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Abstract

This article describes how existential–humanistic psychotherapy can be useful in working with the elderly. Specifically, the article describes the psychotherapeutic themes of presence, spirituality, and meaning and shows how they are important in working with the geriatric population. Using case studies from the author’s own work, the article provides concrete illustrations of how to work with older individuals. Implications for research and training are discussed.

Keywords

existential therapy, elderly, meaning, geriatric, dementia, aging; presence, humanistic psychology, spirituality

Approximately 77 million babies were born in the United States during what is sometimes called the baby boom years of 1946 to 1964. In 2011, the first members of that generation will turn 65 and can expect an average life span of 83 years (*Reinventing Aging*, 2004). According to the National Institute on Aging (2006), there are now 35 million Americans aged 65 and older—more than at any other time in our history. However, this is only the beginning. According to the National Institute on Aging,

In the coming years, the ranks of American elders are expected to swell; by 2030, the number of individuals age 65 and older will likely double, reaching 70.3 million and comprising a larger proportion of the entire population, rising from 13 to 20 percent. (p. 5)

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The 21st century may mark a societal period in which the needs of the aging population are larger than the resources available. The accelerating population in this age group cries out for research aimed at better understanding the challenges associated with the final stage of life. One of the greatest challenges to mental health professionals will be learning how to respond effectively to the unique concerns and issues of aging (Penick, 2004). The elderly face issues of loneliness, the loss of physical abilities, death of family members and friends, and, in some cases, the onset and progressive stages of dementia. These are serious issues with strong existential and human dimensions. Thus, the thesis of this article is that existential–humanistic psychology is especially suited to address the concerns of the geriatric population.

The article will focus on three key ideas drawn from existential–humanistic psychology and show how these ideas are especially relevant in working with the elderly. The three ideas are (a) presence, (b) spirituality, and (c) the importance of meaning for those who are growing older.

Presence

One of the most valuable tools available to the therapist who works with the elderly is “presence.” Both humanistic and existential psychologists have emphasized the importance of presence in psychotherapy (see, e.g., Fag-gianelli & Lukoff, 2006). Bugental (1978) defined presence as being aware and participating as much as one can in the client’s circumstances. Schneider (2008) defined presence as follows:

Presence, is an attitude of palpable—immediate, kinesthetic, affective and profound—attention, and it is the ground and eventual goal of experiential work. . . . Presence requires such a degree of receptivity to clients’ material that not long after one is immersed in it, one is dizzied by its abundance. (p. 60)

Thus, presence means to be completely immersed in the client’s phenomenal world, giving undivided attention to the client’s inner process. Presence means listening intently, following the client’s story, paying attention to non-verbal behavior, noticing the subtle emotions of the client, being aware of one’s own process, and being mentally and emotionally alive in the relationship.

Presence is especially important when working with elderly clients because they may not be in touch with what Mindell (2002) has called “consensus reality.” Mindell makes a distinction between “consensus reality” and

what he calls “dreamland.” Many elderly clients, especially those with dementia, are often in the dreamland state, a state where their experiences do not fit with the “consensus reality” of others. Thus, their actions and behaviors may seem socially inappropriate or not directed toward a clear goal. In such situations, communication is better experienced through presence. For some elderly clients, presence provides a bridge from the dreamland state back to consensus reality. For others, presence can help them as they focus on their concerns by providing them with a caring, attuned, and accepting space in which to examine their lives and to make decisions. Bugental (1985) referred to this phase of psychotherapy as the “searching process” and said that this is the way individuals can gain access to their potentials. During the searching process, the therapist continues to be present, to witness the client’s process of exploring life concerns that emerge.

Being present, in the here and now, is a powerful psychological intervention that has been discovered and prescribed. More important, being in relationship with another human being is a gift in itself. This attitude is eloquently reflected in the words of Yalom (1980):

If any single fact has been established by psychotherapy research, it is that a positive relationship between patient and therapist is positively related to therapy outcome. Effective therapists respond to their patients in a genuine manner . . . and are able to “be with” or “grasp the meaning” of a patient. (p. 29)

Perhaps being present in relationship with another human being provides the potential for personal and spiritual growth: two gems that are essential for being human. Being truly present within the therapeutic relationship is in essence the building block for an attitude toward aging and the elderly that we are yet to experience in the United States.

The concept of presence I am trying to describe can be illustrated by my work with two clients. Both lived in an assisted living facility and had little or no experience with psychotherapy. In working with these clients, I did my best simply to be present in the ways described above. I believe “presence” helped create a more open relationship and helped bring about important changes in the clients’ lives. (*Note:* Names and other identifying information have been changed to protect identities.)

Elaine and Therapist Presence

Elaine was 70 years of age. She had been admitted to a private room in a residential assisted living facility and was receiving hospice care. Having been

diagnosed with terminal breast cancer, Elaine showed little interest in life. She disliked being confined to the facility and rarely participated in social or group activities with others. In our early sessions, Elaine refused to talk and would often look the other way when I was in the room. Sitting next to her bed in silence for 45 minutes, I would simply tell Elaine that I was there for her if she needed to say anything at all. Wanting to communicate that I was present for her through the entire session, I would either breathe softly with Elaine or gaze warmly at her, smiling each time we made eye contact. At the fourth session, Elaine turned to me, a tear rolling down her face. She said, "No one has ever been with me this way before. You truly care about me. I am so scared. I do not want to die." This marked the beginning of her searching process, the simple act of sustained presence having unblocked the channel of communication. From that moment on, Elaine became more expressive of her needs and fears, telling me that she felt sad and alone. We met twice a week until she passed away a few months later. In our last session, Elaine told me, "I have said all that I needed to say. It is now time for me to go."

Jean and Therapist Presence

Jean is 70 years of age and has lived in a residential facility since 2003. She was diagnosed as having paranoid schizophrenia and often experienced delusions and auditory hallucinations. She was ambulatory and from time to time she would participate in social activities at the facility, but she also enjoyed her solitude. Jean did not like being at the facility and continually expressed a longing to be with her family and to live independently. Typically, Jean spent her time either watching television or being outdoors. She did not talk unless spoken to. Because I could not find a suitable framework in the literature for working with Jean, I decided to experiment with existential–humanistic ideas. I decided to do something rather simple: to be fully present to her and to enter her world as much as possible even though there was a fluidity between Jean's delusional world and consensus reality.

According to the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text revision; 2000, p. 299), delusions "are erroneous beliefs that usually involve a misinterpretation of perceptions or experiences, and are not ordinarily accepted by the other members of one's culture." Jean often talked about a "man" or "the maniac" who entered her room at night, violating her privacy and making her feel unsafe. Jean was very perturbed by this, and it was obvious that it made her frustrated and unhappy. She had trouble sleeping because she was afraid "the

maniac” might attack her physically and sexually or would steal things from her room.

I began meeting with Jean on a weekly basis, and through the simple act of presence, I was increasingly able to make contact with her. Jean would tell me about the man invading her room, and I would simply listen to her detailed descriptions of her encounters with him. Behind Jean’s delusional story, I could feel the loneliness and despondence that she was experiencing. In addition to our weekly 40-minute sessions, we began spending other times together. We fed the pigeons on the sidewalk, walked to the nearby park, or sometimes just sat together in her room. It was clear that Jean enjoyed these times.

After several months, Jean’s stories about the man who entered her room at night became less frequent. She no longer talked about being afraid of him, of being assaulted. Instead, she talked about how much she missed her family. Together, we found ways for her to connect with them on a more regular basis. Jean told me stories about her childhood and her early adult years. Feeding the pigeons together became a regular ritual, an activity that served as a vehicle for connection as well as a time to celebrate some of Jean’s life accomplishments. Jean talked openly about how sad she was to be living in a residential facility, how much she wanted a place of her own, how much she disliked being dependent on others when she longed for autonomy, and the chance to live her life to the fullest. I felt she had made a great deal of progress.

These two cases, along with many others I could describe, have convinced me that presence is a powerful means of connecting with the elderly and especially with those who have, for one reason or another, withdrawn into their own private worlds. I realize my experiences constitute only “anecdotal evidence” and that much research is needed on psychotherapy with the elderly. At the same time, the beginning of research is often the simple observation that two or more events seem related. My experiences suggest that there is a positive relationship between what existential–humanistic psychology calls “presence” and therapeutic effects on older clients. I believe this is a fertile area for further research and clinical experimentation for those who work with older people.

Spirituality

Spirituality is another fertile area in working with the elderly. In this section, I would like to explore the significance of spirituality in working with the elderly. There are several definitions of spirituality. For Cheston (2000),

spirituality is the process of “seeking a relationship with the creative power of the universe in an attempt to find meaning in life and to develop one’s uniqueness as a human” (p. 297). Spirituality is also defined as a “multifaceted relationship or connection between human and metaphysical systems” (Prest & Keller, 1993, p. 138). From an existential perspective, spirituality is a type of attitude reflected in questions, feelings, and concerns dealing with the meaning of life, the human existence, and the meaning of Being (Tomer, Eliason, & Wong, 2007).

In working with the elderly, I have found that spirituality often emerges within the therapeutic sessions, whether it is in discussions of god, wonder and awe around nature, or questions about the self. There appears to be a link between existential–humanistic psychology and spirituality, especially in working with this population.

Diaz-Laplante (2007) describes the function of humanistic psychology when she says:

Humanistic Psychology provides a theoretical framework that invites us to develop models of intervention that engage individuals at all levels—intellectually, spiritually, physically . . . Humanistic Psychology provides a theoretical perspective on humanity that challenges us to focus on the expansive potentiality of each person. (p. 58)

The “expansive potentiality” of individuals includes transpersonal elements. In a quantitative study by Fry (2000), it was determined that existential factors such as religious involvement, spirituality, and personal meaning contributed more significantly to the psychological well-being of older adults in both communities and institutions as compared with social resources, physical health, or negative life events. Ortiz and Langer (2002) suggested that exploration of the older person’s spirituality often illuminates beliefs regarding patterns for living as well as approaches to dealing with the problems and obstacles associated with growing older.

Doing psychotherapy with the elderly from an existential–humanistic perspective involves recognizing the spiritual aspects of the client’s life. In fact, many older adults want to talk about spirituality. In their earlier years, they may have focused on occupational, familial, and social roles, but as they cross the threshold into the final stage of life, they often feel compelled to reflect on their life during psychotherapy. Spirituality is often at the center of such reflections.

Inner Vision: A Path toward Recognizing the Self

According to Bugental (1985), inner vision is the sense of one's own unique being, interwoven with subjective awareness and spirited being. The concept of inner vision is especially significant with the elderly population. As individuals arrive at the final stage of life, they often focus on desires that were unfulfilled and goals that were not achieved. Within the realm of existential–humanistic psychotherapy, older individuals can discuss these unrealized dreams and come to terms with them. For many, spirituality provides a way to invite a healing process, a process that involves inner wisdom and provides a sense of comfort with oneself that can improve the client's quality of life in the final years. Bugental described the lessening attachment to the self (ego) and opening up a life perspective that is transpersonal. In my work with the elderly, I have often seen this occur as a result of exploring and discussing spirituality.

Meaning

Unfortunately, our “youth-oriented” society often marginalizes the elderly and assumes that their lives must be lacking in meaning and purpose. Contrary to this common belief, many older persons have a deep sense of meaning. They are committed to what Penick (2004, p. 1) refers to as “purposeful aging,” maintaining purpose and meaning in late life. Ironically, one major source of meaning for older persons is the sense that they are respected by others. For example, in Eastern and traditional cultures it is common for people to revere elders, honoring them for their wisdom, knowledge, and life experience. Native Americans, Chinese, Indians, and Japanese all consider the elderly to be a major resource within the family and the larger society. Unfortunately, this attitude is often missing in American culture. Thus, for many, the final stage of life is filled with a sense of not really being important any longer, which can lead to loneliness, depression, and despair. This is sometimes reinforced by family members and professionals who assume the elderly cannot have a meaningful life because the “fruitful” and “productive” years are behind them.

A qualitative study by Takkinen and Ruoppila (2001), in which three samples of elderly individuals with varying cognitive functioning were compared, indicated that regardless of the level of cognitive functioning the analysis showed no difference in the degree of meaning in life in any of the three groups. The researchers discovered that the degree of meaning in life was not related to cognitive functioning alone. Instead, it was the experiences that made life

meaningful which contributed to or enhanced cognitive functioning. Elderly people with low cognitive functioning still found meaning in life and saw it as an important part of their existence, although what was meaningful for them was different from the sample that had higher cognitive functioning who attributed meaning to personal relationships and social activities.

An interpretative hermeneutic phenomenological analysis by Borglin, Edberg, and Hallberg (2005) revealed that quality of life in old age implied a preserved self and meaning in existence. The manner in which the individual's life was viewed, thoughts about death and dying, and telling one's story proved to be areas of importance for their perception of quality of life.

In the same vein, Yalom (1980) also lays emphasis on the importance of meaning in an individual's life, the significance of which is relevant to any stage in human development. Yalom suggests the following:

Human beings are extraordinarily comforted by the belief that there is some supraordinate, coherent pattern to life and that each individual has some particular role to play in that design. (p. 426)

Frankl (1959) stated that our primary motivation is the search for meaning. Langle and Sykes (2006) illuminated this idea in the following words:

It is this uniquely human capacity to strive and search for meaning and purpose in our lives that lays the foundation for our development, fulfillment, and discovery of our essential selves. (p. 44)

The search for meaning is an ongoing, lifelong process. It does not stop simply because an individual reaches the final stage of life. Thus, I believe that existential–humanistic psychotherapy can play a role in helping individuals to find or clarify what has made, and currently makes, their lives meaningful. Human beings, Frankl (1959) stated, not only seek to understand their own existence, they seek meaning in their lives (Langle & Sykes, 2006). A central focus of existential psychology is meaning, and I have found that when I work with clients within an existential–humanistic framework, they tend to explore the meaning of their lives, often integrating earlier sources of meaning with their current situation.

John and Meaning

John, a 78-year-old African American man, believed he had lived a meaningful life. He spent most of the therapy sessions reviewing his life, stating that

although he had been faced with various hardships, he felt he had lived his life in a dignified and respectable manner. John enjoyed sharing his life stories with other residents at his residential facility and he did so when opportunities presented themselves. He was eager to describe his joys and struggles and saw this as a way to support others who were facing similar situations. I mention John here because he provides an excellent example of how older persons, even those who are in residential settings, can crystallize their own sense of having lived a meaningful life and continue to find meaning by sharing stories, insights, and wisdom with others.

Conclusion and Implications

I have found that using an existential–humanistic approach in working with the elderly has proved beneficial for both clients and myself, as a therapist. The client–therapist relationship can be transformative in both directions and this is doubly so, I believe, in working with the elderly. It is impossible to be fully present to those who are in the final stage of life, those who are exploring their spirituality and the meaning of their lives, without reflecting on one’s own life. In working with the elderly, I have on many occasions been forced to look at my own mortality and my own feelings of fear, loneliness, anxiety, despair, and joy. I have found that working with my elderly clients has helped me to cultivate my own courage so that I am more willing to tap into my own humanness and come more fully into a relationship with myself as a mortal human being. Furthermore, I have found the existential–humanistic perspective to be ideal in working with the elderly. It is the only psychology that deals in a clear and straightforward way with the issues that my elderly clients want to discuss. Cultivating presence with clients, helping them find meaning in their final stage of life, and bringing the spiritual dimensions of the latter life stage to the forefront are some of the key aspects of existential–humanistic therapy that can be explored with this population.

I would encourage training programs to include existential–humanistic perspectives as part of their curriculum and especially to students who plan to work with the geriatric population. To elaborate, in terms of introducing this approach to mainstream academia, a curriculum could be designed for students whereby they are educated about the principles and fundamentals of existential–humanistic psychology and how they may be applied in working therapeutically with the elderly. Unfortunately, in many training programs little emphasis is placed on doing psychotherapy with the elderly population. It is sometimes assumed that the elderly are from a different generation and

are not interested in “talk therapy” or that the best way to deal with their emotional problems is by prescribing medications. However, members of the generation now entering the older years tend to be open to psychotherapy, and it is time for our research and training programs to focus on the role psychotherapy can play in assisting the elderly. In this article, I am suggesting that existential–humanistic psychology should be a central part of this new direction.

In the more recent years, the rise and demand for residential care homes and assisted living facilities in the United States have become astronomically high. According to the National Institute on Aging:

The population in these settings has become older and frailer which has given way to the trends of community-based services and assisted living facilities to enable residents to “age in place.” Over the past decade, assisted living facilities have become the fastest growing housing option for the frail elderly population. (*The Growing Challenge of Alzheimer’s Disease in Residential Settings: Introduction*, 2006, p. 1)

Hence, in residential and assisted living facilities, caregivers and licensed professionals can be provided with extensive training on working with the elderly within an existential–humanistic framework. Such training not only serves to strengthen and broaden the humanistic values in working with this population. It also emphasizes the human potential in the latter stages of life, a concept that has been alien for many professionals in the field of psychology. The phenomenon of residents who are “aging in place” requires staff training to help identify and meet their needs (*The Growing Challenge of Alzheimer’s Disease in Residential Settings: Introduction*, 2006, p. 2).

Cultivating presence with clients, helping them find meaning in their final stage of life, and bringing the spiritual dimensions of the latter life stage to the forefront are some of the key aspects of existential–humanistic therapy that can be unearthed with this population.

In the final analysis, it can very well be said that existential–humanistic therapy has infinite potential and can be applied in deep and meaningful ways with the elderly population. Whichever way one chooses to employ this therapeutic model, it goes without saying that existential–humanistic psychology with the elderly holds immense capacity and would be of significant value in its utilization in the 21st century where the geriatric population promises to be the fastest growing population in the American society.

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