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### *Growing Old and Growing: Psychodrama with the Elderly*

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This chapter is concerned primarily with discussing and describing ways in which psychodrama has been helpful in working with the elderly. Clinical material has been drawn largely from psychodramatically oriented therapy groups I have conducted at the Institute for Sociotherapy in New York. The elderly treated in the group are neither confined nor institutionalized. They live independently or with their adult children. The issues they raise and the problems they present in their therapy groups are similar to those reported in the current literature.

Recently a combination of factors has led to a reexamination by psychological researchers of issues concerning the elderly and a heightened interest by psychotherapists in working with them (Nissensohn, 1984). While these factors include an emerging political voice and economic impact (Aiken, 1982), perhaps the most important is the simple fact that more people are living longer. Between 1960 and 1980, the total number of children in our population below fifteen years of age fell 7 percent, while the number of elderly people rose 54 percent (Preston, 1984).

The elderly, identified conventionally as people sixty-five or older, are the fastest growing segment of our population. They are also in many ways the most difficult group to discuss. As well as having as a group all the diversity of intelligence, temperament, and racial characteristics found in children, adolescents, and younger adults, individually they have a long lifetime of educational, social, and environmental experience. And to make generalizations even more dif-

ficult, different people age at different rates, depending on such aspects as genetics and health. A major problem is that as a chronologically identified group, the elderly are the most heterogeneous (Brody, 1973). The setting of sixty-five as the threshold of older adulthood, then, is largely arbitrary.

With all the acknowledged diversity, however, certain general statements can still be made. Whatever the individual rate, aging is a universal process. Becoming elderly usually involves a diminution of activities, opportunities, and alternatives. Often there is a slowing down and narrowing of life and an increase in physical ailments. There is usually a lessening of income, which affects both the quality of life and the possibility of obtaining needed services. There is sometimes the loss of a spouse and of peers. Becoming elderly often involves some withdrawal from work and productive activity. Self-esteem can be threatened when elderly parents, who once provided nurturance and guidance themselves, become dependent on their children for care or economic aid.

As well as health problems and personal losses, the elderly have to contend with social stereotypes. Despite greater public awareness in recent years, many still consider senility an inevitable outcome of aging. While there is some short-term memory and attention loss, senility is more often a manifestation of physical problems or psychological withdrawal than the ordinary experience of most elderly persons. Often a lessening of the ability to perform tasks demanding speed or coordination is taken as a loss of intellectual function. Yet when judgment and experience are the criteria, skill levels do not seem to diminish (Brody, 1979). Still, there is a tendency, even among professionals, to routinely pass off the possibly reversible physical or emotional problems of the elderly as natural and inevitable outcomes of aging.

The elderly, as products of the same society, have themselves been influenced by these prejudices. Often they are caught up in stereotypic notions as to their supposedly limited capacities to perform because of advanced age. Though still capable, many elderly persons consign themselves to a life of fewer possibilities and lower productivity than they might desire. They become convinced that wanting a sexual life, exploring new areas of intellectual interest, or attempting new behaviors are not age-appropriate. They feel they will be subjected to ridicule or will feel foolish. Underlying this attitude is the assumption that old age is a time to keep busy and distracted while fading away toward death.

Little wonder, then, that until fairly recently there was no great degree of professional interest in conducting psychotherapy with the elderly. After all, it was thought, dealing with the emotional and psychological problems of the young or middle-aged opens up the opportunity for heightened productivity and a better life. The elderly might experience emotional and psychological stress when faced with loss of status or loved ones at a time in their lives when they are least equipped to deal with that stress. Still, what can psychotherapy really offer them, people whose life has almost passed? As a result of this attitude, mental health services, when available, were largely custodial, involving institutions, agencies, and nursing homes.

Current attitudes have shown marked change (Nissenson, 1984). Far from stressing the elderly's withdrawal of interest in the outside world, an emphasis that marked many studies in the sixties (Cummings and Dean, 1972), or the theoretical depiction of aging as a stage for giving way and preparing for death (Erikson, 1950), the contemporary literature often characterizes life after sixty-five as a period of continued development and growth (Brody, 1973; Aiken, 1982). Unique possibilities exist for the aging individual to find personal satisfaction and productivity.

Though seldom discussed in the literature (Buchanan, 1981; Altman, 1983), psychodrama and related approaches—sociodrama and role playing—are particularly well-suited group therapy modalities for working with the elderly. Psychodrama is flexible. The form allows for psychological exploration that can move easily through time and space, from fantasy to reality. The combination of spontaneous dialogue and focused action allows for the adaptability to individual differences that a heterogeneous population needs. The dramatization of problems can produce an immediacy which often leads both the protagonist and the other group members to a more heightened emotional involvement than is normally available through description or narration. Yet the action is "staged." A drama is created in the moment, thereby evoking a sense of theater. This gives the protagonist an opportunity to gain a perspective he might not have had at the time of the original action. In sociodrama, group members are able to deal with themes of common interest without focusing on an individual member's specific life experience. Role playing and role training offer opportunities for rehearsing activities and discussing the feelings these activities evoke. Elderly group members can experiment with alternative behaviors and receive supportive feedback concerning which behavior appears most effective.

Psychodramatic process also helps older group members enhance their self-esteem by allowing them to use their own experience in helping others. It offers each group member permission to deal with issues of personal concern that others bring up, and the prospect of pooling information to find productive outlets for their energy —productive energy that might otherwise go to waste (Uhlenberg, 1979).

### A TYPICAL GROUP INTERACTION

"I must be crazy, or stupid," she sighed. "Or senile. What am I doing talking about going to college at seventy-one? I'm too old. People would laugh at me." Mary, the protagonist, had just reached the point in her psychodrama where she had revealed to the group her hidden wish to return to school and take a degree, only to be stopped short by her own stereotypic attitudes. Mary had grown up with narrow ideas concerning aging and age-appropriateness that now threatened to become self-fulfilling. Her opportunity for personal development was endangered not by limitations imposed by others, or by her physical and economic circumstances, but by her own identification of old age with atrophy rather than growth.

"The students will laugh at a grandmother sitting in their class," Sam said, following the psychodrama director's cue: Sam was playing the role of Mary's adult son. The director then turned to the group and encouraged them to verbalize highly critical statements concerning Mary's plan. Here they assumed the role of a Greek chorus, representative of the opinion Mary feared. Cries of "You're too old," "Sounds like second childhood," "Silly grandma," came from different group members. One turned to another and in a loud stage whisper said, "Did you hear. . . .?"

When different group members called out, Mary's head at first became bowed, as if she couldn't stand up to the weight of their ridicule. Then the group voices had the desired effect of mobilizing her anger. She turned toward them and shouted, "Shut up! You don't know!" She silenced them. She then spoke passionately about her right to pursue her dream.

Suddenly her voice dropped. She turned to Rita, who was playing the role of Mary's wise and knowing self, and said sadly, "What's the good? I'm being silly. I'm too old. I probably won't even live long enough to finish the degree."

"So?" Rita responded. "What will happen then? God will give you an incomplete?"

Mary smiled. "What could be worse?" She began to laugh. The group joined in good-naturedly. The director stopped the action and moved to the final part of the psychodrama, the sharing. In this phase, Mary, who had emerged from the group to become the protagonist, the person on whom the psychodrama was focused, was reintegrated into the group. This was achieved by having the other group members share directly with Mary their own feelings and personal experiences touched off by the psychodrama.

In this portion group members brought up problems related to aging. Many comments concerned situations involving self-stereotyping. Phil, seventy years old, stuttered and stammered for a while, then was able to mention the sexual difficulties he was having with his wife. He enjoyed sex occasionally and wanted to have an active sex life, but felt foolish at his age. His wife thought there was something the matter with him, he admitted. She kept telling him, "Act your age!" Phil's "confession" led Sarah to admit blushing that she was fighting guilt feelings and the suspicion that she was perverted. Having recently been widowed from a man she felt affection for but had long ceased having sexual relations with, she now found herself, at sixty-seven, beginning to have sexual fantasies once again. Helen, a seventy-year-old widow, talked about wanting to resume painting, which she had given up many years before while she raised her family. Apologetically, she admitted to feeling tired of being the "good mother" and trying to respond to her adult children's needs before her own. "When do I graduate?" she asked. "When do I allow myself to put first what I'm interested in?" She thanked Mary for helping her get in touch with those feelings. Eventually Phil, Helen, and Sarah, each in good time, became protagonists in their own psychodramas.

### THE WARM-UP

The components of psychodrama lend themselves particularly well to work with older adults. The first part of the psychodrama, the warm-up, helps break down awkward barriers of silence and encourages the possibility of interaction among older group members in a nonthreatening, sometimes even playful way. The director might ask different group members where they might be, or what they might be doing, if they could be anywhere doing anything. He might point to an empty chair and ask each to imagine someone—famous, fictional, or from their own lives—sitting in the chair and to begin a

dialogue. The director might suggest an age regression, in which various members pick an earlier time in their lives, often between one and ten years old, and describe to each other what life was like then in an immediate, sensually oriented way.

Because of the activity and interactional aspects of the warm-up, its functions help raise the group's emotional level. This is an important part of the psychodrama process, as it sets the stage for the emergence of the protagonist: someone in the group indicates, by emotional tone, behavior, or direct statement, that he or she is ready to work on some personal issue. The group member who becomes the protagonist usually displays a heightened emotional intensity. Yet if the protagonist is too much higher than the others, they will not feel connected to her. The presentation will at that point be too strong for them to identify with. The director must therefore make sure that both the protagonist and the group are sufficiently warmed up for group process to operate effectively. Usually, however, once a protagonist is found the warm-up stops and the action portion of the psychodrama begins.

### EMERGENCE OF THE PROTAGONIST AND THE ASSIGNMENT OF ROLES

If the director achieves the right emotional balance, the protagonist's emergence will place that person in the dual situation of exploring a personal problem and acting as representative, if not spokesperson, for the group. This dual position is reinforced by the protagonist's movement into dramatic action rather than descriptive narrative. The issues being dealt with take on a greater sense of immediacy, for both protagonist and group, when experienced dramatically. The protagonist draws the group into greater involvement with the action by choosing different group members to play "significant others" in the psychodrama. The director instructs the protagonist to pick a person for a particular role who is reminiscent in some way, no matter how small, of some significant other. The person chosen doesn't have to be the same age or even sex of the person to be portrayed. The resemblance may be physical, but may reside as well in gesture, attitude, or tone of voice. The protagonist's association increases the possibility of more intense interaction with the group member in the psychodrama.

Yet the group member playing, say, the protagonist's mother is

in fact not that person. Nor is the protagonist five years old, though the scene being enacted and feelings evoked may originally have occurred at that age. Since the players and the scenes are dramatic recreations, not the events themselves, they afford the protagonist a measure of perspective even as they allow a level of intensity unavailable through simple narrative.

Although group members are cast in roles according to the protagonist's association, they do not as a rule know personally the characters they are depicting. The protagonist must therefore train group members on the spot to play the significant others accurately enough to satisfy the protagonist's needs. Group members must be shown how the significant others might act or what they might say in different situations. Group members must pick up a "feel" for their roles to the point where they can proceed satisfactorily "in character." In order to train the group members, the protagonist must reverse roles with the significant others in his life and try to express himself from their various points of view. Sometimes this role reversal helps the protagonist transcend the personal standpoint and gain perspective on how others might have felt in the situation being re-created.

Older group members chosen for ancillary roles in the psychodrama also benefit from being cast. For one thing, they are identified as people from whom the protagonist can accept help. This often gives elderly group members a sense of importance and worth so often threatened by retirement and other limits placed on their social roles. Also, because they must follow the protagonist's instructions in order to play their roles effectively, elderly group members usually experience such training as a nonthreatening opportunity to display their desire and ability to learn something new. Since the dialogue beyond the role training is often produced spontaneously, group members must draw on their past experience as son, father, husband, or daughter, mother, wife, thereby giving value to this experience in the present moment. Yet because they are playing another person, this trying on of another point of view may help them gain perspective on their own lives. Finally, if they are helpful, members may experience enhanced self-esteem from the approval given their performance by the protagonist and the group.

### SHARING AS EPILOGUE TO THE DRAMA

The sharing at the end of each psychodrama serves several functions. It helps to reintegrate the protagonist into the group by af-

fording needed emotional support. Group members indicate through their participation that the protagonist is not alone in the issues with which he is struggling. They can understand, empathize, and relate what has been depicted to elements in their own lives. The sharing also benefits group members generally. Stimulated by the action they have observed, group members often begin, in the sharing, a new personal exploration. Feeling relief in having mentioned their own problems, they often open up even more in subsequent sessions. When group members share in another's psychodrama, they are usually coming closer to becoming the protagonist in their own.

The benefits of psychodrama are not experienced only by the protagonist, the auxiliary players, and those who share their feelings verbally at the end. For example, Rachel, a sixty-eight-year-old widow, was placed in a chronologically heterogeneous group. As group members in their thirties, forties, and fifties explored issues of concern to them, Rachel remained silent, even in the sharing portion. Yet to judge from her facial expression during the psychodrama, she was interested, involved, and affected. After the sixth or seventh meeting, a group member turned to her and questioned her silence. Rachel responded, saying she knew it was selfish of her but she was enjoying the feeling of not being expected or obligated to take care of everyone in the group. "For so many years," she said, "I'd been a dutiful daughter, then a wife, a mother, and a grandmother. I automatically expected to be called upon to take responsibility for whatever trouble occurs. Or people will get angry at me." She paused and looked around for reassurance. "But not here. Here no one needs me to be their mother. Regardless of my age, I can just be Rachel."

What followed was a psychodrama in which Rachel looked for her "self" in the different supportive roles she played during her life. She found a curious, interested, even flirtatious woman who displayed a lively sense of fun. She explored ways in which these sides of herself could be expressed and enjoyed without being subordinated to other people's needs. In the process she became a more valued and valuable group member.

## RETROSPECTION AND UNFINISHED BUSINESS

For the elderly especially, a psychodrama that allows for retrospection is of great use. When a life is reviewed in a relatively short time span, major patterns and themes can be brought to greater



awareness. As old wounds, arguments, and conflicts become articulated psychodramatically, they can be placed in a broader context, often allowing the protagonist to reach some sense of closure. Poor choices, accidents, and failures that had rankled in the past lose their significance now or can be seen sometimes as blessings in disguise. When, as with the elderly, the present contains stressful unknowns, the past as reexperienced psychodramatically can bring the protagonist some sense of order.

Harry's age had caught him by surprise. "Suddenly," he admitted to nodding group members, "I was seventy-two years old. And I didn't really know how I got here." He felt bewildered and somewhat depressed. Here he was, his life almost over. Nothing seemed to make sense. The director invited Harry to the center of the group and symbolically walked with him through the times of his life, starting with his first childhood memories. As Harry and the director moved slowly around the group, Harry would fasten on a vivid memory and dramatize a meaningful but long-forgotten experience. He then interacted with group members playing the roles of his parents, siblings, and friends. Some scenes were painful—the death of his mother, losing a job, being wounded in combat. There were also happy memories—the birth of his first child, his first business, and moments with his late wife and grandchildren.

As he moved through these times they came alive to him and revealed patterns and themes he began to connect. In the course of the psychodrama he moved toward the present moment. But having reviewed his life, the present no longer seemed the end of things. Rather, it was a point from which he needed to decide where to go.

In the sharing, other group members discussed their own lives, making connections and gaining perspectives they had not had before. One member had always complained about a business failure that had led to his taking a job with the Post Office and staying there until retirement. Suddenly, he recognized that had he not taken the job, he probably never would have met his wife, with whom he had had many happy years. Another member suggested that Harry contribute skills he had acquired running a catering service to help organize a charity lunch. That way Harry could also meet new people. At the idea of putting his skills to use for a good cause, Harry became excited. He took a long first step toward a productive present and future.

A particular kind of retrospective psychodrama that has proven effective with older group members deals with "unfinished business."

Often individuals find it difficult to concentrate on current life problems because they are caught up in old and seemingly irrevocable patterns of behavior that leave them feeling hopeless and helpless. It is as if the individual were motivated by half-forgotten but still emotionally charged conflicts. Sometimes the conflict is so strong that its manifestations become a dominant theme in the person's life. Whatever the person's real achievements, it remains a source of frustration and preoccupation. Very often a significant other is the focal point or embodiment of that "unfinished business."

So it was with Sol, a successful dentist of seventy-one. Sol had planned for years to retire. He had enough money to do so, but found himself unable to stop working. He admitted ruefully that he could not understand how he could both enjoy his work and resent it at the same time. When he mentioned how much he envied his older brother Henry, who had made nothing of himself but at least had fun, the director suspected that there was some unfinished business between them that needed to be dealt with.

What emerged in the ensuing psychodrama was that Henry had seemed their mother's secret favorite. While she had scolded Henry a good deal, she never enforced the punishments she threatened and Henry did pretty much as he pleased. Although bright and charming, he never pursued a profession. Instead he traveled widely, involving himself in farfetched schemes from which his parents often bailed him out. He had died penniless at a relatively early age.

By contrast, Sol was the "good boy" who followed his mother's bidding. He always worked hard, trying to win his mother's love by gaining her approval. She would constantly confide her concern about Henry to him and would have Sol do Henry's chores so he wouldn't get in trouble with their father. Sol's mother praised him, but he always felt that he had to "sing for his supper." He had to produce, to "be good" in order to get what Henry seemed to command naturally. When Sol grew up, he continued to work hard and became a respected and prosperous professional, but felt a nagging resentment and guilt.

In confronting his brother psychodramatically, Sol realized he was angry as well as jealous. No matter how much a failure Henry had been, and how successful Sol was, Sol still felt like a loser. Sol then turned to the group member playing his mother and told her angrily that he was tired of being a "good boy" and always trying to please her. Basically a decent person, Sol's feelings about himself were

tainted by his needing to be good. He enjoyed his work but also resented it because he felt he had to produce. If he retired, he wouldn't be "singing for his supper." He feared he would lose his mother's love. As Sol arrived at this realization, he began to cry. But the grief soon gave way to tears of relief and release.

Once Sol had confronted his mother and brother psychodramatically, he felt more prepared to review his current situation and take care of business. He decided that since he enjoyed dentistry, he would continue to do some work in the field. Yet now he was able to engage in the leisure activities he had put off for years because they were only for his own pleasure.

Flora's "unfinished business" was with her dead husband. She described him as a very domineering man who insisted on being in charge of everything. When she encountered him psychodramatically, she first addressed him half-apologetically, saying how lucky she was that he was willing to take on so much responsibility. But as she continued she began to feel anger. She recognized she had tacitly accepted his characterization of her as scatterbrained and incompetent. As a result she had felt inadequate during their entire marriage. She reminded him psychodramatically that she had raised a family and nursed his parents while he was away for four years in the army. Sure, she had been confused and overwhelmed when he had died, but she had taken over running the household. For the first time she admitted, with some relish, that she was relieved he was gone. Although lonely and sometimes depressed, she had never felt so free as she had in the year since he had died.

Then she became aware that she was perpetuating the old image of herself. She was allowing her youngest son, who was still living with her, to order her around as her husband had. Psychodramatically, she confronted her son, stating that while she appreciated his help, she didn't need his controlling behavior. She was competent and capable; if he didn't stop bossing her around, he could leave. Like his father, for all his insistence on control, he needed more taking care of than he ever admitted.

The value of psychodramatic life review and its focus on "unfinished business," then, is that it helps free the protagonist from old conflicts and issues that in one form or another still engage her in the present and limit choices. The result of achieving psychodramatic closure is that the protagonist can now focus more attention and energy on making the last years of life fruitful and productive ones.

Sometimes the issue of "unfinished business" does not require a full-blown psychodrama. It can instead be introduced in a modified form within the group setting. For example, Rebecca began sharing with Flora concerning her own husband, who had insisted that she convert to his religion. The narrative sounded flat until the director suggested that she imagine her husband in an empty chair and speak directly to him. Rebecca did so, expressing with anger that she too felt secretly relieved he was gone so she could choose more freely how she wanted to live her life. The addition of the empty chair and the direction that Rebecca move from descriptive sharing to dialogue helped increase the intensity of her experience.

### SOCIODRAMA

Sociodrama is another effective group approach for dealing with significant issues of the elderly. While the psychodrama focuses on problems and interactions emerging from the particular events in the protagonist's life, sociodrama dramatizes and explores themes and situations that are of general interest to the group. Sociodrama is of particular use with newly formed groups. It allows issues of importance to the group to be examined without requiring individuals to expose personal and sensitive events before the group has built up a sufficient level of trust. Sociodrama is a means of sharing on a safer level, while allowing people to participate actively, using their experience and imagination in roles they choose or are assigned.

One way to involve the group in sociodrama is for the therapist to ask for suggestions from different group members concerning themes they might want to explore. Once these are forthcoming, the therapist might ask for recommendations on how to present the issue dramatically. Members then suggest scenes or situations. If several ideas are offered, they may be incorporated into a single sociodrama, or the group may be asked to vote. Sometimes several minidramas are created in one session.

One sociodramatic adaptation is "Where is Sarah?" (Scotto, 1980). An adult daughter, a neighbor, and a social worker are discussing a fictive Sarah, a depressed elderly widow. Sarah was having difficulty shopping and had recently refused to leave the house. She had stopped visiting her social club and going to her social agency for help. The three had the task of deciding whether Sarah should continue to live alone or be put in a nursing home.

Volunteers were elicited from the group to play the neighbor, the daughter and the social worker. The daughter and the neighbor were asked to improvise dialogue voicing their concern for Sarah. The daughter then visited the social worker to discuss her mother. Several group members volunteered to play Sarah. One was defiant and angry, bidding all to go away and leave her alone. A second sat docilely and went along with whatever was suggested. A third approached each player and asked, "What about me? Aren't you concerned with how I feel, or what I want?" When Sarah became angry, her daughter took an apologetic stance. Another group member then asked to play the daughter and started berating her mother for being ungrateful. The social worker was played in a variety of ways, from concerned and caring to hostile and indifferent.

In the discussion that ensued, much anger and frustration was ventilated. Some group members expressed feelings of powerlessness and indignation at not being included in discussions affecting their lives. Some talked of the pressures they felt to act according to their children's ideas of what was good for them, as if with age they had lost the capacity to evaluate their own needs.

Another effective sociodrama uses the theme of generations. It consists of sitting three generations of a make-believe family around the dinner table for a holiday event or family crisis, depending on what is suggested by the group. Different members of the group volunteer to play the various generational roles. Group members then begin to interact with one another according to their own interpretation of the role they are playing. Meanwhile, the group members not directly involved observe the interaction. Sometimes observing group members feel so intensely involved that they ask to participate and speak their piece. Sometimes an interaction between two or three players becomes sufficiently heated or so intense that the director asks the other players to temporarily withdraw and focuses on the interaction.

For example, in a sociodrama depicting a Thanksgiving gathering at an adult daughter's, the group member playing the older adult mother reprimanded her granddaughter for being noisy at the table. At this, her daughter flared up—her mother had no right taking over her role as mother. The granddaughter had every right to act any way she wanted in her own house unless she said otherwise. The director had the other family members withdraw. In the interchange between mother and adult daughter, questions of responsibility, authority, and respect for each other's roles arose.

After an initial heated interaction, discussion between the players ensued. Then the other group members were asked to comment on what they observed, or to share from their own experiences, both as adult children with their parents and as older adults with their own adult children. The general group feedback was that both mother and daughter needed to look at their behavior. The older adult had to stop automatically assuming the authority role and to defer to her daughter in her own house. For her part, the daughter needed to be less defensive, always experiencing her mother as critical of her ability to act appropriately as a mother.

Other group members asked to play either the older adult or her daughter. In these roles, they offered alternative interactions. One member took the granddaughter's role and criticized both her mother and her grandmother for their rigid positions. Sometimes an impasse was avoided by having the opposing players reverse roles and try to experience the situation from the other's point of view. Other ways for breaking impasses were sought by different group members. In the older role, one relieved tension by saying, "Being a mother is not easy; I'm proud of you." Another admitted to her daughter that she was so used to jumping in she had forgotten herself. A third, as the adult daughter, said, "I get so upset because it's important to me for you to see I can be a good mother too." If time permits, the family group might be reassembled around the holiday table to continue until another theme emerges.

Sometimes sociodramas shade off into role training. In role training, group members examine practical issues with which they may be having difficulty. The role training is used as a laboratory as they attempt various behaviors in particular situations in order to discover an effective approach. Others in the group help by giving feedback regarding a member's effectiveness. For example, one elderly group member wanted to present a sociodrama of visiting the doctor. What ensued was a sometimes serious, sometimes comic interaction. One doctor was depicted as standing on a chair looking down at the older adult, who was sitting like a small child on the floor. Another doctor was played as an ogre who kept muttering, "if you don't stop asking me questions, I'll tell you something you'll be sorry to hear." The group members initially enjoyed ventilating some of their fears and frustrations.

One group member raised the issue of not knowing how to act in a medical setting so as to be taken seriously, not seen simply as an

old pest who complains a lot. What ensued was a role training session in which a group member first played his doctor. Then he tried various ways of acting in relation to the doctor to get the attention and service he wanted. Finally he found a way which felt comfortable and seemed effective, at least in the group interaction. During the exploration he was able to stop the action to deal with feelings that were inhibiting his behavior. Other group members gave him feedback as to how he was coming across. Group members with similar problems then experimented with different approaches.

In subsequent groups, members shared their experiences in actual life situations. When they hadn't been effective, they tried to reexamine what had happened and to change their behavior. In one instance Rhoda, a seventy-three-year-old widow, had been intimidated by her doctor before "speaking up to him" in a role training session. She was then able to overcome his real-life discounting of her aching knee without so much as examining it. "After all," was his attitude, "as one gets older, one has to expect some discomfort in the joints." She had pointed out that her other knee was equally old, but not hurting. How could he account for that? Upon examination, he found that she had in fact strained a ligament and needed some attention.

Implicit in role training is a recognition of real changes which have occurred to the individual as a result of old age. Yet there is a significant countermeasure against age stereotyping built into the exercises, particularly those involving encounters with professionals such as doctors, lawyers, and social workers. The older adults also become more sensitive to the self-stereotyping revealed in their tacit acceptance of the limiting and demeaning images others may project onto them.

In the role training work, group members have explicit permission to ask for help, thereby admitting openly that they need it and have the right to seek it. Sometimes help is needed with problems of daily living, such as shopping, or maintaining an apartment. But in the process of exposing and exploring these needs, the group members are also recognizing that the problems they are raising are not unsolvable; they can still learn new approaches and practical alternatives to old behaviors.

In the sharing of mutual concerns, which occurs throughout but most directly at the end of a group session, members often experience a sense of closeness and community. Through the exploration of feelings elicited by their activities, group members undergo major

changes in attitude. They move from a sense of desperate groping with life under reduced capacities and fewer opportunities to the experience of solving concrete problems. Difficulties and life stresses that have appeared overwhelming now seem more manageable for having been shared.

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