

THE COMING OF AGE OF MRS H

Nursing Intervention in an elderly depressed woman.

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OPSOMMING

Sielkundige aspekte van veroudering word bespreek, ook aan die hand van sielkundige teorieë oor hierdie stadium van die mens se lewe.

Indien die bejaarde nie die nodige sielkundige aanpassing ten opsigte van sy veranderde rol maak nie, lei dit dikwels tot depressiewe reaksies.

Hierdie verskynsel blyk duidelik in die geval van mev H. Deur verpleegtussentrede, wat onder andere 'n lewensoorlog, onderrig en groep- en milieuterapie behels het, is mev H gehelp om haar veroudering en dus veranderende rol te aanvaar. Ander aspekte wat aandag gekry het was die oplossing van vorige persoonlikheidskonflikte, verhoging van haar selfbeeld en beplanning van 'n meer betekenisvolle toekoms.

Ten laaste beklemtoon die skrywer dat elke verpleegkundige bereid moet wees om na bejaardes te luister.

INTRODUCTION

In the past the prospect of change and psychological growth in the aged was doomed by personality theorists such as Freud, who were convinced of the rigidity of an oldster's ego. Fortunately, more enlightened theorists, backed by empirical data and research have dispelled this very damaging myth. June, Maslow, Rogers and others offer more optimistic models of personality development which stress the individual's striving towards self-fulfilment or self-actualisation.⁽⁷⁾ This is a process which begins later in life and is in fact more readily dealt with in old age when less energy is being expended on physical activity, making more available for this all important task of the psyche. Today the aged are known to respond well to various forms of psychotherapy.

However, it is not only the psychological theorists who are to blame for the pessimism surrounding ageing. Society has, as a result of its youth-oriented nature, fostered negative stereotypes of the aged person as one who is becoming more rigid, *crabby*, less functional or to put it bluntly, a burden.

Little wonder then, that many of

our aged respond to these stereotypes by becoming more withdrawn with a concomitant lowering of self-esteem and subsequent depression. Mention is made here of societal attitudes as this article will focus on individual nursing intervention, which will all be to no avail as long as the oldster is returned to a community which does not offer him his rightful place as a fully participant member. Mrs H was one such unfortunate individual, who, in failing to prepare for and accept her ageing in a society which demanded of her to remain young, slid into the depths of despair and depression. Informed nursing care of Mrs H required the nurses to operate from a sound theoretical understanding of depression in the elderly. Thus, before elaborating further on Mrs H, it is deemed necessary to mention some of the theoretical explanations of the psychological aspect of ageing.

PSYCHOLOGICAL THEORIES OF AGEING

According to Erikson (1963) the final phase of the individual's life cycle is that of ego integrity versus despair. During this phase the individual reviews his life and adopts one of two attitudes. He may accept his life accomplishments and no longer yearn to have had things differently. He may accept his family and no longer wish to change them. He is thus filled with a sense of integrity, wholeness and fulfilment and he is prepared to defend the dignity and meaning of his life style.

On the other hand the ageing person may view his life with regret,

remorse and dissatisfaction. This unfortunate attitude leads to a state of despair and the oldster may project his dissatisfaction of self onto others. This will create further difficulties in interpersonal relationships if it is not recognised that the oldster is in fact expressing disgust and contempt at himself. The despair may be exacerbated by a fear of death and the knowledge that his life is drawing to a close leaving him little time to change things. Erikson maintained that preparation for this final phase of one's life begins in early childhood and its successful resolution is dependent upon resolution of earlier conflicts (2: pp 259-261).

Research has shown that adaptation to ageing is very much a function of the individual's life-long personality style. A familiar expression is that the oldster becomes more like himself. Investigations by Havighurst, Neugarten and Tobin (1968) have indicated that there is no fixed pattern of response to ageing and that there may either be an increase in activity in order to remain involved and thus retain a sense of self-worth, or alternatively there may be a withdrawal in order to lead a more leisurely life (9: pp 60-66).

According to Beck in adjusting to old age the individual must relinquish that part of self that is inextricably linked with the work role and he must redefine his sense of self. An acceptance of physical limitations and reorientation of life style in accordance with these limitations is imperative. The ageing individual then develops a sense of brotherhood with all mankind and is no longer confined to the restrictions of personal conflicts and his vision is directed towards universal strivings and ideals (5: pp 39).

The motivational force in personality development is believed to be man's striving towards individuation or self-actualisation. This is the process whereby the individual painfully confronts his unconscious in order to uncover his true self. In

This article won the first prize in the 1982 CURATIONIS — JOHNSON AND JOHNSON WRITING COMPETITION in the category for registered nurses.

1982 was the INTERNATIONAL YEAR OF THE AGED and the topic of the competition was NURSING THE AGED.

accepting both positive and negative aspects of self there is a rounding off of personality, according to Jung, who successfully treated many elderly patients.⁽⁸⁾

From these theoretical considerations it may be concluded that just as the body grows old, so too does the psyche. It is the nurse's task to ensure that the latter takes place optimally. Where intrapsychic and extrapsychic obstacles existed for Mrs H, the nurse's task was to assist her in recognising and overcoming them.

DEPRESSION IN THE ELDERLY

Considering the lot of the aged in contemporary Western society, one may easily delineate factors which contribute constant blows to the ageing individual's self-esteem. Suffice it to say that decline in physical and mental capacities, loss of security (financial and emotional) and the increasing social isolation which may result make it understandable that many elderly exhibit depressive reactions.

Symptoms of depression in the elderly may take the form of fatigue, malaise or loss of libido. The older person may become narcissistic and self-depreciatory, show signs of irritability, anxiety, digestive disorders, restlessness and agitation with an overall sense of unhappiness, despondency and despair. Depression in the elderly tends to be of a reactive type attributable to a definite cause, such as the loss of a close friend or spouse, which may be the final blow to an already vulnerable ego. The difference between a neurotic and psychotic depression in the elderly will depend largely on the extent to which the person utilises the defence mechanisms of denial, fantasy and regression and whether they lose touch with reality in doing so.

A CASE EXAMPLE

Mrs H, a 70 year-old, physically healthy, married woman was referred for in-patient psychotherapy with a diagnosis of agitated depression. On admission she complained of having difficulty in making decisions, being tearful and tense, having trouble in falling asleep and being unable to cope with housework. In particular she was unable to function in the kitchen, felt rest-

less and had poor concentration. She felt that small issues now became major tasks and she expressed shame at her lack of accomplishment.

Personal and family history

There are some salient features in Mrs H's personal and family history. She was the youngest of six children born to a religious Continental family. As a result of poor family relationships and inadequate mothering, Mrs H became a dependent person and had difficulty in establishing autonomy. Soon after leaving home she married a man much older than herself who coerced her into terminating her first pregnancy. Some years later, at 23, Mrs H gave birth to her daughter, but the marriage was unhappy and ended in divorce soon thereafter. It was not long before she was remarried. Mrs H felt inadequate as a mother and experienced difficulty in this role as she herself was not mothered adequately.

As a result she compensated by becoming emotionally over-involved with her daughter. She directed a lot of energy into her career and was a successful restaurateur. This provided Mrs H with a source of self-esteem, satisfaction and security. The network of relationships at the restaurant became a surrogate family to her. It is thus quite understandable that the loss of the restaurant and simultaneous move of her daughter to Australia dealt devastating blows to Mrs H's self-esteem. Further disequilibrium in her life was precipitated by the loss of her favourite sister and a very dear friend.

Mrs H exhibited unrealistic desires to be young and to participate in youthful activities, while denying her ageing. As a result she was unable to prepare herself for and to adjust to old age. She became quite exasperated when confronted with memory deficits and would become self-depreciatory. When reviewing her life Mrs H was filled with remorse and regret at what she perceived to be her lack of accomplishments and failures. In addition to all this many chronically unresolved conflicts were reactivated which, together with the reality that she would soon have to face her own death, filled her with despair.

Nursing Intervention

Assessing the salient features of Mrs H's history, served as a guide in drawing up a nursing care plan. The aim of nursing intervention in a psychodynamic unit was to help Mrs H to accept her ageing and consequent changing role; to attempt to resolve residual conflicts; to improve her self-esteem and self-assertiveness; to help her plan for a future that would be more meaningful; to get her to face the prospect of her own death and that of her spouse and to assist her in her efforts to be more independent. Brief mention should be made here that in addition to these psychological needs, the nurses were also responsible for ensuring that Mrs H's physiological needs were met in a good diet, adequate rest and sufficient exercise.

In view of the fact that Mrs H received treatment in a heterogeneous ward, special care had to be taken by the nurses to see that her individual needs as an ageing person were catered for, while at the same time there was careful nurturance of a sense of belonging.

Before proceeding with a discussion of the actual therapeutic intervention which took place, it is important to note that the approach in the ward where Mrs H was treated is eclectic and multidisciplinary. Although the nurses' role is discussed here, there is a blurring of boundaries as team members participate interchangeably in various therapies.

Life Review

Relating of conscious past experiences helped Mrs H to see her life as it really was and to accept it for its worth. Simply lending an ear to her reminiscing assisted her in this task. She was also encouraged to write down her memoirs and to make a collage of photographs. The latter was useful in aiding her to accept her changed self-image.

Accepting her changing role by coming to terms with her *empty nest*, relinquishing her guilt feelings about being an inadequate mother, and giving up that part of her self invested in her work was essential for Mrs H's psychological well-being. Therapeutic efforts had to be directed at supporting her poor sense of identity and building up her sense of self in renewed areas of

interest. This was probably best accomplished by the interchange that took place between Mrs H and the other patients on the ward. She soon became the dear old *Gran* of the ward as patients and staff alike projected their feelings towards and elderly maternal figure onto her. Under the guidance of the nurses and other team members, the patients were able to feed back to Mrs H that this was only one part of her that they were responding to. There were other equally likeable parts of her that were not tied up with her maternal image.

Another aid to accepting her changing role was to explore her talents, abilities and interests and together with the occupational therapist, help her to develop these new avenues. She was also informed of and encouraged to use the special community resources available to senior citizens.

Education

The nurses instructed Mrs H in the physical changes that occur naturally with ageing and those changes which may be pathological. She was convinced that her poor memory was a sign of impending senility whereas in actual fact it was attributable to her high level of anxiety. Had the latter not been established, it would have been necessary to investigate her memory lapses to exclude an organic brain syndrome. In all ageing individuals apparently hypochondriacal complaints must first be thoroughly investigated medically. Once medical causes are excluded the patient can be firmly reassured.

Due to a lack of coverage in the nursing curriculum and/or as a result of the nurses' own anxiety, education in sexuality in the aged is unfortunately often overlooked. Mrs H, however, raised the subject herself as she was concerned over her and her husband's lack of sexual activity as a result of his problems with his prostate. Offering sound medical advice and discussion on how their needs as sensual beings could still be met was very encouraging to Mrs H. Her sense of humour was aroused when she was informed that the oldest couple treated at the Masters and Johnsons Institute in Missouri was a man of

93 and his 88 year-old wife (10: p 58).

Group and Milieu Therapy

Group therapy provided an extremely valuable medium for Mrs H to work through unresolved conflicts. Helping younger patients work through their conflicts gave her insight into her own problems as well as an increased sense of worth at being able to help others.

The nurses, as group therapists, were able to help her deal with such conflicts as her termination of pregnancy and associated guilt induced by her religious upbringing, her life-long pattern of dependency and her ambivalent feelings towards her daughter.

As co-facilitators in evocative group exercises the nurses helped Mrs H work through the death of her close friend. She was enabled to abandon her crippling sense of loss by being allowed to say goodbye and affectionately mourn her friend's passing.

Social skills groups were used to encourage Mrs H to be more assertive and to help her make decisions. Her anxiety over entertaining was dealt with by the best *role play* of all — allowing her to help prepare the ward Christmas dinner.

The therapeutic ward environment proved invaluable to Mrs H's progress. She was soon distracted from her painful pre-occupation with herself as she joined in the ward programme and carried out ward duties. The latter provided valuable practice in learning to cope once again with household chores.

It was necessary to prepare Mrs H very adequately for her discharge as she was intensely sensitive to loss. An extended day patient period, encouragement to utilise community resources and gradual disengagement from ward activities ensured a smooth transition. Mrs H said goodbye confidently though somewhat tearfully and indicated that she was looking forward to a very busy old age. She was to continue with individual psychotherapy on an outpatient basis for a short while longer.

CONCLUSION

The psychiatric nurses played a vital role in the *coming of age* of Mrs H. They assisted Mrs H to renegotiate

the final stage of her psychological development and having accomplished this, she was freed to enjoy rather than endure her old age. What was so striking about the case of Mrs H was her total lack of preparation for ageing, which is unfortunately true of many of our senior citizens. The importance of preventive nursing in this regard is comprehensively discussed by Gerretson (1982) and must not be underscored (6: p 62).

Although the focus in this article is on the role of the psychiatric nurse it must be emphasised that every nurse can contribute to the psychological well-being of her elderly patients by merely offering a listening ear. Reminiscence is an important adaptive aspect of ageing and the nurse, at whatever level of training, is in a position to offer a youthful sounding board for the oldster's life review. The author was made aware of the universality of this phenomenon when, on a recent visit to services for senior citizens in Connecticut, U.S.A., she was included in many tales of *those South African chaps in the trenches*. Let it be borne in mind that, as we listen our aged have a lot to teach us — as Burnside pointed out: *One of the best ways to learn about gerontology and geriatrics is to listen to the aged* (1: p 1803).

ACKNOWLEDGEMENTS

The author wishes to pay tribute to all the oldsters who have taught her about growing old and in particular to her grandmothers.

She thanks Dr E. Nash for permission to enter this article and for her continued support and encouragement.

BIBLIOGRAPHY

1. Burnside, J M. Listen to the aged *American Journal of Nursing* Vol. 75:10 October 1975
2. Erickson E H *Childhood and society* Pelican Books U.S.A. 1950
3. Evans, F M C *Psychosocial nursing*, Macmillan New York 1971
4. Geist, H *The psychological aspects of the ageing process* Warren H. Green U.S.A. 1968
5. Gerdes, L C et al *The developing adult*, Butterworth South Africa 1981.
6. Gerretson, A *Voorbereiding vir aftrede en bejaardheid Curationis* Vol 5: 1 March 1982
7. Hall, C S; Lindsey, G *Theories of personality* John Wiley New York 1970
8. Jung, C G *Conscious, unconscious and individuation Collected Works* Vol. 9 (1) Routledge and Kegan Paul London 1971
9. Kalish, R A *Late adulthood: perspective on human development* Brooks Cole California 1975
10. Ragan, P K (Ed.) *Ageing parents*, UCSC Press U.S.A. 1979
11. Renshaw, D C *Sex in the Senior Citizen. Further Readings in Human sexuality*, Division of Continuing Medical Education (Wits.) Publication 1st edition Not dated
12. Snow, I. H *Contemporary Psychiatry Year Book* Medical Pub Chicago 1972