching between patients and therapists	- the opposite

A major difference between the elderly and the young is that the former have a long history behind them and the expectation of a shorter time to live. Older people must learn to recognize how they are perceived by others and to deal with the stereotypes that society would impose on them.

The ideal number of patients for a group is between five and eight, a range up to 12 is considered acceptable, however this is also dependent on the type of group and the functional impairment of the older adult members. The size of the group needs to be smaller so that the therapist is able to offer assistance, also it is very important the

maintenance of stable group. A considerable part of the maintenance task is performed before the first meeting, the therapist's expertise in the selection and the preparation of members will greatly influence the group's progress (Yalom I., 1995).

The allocated time can range from 30 to 90 minutes, depending on the setting and functioning level of the patients. Special attention to lighting, comfort of the furniture, room temperature, and handicapped accessibility is essential.

Therapy group with elderly people raises some issues such as: selection of group members, provision of adequate environment, optimal work time for desired therapy effect. During the *preparatory stage* it is need structured interviews meant to establish a trustworthy relationship and develop a positive relationship with the others. These would allow for further supportive relations to be established with the rest of the group (Drăghici R., 2012).

If the methods of psychotherapy used in geriatrics are similar to those for other age groups, the specific approach in case of elderly people is the *therapy relationship*. This specific type of relation between therapist and patient are determined by both parties.

*The themes that are prevalent in working with the elderly* include: loss and the struggle to find meaning in life, physical illness and sensory decrement, autonomy versus dependency, poverty, loneliness and social isolation, intergenerational conflicts, feelings of rejection, uselessness, seeking of information about one's illness, and attempts to sustain a level of hopefulness, regrets over past events, fears of death and dying.

Seven categories of *therapeutic factors* developed by I. Yalom (1995) seem especially important in older adult groups, each curative factor has an application and ramifications in groups of older people.

- *instilling hope* and working on establishing future goals are important for older members, they can inspire each other

in the group, by being empowered in the group meetings members can also learn that autonomy exists outside;

- *universality* – finding out about other people's similar problems, learning that others have had many of the same feelings and experiences can be very reassuring;

- *altruism* – membership in a support group can offer older adults the chance to feel useful again, being able to give to others has a strong therapeutic value for older adults;

- *interpersonal learning* – group membership gives such people a chance to learn about their own habits and their ability to communicate with others;

- *cohesion* – it is extremely important for older adults, in cohesive groups members remember the basic acceptance they had in the group and again feel that they belong even after the group disbands;

- *catharsis* – members are likely to experience catharsis when they are able to freely share their thoughts and feelings in a group, older people are quick to use the group as a sounding board;

- *existential factors* – for older adults in community settings, day-to-day living problems, discouragement about living conditions, their medical problems are fertile ground for the content of group discussions.

The psychotherapist has the responsibility for creating and carrying the group. The ability to move freely between the past and present should be viewed a strength of the older adult generation. Older adults tend to be very direct with their communications with each other so it is not difficult to operate in the "here-and-now". In agreement with I. Yalom, R.W. Toseland (1995) suggested that employing a strengths perspective in group work with older adults build trust because it helps members to be more understanding and empathetic. Social reinforcement in group psychotherapy may be subtle and nondeliberate.

Considering the relational disorders of the elderly, group therapy is often suggested, because it puts face to face the aging

process and the reality (Bleandonu G., 1991), creating a *microcosmos* of the real world. Small group psychotherapy may be used to change symptoms substantially, personal problems or difficulties in relating to other people. Active listening is important in all therapy situations with older adults. Again, the therapist must role model for active listening, because many older people are often impatient with one another, in the effort to make someone listen to them, they may not be able to listen to others effectively. Such behaviour is often due to high anxiety and diminishes after a few meetings. The use of empathy communicates to older adults that the therapist perceives them to be capable and of value to the group.

***Group therapy offers the following special opportunities for older people:***

- to re-establish well-functioning defenses and coping mechanisms via interactions with other group members and to enhance a sense of usefulness in one another;
- to establish a sense of identity as part of a social entity;
- to become part of a family unit with a nurturing supportive system that would translate to other environmental situations;
- to resolve old conflicts via reflection, reminiscence, resolution, and growth;
- to enhance self-esteem by ameliorating a harsh superego that lends itself toward shame;
- to adapt to, and accept, losses that cannot be reversed without expending excessive energy.

***Key points in groups for the elderly***

- You may encounter obstacles in your attempts to organize and conduct groups for the elderly.
- Groups offer unique advantages for the elderly who have a great need to be listened to and understood.
- Groups can help elderly people integrate current life changes into an overall developmental perspective.
- Elderly people need a clear explanation of the group's purposes – and why they can benefit from it.
- Revealing personal matters may be extremely difficult for some elderly people because of their cultural conditioning (Corey M.S. & Corey G., 2005).

First of all, according of the type of psychotherapy applied, a group is always a miniature society, a micro-cosmos with a very operational role. Secondly, group therapy is suitable for elderly people because it offers them the opportunity to talk about themselves, about their problems and to see that they are not alone, thus making them more open and receptive (Bleandonu G., 1991). Thirdly, as compared with individual therapy, group therapy presents financial benefits, but also it offers patients support and understanding that allow elderly people to strengthen their coping mechanisms and resolve their (inner) conflicts. Last, but not least, many people with emotional disorders feel attracted to this type of therapy hoping to get over their state of isolation and difficulties, and to get closer to other people (Drăghici R., 2012).

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