

# Casebook

## Creative Therapy with Geriatric Patients

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In my work with mentally impaired geriatric patients I cannot use the initial interview, which is so important. These people are confused. Usually the family member who brings them to the home knows very little about their early years or the important moments of their lives. The information from the interview with the family usually is limited to age, marital status, family constellation, and sometimes, if it is a man, his former profession. The ladies, who are now from 80 to 100 years of age, did not belong to Women's Lib, most had a quiet life as housewives and mothers.

In my technique of Creative Therapy, where I as therapist have to invent a separate approach for each individual (because each human being has his own unique personality, even twin brothers), it is very important to know the patients' habits and what they liked when they were young. The starting point of the creative technique is to become an observer and to have the patience to wait for the moment when one sentence, one word, a movement, or even a look, gives the therapist the opportunity to create the proper approach.

The elderly woman about whom I am writing was also autistic. For three years she had not spoken. I had only been able to communicate with her through non-verbal communication. I was talking, asking questions and she answered me by movements or shaking her head when she wanted to say yes or no. After a short time she started to greet me with open arms and she even took me in her arms and kissed me. I assumed she understood my questions and that she liked me.

I was waiting for the psychological moment and it came. For a year I had been visiting her individually three evenings a week for 15 to 20 minutes. I had also seen her once a week, in the morning when she sat in the group sessions with others from her floor. I never bother this type of patient with my name, my role in the hospital, or my profession. If somebody asks one of these geriatric patients who I am, they will answer, "She is my friend." For me this is the best degree and the highest award.

Usually in the evening when the patients are getting ready for bed, they remember the past. Because my technique uses the past to find a meaning for the present, I like this hour with my old friends. I don't want them to feel that they are in an old age home from which there is only one way out. I prefer that they remember the best moments of their lives in the past and feel again that they are who they were. My goal (each Adlerian has to have a goal for his patients) is to make them happy to the end of their life, which usually cannot be too long.

I use everything which they remember—their profession, their trips, family holidays, and even their love stories. Geriatric patients usually remember their last love story, not the first.

One day when I came to Mrs. F., she was eating with the help of the nurse. I took a seat in her room. I observed that she continually looked at my hands, which was something she had never done before. On one of my fingers was a very shiny costume ring, on a finger of my other hand was a very, as the French say, "sobre" ring. When dinner was finished, she beckoned me to come nearer to her, with a movement of her hand. "Aha," I was thinking, "the shiny ring attracts her." I showed her my hand with the shiny ring, but she pushed away that hand and took my hand with the "sobre" ring in both of her hands. She started to caress the large surface of that ring and began to talk. "Ah," "A-ga," "A-gate," "Real," "Antique," "Beautiful."

It was true. The "sobre" ring was an antique, not shiny, but very expensive and rare agate. "You understand jewelry," I said, "It's terrific. You can help people." And she has helped others. Since then I bring her various rings, genuine if I can borrow something from a friend, some of my diamond rings, and costume jewelry. She recognizes immediately what is genuine.

She was always waiting for me. She was in business. She had a goal—to help people by telling them the true value of their jewelry, which is often far from today's inflated prices. Finally she asked me to wear the agate ring always, which I do in spite of the danger when I leave the hospital at eight or nine in the evening.

One day I asked her, "Did you have an agate?" She said, "Yes." "Did you have diamonds?" I continued. "Yes," she said, "but the agate was from him." Who he was I do not know and being very discreet, I didn't ask.

Many times we sit down together for five or ten minutes without talking. She caresses my agate ring, thinking about "him" in her distant past. I look at the agate and for me it is the present.