

Second Edition

# **WORKING WITH THE AGED**

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**PRACTICAL APPROACHES IN THE  
INSTITUTION AND COMMUNITY**

**Marcella Bakur Weiner  
Albert J. Brok  
Alvin M. Snadowsky**



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## **PRACTICAL APPROACHES IN THE INSTITUTION AND COMMUNITY**

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**ACC**

**APPLETON-CENTURY-CROFTS / Norwalk, Connecticut**

0-8385-9833-1

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87 88 89 90 / 10 9 8 7 6 5 4 3 2

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Prentice-Hall of Southeast Asia (Pte.) Ltd., Singapore  
Whitehall Books Ltd., Wellington, New Zealand  
Editora Prentice-Hall do Brasil Ltda., Rio de Janeiro

#### **Library of Congress Cataloging-in-Publication Data**

Weiner, Marcella Bakur, 1925—

Working with the aged.

Includes bibliographies and index.

I. Brok, Albert J. II. Snadowsky, Alvin M.,  
1938— . III. Title. [DNLM: 1. Aged. 2. Aging.  
3. Geriatrics—methods. 4. Rehabilitation—in old age.  
WT 100 W423w]

RC954.W39 1987  
ISBN 0-8385-9833-1

610.73'65

86-14650

Design: M. Chandler Martylewski

Cover: Kathleen Peters

Cover Photograph: Kathleen Peters

PRINTED IN THE UNITED STATES OF AMERICA

To my parents, Anna and Louis Shapiro, who taught me that aging could be upbeat.  
Marcella Bakur Weiner

To the memory of my father, Benjamin Brok.

Albert J. Brok

To the memory of my parents, Florence and Jack Snadowsky.

Alvin M. Snadowsky

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# Preface

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In offering this revised edition of *Working with the Aged*, we are hoping to acquaint new readers with the latest approaches for working with older people in institutional and community settings. To our readers already familiar with this material, we are providing the latest information on research in aging, along with new material on families as team members and on psychotherapy with older adults.

Despite the familiarity of some chapter headings, we feel that, in many ways, this is a new book geared to the worker wishing to understand both the theoretical aspects of aging and their practical application. We know now that many of the techniques described in the earlier version of this book work well and are still being used by those working with older persons. For those new to the field, we feel that our step-by-step guides will be helpful, providing the structure that newcomers need. It is our hope that those trying these techniques will eventually modify and improve upon them, as we ourselves have.

While the field of aging has exploded since our earlier edition, there are still few books that address issues relevant to both community- and institutional-living elderly. Though each population is distinct, there are similarities, as revealed in our chapters on physiological and psychological aging. Of increasing import are the family and the community-at-large, also addressed in this work.

This book has served a major need in the past, when the field of gerontology was relatively new. With this field now in its adulthood, this new edition can continue its role as a major text for multidisciplinary persons working, or planning to work, with the elderly.

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# Acknowledgments

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We are indebted to Dr. Miriam Aronson for her sensitive reading of the manuscript and for her helpful suggestions. Students Denise Lowe Brody, M.S.W.; Ann Marie Cornell, M.S.W.; and Sallie Lapa, M.S.W.; gave their time and efforts conscientiously, and we thank them. Susan Friedman, our typist, was always there with her gracious availability and skill. Our Editor, David Gordon, always took the time to confer with us and was supportive throughout. Production Editor Janice E. Yaeger treated our manuscript with the care that we felt it deserved. Finally, to all of the elderly with whom we worked, and whose needs prompted this book, we extend our heartfelt appreciation.

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# Contents

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<i>Preface</i> .....	ix
<i>Acknowledgments</i> .....	xi

<b>PART I. An Overview</b> .....	<b>1</b>
----------------------------------	----------

1. Why Work with the Aged? .....	3
2. Physiological Aging .....	9
3. Psychological Aging .....	21

<b>PART II. The Institutionalized Aged</b> .....	<b>51</b>
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4. The Institutionalized Aged .....	53
5. Rehabilitation: The Stepladder Approach .....	65
6. Sensory Training .....	71
7. Reality Orientation .....	89
8. Remotivation Technique .....	107
9. Implementation of the Stepladder Approach .....	127
10. Additional Therapeutic Approaches .....	135
11. The Family As Part of the Therapeutic Team .....	151

<b>PART III. The Community Aged</b> .....	<b>157</b>
---	------------

12. The Community Aged .....	159
13. General Issues in Psychotherapy for Older People .....	181
14. Teaching the Community About the Aged .....	195

<b>Appendices: Evaluation Forms .....</b>	<b>201</b>
A. Geriatric Rating Scale .....	203
B. Sensory Training Evaluation .....	209
C. Reality Orientation Evaluation .....	213
D. Remotivation Evaluation .....	217
E. Self-Generation of Leisure Activities .....	219
F. Activity Gains .....	221
G. Ecology Format—Radius of Activities .....	223
<i>Index .....</i>	<i>225</i>



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## PART I

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# An Overview

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# 1

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## Why Work with the Aged?

### THE MYTHOLOGY OF AGING

Ambivalences and contradictions are deeply imbedded in our attitudes toward aging. These attitudes are reflected in older people we know, those who are part of our private lives and feelings, and also in public attitudes toward those elderly “out there” or unknown to us. On the one hand, we see older people in general as demanding, debilitated, disagreeable, and a burden to their families. In contrast, we consider our own older relatives worthy of our affection and care.<sup>1</sup>

Where did these attitudes come from? Research shows that they are formed early in life. Children as young as three or four accept some of our common myths about aging. Shown a set of drawings of men of different ages, including older men, children aged three and four identified the oldest man as “wrinkled,” “having no hair and teeth,” and “ugly.”<sup>2</sup> Yet, in another study, when children five and eight were shown photographs of people at different stages of life, ranging from childhood to old age, they said they would be more than willing to help the oldest man and that they would “get his glasses, help him shop, push him in a wheelchair.”<sup>3</sup> College students also reflect negativism in our attitudes toward aging.

When asked to compare ideal and real older people with ideal and real middle-aged people, college students consistently rated the older adults in less positive terms, saying they were more dependent and less effective than middle-aged people.<sup>4</sup> Agist attitudes seem intractable, omnipresent. Yet the contradictions between our public attitudes and private actions toward older people offer much hope.

### LOOKING AT ONE'S OWN AGING

Most young people do not think about old age. It is pushed into the back of the mind, where it becomes one of the “some day, when I . . .” thoughts to be completed at a much later date. Yet the feelings that we have about our own aging

process and our own old age play a large part in determining whether or not we want to work with older people. Most importantly, this attitude has a direct bearing on how effectively we work with the older person. Workers in the field of aging usually agree that it is this interaction between the client and worker that is most related to beneficial change or potential "cure." Those of us who have a positive, accepting view of our own aging are more able to offer compassion, empathy, concern, and appropriate support to our clients; the others communicate their own anxieties, fears, and overconcerns of aging, no matter how well they attempt to mask their feelings. Fearing one's own aging, and working face to face each day with aging people, seems a less than ideal working condition!

Most young students entering the helping professions do not choose to work with the older person. Wilensky and Barmack designed a behavior preference questionnaire to assess the attitudes of clinical psychology doctoral students toward working with the aging. Responses were received from six universities in the New York City area. The authors report strikingly similar response patterns for all six universities, with greatest preference expressed for working with young adults and a tendency for respondents to avoid working with the elderly.<sup>5</sup>

## **ATTITUDES AS REFLECTED IN THE MEDIA**

The U.S. Senate Special Committee, in its 1981 report, stated:

Attitudes toward the elderly are formed from early life on. Our media helps [sic] shape these attitudes. When reviewing books written within the last 25 years, depicting elderly persons, the prevailing themes in these writings were fear of death and loss of self-image. The older protagonist was shown as being either passively disengaged, exhibiting intergenerational conflict or holding a Pollyanna-ish concept toward reality. Television fared no better. When the older woman appears in a television play or series, she is more than likely to be hurt or killed before the end of the plot or to fail in her attempt to accomplish. The older man is shown as comic, stubborn, or eccentric. Neither sex is generally portrayed as having romantic inclinations.<sup>6</sup>

## **DEFENSES AGAINST AGING**

In order for an attitude to stay ingrained, it must serve some purpose. What could be the purpose in a society's denial of aging? One possibility may relate to the discrepancy between that which is real and that which is ideal. Idealization is part of our training as children. We had figures that we idealized. Sometimes these were real people and sometimes fictional heroes and heroines in books and movies. The ability to idealize is healthy, but when it also denies reality, it becomes defensive. In the case of aging, idealizing is a defense against that which age suggests: deterioration and the setting of limitations. It is against our own need to be "grandiose." In

our grandiosity, we can accomplish anything, be anyone, and certainly live forever.<sup>7</sup> Getting older is then denied, repressed, and shelved. It is not for us. As in the classic, *Lost Horizons*, we become a society that is young forever! Our selves never wrinkle or show any age-related changes. Our ideal has come to life!

In our youth-oriented society all that is new, novel, and fresh is to be desired; being old is equated with loss, illness, and eventual death. Why, then, work with the old? What benefits can be gained by the client and by the worker?

## JOINING THE AVANT-GARDE

Those who are aware do not deny their own aging or that of others; yet the battle against agism in our society is a continuous one. Major programs of public education are developing to combat prejudice toward the old and to improve the image of the aging experience in the eyes of the general public, the media, service providers, and the elderly themselves.<sup>8</sup> Any action that helps combat age discrimination is an avant-garde one. People joining these ranks are breaking new ground in creating much-needed, positive changes in our society.

## OLD PEOPLE CAN CHANGE

In order to gain satisfaction from working with people, the worker needs to feel that he or she has had an impact on the person seeking help. This positive change in the client helps confirm and reinforce the worker's own sense of effectiveness. Although much of society's projected image of the old person is that he or she is incapable of change or that "it is all organic," those working with the aged, in whatever setting, dispute this. The authors, for example, have seen patients in their 80s and 90s being discharged from an institution as a result of positive changes in their physical and psychological status, attributed (in part) to therapeutic efforts. This may be replicated by noticeable positive changes in those elderly who have come for psychological counseling or psychotherapy. Old people, like the young and middle-aged, can be helped to change if *both* they and the worker believe that this help is possible. This belief may be the most essential step toward promoting change.

## QUALITY VERSUS QUANTITY

Though the older person is closer to the end of life than the younger, the worker must feel that helping someone live out the rest of his or her years satisfactorily is a most worthwhile endeavor, even if those years are limited in number. The quality of a life's experience cannot be measured in the same way as its quantity; numbers of years may have little to do with satisfactions in living. The only possible way to help measure relieving another person's human suffering or to help make life better for

him or her is in terms of one's own internalized value system; that is, a sense of one's own feelings of accomplishment and heightened self-esteem through reaching out and offering assistance to another. The quality of this experience, regardless of its time span, will then be felt and appreciated, not only by the older person, but also by the worker. Only this form of mutuality leads to positive change in both.

## OLD PEOPLE APPRECIATE HELP

The older population is often a population in need. Experiencing physical and psychosocial declines, the older person is often in need of some kind of help. This dependence may reflect itself in the depth and intensity of appreciation extended to the worker, the one who is "there for me." When offered assistance, the client's first comment may be, "Why bother with me when there are younger people around to help?" This is undoubtedly a reflection on society's values, which focus attention on the young. If, however, a worker can go beyond this overt verbalization and initial resistance and can sincerely reach out to help, gratitude is deep. This acts as a positive reinforcer that deepens one's own sense of self-worth as well as professional and personal competence. Being thanked or appreciated by the client confirms that one is wanted and needed. In addition, the experience of change in the client reconfirms the worker's belief that life at any stage involves continued growth and development.

## PRACTICAL CONSIDERATIONS

It is common knowledge that all Americans are living longer, that longevity is on the increase. According to the 1980 census, there are 25.5 million people over age 65 residing in the United States; this represents 11.3 percent of the U.S. population. By the year 2000, there will be 32 million individuals aged 65 and over in the United States, or 12 percent of the population, while projections for the year 2030 indicate that there will be about 55 million elderly.<sup>9</sup> By that time, the overall 65-and-over population will double, while the 85-and-over population will *triple*.<sup>10</sup>

The need for persons who work in the field of aging is therefore also on the rise. One needs only to look at recent data on geriatric medicine to realize this. For example, between the years 1982 and 1984, the American Academy of Family Physicians developed particular core curricula guidelines dealing specifically with aging and the care of the aged for family practice residents. In addition, in 1982, a standing committee was formed by the Committee on Geriatric Rehabilitation of the American Academy of Physical Medicine and Rehabilitation. In terms of increased medical education in aging, it is suggested that there be "continual updating of standards of accreditation . . . to allow for better training in geriatric medicine." Geriatric medicine will be included at each level of physicians' training in the future.<sup>11</sup>

The field of aging, therefore, still offers work opportunities, not only for physicians, but for all those involved in the care of older people. A look at the employment section of any newspaper confirms this. "Arming" oneself with skills and insights for working with this age group appears consistent with needed services and societal trends. The aged are here to stay, and they are here to stay longer. We should be prepared to work with them.

## YOUR OWN QUALITIES AND GROWTH EXPERIENCE

There are still relatively few data on the qualities needed to make one effective in working with the older person. In a study by Conte, Weiner, Plutchik, Bennett, and White seeking to discriminate between nurses' aides considered by their supervisors to be successful or unsuccessful in working with older patients, the authors found that successful aides ranked higher on qualities of patience, acceptance, flexibility, tolerance, and respect.<sup>12</sup> Certain factors may appear self-evident, such as that the older person is usually slower responding and therefore requires more time to complete a task. Similarly, not accepted as a full citizen by a society geared to the young, the older person does best with a worker/therapist who shows a good degree of acceptance and respect for his or her many years of living. In addition, if the worker has flexibility of style, this can act as a modifier toward what may be perceived negatively as the older person's "rigidity" but which, upon closer examination, is often a necessary need for preserving and clinging tightly to that which is familiar.

How then does one evaluate the extent of these qualities in oneself? The answer may be only by trying to get in touch with the feelings one has toward working with the older adult, by reflecting upon, examining, and accepting these feelings, whatever they may be. The adage of being true to oneself could not be more apt!

If one does conclude that he or she is motivated to work with the aging person, the satisfactions are found to be many. Primary are satisfactions related to the worker's own growth experience. Those who work in the field of psychotherapy, in particular, have written much on the interaction between client and therapist. Emphasis is placed on the fact that much of the client's improvement is contingent on the relationship with "a new object," the therapist.<sup>13</sup> Change can also come about in the worker/therapist if he or she is in tune, not only with the client's world, but also his or her own. By interactions with the client, a worker can become a more integrated, better functioning, better feeling person. This may come about partially through empathic understanding and mutual identifications. The older client may see in the younger worker both his or her own youthful past and possibilities for the future; the worker, often younger, may see in the client portions of his or her own aging. In this way each is able to foresee and possibly play out a trial fantasy for a phase of one's own future existence. This integration of past and present with the future provides both client and worker with a most viable frame of reference for living and may serve as the basis for optimal growth experiences.

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## Physiological Aging

Although we all begin the aging process at conception, the point at which we classify ourselves, or find ourselves classified by society, as being “old” can vary tremendously. Pinpointing the aged population depends on, and involves, an understanding of the various ways in which the aging process is conceptualized. Aging may be narrowly viewed in terms of particular physical characteristics and biological processes, or it may be more broadly viewed from social, cultural, legal, psychological, or experiential perspectives. More often than not, all of the above perspectives, whether broad or narrow, have a place in defining the category “aged.” Indeed, it is only through understanding the interrelationships among the various perspectives that we can truly comprehend what is meant by the concept “growing old.” In this and the following chapter, we discuss some of the ways of defining who the aged are and consider issues relevant to each definition, as well as to their integration.

What are the signs of aging? What is normal aging? Are there basic physiological processes that change with age in the absence of disease? What limits the length of human life? These are some of the critical issues involved in defining *who the aged are* in biological terms.

### SIGNS OF AGING

Perhaps the most apparent signs of aging involve the appearance of changes in a person’s physical characteristics. The gradual emergence of graying hair and skin wrinkles, the loss of teeth, poor eyesight, decreased hearing acuity, and various postural changes are all signs that seem to give clear and unequivocal indications of age. Such changes, however, are not directly correlated with any specific chronological age but are subject to wide individual differences.<sup>1</sup>