

Gerontological Challenges: Acceptance

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ABSTRACT

In terms of counseling the aged, the elderly, and geriatric clients, there are certain commonalities that they all face- one of which is acceptance. Geriatric clients and even those who are simply growing older must accept a plethora of issues, some of which will be discussed here.

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As many individuals hit retirement age (for some it is earlier than others, for some later than others), they are confronted with a wide variety of issues and all hinge around one word- acceptance. As we get older, we all have to “accept” various scenarios, various issues, various concerns. This paper will cursorily address these issues, which are probably already known to many who are reading this paper (if you can read it with or without glasses or a magnifying glass), and suggest some acceptance strategies.

Health. As is well known, as we age, some of us will have some type of health issue. Currently, however with the focus on “preventative health” and the almost insane preoccupation with preventing a heart attack or stroke or whatever we are encouraged to watch our diets, check our cholesterol) monitor our blood pressure- buy one of those blood pressure machines (I will not even attempt to spell it here) and most recently you can buy a quality grade EKG and check out your PQRS heart waves to ascertain if you have “A- fib” (Atrial fibrillation) and if you need a pacemaker. So, we have to diet and buy tasteless food, food with no aroma, food with no additives or flavorings or colorings, and certainly no salt or sugar. Absolutely tasteless food. Get used to it. You hit 60, 70, or if you are lucky, 80- this is your agenda.

Medical Procedures- Whether you need it or not- some physician is going to order blood work and you are going to get an 11` page print out which may be sent to your home computer so that you can see the LDL and HDL (Lousy triglycerides and Healthy cholesterol and your RBC- Red Blood Count and WBC and white blood count and a slew of other things that probably even some of the nurses do not understand- but if you really want to know- Berry and Howerton (2025) have a great book on the interpretation of what the numbers mean. Invariably, we are almost all going to be high on glucose because the world is filled with sugar, and it permeates the food, and you are going to encounter just about everything with sugar and salt almost every day of the year. Then there is the “scale.” Face it and accept it. You are going to be confronted with “the scale” whenever you enter the “little room” to see the doctor. There is a big waiting room and then a little room. I am stealing this all from a Jerry Seinfeld show- I do not know which episode, so please do not sue me, Jerry.

Specific Medical procedures- Colonoscopy is suggested, and hopefully it will be the best nap that you ever had, but this is kind of routinely suggested for everyone, and of course, breast examinations are in fact an important, almost imperative procedure for women.

The Dentist. As we age, the dentist seems to want to see us more frequently. Hopefully, there will be nice background music playing (my dentist likes Elvis- so I hear Elvis sing “Love me tender” as my dentist does his exams and X-rays now every 6 months for whatever reason, and of course, your gums have to be examined by the hygienist.

And all medications have to be reviewed in case you have a heart attack while in the dentist’s chair (of course, we do not want that!)

The Chiropractor- Some of us visit our local chiropractor, who seems to want to adjust this that and the other thing in L-4, 5, 6, or 7. Chiropractors today use cutting-edge laser technology to improve quality of life with gentle, non-invasive treatment that reduces pain and scarring. It is called MLS@Laser Therapy and is used to significantly shorten wound healing time and reduce chronic pain. The MLS@ therapy is especially good for Seniors.

The Pharmacist. Of course, as you get older, you have to accept that you are going to encounter “the pharmacist” and he or she will explain how they get those bottles into their typewriter. Then there will be this “interrogation” as to what other medications you have been on and for how long and is it in a pill or liquid or capsule form (I guess it makes a difference). Perhaps you will be lucky and get the “pharmacist tech” who will explain to you how to slide your debit or credit card through the machine. (I wonder if they take a course in how to help the elderly?

Death. First of all, we hear about the death of Montgomery Scott (who played Scotty on the USS Enterprise-his real name was James Doohan) and we grieve- we grew up with Captain Kirk and the entire crew of the Enterprise, while some of us grew up with the Next Generation, and we are going to be sad when Riker or Picard or whoever passes. We have to accept that our heroes are

dead or dying, and we will die too

The death of close friends is obviously even more traumatic, and even more traumatic is being asked to do a eulogy at their funeral.

Death of a pet. Our pets are our friends, and they are obviously going to pass and cross the Rainbow Bridge long before we do. Then suddenly, we see these social media postings. When you arrive at heaven, God will say, "There is someone here who has been waiting for you," and in the background is the music from Ghost, written by Zaret and North (1955), named "Unchained Melody." It means accepting the heartache of the death of people we have dearly, wholeheartedly loved and deciding who they are going to be in the face of such overwhelming pain. What new future will the person left behind create without them? Creating that new future that they can live in to is crucial to their psychological well being.

Sexuality- This differs for men and women but simply starting with the male of the species, the levels of testosterone decrease and there may be problems in this realm. Thus begins the search for some type of pill that supposedly helps with all kinds of things-stamina, endurance, blah, blah, blah. For some a trip to the family doctor or PCP= Primary Care Physician) results in "just accept it" or in some cases an 8 ½ by 11 sheets of paper with the words "PRESCRIPTION" written in bold letters with the words or numbers 1000mg Ascorbic Acid. Now here I am really angered because most people know that ascorbic acid is Vitamin C- But the doctor did his or her due diligence and figures that their average patient is going to be quite impressed and the average patient is almost going to demand a "script" for something. Anyone who watches those T.V. shows like "E.R." or now "The Pitt" knows how things work. For the female, she may resort to a vibrator or some other device, not wanting to go back to the "meat market" or the local bar or restaurant to meet men. For the female, she has to accept the fact that "almost all good men are taken" (I do not know who to cite this to-forgive me). So, she resorts to reading Harlequin or Jacqueline Susan or those 50 or 60 days of Gray.

It means we have to accept our aging bodies and learn new ways to be intimate, new ways of showing our love which does not always mean sexual, given that it may for some no longer be an option.

Pain. Invariably, as we age, we are going to encounter, at some point or another, the minor or major or chronic or acute variations of pain. It may start off as stiffness or soreness or difficulty ambulating in the morning, or that slight joint pain in the fingers or knees. And since knee replacement seems to be routine nowadays, the recovery pain from surgery is almost to be expected. In other words- we have to accept some sort of pain, somewhere in some part of the body as we age. Treatment of it varies and starts with some over-the-counter stuff that one can purchase until the pain becomes unbearable and a visit to one's PCP (Primary Care Physician) becomes imperative. Then we have to adjust to the fact that his or her specialty is really diabetes education, and they know little about nutrition or arthritis- be it osteoarthritis, rheumatic, or psoriatic arthritis. It means dealing with pain, sometimes excruciating pain and adapting to our slowing down that is inevitable. It means learning to walk with a cane, a walker, or being in a wheelchair.

Money- For whatever reason there seems to be more organizations that want money and some prey on the elderly. One cannot give the elderly advice as to which charity to contribute to- it is, after all, their money- but they should be aware that for perhaps the

rest of their lives they are going to get junk mail requesting money for dogs, cats, and a wide variety of other organizations that desperately need anywhere from 10 dollars to donations of \$10,000 dollars.

For many, it means facing financial decisions that are so hard to make. Making decisions between buying groceries and gas vs medications hurts!

Internet and computer issues. We are all somewhat dependent on the Internet and our email and text messaging and unfortunately, there are always "updates" that some warped mind devises to infuriate the elderly and even some of the not so elderly folk out there in the world

Acceptance vs Alignment- Some adults accept all this as part of the aging process. Some rebel against it. Some align with it and accept it as a routine, mundane part of life. For some, it is a very gradual process; for others, when retirement hits, the pain, stiffness, and soreness in the joints and hips. Acceptance is sometimes hard work! It takes Sacrifice and it hurts! It means lining up with reality. For some, there is a gerontological challenge in the religious or spiritual realm as they approach their demise or death and reflect back on their lives. Erikson (1950) and others have written about this as part of the life cycle, but there are only a handful of therapists trained in this realm and only a few with both a geriatric perspective and a pastoral perspective. Spiritual and religious beliefs are reexamined as we get older. Some believe that our loved ones are gone forever while others believe their loved ones are still with them in spirit when they die. Most are emboldened by their beliefs and lean on their spiritual and religious beliefs as they age.

Sadly, for some, there are some minor brain difficulties in word or name or face retrieval or information assessment, and for others, they may be in the beginning stages of dementia or Alzheimer's, or they are just plain forgetful due to stress, worry, and anticipation. Brain difficulties such as dementia or Alzheimer's are a heartbreaking reality that takes smart and compassionate care and requires adjusting and acceptance on a daily basis from caretakers.

Male vs Female Issues- For the male, retirement is difficult as they need or want something to retire to, or some ephemeral hobby or pastime. For some males their entire identity has revolved around their work, and career. There is minimal research on this topic and it is warranted. And according to Erikson, people are going to reflect back on their accomplishments or lack thereof. For the female, she may think about the children she has brought into the world and raised and reared and her accomplishments with them. She may reflect back on her career and accomplishments in that realm and achieve a great deal of satisfaction or perhaps frustration and exasperation.

Counseling Issues

Acceptance does not mean giving up, being resigned, or just tolerating a situation. It means taking people and things as they are, not what we want them to be. It means being grateful and making peace with life as it ever evolves. Acceptance is sometimes hard work and that often times hurts.

Counseling of Seniors can be life-altering. Counseling involves choosing a trained expert to help people work through their personal problems, their mental health issues, life changes, and loss.

A type of therapy or counseling that is both popular and empirically supported for common mental health problems including mild to moderate depression, generalized anxiety, panic disorders and social phobias is Cognitive Behavioral Therapy (CBT.)

CBT is used in a variety of settings by a number of different professionals such as Nurses, Family Physicians, Psychologists, Social Workers, Psychiatrists, Marriage and Family counselors and Licensed Professional Counselors. CBT can help reduce or eliminate problematic thinking styles and behavior patterns that contribute to their suffering.

The primary principle of CBT involves recognizing there are multiple and reciprocal relationships between our thoughts, behaviors and emotions and making a change in any one of these will have a positive impact on the other two.

Finding out what a person is up against and what they have to accept can start with using the Geriatric Depression Scale. The scale sheds light on how an elderly person thinks about their life and life in general. Some examples of the 30 questions include: Do you prefer to stay home, are you hopeful about the future, Do you worry a lot about the past, Is it hard for you to get started on new projects, Do you frequently feel like crying, Do you have more problems with your memory than most people. The scale helps in the development of a treatment plan for counseling.

The counselor and senior work collaboratively to identify goals designed to reduce their symptoms and associated suffering. An example of a goal would be for a depressed person to increase social activities and exercise more, which can reduce negative rumination about past life events.

For a combat veteran with post-traumatic stress, it would mean setting up practice times, exposing himself/herself to situations that have triggered panic and unwanted intrusive memories from the past.

It could also mean identifying depressogenic automatic thoughts, such as "Nothing I do helps my depression," and working to replace that thought with a selected positive thought and actively practicing that thought until the other is replaced or eliminated.

Many are able to identify broad repetitive patterns of dysfunctional automatic thoughts that have contributed to their anxiety and depression. Dysfunctional core beliefs are a global, absolute, negative view of the self and the world. Most such thoughts fall into one of two categories: a belief that they are helpless, incompetent, or a failure. The other is that they believe they are unlovable or unworthy. Challenging those thoughts to determine if they are helpful or not and replacing them with a more life-giving, positive thought can open up a whole new way of looking at the world.

Sometimes they are encouraged to make a list of automatic thoughts and challenge them as to whether they are accurate or overgeneralized. They determine whether those thoughts are still accurate and helpful in their current circumstances. An example would be of a man who has the automatic thought that "No matter what I say, nothing will change." He would be able to conduct a behavioral experiment to test a new more adaptive automatic thought such as "When I directly ask for what I want or need, I am more likely to get what I want or need."

Behavioral skills are also taught in CBT. They are taught basic relaxation skills, they are encouraged, when possible, to increase their physical exercise, increase social activities and to participate in events they enjoy. One suggested approach would be to make behavioral changes by viewing themselves as an experiment. They are encouraged to keep a log and write about their experiments and keep track of their increasing awareness of dysfunctional thoughts and behaviors.

Studies looking at CBT for older adults indicate that there is a significant reduction in worry severity and depressive symptoms and improvement in overall general mental health. Today, CBT and medication intervention is considered the treatment of choice for people suffering from depression, anxiety, bipolar disorder, panic attacks, eating problems, and social phobias.

Many seniors think of themselves as a burden, someone who no one cares about, or they are of no use to others. Most professionals would say that working with the elderly is no sacrifice at all because it is rewarding and life-altering for the counselor too! [1,2].

Summary and Conclusions

This paper has attempted to review many of the main counseling concerns of the elderly and elaborate on some of the relevant issues.

References

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