



WAITING FOR THE SOUTHSEA BUS

Finding meaning in our life is no less important just because we are nearing its end, says **Helen Kewell**

Tom* was one of the first clients I worked with during my training - a 95-year-old man who was referred to me by a nurse in his residential care home because he was struggling to adjust to life alone after the death of his wife. I was terrified. What could I possibly do to alleviate the distress of a man at the very end of his life? As I went to the care home for our first session, I felt inescapably young and impotent before the tidal wave of grief, ill health, powerlessness and distress that I imagined I would meet.

Tom died, suddenly, after we'd had just six sessions together. But, in those six weeks, he turned each of my presuppositions on their head. I learned a lot about myself, what I wanted to do in my counselling career, and what it means to experience love and loss in the therapeutic encounter. Above all, he changed the way I view life, ageing and death, and, crucially, how to work therapeutically with people who are approaching the end of their lives.

I believe that counselling is an emancipatory and political act: by engaging in it, we can liberate ourselves to be all that we can be. I often feel, in my role as a counsellor, that I am mounting a tiny insurgency against a world that

celebrates certainty and puts people in social and cultural boxes. Society tends to objectify and isolate the elderly; to regard everyone over a certain age as an amorphous mass, rather than a collection of unique individuals with rich, unique stories.¹ Often, older people find themselves excluded from psychotherapy services, unable to access them due to poverty or physical disability, and seek support instead from non-profit organisations.² Depression affects around 22% of men and 28% of women aged 65 years and over, yet it is estimated that 85% of older people with depression receive no help at all from the NHS.³ Society seems to expect a certain amount of depression in people over 65; it goes with the territory, as it were. Is this OK?

Writing during her own advancing years, Simone de Beauvoir proposed that we experience our old age through other people's reactions to us, but this often conflicts with how we truly feel inside.⁴ My wonderful, perpetually cheerful grandmother, on her 90th birthday, giggled as she exclaimed: 'Ninety! But I don't feel old! Inside, I still feel like I'm in my 20s!' This disconnect of personal experience of self with societal perceptions and the physical

manifestations of advancing age can be psychologically difficult to bear.

Freud believed that older people were not able to make effective use of therapy.² Erikson only added the final life stage to his developmental theory as he approached his own old age. He argued that this final stage is about integrating past, present and future to find acceptance of the life that has been lived.¹ Rogers, in developing the idea of the human being's natural tendency to growth, proposed that change can only occur when we are able to fully accept who we are.⁵ I would argue that, even in very old age, it is still possible, indeed crucial, to challenge long-held life narratives and to dare to write new ones. One excellent way of facilitating this is through counselling.

As counsellors, our role is to recognise, encourage and celebrate the unique individuality of our clients and to explore their reality. When I first came to this work with older people, in the conceit of youth, I believed that self-actualisation was not feasible in the last stage of life and the best I might hope to offer my clients was the alleviation of their distress. The work has profoundly challenged my preconceptions.

Rewriting narratives

We all recognise the stereotype of the elderly person telling and retelling stories of when they were young to anyone who will listen. However, as with any content that is brought to counselling, the stories give clues to a client's process, how they are in the world and what might be healing and helpful for them; they are not to be overlooked.

Bill was an 80-year-old man I worked with over six months, following the death of his wife. They had been married for 55 years. Glaswegian, talkative and hard of hearing, Bill greeted me at his home each week wearing a flat cap and an ancient pair of silk pyjamas under his clothes to keep out the cold. The story of his life, as it unfolded, was one of poverty, adversity, bloody-mindedness and sheer hard work. He retold it from many angles, week after week, always casting himself as a bad man making poor choices and not deserving love. His grief was held back by his belief that he didn't deserve the love of his wife in life, and therefore didn't deserve to grieve for her after her death. ►

As with any client, a counsellor's role is to interrupt established patterns of relating and refuse to play along.⁶ I was struck by how caring and charming Bill was in our sessions and in his actions towards others, and the contrast with his narrative, in which he was a hard, bad man, who had done some awful things in his life. This carried so much authenticity that at first I felt I should be afraid of him, despite feeling the warmth in our sessions. When I brought this disparity to his attention, he brushed me off, unable to entertain the idea that he might be a good person. However, my persistence in challenging his narrative eventually took us on a journey together, back 75 years to early abuse at the hands of a domineering 'monster' of a mother and to a realisation, which came dramatically and suddenly in the dusty silence of his sitting room, that he wasn't to blame.

In Bill's words, he could never forgive his mother, but he slowly began to forgive himself, to see himself as someone whose trust had been broken, and who had been traumatised by events in his childhood. He found self-compassion and began to rewrite the story of his life from this new perspective - a narrative with greater authenticity than the one that cast him in the role of reluctant patriarch to his large family.

Had I taken his story at face value, I might have viewed the development of self as pointless for someone in poor health who himself told me he was 'not long for this world'. The theory of gerotranscendence is helpful here, as it conceptualises a circular self that uses present reflection on the past to constantly redefine experience and therefore transcend boundaries and limits of age.⁷ This aligns with the humanistic belief that everyone has potential for growth and that this is enabled through moment-to-moment interrelatedness with others, as with Bill.

Entering their world

It can be confusing and concerning when the elderly or profoundly old who are cognitively impaired don't recognise loved ones, cannot remember information about their own lives or seem to withdraw into a world that is quite different to our reality. Counselling is all about exploring the client's worldview, and, for older people who are losing cognition, this can be a powerful antidote in a society that isolates those who don't conform to the received view of what is 'real' and 'right'. Imagine how frightening it must be to lose your grasp on

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memory, knowledge and your location, and to have this reinforced by those around you.

A therapeutic encounter, seen through the Buberian paradigm,⁸ is a point of connection between two domains of existence, not the dominance of one domain over another. Tom, although he was in reasonably good health for his 95 years, had been diagnosed with dementia. I met him weekly, initially in his room, although we subsequently became more flexible about our encounters. Due to his poor hearing and cantankerous nature, many of our sessions had the outward appearance of irritable bickering, despite moments of strong connection and depth. Here was a man who, despite his confusion, was fiercely authentic; he did not hide himself from himself, or from others. His refusal to abide by social niceties and his strong desire to be wandering free dominated our dialogues and his frequent flights of imagination. He corrected me, disputed with me and vehemently rejected any platitudes or my eager trainee suggestions that looking at old photos or listening to the radio might be of comfort. To him, the rest of the world was engaged in inauthentic nonsense and he defiantly wanted his independence and, desperately, the final void of death.

Had someone told me that this, frankly, downright rude man would engender such affection in me, I wouldn't have believed it. His sense of isolation, now that everyone dear to him had died and he was locked away from his previous life, dominated the narrative of our sessions. Initially I was frustrated. He would repeatedly say to me, 'Why you are here? What can you do for me?' I had originally attributed this to a generational critique of counselling, but on reflection it felt more like an attempt to shut everyone and anyone out. This was

exacerbated by the fact that, due to his failing memory, it took time each week to re-establish contact and trust. As my regard for him grew, on more than one occasion I responded that he mattered to me, and that I wanted to spend time with him. He found this difficult to hear, but I persisted, and he eventually conceded reluctantly that he liked me coming. The truth is that Tom mattered to me greatly, and I genuinely felt compassion for him. While he emphatically pushed me away, I always asked if I could return, and he always consented.

Finding meaning

Our first sessions were quite superficial, as I naively assumed that I should keep things light and avoid anything that might cause him distress. Common sense, as well as research, should tell us surely that this type of approach can cause further distress and isolation for elderly people.⁹ Indeed, when I braved a more existential standpoint and began challenging his narrative, finding meaning in his life, and addressing his imaginings about dying head on, we were finally able to meet at depth.

These moments sometimes occurred in the corridor of his nursing home, waiting for what he expected to be the bus to Southsea (where he had planned to retire), or as we sat in silence while he held his head or wept, or when he openly discussed his hope for death and explored the different ways he imagined he could bring this about. In these moments, I made no attempt to move him on to cheerier thoughts or to ground him with my version of reality. What happened felt like an important process of validating his own unique reality and lived experience, of joining him there, instead of isolating him further. He began to recognise me, and to wait by the lifts when I was due to

visit, instead of sitting, as usual, confused and dozing, in the communal lounge.

Tom's dementia afforded us, ironically, an opportunity to bring our domains together in a uniquely different place. He often talked as though he were somewhere else. Intuitively, I did not correct him or ground him in my reality; it seemed important to fully be in his world. Once, he announced in a hushed whisper that he was in France, trying to find the nearest port to get home. The following week he talked animatedly about locating some friends in Italy so he could tread grapes. Tom could be lucid and expressive in certain moments, but at other times he was almost pre-expressive, sitting or standing in absorbed silence. Slowly he began to cast me in roles in his imaginings, inviting me into his world. They were compelling and I felt it was important to honour them by reflecting them back to him and staying in his context: 'You are waiting for a bus to Southsea. If we move to sit here with a clear view of the door, then you won't miss it if it comes' (in fact, I wanted us to sit down together in his room, rather than linger in the corridor). At other times, I encouraged deeper exploration through body and sensation, such as asking, 'What do the grapes feel like when you tread them?'

I was still a trainee when I met Tom; I knew little about theoretical frameworks, but what happened between us felt like pre-therapy. I was trying to offer my humanity and make contact within his reality to minimise the anxiety and isolation he was feeling.¹⁰ My hope was that he experienced his true self with me, rather than simply a reflection of a received understanding of what 'old' or 'dementia' or 'grieving' means. In his rambling accounts, I noticed that Tom would begin to recall and reveal more about his life, such as places he'd been or people that were important to him, and that making contact with those memories seemed to bring a noticeable therapeutic release. While his socially constructed,

corporeal self was incarcerated in the care home, his real self was wandering wonderfully free, and I felt liberated to be wandering with him. In her novel about Alzheimer's disease, *The Wilderness*, Samantha Harvey's protagonist asks angrily why he can't say things that aren't true and asks if 'there is no freedom in words and thoughts, then where is freedom?'¹¹ The scenes we explored represented Tom as having freedom, authority, experience and power, and felt like an expression of his true self.

Love and loss

Grieving for a client is, of course, much more likely when you are working with profoundly old clients, and this should be actively explored in supervision. But it should never prevent us from having a strong regard for our older clients, or, indeed, from loving them. I believe that, as death approaches, we can experience a reversal of Lacan's mirror:¹² as newborns, we resolve our sense of fragmentation by seeing our wholeness reflected in those who care for us; so too, in profoundly old age, the close attention and regard of another helps to counteract the fragmentation of self and confusion that can be experienced, by validating and integrating the meaning of the life lived with the experiences of the present.

I believe counselling the elderly should be approached without fear of loss, and with hearts that are ready to meet people, even if they are not yet able to meet us. Tom's death affected me deeply. His gift to me was learning how to be with someone in despair without feeling the need to make it better, how to sit patiently with silences and confusion, and how to talk about death frankly.

I was unable in the end to attend his funeral but I later found a way to make contact with my own loss, by sitting on the beach at Southsea and saying goodbye to him there. ■

**Details of the elderly people described here have been changed so that none are identifiable.*

Helen Kewell About the author



Helen Kewell gained her PG diploma in humanistic counselling from the University of Brighton. She works in private practice in Sussex and has a particular interest in working with the elderly, chronic illness and grief. She also volunteers with Cruse Bereavement Care (www.crusebereavementcare.org.uk). www.helenkewell.co.uk

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