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Old Age No Barrier to Psychotherapy

THE PSYCHOTHERAPY OF THE ELDERLY SELF

Hyman Muslin MD

Brunner/Mazel Inc., New York

1992, Hardcover, \$27.50, 220 pages

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With the ever increasing number and diversity of the elderly population, new psychological concepts with respect to age and aging are emerging. Although Freud once objected to the suitability of the elderly as psychotherapy candidates, new approaches today are considering the aged as appropriate clinical subjects for both psychotherapy and psychoanalysis. Age alone is no longer an impediment to therapy since development, growth and individuation continue throughout life. In this special population, psychotherapy and psychoanalysis can alleviate suffering, promote growth and a sense of meaning, help foster control and ultimately unfold individual potential. It may seem surprising, even shocking to some that the elderly are in many ways, psychologically resilient and amenable to psychotherapy and can be for the therapist, rewarding candidates. In *The Psychotherapy of the Elderly Self*, Hyman Muslin, M.D. highlights these points and introduces the concept of the "Elderly Self," a concept based on Kohutian self-psychology. He discusses the transformation of the self within the framework of aging and shows how supportive therapies, psychoanalytic psychotherapy and psychoanalysis can be successfully used to facilitate these transformations. Additionally, he emphasizes care and caution in dealing with the elderly in these psychiatric settings.

As with any developmental stage, aging involves specific self-transformations. As one ages, the elderly self begins to form. In Chapter one, Dr. Muslin describes the elderly self as the composite of intrapsychic alterations that the self undergoes in order to adapt to profound social and organic processes of aging. An elderly self that is in harmony, e.g. adapting to internal and external milieu is termed the cohesive elderly self, one in which there is no loss of self-worth, fragmentation of the psyche, neurotic processes or psychosis.

In aging, one reconstitutes goals and values that harmonize with somatic and sociocultural changes. Of great importance is the need of the elderly to maintain self-worth; to be admired for who they are. Thus, an exogenous self-object support is required to maintain a cohesive self. In this phase of life, endogenous sources of self-sustenance are often inadequate to provide necessary mirroring. Also in the elderly, defense functions continue to play an important role in the regulation of the

self. There is more frequent use of denial (e.g. denial of infirmities, denial of impending death) than in previous life phases.

According to Muslin, one of the main tasks of the therapist is the "empathetic diagnosis" as it relates to the patient. The therapist must diagnose self-deficits as well as areas of intactness, along with an appraisal of organic functions (memory, comprehension)—in short, he or she must assess the state of the self to determine suitability for psychotherapeutic intervention.

In the body of the book, Muslin offers excellent case vignettes that illustrate principles of each of the psychotherapeutic approaches to the elderly in a step-by-step fashion. In supportive approaches, the therapist chooses elderly selves that are depressed and fragmented yet cognitively intact. The need in this therapy is to establish a self/self object bond. The therapist must play the role of a mirroring caretaker, an idealized parent self-object that provides support. On the other hand, if the patient presents with a specific psychological problem, e.g. a central experience, conflict or developmental defect, then psychoanalytic psychotherapy (also called sector therapy) is the method of choice. The problem may be helped by developing insight and enhancing the self/self object transference bond. In this modality, the therapist helps uncover fixation, offers interpretation and assists in the working-through phase including exploration of the past in relationship to current experiences and recognition of old patterns.

In choosing candidates for psychoanalysis, Muslin states that the ideal candidate is one with a pervasive character disorder or in general self-distress but not in gross disequilibrium (e.g. depressed or fragmented). The patient must have intact self-observing capacity and be able to relive and reexamine early pathogenic traumas involving self/self-object relations in an intense transference focus that involves the analyst. Additionally, the patient must be in sound physical condition, of adequate intelligence, capable of introspection and trust. It is important that candidates not be in a state of crisis.

Muslin emphasizes that in working with the elderly, the therapist must be aware of certain unique problems. For example, words and affects are subdued and slower to emerge. Concreteness, difficulties in memory, comprehension and orientation are common, and many elderly use little or no metaphors or symbolic forms. Furthermore, with comprehensive therapy, cognitive functions may be vulnerable to intense anxiety and undergo fragmentation. An area of particular importance and one to be handled with great care is termination of therapy, for the elderly must adapt to multiple losses. Termination is usually the point at which the chief complaint is neutralized or removed from the patient's psyche (as in sector therapy). After termination, "maintenance" therapy is important to maintain the therapeutic bond, support the patient's acquisition of new self structures such as new values and goals, and thereby maintain psychic equilibrium. Maintenance therapy can be monthly or on an as needed basis. Overall, therapy with the elderly will take time as the patient learns to value a new self and reacquire a steady state of well being.

Chapter eight, entitled "The Inner World of the Therapist of the Elderly," explores the relatively ignored area of transference/countertransference reactions; reactions that can affect the entire therapy from beginning to end. For instance, counter transference reactions may interfere with the empathetic tasks of therapy. For the therapist, patients may become a fantasied, idealized parental self-object. This is so, according to Muslin, because we continue to have unresolved business with parental self-objects.

In summary, Dr. Muslin helps to dispel basic myths and biases related to age and aging. He emphasizes that each developmental phase of life brings new growth and ways of integrating experience; and that the elderly, like other age cohorts, can utilize psychotherapy successfully. With a paucity of exposure in medical school and psychiatry residency programs to the psychological and psychiatric aspects of aging, it is refreshing to read Dr. Muslin's work and realize, as he has, that psychotherapy is for all ages. By not viewing the elderly as physiologically and mentally impaired, poorly contributing to society and simply awaiting death, Muslin offers hope to therapists that they can successfully assist the elderly patient to adapt to life's transformations and challenges. This book is recommended for any psychiatrist with doubt that the elderly can successfully participate in psychotherapeutic modalities. It is also recommended for anyone who simply wishes a greater understanding of old age in a developmental framework. Relatively few works have been published related to the use of psychotherapy in the aged, and this work is important in raising awareness of this underexplored area of psychiatry.