

VOCATIONAL ADJUSTMENT OF THE EMOTIONALLY DISTURBED AGED *

by LLOYD MEADOW

Detroit Jewish Vocational Service

A SATISFACTORY vocational adjustment plays an important role in meeting the needs of older persons with emotional problems. We propose to examine this role and to describe a program that may meet some of the needs of the emotionally disturbed aged in the vocational area.

Reisman⁸ in a recent article on clinical and cultural aspects of aging speaks of three groups of aged—the autonomous, the adjusted and the anomic. Though his is a somewhat arbitrary classificatory system, it can adequately serve as a framework in assaying the vocational adjustment problems of older disturbed people. He sees the autonomous group as consisting of those people who are able to maintain and, usually, increase their pace in old age. Their strength lies within themselves. They can be immune to cultural change and the physiological catabolisms that beset older people. Old age spurs them on to greater achievement. Freud, Schweitzer, Toscani, Einstein, Churchill, Shaw and Russell are but a few of the great people that fall into this category. None of these people are devoid of emotional problems, yet all have functioned on a

superior level, utilizing their creative capacities to the fullest. Margaret Mead,⁶ describes how the Balinese renew their lives in the older years through learning new skills. This may be comparable to Reisman's autonomy group. We also have anthropological data from other cultures indicating that the old age period can be the most productive in the life history cycle.

The next group Reisman speaks about are the adjusted. The adjusted are able to make the transition to old age successfully. If they lose their jobs they are able to find substitute activities which gratify their needs. Many of this group have spent their adult years in planning for this later period. Their lives are sufficiently integrated so that they do not require institutionalization, psychotherapy, or welfare aid. The momentum of their early years seems to be able to carry them through this last period of life. They may not show further growth during this period but on the other hand there is no significant regression.

Reisman's last group, the anomic, is the one with which we are most concerned for purposes of this paper. For it is in this group that we are confronted with a high proportion of emotionally disturbed people. This is the group where physiological vitality is lost, and where

the culture does not sustain the individual. They lack psychological maturity and the ability to plan for themselves. Vocational maladjustment is characteristic of the anomic. They are the group most in need in physical, psychological and social services.

Let us look more closely at the emotionally disturbed older people who come to a vocational guidance agency. They are the group requiring extensive diagnosis, evaluation and planning.

When the magical age of 65 approaches, many workers are forced to make a traumatic readjustment. The culture customarily dictates retirement. Most people are ill-prepared for this economically, socially and psychologically. They are unable to subsist on social security and old age assistance. Outside resources are extremely limited. The children, who are struggling to support their own families, are unable psychologically or financially to support their elders. Some of the emotionally disturbed are divorced, or separated from their families, or widowed. Housing is sometimes makeshift and inadequate. Some live in small rundown hotels or rooming houses. Friends and group support are usually absent.

I do not believe that old age *per se* is an etiological factor in the emotional disturbance. We have cited material which indicates that old age can spur many people to renewed and greater activity. Nor can loss of a job alone be the sole factor responsible for the disturbance. Analysis of the work records of many disturbed clients reveals sporadic and inadequate work histories prior to their retirement. The emotional disturbance must be examined in terms of the total life history and situation of the individual. It is only in this way that the vocational problems can be focused in proper perspective.

At this point let us examine how lack of work or loss of work contributes to

the emotional difficulties a client is confronted with. While work has different meaning to different people it is a focal point in our culture. A job gives a person economic security, prestige, a feeling of belongingness and psychological ease of mind. Without work many people feel lost and helpless. This feeling of helplessness seems to be accentuated with advancing age. Again not because of age *per se* but because of the cultural attitudes toward work and the aged. Recently a man of 60 requested service from our agency. He had been known to the agency for over 15 years. He was a writer and editor, but because of personality difficulties was unable to hold on to jobs for more than 2 or 3 years at a time. He had just lost his job and was in a state of panic. As counseling progressed it became clear that the impact of his advancing age along with his inability to hold on to a job had brought him to a stage of crisis. While never calm about losing a job in previous years, the anxiety and fearfulness were apparently much greater now.

Unfortunately we have not developed sufficient activities outside of work to absorb peoples' energies and creative potential. Leisure activity as it is patterned in our culture fails to satisfy peoples' needs. It is of a passive nature, tapping few of the available inner resources. Many emotionally disturbed clients of all ages have been observed to deteriorate rapidly without work. While working with a group of chronic alcoholics, I observed that the most difficult periods for these patients were weekends and holidays when they were not working. From absorption in work they went to absorption in alcohol. Work seems to have much more meaning than economic value alone. Several old age homes report a startling difference in the interest and amount of participation in workshop programs as compared with occupational therapy programs. The interest and par-

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ticipation is high despite the extremely nominal financial remuneration in the workshop programs. It would be a very valuable research project to examine the meaning of work to this group.

Since our awareness of the magnitude of the problems of the aged is a relatively recent development, vocational services for this group have lagged behind services for other groups. For the most part the aged were the neglected group of the vocational agencies. The scant attention paid to this group is understandable in the light of existing cultural attitudes.

Linden⁵ gives us an excellent detailed rationale on the origin of rejection towards the aged group. He says that in our society we are quite subtle in our treatment of the aged. "We neither revere nor crudely discard the aged. But our passive neglect of them has caused annihilation, just as surely as if our mode of action had been more direct." He details how various rejecting attitudes are found in the specific developmental stages in a person's life history.

The Detroit Jewish Vocational Service in conjunction with the National Council of Jewish Women developed a special program for the aged in 1951. Prior to establishment of this project, a survey in our own agency and examination of other agency's programs, indicated that services to the older group were limited and movement into jobs very slow. Albert Cohen² has described the Detroit program in a recent article in the *Personnel and Guidance Journal*. The program was set up as an experimental pilot project. It was designed so that intensive services could be given to older clients for an extended period.

In view of the difficulties many of the applicants in their early 50's had in making a vocational adjustment, age 50 was set as the lower limit of the aged group. However, age alone was not a sufficient criterion for eligibility for this program. An applicant had to have a

definitive handicap, emotional, physical, mental or social, in order to be eligible for the program.*

In this paper we are primarily interested in the emotionally disturbed aged. As experience developed in this program it became exceedingly difficult to differentiate the physically handicapped from the emotionally or socially handicapped applicant. It seems to be the rare person who is physically handicapped without having emotional repercussions. Many of our clients are now being classified as "multipally handicapped." Evidence from psychosomatic medicine indicates the very close connection between physical disease and emotional adjustment.

In the Detroit program there is much emphasis on getting a thorough diagnostic picture of a client. We have found that inadequate diagnosis leads to inadequate service and does not fulfill the client's needs. A series of extensive medical report forms with additional special forms for cardiac and visual disturbances are utilized. If an applicant does not have a private physician, an examination is arranged for him at a clinic. Formerly, medical information obtained was very vague, generalized and unhelpful. With these forms we are able to determine the specific physical activities an applicant is permitted, the extent of the activity and the required working conditions. The form asks for prognosis and recommendation as to future treatment. There is a list of specific defects and to what extent these defects will limit employment. With many of the emotionally disturbed clients, there may be a history of prior contacts with Social Service agencies and psychiatrists. Wherever possible information is obtained from these sources.

* It may be better not to fix any minimal age level, but accept cases if advancing age is a serious factor in vocational adjustment along with the other criteria.

There seems to be a definite need to involve doctors and psychiatrists in more coordinated joint planning. By acquainting them with the scope and needs of a vocational rehabilitation program, this may gradually be achieved.

In many of the cases a complete psychological workup is obtained from the agency psychologist. Various personality projective tests are utilized along with aptitude, intelligence and performance tests. Until recently one of the difficulties encountered in utilizing the test data was that there were no comparable normative data for these older age groups and test results had to be cautiously interpreted. Wechsler⁹ has recently developed a new intelligence scale and has established norms up to 75 years and over. Ames, Learned, Metraux and Walker¹ have just completed a study of Rorschach responses in old age and have developed norms up to age 90 and over. This is a promising beginning in the field of geriatric psychological testing, and it is hoped that there will be more normative data developed for the many other tests. To my knowledge testing has not been sufficiently utilized with the aged. Testing seems to be as valuable with older people as it is with any other group.

With some of the more difficult emotionally disturbed clients, a psychiatrist is consulted and joint planning is evolved. Perhaps the most useful new diagnostic instrument available is the community workshop. It can be considered as a valuable extension of existing diagnostic services. In spite of an extensive medical, psychological, psychiatric and vocational workup, in many instances we are still unsure of diagnosis and planning. The workshop affords an opportunity to observe a client under controlled work conditions. It is an experimental laboratory setting where the variables are carefully manipulated to fit the needs of each case. Some of those

variables are the type of work, the pace of work, the group social setting, the hours, wage incentives and supervision. After the work test trial is completed we feel that the degree of employability and placeability can be prognosticated with more confidence than by using any one diagnostic device alone. The ensuing vocational planning has a more practical and realistic basis.

The workshop is also an important tool in the rehabilitation of emotionally disturbed clients. A period in the shop, varying with the needs of each applicant, is used to bring a person up to a minimal level of satisfactory work adjustment. Some disturbed applicants are fearful of returning to work and the interim period in the shop helps bridge the gap between unemployment and regular employment. Some of the disturbed have severe problems in the area of interpersonal relationships and especially with regard to supervision. Some of those problems are worked through in the shop. The period in the shop, along with intensive counseling, helps to eliminate some of a client's fearfulness and anxiety.

After a workup is completed, and if placement is indicated, the special program counselor assists the client in finding work. About fifty per cent of the clients in the program each year are placed by JVS and an additional number find employment on their own. This pilot project has demonstrated that a special placement and rehabilitative program designed to fit the needs of the older worker can be highly effective. The pilot project has now become a permanent part of the agency program.

However, there are some clients who are not ready for vocational planning at the time they come to the agency. Some of these are referred to other resources for medical, psychological or social services. There are some clients who are not rehabilitated, perhaps because of inade-

quate diagnosis and planning, or because they do not have sufficient inner resources for successful rehabilitation. Further study of the failures seems indicated.

I should like to cite briefly two cases illustrative of the older worker program. Mr. B, age 68, had a serious cardiac condition and suffered severe anxiety. He was accepted for the workshop with the aim of relieving some of his anxiety and building up his work tolerance to full time with the hope of eventual placement in light sedentary work.

After several months he made excellent progress, was less anxious, became a very competent, productive worker and was deemed ready for regular placement. At this point he suffered another cardiac attack. Analysis of this case history indicates that the timing of his attacks may be more than coincidental. The threat of regular work in a non-protective setting was too much for this man. He was verbally very acceptant of job referral. However, when confronted with several job offers, he always managed to refuse them with dubious reasons. When a job placement became imminent in private industry he had his attack.

He was seen by a psychiatric consultant who felt it would be unwise to break through the defenses he had built up around his cardiac condition. He is now considered a terminal case in our shop and is doing well at this level. Cohen² refers to this type of case as "Psychologically Terminal." From both a medical and vocational viewpoint he is able to work full time in a light sedentary job. However, his severe anxiety and his strong psychological defenses prevent him from functioning in regular employment. His experience in the shop gave us information that we were unable to get in a regular diagnostic appraisal.

Another case, J.R., age 61 was until recently a highly successful tool designer.

He is suffering from early Parkinsonism and was fired from his job. He tried several other firms, was hired and always lost the job within a few days.

Psychologically he was unable to accept his declining abilities. He sat at home for several months in a very depressed state. Psychological testing indicated deterioration in the performance area and a tendency toward immobilization because of emotional problems. Verbal intelligence remained high. There were some regressive signs in his Rorschach, withdrawal symptoms and some sexual disturbance. The tests indicated very poor prognosis for employability. From vocational interviews the prognosis was equally poor. With the help of several counseling sessions over a period of two months he was able to accept a job in the workshop, though with many reservations.

After three months in the shop, he became less anxious and depressed. The workshop evaluation indicated he was employable and placeable in light semi-skilled factory work. Such a job was obtained for him and he is still working. Through exposure to the work trial shop setting he was gradually able to accept his psychological limitations and new reduced level of functioning.

Linden⁵ feels the emotionally disturbed aged are suffering from four main psychological wounds—a rejecting environment, isolation, regression and the use of sick defensive mental devices. He recommends a four part treatment program:

1. Removal of the patient from a covertly or overtly rejecting environment to one that accepts him.
2. Resocialization.
3. Activity combining usefulness with creative participation.
4. Psychotherapy.

An all encompassing treatment program such as this may be necessary for a satis-

factory vocational adjustment for the emotionally disturbed.

Greenleigh⁴ suggests that the emotional disturbances of middle and old age can often be successfully treated. Until recently psychiatrists felt that psychiatric treatment with older people was of little avail. Frieda Fromm-Reichman⁷ and others have demonstrated the efficacy of a good treatment program with aged patients. Probably at the present state of scientific development, no one discipline alone can successfully solve the complex problem of the aged. Each has an important contribution to make.

Emotionally disturbed applicants have come to the Jewish Vocational Service and said—"If I only had a job all my problems would be solved." We have found that a sound vocational plan plays an important role in a client's eventual adjustment, but it does not necessarily resolve all his difficulties.

There is a pressing need for research in the field of the vocational adjustment of the aged. Gellman³ in his work at Chicago has found that vocational adjustment can be, in part, independent of personality adjustment. Some of the Rorschach studies of successfully rehabilitated clients indicate no basic personality change after a period in the workshop. In a few instances there was marked vocational improvement along with continued personality maladjustment. The experience of the Detroit JVS tends to support these findings. The lack of a one to one relationship between vocational and personality adjustment may explain partially the success of some of the existing vocational rehabilitation programs. It also indicates that

it is possible to work with the emotionally disturbed client in the vocational area, without necessarily working first in the personality area.

Additional research is needed to determine the advisability of working with the aged as a separate group. Some evidence indicates that the problems of the aged would be no different from other groups except for the culturally negative attitude expressed toward them. It should be emphasized that our knowledge of the factors involved in vocational adjustment of the aged is highly tentative. We must draw upon all disciplines, and re-examine existing concepts and theories and also utilize experimental research in order to give the most effective assistance to the aged.

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