The Successful Use of *Empathy* with a *Depressed* Older Man

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Dimensions of Empathic Therapy

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Most older adults, defined as persons 65 and older, live independently and have close relationships with others, and their rates of depression are generally lower than for younger adults (APA Working Group on the Older Adult, 1998). However, significant problems among older adults can arise. This chapter focuses on the psychotherapy treatment of one particular older man who suffered from severe depression. The most significant aspect of this treatment was the struggle of someone almost 6 decades younger to understand, or successfully empathize, with the current and past life of an individual who was almost 90 years old. It is the hope of the author, who was also the therapist in this treatment, that examining this process will aid other novice helpers succeed in their therapeutic attempts with older adults.

THE STORY OF BEN

At the start of treatment, Ben was an 88-year-old White male living in a skilled nursing home. He was referred to therapy by the social services worker within the facility. At that time, Ben was experiencing severe depression with continual crying, feelings of hopelessness, hallucinations, and persistent thoughts of suicide. He was unhappy with his current life situation and could find no constructive way out of his misery.

Ben had moved into the nursing home about 6 months earlier as a result of a stroke that left his left side paralyzed making it difficult for him to walk independently. He was restricted to using a wheelchair for mobility and required assistance with his everyday activities including getting in and out of bed and using the bathroom. Also prior to the referral, he experienced a fractured hip and knee after sustaining a fall when being transferred by one of the nursing staff. This added pain, in addition to his feelings of hopelessness, appeared overwhelming.

Ben's social supports were weak; his wife of over 50 years had died about 5 years earlier. His one daughter lived 200 miles away and visited him about twice a year. A stepson also lived about the same

distance away and was unable to travel due to his own disability. His only grandson resided nearby and came in once a month and assisted Ben with his ongoing necessities. His old friends dropped by infrequently mostly due to their own health problems.

Ben described his childhood of growing up on a rural farm as uneventful and relatively happy, expressing that he felt like "Huckleberry Finn." He experienced his family as loving and believed he received everything he needed growing up. He left home around the age of 18 and moved to the city where he began working in a variety of factory jobs. He later developed a career as a contractor for interior design work and was also in the grocery business. He had retired from full-time employment about 23 years earlier and spent his leisure time traveling the United States and participating in a variety of social clubs. He loved his wife and was happily married for over 50 years. After his wife died very suddenly, he lived in his home with his grandson until he experienced the stroke.

An evaluation of Ben revealed that he had an average capacity to concentrate and pay attention. However due to the stroke, his memory and intellectual ability were slightly impaired, and he had some problems with his spatial skills. Even with these difficulties, Ben did not have dementia and was only considered to have mild cognitive deficits.

Upon first meeting Ben, he was very articulate and eager to express his current feelings of depression. He cried continuously as he spoke of wishing for more visits from family and better caretakers in the nursing home. He also expressed his sadness over the loss of his wife and his past life.

Ben's treatment consisted of weekly psychotherapy sessions over the course of about 19 months. The treatment approach primarily emphasized support and empathy to help Ben cope with his feelings and adjust to his current life. To add a framework to Ben's treatment, an overview of depression and psychotherapy among older adults is reviewed.

DEPRESSION AND THE "OLDEST OLD"

Psychotherapy with older adults is becoming an increasingly important topic as the number of older adults in our society rapidly increases. Ben's age group, known as the "oldest old" or those 85 and older, is increasing faster than any other age group. With the newness of this population, there is very

little formal education or experience among mental health professionals. Consequently, there is a poor understanding of these individuals and many myths exist (APA Working Group on the Older Adult, 1998).

The rates of depression among older adults are lower than one might expect with a one-year prevalence rate of major depression at 1%. The rates of depression for those with physical problems, however, are much higher, and nursing home residents' rates for depression range from 12-25% with a 10% annual incidence of new episodes of Major Depression. In addition, older men, as opposed to women or younger men, are more likely to take their own lives, with the rates increasing throughout their life span and peaking in older adulthood, with the highest level falling in the oldest group of 85 and over (McIntosh, Pearson, & Lebowitz, 1997). Demographics included, the highest levels are for White males. After examining these statistics, the severity of Ben's problems with depression appears to reflect the trends noted in the literature on older adults.

PSYCHOTHERAPY AND THE OLDER ADULT

Recently, much has been written concerning the psychological treatment of the older adult. Historically, however, the treatment of the older adult has been neglected, beginning with Freud (1924) who believed that, as a rule, older people (those above 50) were not amenable to treatment because too much material needed to be dealt with which he felt would prolong the treatment indefinitely. Myths and prejudice still thrive among professionals believing that older adults are too rigid in their beliefs to benefit from psychotherapy, that the investment of time for treatment would be better spent on younger patients, or that cognitive impairment would inhibit any meaningful progress. Research, on the other hand, indicates that older adults are as likely to benefit from psychotherapy as younger individuals and that, although appropriate treatments and competent clinicians are necessary, no particular approach to treatment is significantly better or worse than another (Knight, 1996b). In addition, those individuals who have experience doing therapy with older adults describe it as a valuable endeavor.

The use of empathy within the therapeutic relationship has been well established as one of the most significant factors associated with positive outcome in psychotherapy (Luborsky, 1988; Orlinsky & Howard, 1986; Patterson, 1984). Kohut (1978) defines empathy as "vicarious introspection" and

describes it as the "capacity to think and feel oneself into the inner life of another person" (p. 82). Rodgers (1975) describes the empathic process as involving two fundamental components that include experiencing another person's feelings as if they were one's own, and as an attempt to communicate this experience to the other person.

Although empathy is regarded as a seminal part of psychotherapy, the ability to understand and be empathic with the issues of the older adult appears to be more difficult than with patients in other age groups, and many therapists question their ability to be empathic with older adults (Knight, 1996c). By examining Ben's treatment, the important issues facing the older adult are clearly illustrated which can help to provide a framework for understanding.

SPECIFIC THERAPEUTIC ISSUES WITH THE OLDER ADULT

For Ben, as with most older patients, loss or grief appears to be one of the most important issues that arises in treatment (Knight, 1996a). Although Ben had lost his wife over 5 years earlier, when he spoke of her, he would immediately begin sobbing inconsolably. In addition to the loss of his wife, Ben was also experiencing the loss of his previous life. He was no longer in his home with his belongings and old friends nearby. He was confined to a nursing home with very limited physical space and rare visits from family and friends.

Ben was also coping with the loss of his physical functioning which significantly limited his ability to perform activities which he had taken for granted. Being confined to a wheelchair and requiring assistance from staff, Ben no longer felt in control of his life. He was overwhelmed with grief and sadness. In addition, the physical pain from his recent fractures compounded his inability to cope. Having to face his declining functioning also forced Ben to confront his own mortality and the conflicts and anxiety surrounding this inevitability.

Along with relying on nursing staff to help him, Ben also depended on family members to help with his care. Having always been the person who was relied on to give assistance, he was now in the reverse position and was highly dependent on others. This loss of independence and control created uneasiness for Ben and anger towards family members was a persistent problem. Ben's grandson, who was his

primary source of support, never visited frequently enough, or, when asked to perform tasks, never did them quickly enough. A similar and more intense anger was felt concerning the nursing staff who rarely provided services that would meet his personally high standard. He felt that, if he could, he would have done it better.

Another issue that arose for Ben, which is common among some older adults, is disappointment and regret concerning perceived life failures. Although Ben appeared to have lived successfully, he still had issues in his life that had not been resolved. He had hoped for more career success and wished he had made better investments so that he would have achieved greater financial security. He expressed regret concerning the early loss of a grandchild to muscular dystrophy and wished he could have done more for him. He also expressed a desire to have provided a more comfortable life for his wife and wanted to have saved her life in the end.

OBSTACLES TO EMPATHY

It was not difficult for Ben to identify or articulate these losses and conflicts to me; he was clearly aware and able to voice his feelings. As for my part, it was not as easy to listen and experience Ben's deep sadness which persisted week after week and continued for months with similar intensity. Truly understanding how difficult it was for him was a struggle. As a younger therapist, I had not begun to undergo many of his life experiences or any of the losses with which he struggled. I was unaware of the profoundness of his suffering. As I listened and tried to make helpful interventions, over time, I began to realize their significance for him.

What were some of the causes stopping me from understanding Ben's feelings? As mentioned, being a younger therapist created difficulty empathizing with his problems because of my lack of identification with his experience. Also, being with a much older client ultimately brings up feelings concerning one's own parents or grandparents which have rarely been completely resolved. On the other hand, by being younger and female, Ben often saw me as a substitute for his grandson or daughter, the two most significant people in his life, and would project onto me the anger and disappointment he felt toward them. Most importantly, being with older patients who are chronically ill forces the therapist to confront very difficult issues concerning illness and death. Especially difficult for the therapist is

confronting one's own mortality.

The slower pace at which the sessions proceeded made it difficult to sustain attention to what was being said, and the older adult's propensity to repeat stories created problems being patient with the process. The setting for the treatment also created obstacles. The lack of a private, quiet space and the constant intrusion of staff and other residents added to the difficulty in focusing and concentrating on the issues which arose within the sessions.

TERMINATION

Within my growing understanding of Ben's experiences, his crying spells slowly lessened in duration. He no longer had active thoughts of suicide, and he became more involved in the activities in the nursing home. Being sensitive to Ben's significant issues with loss, I gradually tapered my visits to every other week and then to once a month. At that time it was clear that sufficient progress had been made and treatment could stop. Although Ben was reluctant to see our meetings end, termination was seen as a success; he was able to cope and be independent of help from me.

Reports from staff and observations from several post-termination visits covering more than a year revealed that Ben continued to improve, although, he still cried on occasion and became frustrated with staff and family. He kept up his involvement in activities; his favorite was the pizza and a movie outing to the mall. He made several new friends and purchased an electric wheelchair which helped him feel more independent. He also enjoyed visits from his first great-grandchild who was born a few months before his 90th birthday. His coping abilities also appeared to improve as demonstrated by successfully undergoing and withstanding surgery for both skin cancer and replacement of a hip with no decline in his psychological functioning. Although he continued to experience conflict and wished for the ability to do more himself, he was able to state that he felt "fortunate in many ways."

When I met Ben, I did not believe he would attain much improvement, especially considering how slow his initial progress seemed. By listening to Ben and learning from him, I was able to slowly understand the cause of his pain and helped him to understand it in return. Ben's progress indicates that, as Abraham (1919/1953) suggested, it is not the age of the patient but the age of the neurosis that

matters. In conclusion, as others who have done this work have found, allowing oneself to openly experience the older adult's world can provide a rewarding experience for personal growth.

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