

moments at the conference when I felt that we were in danger of laying our stuff on Mother once again - only at a more advanced level. (If She does it, so can we!) I realize that the awesome, powerful title 'Violence and Spirituality' which had drawn me to the conference also engendered, in me at least, an openness to the archetypal level at the expense perhaps of the practical level.

I am arguing then that, in any situation of violent confrontation in which we are participating, what is needed is a sharpening of awareness in order to find ways, fitting to the living situation of that moment, of creating truly safe conditions for the organic completion of the innate need to express life.

This holds not only on the personal level but also on the level of national and international action. Avoidance of humiliation by finding ways for the face-saving of national pride was not sought, for example, in the case of Germany after the first World War, leaving that humiliated nation ready ground for the boosting, purposeful nationalism of Hitler. Such avoidance, and easing the fear level of the nation considered to be the most violent, will probably be the main concern on the international front whereas internal conflict may more often require an understanding of the 'rebel' need for recognition and paths of expansion.

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## AN ELDERLY ISSUE

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by

**Mark Matthews**

I have an elderly aunt who has turned to me for help and guidance. The elderly issue is in this sense very personal and indeed painful. While attempting to resolve some of the questions which arose I spoke with the editor in the hope that he could refer me to someone for advice. During our talks we both realised that a special issue of *Self and Society* devoted to the role of Humanistic Psychology with the elderly, would be a good idea.

During my personal enquiries I have found two reports. The first by the Council of Europe deals with care for the elderly at home and the second by the Health Advisory Service (Annual Report) deals with various aspects of care for the elderly. Both stress the fact that the independence, responsibility and involvement of the elderly must be respected. This is not just because it is their right but because there is evidence that 'growth' or learning

can occur, even in quite elderly people.

The Council of Europe report is especially open to humanistic and holistic viewpoints on the questions of care, team building amongst carers and a host of other aspects. They even stress that for the elderly the psychological security of their own home is often more important than medical security. I mention this latter point as it is something that arose in my discussions with my aunt and made a very deep impression on me.

The present situation with my aunt is that she is in hospital and has been for almost all this year. She is frail, has had TB and is partially incontinent. She also has a hip disability which has made her right leg inches shorter than the left. If she falls she cannot get up by herself.

In my opinion until this summer no-one had given proper thought to my aunt's needs. She didn't; I didn't; the social workers didn't; and when she was discharged the first time not even the hospital gave the matter the attention it deserved. This summer the hospital wrote to suggest she be admitted to a private residential home. My aunt was and is adamant that she prefers to go home. There are many difficulties in this but none are insurmountable.

My aunt is also thought to be senile; a view which I utterly reject. The examples of this, listed in a doctor's certificate, included that she did not know the name of the prime minister, the monarch or the day, date or month and even her own date of birth. The latter fact is one that most ladies are reticent about and

the former are of no importance to her. Her memory is not good but like many people she forgets what she does not like or does not think important enough to remember. For example she was taken to see two residential homes. One was modern, clean and well equipped. It was also an emotionally cold desert. The other was comfortable, old and caring. These are my impressions. My aunt cannot remember the first one at all.

Due to the fact that my aunt has been institutionalised for a year and prior to this had spent almost forty years as a virtual recluse, it is not surprising that she does not react with others in the easy way she does with me. In this sense I can understand how she often compounds the problem.

On one occasion I recall she acted really daft with a nurse in that she seemed not to understand what was said to her. At the end she gave me the most wicked wink I have seen in years. The truth as she explained it was that the nurse treated her like a child: so she acted like one.

While I am not sure that it is really in my aunt's best interests for her to return home, I am certain it is not in her interest to be forced to do something she does not want. To make a decision at the present time seems to be premature and my thinking is that she needs a period of convalescent care and remedial therapy before a decision can be made. This is in fact much more difficult to organise than it sounds.

The point of these personal details is my hope that they will strike a chord with you and other readers. What I

would like initially is for anyone interested in the idea of a special issue or with experience of working with the elderly to make contact with Vivian or myself. I am utterly convinced that the techniques, skills

and general approach of humanistic practitioners are highly relevant to the needs of the elderly, particularly within the financial constraints which presently exist.