

Saying YES: Embracing Life As We Age

Rosemary Nourse

*I am as old as my disappointments in life,
and as young as my naughtiest thought.*

- Xameb the Bushman (Pearse, 1973, p. 3)

Elizabeth and I greet each other with pleasure. I'm standing in the passage outside our office to give participants in a new group directions to our room. In greeting me she slows, but keeps moving slowly and steadily down the long passage. Her body is angled forward, her walker bearing her weight. She's the first to arrive, as she was for every session of our previous group.

When I walk into the group room Elizabeth is in 'her' chair, her walker in front of her within easy arms' reach. She and Daphne are talking animatedly, having already discovered they volunteered for the same organisation three decades ago and have a friend in common.

As I take my seat, the hubbub of conversation quiets and several people look expectantly towards me. The handles of Elizabeth's walker slightly obscure my view of her and are likely to partially obstruct some group members' views of each other. Daphne turns to Elizabeth and says, "I can't see you properly through that."

Silence.

Elizabeth leans forward and with both arms thrusts the walker away. It sails across the room. She claps, kicks her feet in the air and beams, "There it goes." She looks like a delighted three year old. Daphne responds with a smile, "Now I can." What a note on which to start a group called *Taming Anxiety!*

Context

I lead groups for WellElder, a specialist counselling agency for people over 60¹ in the Wellington region. The agency highly values being accessible and

¹ In recognition of their earlier aging, Maori and Pasifika people are eligible from 55. Thanks to our different funding sources, we have flexibility to see people under 60 who have early onset of a chronic degenerative conditions (such as Parkinson's, MS or a dementia) and people under 60 caring for a family member over 60. Anyone living in the Capital & Coast District Health Board area meeting the age criteria is eligible for our service, provided any mental health issues are mild to moderate.

affordable and, if mobility is an issue, we see people in their homes and rest homes. 55.9% of our individual counselling sessions have been held in clients' residences. Consequently our client group includes a higher proportion of people with reduced motor skills than people in this age group generally. These clients are also more at risk of becoming socially isolated.

We hold three different types of groups:

- *Saying YES to Today: Living fully whatever life's challenges*
- A counselling/therapeutic group
- *Taming Anxiety*

Each group consists of two hour sessions once a week over several weeks. Group participants have ranged in age from 57 to 94. We provide assistance with transport if people can't drive or reach venues on public transport.

Amongst others, there are two aspects of leading these groups that are fascinating and worthwhile. Firstly, I'm discovering the value of paying attention to the physical setting and taking account of group members' physical abilities and constraints. This influences how I lead. Secondly, there is such rich life experience in these groups that when I encourage interaction between group members, people readily get in touch with their skills and progressive functioning. There is gold. Let's have a look at each area.

The physical setting

Imagine the seconds as you lower yourself backwards into a chair when your legs and feet aren't sufficiently strong to hold your weight, your balance is shaky and you no longer have the security of the walker that provides stability; you can't see the chair - *scary*. A solid chair that won't slide away is critical. Chair arms to temporarily hold your weight and guide your torso are invaluable. Everyone using a walker, most people using sticks and most people over 75, all need solid chairs with arms, which are also useful in moving from sitting to a standing position.¹

Place ten solid, armed chairs in a horseshoe. It is immediately apparent they take up a lot more space than ten 'conference chairs'. In addition, space needs to be left around the horseshoe for people to access the seats. (When using a walker it's not possible to enter through the gaps between chairs.)

¹ For an excellent account of the effect of aging on all our senses see *The aging mind: An owner's manual* by cognitive gerontologist Patrick Rabbitt (2015). He elucidates and summarises research succinctly and writes with compassion and humour. I find myself laughing out loud at some passages and returning to others for the pleasure of re-reading his insights and turns of phrase.

There also needs to be space to 'park' walkers and sticks. Suddenly, what seemed a largish group space has shrunk.

In looking for suitable venues for these groups, I find one I think is close to perfect: access to the building is flat; doorways are much wider than wheelchairs and mobility scooters; there is plenty of parking directly outside, including several mobility spots less than 10 metres from the front door; the front door opens automatically and the door to the group room, while heavy, can be wedged open until everyone arrives; it has a large, easy to grip handle. The room itself is spacious and three concrete walls block all sounds of traffic and conversation from people outside the adjacent library and nearby cafe. The air conditioning makes only a faint hum. The fourth, west facing wall is glass, the floor to ceiling window framing an attractive natural landscape with no vehicles and occasional people on the path in the middle distance. A concrete overhang protects from glare, unlikely during the morning group, and blinds give the possibility of further protection.

The stackable chairs do not have arms but are sturdy and in a brief test I find them comfortable. On the second short wall there is a kitchen bench and cupboards stocked with attractive, light crockery. I am conscious of the value of tea and coffee being in the group room so group members have a short distance to walk and people who are slower drinking can bring their drinks with them as the group resumes; some people may remain seated and have drinks brought to them so the group remains together. There are mugs and cups and saucers. I've noticed that most people with slow and/or unsteady gait prefer cup and saucer. Biscuit and hot drink can be carried in one hand and the other kept free or used for a stick. Minor spills are caught.

I'm delighted.

Too soon.

As we break for tea and coffee after the first hour, Pru says she's enjoying the group but needs to leave and would like to attend the first half of each session. She's in too much pain to remain. Her fibromyalgia is being greatly exacerbated by the uncomfortable chairs. Others comment that the chairs don't provide adequate back support and are consequently uncomfortable. I ask Pru what sort of chair she would need to be in the group comfortably for two hours in future weeks and semi-jokingly she says, "A good armchair". Pat comments that the library has a few armchairs. I suggest Pru stay for morning tea with group members while I investigate chair possibilities with the library. When I wheel in an armchair piled high with cushions, Pru snuggles into it saying "What luxury" and others share out the cushions for additional back support.

Several people with hearing aids find the acoustics in the room 'deadening'. With all participants consciously talking up and hearing aids

turned to full volume, two people are straining to hear and still missing some discussion.

Light from the large window also proves problematic. With the blinds up the light is too bright for those who have had recent cataract surgery. With the blinds down those with limited vision are unable to see others clearly across the group. When we try compensating for the blinds being down by turning on the lights, they are too bright for several people and threaten to cause headaches.

We form a tighter horseshoe facing away from the glass wall, the blinds slightly down. This provides natural backlighting without glare and everyone can see everyone else in the group. With the chairs at one end of the room and closer together, people can hear almost everything and are less concerned about occasional unheard comments when they can lip read and/or catch facial expressions. Chairs need to be accessed from the front of the horseshoe, potentially creating a clutter of walkers and sticks. With people warmed up to problem solving and cooperation, fully mobile group members quickly check with neighbours where they would like their walking aids.

We finish the first session with everyone present and reporting being comfortable and able to participate. We are developing group norms of 'everyone matters', expressing our own needs and being alert to others' needs, as well as all being involved in problem solving.

Although it is obvious that facilities need to be safe and reasonably comfortable to enable effective participation, this typically requires both forethought and spontaneous problem solving once the group commences and people's specific needs become apparent in the environment.

Forethought includes having some knowledge of the room and group participants. I've yet to lead a WellElder group where hearing aids bring everyone's hearing to approximately 'normal'.¹ I find it difficult to determine how room acoustics will be for people with hearing loss, particularly as this varies with the room empty and peopled. Because there is also variation in how different hearing aids work, I have not found taking two volunteers to the room necessarily predicts the issues that we will encounter. To ensure that when we do meet everyone is able to hear, we may limit the group to ten or twelve people, sometimes fewer.

We have experimented with microphones and surround sound and feedback has consistently been that people prefer un-amplified sound with control of their own hearing aids. Modelling slow, distinct speech and

¹ WHO (2012) reports that 33% of people over 65 experience disabling hearing loss and Greville (2005) reports 22.1 % of New Zealanders over 65 not in residential care as having disabling hearing loss.

speaking up help. As does, overtly checking that everyone can hear when volume drops and that people are seated to maximise their hearing. Group members may not always remember to speak audibly and I stay alert for blank or puzzled looks, sometimes prompting, “Jane, can you hear Jock?” or “Jock, I wonder if Jane could hear what you said.” One of my personal challenges has been my concern that when I am talking slowly and loudly I may sound patronising. I have needed mirroring from two co-facilitators to disabuse me of this and still have lingering doubts from time to time.

Sometimes all these approaches are insufficient. In another group, Beth and Barbara have significant hearing loss, needing people to be in touching distance to hear. Both are also losing their sight (both are legally blind). Cath has a neurological condition affecting her voice, which is soft, but blessedly distinct. She and Beth have an immediate positive tele connection. They move so their chairs are touching, Cath to Beth’s right and ‘good ear’. The rest of us move in close to them in a small circular huddle with our chairs touching. This has to be a small group, a maximum of four plus the group leader.

Some implications for leadership

I briefly considered asking Elizabeth if I might move her walker to the side of her chair. I knew she strongly values her independence. I also imagined this might draw unwanted attention to her walker early in the group, so I refrained. Daphne took initiative. Feeling seen and valued by her, Elizabeth developed a full and flexible response, and their connection strengthened. When group members are warmed up to each other, they are usually solicitous of others’ physical needs and matter of fact in problem solving. I keep a watching brief that this is happening.

When I direct people to work in pairs, everyone does not have the same opportunity to choose and be chosen unless I consider their physical abilities.

Madge walks jerkily, slowly, and with difficulty, and chooses not to use a stick. In the first session of a *Saying YES to Today* group, she sits in the chair closest to the door; the last one in the semicircle. Beside her is Edith, an obese woman who also finds moving from her chair a challenge. When people talk in pairs they turn naturally to each other. This enables Edith, who has a very small social atom, to make a positive connection in the group. However, Madge is depressed by the loss of her wide ranging community involvement and social life due to her reduced mobility. She is hoping to make new friends in the group and a focus on Edith would be a restrictive solution for her. The following week, when she is the first to arrive and heads towards the first seat, I propose she choose a different one. “Why?” I suggest that if she sits in a seat further into the horseshoe, there

will be people on either side of her with whom she can easily talk. She nods emphatically and takes a seat two thirds of the way around the group. Coincidentally, Edith is the next to arrive. Madge waves her to a chair a third of the way around the group explaining, "We will both be able to easily meet new people, as well as each other". She promptly asks Edith about her planned visit to the museum during the week and draws Pamela into their conversation as she arrives.

Often a person in a wheelchair is more mobile than group members using walkers or sticks; sometimes not. Susan has used a wheel chair for several years and handles it adroitly. When I direct people to place themselves on a continuum, I concretise where the line is in the action space and do not give any additional thought to how she will manage this. Sarah, on the other hand, has had her legs amputated in the last six months and her wheelchair looks cumbersome. Visual imagery peppers her speech, she is quick on the uptake and an eager contributor. So I trust that she will give an accurate response and be unfazed when I ask her, "If there were a line that showed how much you worry about this concern, from once a year to once a month to more often than once an hour, where would you be?" When she says, "Once a day", I create the continuum so that 'once a day' is where she is and others move to place themselves. This approach invariably involves altering the action space and temporarily moving chairs.

When spouses attend a group and one uses a wheelchair, the other partner is often used to pushing the wheelchair and sitting together, and they readily turn towards each other. This is true of David and Deidre, both of whom are unassuming. Early in the group I expect that if I ask David whom he would like to work with, he will be flustered by the attention. Also, he will probably choose Deidre. I number people one, two, one, two and direct people to choose someone of the same number. Derek is quick to move to David. Deidre looks anxiously around the 'twos' and is chosen by Diana. As I notice David establishing mutually positive relationships, I simply direct people to choose a partner. David continues to be chosen but isn't able to move easily to choose; nor does he signal a choice non-verbally. In the fourth session I ask him, "Who would you most like to talk to about this?" and with only slight hesitation he responds. The rest of the group then choose their partners.

Ted and Trish also sit beside each other. Before the group starts he talks to Beth on his left and Tom on Trish's right. She sits quietly, hands clasped in her lap, head slightly bowed. In the opening name round he adds comments. I imagine Trish wheeling him to his chosen partner and her then being the last to choose. I ask him whom he would like to share with. Trish is free to join the rest of the group in choosing.

As I aim to be inclusive, I am becoming more alert and responsive to group members' physical needs. This starts with choices about venues, group size and membership. I am intrigued how people's physical capacities and their role systems together shape their ability to participate, and this recognition stimulates me to develop ways of intervening that enable participation by taking account of, without focussing on, people's disabilities.

I recognise that when I am thoughtful about the simplest directions, such as "choose a partner", I can enhance participants' experience of the group. Not taking anything for granted expands my awareness, my capacity to be in the moment, and my enjoyment of leading.

Rich life experience

There is a depth of life experience and resourcefulness in WellElder groups. Though anxious about attending a personal development group, nearly always for the first time, people want to use their time well and gain what they can. In these groups I often need to make only small interventions to encourage and promote interaction between group members. These interactions enable people's strengths to shine through and their challenges to be normalised. They also provide opportunities for group members to learn from each other and develop their own approaches. Opportunities may be presented by something as apparently simple as a group member being late.

At the start of session four of the therapeutic group several people express disappointed surprise that Elsie is not here with some wondering, "I hope she's alright", "Maybe she decided not to come out in this weather" and "Perhaps the buses are running late". Living independently in the home she shared with her husband until his death three years ago, Elsie is a spry 93. She's about 1.3 metres tall, slightly built and has the appearance of an alert blackbird. She's been a lively participant in subgroups and at afternoon tea, her brief contributions in the whole group have been apposite, sometimes dryly humorous.

We are early in the warm up phase when Elsie bustles in, clearly pleased. When Sally asks if she is alright, Elsie nods and deadpans the details of her late arrival. As usual she had caught the bus that had arrived at the stop 150 metres from our venue twenty minutes before the start of the group. Her problem was then how to cross the road and walk the short distance without being blown over in severe gale force winds. No one at the bus stop to ask for an arm. She waits but no one comes. When a taxi drives by, she has the solution. She waits ten more minutes; no taxis. She hails the first one she sees. Initially the driver is taken aback to learn she only wants to go across the road and she fears he will refuse to take her. Then he's amused,

delivers her to the door and refuses to take her fare. Everyone claps. John acknowledges, "I wouldn't have thought of that" and Sally says, "Even if I had, I wouldn't have done it". There is a thoughtful silence. "And now?" I ask Sally. She looks hesitantly towards Anne.

In the previous session the theme had been the challenge of maintaining one's own energy, let alone interests, when caring for others. Of the ten group members, three are caring for spouses, as was Elsie in the last years of her husband's life. Sally's husband has recently moved into a dementia care unit where she visits him twice daily. Jen is parenting a troubled and behaviourally challenging grandson.

Sally says, "I'd like to have the gumption to hail a taxi to cross the road if I couldn't do it on my own." Anne replies, "I wouldn't have the guts", then looks at Elsie and says, "But if you hadn't, I'd be missing you here." John, Sally and Anne now reflect that they want to be more creative in finding ways to look after themselves and more 'permission giving' in following through. Jen and Peter nod. Group warm-up is high with everyone absorbed in the discussion. We break into groups of threes for people to generate options for themselves. The groups are lively and there is much laughter.

John has previously shared that he and his wife are missing the travel that had been a feature of their lives. The following week, he reports that he surprised her with a packed picnic basket, outdoor wheelchair already stowed in the car, and they greatly enjoyed lunch in the sun at a table overlooking the beach. She was moved by his thoughtfulness and he comments on the "deep joy of being together, even though her health is crap". Jen is amazed that after a week with a daily half hour of 'silent time together' with her grandson – he absorbed in games, she in her book – she's feeling warmth in their relationship for the first time since he's been living with her.

As they shift focus off the physical and emotional demands of caring 24/7 for a partner with a chronic, disabling condition and pay attention to what revitalises them and gives them pleasure, people rediscover vitality that nourishes them and their relationships. The strongly held but seldom fully articulated belief that self care is 'selfish' and irresponsible is giving way to more complex and life affirming solutions. As real as before, the difficulties of 'making time' for oneself are challenges to be creatively addressed and move slightly into the background.

Interest in absent Elsie is piqued by her pleasure in arriving: the group warms up to curiosity and Elsie responds to this genuine interest in her. She basks in her new role of dramatic raconteur and group's admiration of her spunk. John notices her creative problem solving, Sally her 'cheek in breaking rules' and Lily her determination to be here. Others affirm Elsie

with nods and smiles, and when they are working in threes, I hear Jen highlight Elsie's commitment to both herself and the group. Lily is struck by her patience and Ted by her determination. Each person has a new spark, a new idea of how s/he could be. These are fanned into life in collaboration with others with similar challenges and diverse solutions and strategies. Each person developing new approaches provides fresh inspiration and practical and enabling solutions for each other. The next week everyone is moved by John's love for his wife. Several people recognise that in paring back what they have enjoyed with their partners to its essence, they can continue enjoying important things in different forms as their physical abilities diminish.

A group is often one of the few, sometimes the only, place an older house-bound person may have to connect with others and the only place of being in touch with their own unique abilities, being noticed and appreciated. The latter was true for Joan.

Five minutes before the start of a *Saying YES to Today* group's third session, she walks in, greeting each of the five seated group members by name as she heads towards a chair. She asks Pam, seated beside her, how she is. Joan listens attentively, asking pertinent questions, nodding and engaging Pam. As people share in the opening discussion for the day, a theme emerges of taking pleasure in small things, pausing in our days to savour beauty, especially in the natural world. Poetically and with a touch of humour, Joan describes the pleasure of sitting in her comfy chair, warmed by the morning sun, watching the play of light on the harbour. Her warm empathy, her attention and responsiveness to each person, and her willingness to share early in the group when others are hesitant, all contribute to Joan being valued by other group members. Her spontaneity draws people together.

A little later people are talking in pairs about something they worry about. Joan looks very confused and Raewyn, her partner, looks up anxiously towards me. I join them and Raewyn reports that Joan has just said, "I have no idea how I got here today and how I'm going to get home". Raewyn is at a loss how to respond. I reassure Joan that I shall be taking her home and her lunch is being held for her. After a few seconds, her face clears, she nods, and turns back to Raewyn with a question about her.

Originally, Joan's son approached WellElder about counselling for his mother. He believed she was acting 'out of character' in not settling into her apartment in a retirement village and was not 'making enough effort'. It was soon apparent to her counsellor that Joan's dementia was further advanced than her family realised. She didn't remember the counsellor from one week to the next, nor did she recollect what they had discussed. In her professional life Joan had been a senior occupational therapist, well

known and respected by colleagues across a range of professions. Indeed, I remember attending a meeting skilfully facilitated by her about 10 years ago.

Joan's short-term memory is now compromised. I had collected her for the group and returned her home each week. When she led the way from her apartment, she became lost trying to reach the front entrance. Unable to remember whom she has met in the village, she is not making new friends and is feeling isolated and bewildered.¹

A professional lifetime of people and group skills are still very alive in, and accessible to, her. With everyone in the group wearing large typed name labels, she effortlessly and naturally addresses people by name. In discussion focused in the here and now she makes astute observations while being warm and empathic. The group is an opportunity, no longer occurring in her living situation, for Joan to participate effectively in discussion, relate to others responsive to her, and be valued for her contribution and herself.

Often being in touch with progressive functioning from earlier in life can be a catalyst for current change, both as a confidence booster and because it is more straightforward to re-engage rusty roles than develop new ones.

In session one of a *Taming Anxiety* group, Bill sits hunched, head down much of the time, his body twisted. He makes only fleeting eye contact with anyone. His comments, directed to the group leaders, are vague and when encouraged to be more specific, he struggles to do so. He chooses to sit beside me each session. As group members give him space to find his words, he starts to make eye contact. He reveals that he is recovering from a head injury.

Arriving in good time for session four, Bill takes a seat opposite me and beside Enid, with whom he has several times worked in a pair or threesome and they chat until the formal start. We asked people to 'catch an anxious thought' during the week and I ask about their experience. After two people have spoken, Bill squares his shoulders, glances quickly around the group, looks briefly at me, then takes a breath and launches in, "I was feeling I couldn't keep going like this, always expecting the worst, always expecting criticism..." Head downcast, he takes a rasping breath. As he pauses, the group is with Bill, everyone intently focused. I direct him to look briefly at two group members. He glances left towards Enid who nods encouragingly. Looking right to Colin, he can't help but catch some of the warmth from other group members. He continues, his tone firmer, "Then I

¹ In *Contented Dementia* Oliver James (2008) presents the SPECAL method. The person with a dementia is valued and validated through doubling, though James does not use the term.

thought, 'We talked about how to deal with our thoughts, different ways of doing this' so I took out the piece of paper (a handout from session three) and worked through the steps and I felt better, much better. Then I thought, 'I've let this [anxiety] become a habit and it's a habit that doesn't help my life or everyone around me.' So I looked at the paper again and realised that I **do** have strengths to tackle this. I gave up smoking and I gave up drinking. If I could do those, I can give up the habit of being anxious." He slumps in relief and exhaustion. Then, with a wan smile, Bill looks more slowly around the group, taking in their warmth and encouragement.

People in WellElder groups have such varied and rich life experience. This is often not obvious from their presenting issues or circumstances and sometimes not readily apparent from their current roles. People do not skite about their professional or personal lives or accomplishments. Seldom, if ever, do they talk in their day-to-day lives of the adversities overcome that have helped shape their current strengths: giving up a child for adoption, having a child die, being a refugee, staying in a loveless and violent marriage for 50 years, becoming a widow, the grief of 'losing' a loved life partner to a dementia, shaping a new purpose post retirement, deciding to live independently as long as possible with a degenerative condition, a rift with adult children, etc. As they reveal themselves in a group and have others respond to them, people discover anew attributes they have lost touch with, become aware of abilities and strengths they are currently using but not having recognised by others or themselves, and sometimes develop new roles. These attributes are enacted in the here and now of the group. I feel wonder and privilege that I lead these groups.

At times I question my role as leader. When I reflect on the richness of the group, I become grounded in my purpose of promoting awareness through group interaction and marvel at how small an intervention is usually needed. I am discovering a gentle touch as a leader and realising that in this context it is usually enough – effective and satisfying.

Conclusion

I'm committed to all our clients, and anyone eligible to be a client, being able to attend and participate in our groups. In working towards this, I am learning to pay greater attention to the group environment and becoming more sensitive to the interplay of the environment, people's physical abilities and limitations and their roles that enable and limit their involvement.

I am frequently moved by people's courage and determination and generosity towards each other. I repeatedly experience people choosing to go with their motivating force, finding ways to live fully and vibrantly,

saying YES to themselves and life, sometimes in the face of considerable difficulties.

I love this work!

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Rosemary was the manager and clinical leader of WellElder through its establishment and first seven years. She has stepped down from these roles to spend more time with clients and is enjoying doing so.