

GRACE NOTES XXVI

DR SALMA SIDDIQUE asks why do we let older people become invisible and fearful?

BERNE (2010) WROTE: 'The script is what the person planned to do in early childhood, and the life course is what actually happened.' He says that the life course is the result of four interacting factors: heredity, script, autonomous decisions and external events.

As people move into the latter part of their life how much do they feel they are still making autonomous decisions and/or want to reflect on their life script? As therapists we are working with more older people as the over-60 population grows. However, those able and interested in using therapy are influenced by external factors such as poverty, fear and accessibility to therapeutic services (Crespo et al, 2005). The 'older people' group has various categories: the 'younger old/baby boomers' who have good pensions, benefitted from good education and health services and, while remaining fit, can access community activities, culture etc – all of which promote mental health; the poorer older group who are still working to supplement pensions or struggling with poor health, poor diet and limited access to healthy pursuits; and the very elderly who are dependent on family or social care and limited community resources. There are people in all these categories experiencing invisibility, loneliness (Kagan, 2009) and fearfulness (Benton, et al 2007) about their future.

Despite the growing numbers, therapy in general has offered little research or training on working with older people. There is the obvious danger of being accused of being ageist but there is a need to examine what different needs they might have. If transactional analysis is about transactional relationships then what opportunity do older people have if they live on their own and have few opportunities to relate to others? Older people experience the same feelings as us all so how do they manage their stress, for example, if they cannot look at their behaviour and develop awareness of their life script. Where do they get their positive strokes from if they are isolated? Therapy could be one way of enabling talk and reflection but how widely available is it at a time of reduced public expenditure?

All of us are going to get old and at some point have to face our own fears of how we will be looked after when we are frail and dependent. There is an increasing risk of

us getting dementia or crippling arthritis if we live to our 80s and 90s. The extended family is breaking down in terms of support and the NHS is struggling to deal with the slow-burning incurable diseases of old age. We then must rely on social care – means-tested and of highly variable quality. The public are only really becoming aware of the huge problem with the scarcity and quality of social care if they either have had personal experience of trying to find a suitable place for a relative or because of the impact on blocking hospital beds. The situation is getting worse with residential care homes unable to make profits due for example to increasing staff costs and the sell off of homes to property developers.

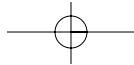
As therapists we can address this in two ways. First, by being part of the political endeavour to help create a sense of community. There is plenty of research on the importance of community on an individual's mental health, in addition to what talking therapies are available (Hobfoll, 2001). There has been an increase of 'social prescribing' from GPs (Bickerdike, et, al 2017). While acknowledging the squeeze on public money for community resources like sheltered housing, day centres, social clubs we can encourage active supportive social environments as well as challenge the government and politicians to put more resources into the community. Second, by paying more attention to older people's individual needs. We can ensure that the organisations we work in are actively encouraging older people to access our services, not only when there is an acute problem like carers of partners or those facing the loss of their home or bereavement, but when someone wants to share their life story and feel listened and attended to.

References

- Berne, E. (2010). *What do you say after you say hello?* Random House: NY
- Benton, J.P., Christopher, A.N. and Walter, M.I. (2007). *Death anxiety as a function of aging anxiety. Death Studies, 31(4), pp337-350.*
- Bickerdike, L., Booth, A., Wilson, P.M., et al. *Social prescribing: less rhetoric and more reality. BMJ open, 7(4), p.e013384.*
- Crespo, A.H. & del Bosque, I.R. (2005). *Influence of corporate social responsibility on loyalty and valuation of services. Journal of business ethics, 61(4), pp369-385.*
- Hobfoll, S.E. (2001). *The influence of culture, community, and the nested self in the stress process: Advancing conservation of resources theory. Applied psychology, 50(3), pp337-421.*



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Column: Jude's shorts

