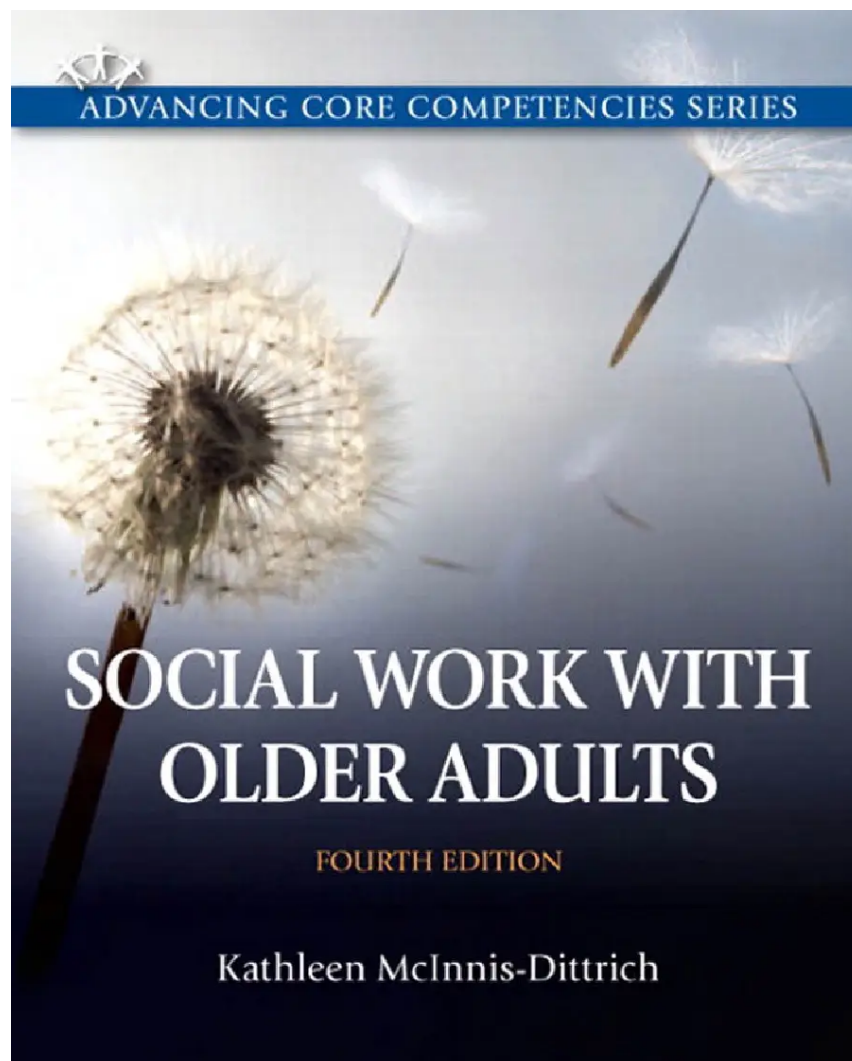Excerpt from *Social Work with Older Adults*, Fourth Edition (2013)
By Kathleen McInnis-Dittrich

PERSONAL AND PROFESSIONAL ISSUES IN WORK WITH OLDER ADULTS

Although deeply rewarding both personally and professionally, work with older adults requires a high level of self-awareness on the part of the social worker. In all intervention efforts, workers bring their own emotional baggage to the helping process. However, in gerontological work, the issues are more complex. Unlike social work practice in the areas of alcoholism, drug abuse, family dysfunction, or domestic violence—social problem areas that may or may not personally affect the worker—everyone must eventually face

the experience of aging and death for themselves and their families. Aging is not a social problem; it is a developmental stage. The universality of the aging experience influences work with older adults on both a conscious and subconscious level. Among the most significant issues workers will face are the subtle influences of lifelong social and personal messages about ageism, countertransference of feelings toward older adults, and conflicting issues surrounding independence versus dependence.

Ageist Personal and Social Attitudes

The term *ageism* refers to the prejudices and stereotypes attributed to older persons based solely on their age (Butler, 1989). These stereotypes are usually negative and convey an attitude that older adults are less valuable as human beings, thus justifying inferior or unequal treatment. These attitudes develop early in life as children observe parental, media, and social attitudes toward older adults. Parents may unintentionally send the message that aging parents and grandparents are a nuisance to care for, demanding, needy, or unpleasant. Even simple comments, such as "I hope I never get like Grandma" or "Put me to sleep if I ever get senile," may be interpreted literally by children. Every time parents refer to aches and pains as "I must be getting old," the subtle message becomes clear that aging is destined to be painful and debilitating. Although ageism is an attitude that hinders everyone's ability to adjust to the normal changes of aging, it also serves a more destructive social justification. Ageism rationalizes pushing people out of the labor market in the name of maintaining productivity without much thought to what happens to people when their lives are no longer centered on work as an organizing principle. Ageism justifies segregated living arrangements, substandard medical care, and generally derogatory attitudes toward older adults. Blatantly racist or sexist comments and open discrimination would not be tolerated in today's business and social arenas, yet ageist attitudes and comments are rarely challenged.

Countertransference

Countertransference is defined as the presence of unrealistic and often inappropriate feelings by the social worker toward the older adult that distort the helping relationship (Nathan, 2010; Reidbord, 2010). The worker displaces feelings or attitudes onto the client based on a past relationship rather than on the real attributes of the older adult with whom he or she is working. Countertransference develops from two primary sources in working with older adults. Internalizing ageist attitudes reflected in society can lead a social worker to intensively dislike working with older adults because they are subconscious reminders of death and illness. On an unconscious level, the social worker may believe his or her work is wasted because the older adult will soon die, benefiting minimally from the social worker's time and attention. Countertransference can also develop when a social worker is unaware that positive or negative relationships from the past are distorting the present relationship.

For example, a young social worker is assigned to work with an older woman in identifying an appropriate assisted-living facility, a painful but necessary move for the older woman. When she goes to the woman's house, the older woman insists on serving cookies and tea to her and they end up visiting for several hours rather than attending to the task at hand. When her supervisor inquires as to the decision about assisted living, the young

woman hesitates and responds that she thinks it is "mean" that the family is making her go to assisted living, that this older woman wants to stay in her home and maybe with enough services she could stay there. She hasn't actually had the discussion about which assisted-living facility the older woman might select as it is just too awkward to bring up the topic. After the supervisor explores the situation with the worker, it becomes apparent that the worker overheard her own mother arguing with her grandmother a few years ago about the same kind of decision. She remembers her grandmother saying "if I have to leave my house, I might as well just die!" which in fact she did shortly after moving into assisted living. The older woman struggling with the decision to leave her own home was a subconscious reminder to the social worker of a painful situation in her own life. In order to alleviate her own pain and guilt, the worker was trying to avoid her client facing the same situation. The worker's need to "save" the older adult may rob the older adult unintentionally of his or her self-respect and personal dignity. It is essential to explore issues in countertransference with supervisors.

Ageism and Death Anxiety

Internalized negative attitudes toward the process of aging and older adults contribute to a pervasive presence of "death anxiety" in contemporary society. Death anxiety is a highly agitated emotional response, invoked by reference to or discussion of death and dying (Peck, 2009). Working with older adults is a constant reminder to the social worker of the logical progression of the life cycle—from youth to aging and death. American society does not deal well with death or any discussion of death. Consider all the phrases used to avoid saying the word *death*, such as "passed on," "expired," "gone on to the next world," and many others not quite so polite.

Facing a variety of situations surrounding death is an inevitable part of work with older adults. Many older adults will admit that death does not frighten them as much when they are older as it did when they were younger. They see friends and family members dying. Throughout their lives, they have thought about what death means to them, whether they believe there is an afterlife, and what their lives have been all about. If they have escaped the discomfort of chronic medical problems, they consider themselves lucky. If they live with a disabling or painful condition, they may welcome death as an end to the physical discomfort. Older adults often want to talk about funeral arrangements or make plans for disposing of their personal possessions even when family members do not. Although older adults' families may cling to denial as a means of warding off a critically ill older adult's death, hospital policy may simultaneously ask the family to make difficult end-of-life decisions. All these issues are examples of how social work with older adults requires some level of comfort on the part of the social worker in acknowledging and processing death not only with clients but also in one's own work in self-awareness.

The Independence/Dependence Struggle

One of the most frequently stated goals older adults voice is their desire to maintain their independence for as long as possible. This desire coincides with the social work profession's commitment to promote self-determination and preserve the dignity of the individual. On the surface, there appears to be no conflict. In reality, as older adults require more and more support services and experience increasing difficulties in maintaining

independent living, tensions between older adults' desires and families' and social workers' perceptions of need are inevitable. A worker can appreciate the desperate efforts on the part of an older adult to stay in his or her own home. Yet when an older adult is struggling with stairs or a deteriorating neighborhood, and difficulties in completing the simple activities of daily living challenge the feasibility of that effort, professional and personal dilemmas abound. Who ultimately must make a decision about an older adult's ability to stay in his or her own home? Who decides that an older adult is showing poor judgment about financial decisions? When does Protective Services step in to remove an older adult from a family member's home due to neglect or abuse, despite the older adult's objections? When do the wishes of the family supersede the wishes of the older adult, or do they ever? These are difficult questions for which there are no simple answers.

While functioning an entire lifetime as an independent adult, a single illness can reduce an older adult to dependency more quickly than he or she can emotionally process. In an effort to counteract a diminished sense of self-esteem, older adults may fight dependency to the point that they put themselves in physical jeopardy rather than risk relying on others. They may act out, show extreme anger, or make excessive demands on both social workers and family members that cannot be met. Maintaining independence should be a critical goal of all gerontological social work, and throughout this book, various ways of promoting independence, even among the most disabled older adults, will be presented.

Other older adults react by assuming dependent roles sooner than they need to and become more passive and resistant than their physical condition warrants, assuming a kind of "learned helplessness." Rather than fighting for their own independence, they give up and willingly relinquish the decision-making issues in their own care. Although giving up their own rights to decision making may make case planning easier for workers and families, this situation lends itself to the development of other, more subtle problems. One of the fundamental concepts of social work practice is the importance of clients' choice of goals for intervention and their personal commitment to work on those goals, a basic tenet in adapting the strengths-based perspective discussed earlier in this chapter. For example, a social worker may decide an older adult needs to attend a senior center program to decrease personal isolation. Even though the older adult may agree so as not to offend the social worker and out of gratefulness for all the worker has done for the older adult, the older adult will not go to the senior center and participate if he or she does not want to go. The older adult may not blatantly refuse to go, but rather will make appropriate excuses for nonattendance. Although well intentioned, the social worker has decided on a goal for the older adult that is the social worker's goal, not the client's. It is not surprising that family and workers become frustrated when older adults find ways to avoid doing something that is not their goal in the first place.

The process of relinquishing independence is the beginning of a very delicate process, even among those older adults who are sincerely willing to let others make decisions for them. Older adults become reactors rather than actors in their lives. Perceiving that they have little control over their lives, older adults may fall into a deep depression and relinquish their will to live along with their independence. Families and caregivers, who perceive that older adults have given up even when they are capable of some independent activities, may react with anger and hostility. The social worker's role is to help the older adult and family find common ground that promotes self-determination and meets the need for services.

Self-Awareness and Supervision

The challenges of working with older adults within a societal context of ageist attitudes—which contribute to deeply seated fears about one's own aging and death—may seem a bit overwhelming at this point in the book, but there are resources for resolving these issues. Through developing self-awareness with professional supervision, social workers can effectively work through these issues. They are discussed early in the text because they should be clearly present in your mind as you study this field of practice. Developing self-awareness is a process that takes time and continues to challenge professionals throughout their careers. It may take a lifetime of working with older adults (and one's own relatives) to recognize your own personal triggers for problematic feelings.

Workers need to take a critical look at any concurrent challenges they are facing in their own lives that could contribute to professional problems. A social worker who is also balancing the demands of an aging spouse, parents, or grandparents may feel such excessive demands on his or her own resources that working effectively with older adults may not be possible. Although such experiences may be helpful to the worker in developing compassion for an older adult's family, it may be counterproductive in the intervention process.

The ability to keep feelings at a conscious level is one of the most important parts of the process of developing self-awareness in working with older adults. One's personal feelings toward a client, family members, and the quality of the professional relationship are important clues to the worker about his or her own emotional issues. Supervisors can be helpful in diversifying tasks for the worker in an effort to defuse the emotions generated by intense cases. Working exclusively with highly dependent older adults or those with Alzheimer's disease can tax even the most well-adjusted, experienced workers.

Most gerontological social workers, including this author, would emphasize that working with older adults has tremendous rewards. It is a professional and personal joy to work with older adults who have lived through the most interesting of times and delight in retelling their life stories. Seeing the power of the human spirit in older adults who have survived and thrived through raising families, struggling with careers inside and outside the home, and reframing the meaning and purpose of their lives during the later years is a very positive and revitalizing experience for any professional. Older adults can be delightfully humorous, frustratingly stubborn, amazingly persistent, but always the most powerful reminder of the resiliency of the individual to grow and flourish throughout the life span.