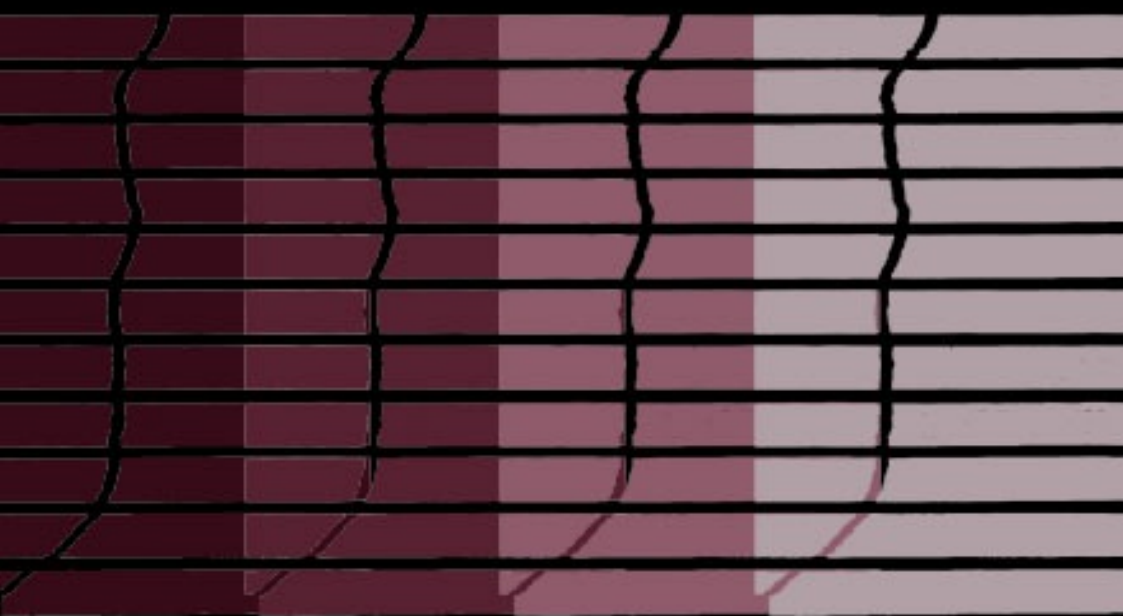


# Counseling Aging Men



**Brook B. Collison**

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## Counseling Aging Men

**Brooke B. Collison**

The most critical element in counseling aging men is gaining access to them for counseling purposes. As a group, men avoid counseling or other help-seeking behaviors, and this is not different for aging men: Therefore, much of the counseling of aging men will need to take place in settings other than the therapist's office—the last place that aging men may go for the help that they desperately need in the critical times of their lives. The most effective role for the therapist may be to work with the persons in the adult male's support or contact network in order to (a) reach the older male indirectly through significant others, and (b) broaden the effective helping base in the several areas that are critically important to older men.

*Aging men* is a term that will be applied to two age groups: those in the age range 45-60, and those 60 and beyond. All men can be defined as “aging” regardless of their age, but the particular themes that drive men to examine their lives and to behave as they do frequently come to a focus in the two age eras defined above. In a sense, the 45-60 period may be the first time that many men sense that they are “aging” and the 60 and beyond era is a time that they know that they are.

A critical issue that men face in either of the defined eras is, “What does aging mean?” Therefore, the most common therapeutic technique suggested for work with aging men is the set of responses that (a) assist men in assessing lives, (b) determine what their lives mean and what aging means for them, and (c) allow them to implement whatever they need to do as a result of the meaning that they define.

It is most important to work with aging men through developmental stages in what would be defined as “normal” transitions. The pathological states that exist for men at all ages have been described elsewhere. It is the large mass of “normal” men who need focus—men who are aging, and who, through that aging, are being forced to deal with inevitable changes in their work, family, and physical lives. In large part, there are few places where they are invited to address the issues that come from those changes, or if they do address the change issues, it is expected that they will handle them in the typically “manly” way of showing no reaction and minimizing the “bother” that they represent.

## Developmental Issues—(Ages 45-60)

It has been fortunate for men that writers such as Levinson (1978), Vaillant (1977), Golan (1981), and Neugarten (1968) have described the nature of normal developmental processes for men. As a result, the concepts surrounding “transitions” have become more a part of the public’s vocabulary, making it easier than it once was for a few men, as well as those around them, to discuss openly life issues centering on work, personal and family relationships, and physical performance.

The 45- to 60-year-old man will have many life changes that require intense discussion and analysis to clarify their meaning. Consider work situations, for example: It is in the 45-60 era that men will know that they have either reached, exceeded, or fallen short of the major career goals that they set early in life. In either respect, whether men have exceeded or fallen short of goals, they need an opportunity to discuss the significance of goal attainment. The following counselor-client excerpt is illustrative:

**Counselor:** What is happening for you now in your job situation?

**Client:** Not a lot.

**Counselor:** You say that without much feeling.

**Client:** I suppose so. There isn’t much excitement there now.

**Counselor:** What would it take for it to be exciting?

**Client:** I don’t know. I am doing what I set out to do 15 years ago. I’ve reached the place I wanted to be, and it’s not as exciting now as it was 5 or 10 years ago when I was scrambling to get here. I mean, I’ve made it and there’s—like there is no reward.

**Counselor:** What does “making it” mean to you?

**Client:** Just that—I’ve come as far as I wanted to.

**Counselor:** And what does that really mean?

The evaluation of life goals for men who have met or exceeded their original expectations is as important as it is for men who have to face the disappointment and resultant meaning attached to falling short. Consider the following excerpt:

**Client:** I just found out that I am being passed over again.

**Counselor:** What is that like for you?

**Client:** It really hurts. They must think I can't read the handwriting on the wall, or something. I know that I haven't done as well as I wanted to, but—it still hurts to get passed over and everyone in the world knows it.

**Counselor:** Getting passed over again has a strong message in it for you, doesn't it?

**Client:** Yes. I just have to face the fact that I am never going to be what I thought I'd be.

To reach an achievement point and find that it is empty of satisfaction or to miss an achievement point and realize that who you thought you were—based on work attainment criteria—is not what you wanted, are both issues requiring the kind of processing that counseling affords. Yet neither of these situations are the kind that would, of themselves, force a man into a counseling relationship. They are the kind of issues that may be imbedded in other life events. The ennui that results from finding that goal attainment is empty is not unlike the despair that accompanies the realization of goal failure. Both situations are common—in fact, every man has to deal with them to some extent, since every man can be defined as meeting or missing goals related to work situations. For the man who meets or exceeds expected goals, there is little sympathy among peers or family for men to express disappointment at what appears to be a significant accomplishment. The success orientation of most men (O'Neil, 1981a, 1981b) prohibits open discussion by men of their thoughts about failure, and certainly would inhibit discussion of disappointment associated with success.

Family and personal relationships need to be examined by men in their forties and fifties. In the same way that work goals are either met or exceeded—and have meaning attached to them—relationships have meaning attached. That meaning needs review. The obvious developmental issues of children reaching maturity and leaving home, becoming the father of grown and/or married children, redefining marriage relationships, becoming single by virtue of death or divorce, contemplation of remarriage or different partnering—all require examination.

This is also a period when earlier relationships are examined, especially in terms of their effect on men's lives. Perhaps father relationships are most significant. Consider the following excerpt:

**Counselor:** What do you recall as a "most significant" event with your father?

**Client:** That's hard to pick out. [Pause] There was one, though.

**Counselor:** What was that?

**Client:** Well, I recall a time, I'm not sure how old I was, that I was sick or something was wrong. Maybe I had been hurt or something. And Dad came in and didn't say anything, but just held me. He just hugged me for a long time.

**Counselor:** How common was it for him to do that?

**Client:** That is the only time that I can remember. He just didn't hug or things like that.

**Counselor:** And that one time has really stuck with you, hasn't it?

**Client:** Yes, except that I haven't thought about it for years, until you just asked me.

**Counselor:** What do you want to do with that?

**Client:** I'd like to do the same for him now, I guess. And I'd like for it to be different for my sons.

The opportunity to examine and evaluate father-son relationships is a critical need for men. The man above went ahead to describe the kind of relationship that he wanted to develop with his own two sons and then returned to a focus on his own father, who had recently retired. The sense of urgency that aging brings to relationship management is marked in the conversations of many men.

Perhaps physical changes or changes in physical performance are among the most frequently discussed age-related changes that men engage in. Often, the discussion may not be particularly helpful or therapeutic. Consider the locker-room discussions that are age-related, with bantering about being beaten by an "old man" or that a loss on the racquetball court must be a sign of old age. A missed ball is followed by an admission that "I must be getting old." And fortieth and fiftieth birthdays have become a common vehicle for morbid gifts at parties, which are poorly organized attempts to find humor in morose activities associated with the despair of aging. Greeting card stores have rack upon rack of cards that describe the perils of becoming 40 or 50.

It is important to be able to talk about physical changes in a nonthreatening environment. Again, meaning is a focus:

**Counselor:** You talk about being worried that you are slipping.



**Client:** You bet. I would never admit it in public, but I wake up at times wondering if I am going to make it to sixty.

**Counselor:** What are the signs that tell you that?

**Client:** Oh, it's physical—I can feel it a lot longer after I run. I don't know if my knees will hold up. And I can't eat or drink like I used to. It's hell to get old.

**Counselor:** Is that what it means? You're getting old?

**Client:** Damn right. And I don't like it.

**Counselor:** But what does "getting old" mean?

When normal transitions occur out of sequence, or simultaneously, or without preparation, they can become crises. Men in the age of 45-60 should be able to predict certain transitions; however, the combination of relationship change (divorce) with an unexpected work or career change (loss of job) or with a precipitous physical change with accompanying onset of physical limitation is likely to require therapeutic assistance beyond a network of supporting friends.

The time of crisis is not the time to develop the supportive networks of personal relationships within which one can examine a life. Because they tend not to have them, men—perhaps more than women—need to work harder to develop supportive networks early in their lives that they can use at those points of crisis calling for additional therapeutic response. The most likely point for those exchanges is within the social group that the man is a part of; however, most social groups are activity focused and provide little in the way of sustaining interpersonal relationships needed in the midst of transition or crisis. One effective method to deal with this issue would be to bring the discussion of age and aging into the open in social groups and men's clubs. Therapists should use scheduled programs, formal seminars, regular discussions, and the like as methods that can push the topic of "aging" into the fore, thus increasing the likelihood that men would engage each other in the kind of discussion that resembles therapy in another setting.

### Therapeutic Responding

Whether it is in a personal support network, in a family setting, or in a therapeutic environment, men need the opportunity to have persons interact with them using the following kinds of responses:

- “What is happening in your life now?”
- “How is what is happening fitting with your life goals?”
- “How do you feel about the relationships in your life?”
- “What is missing that you would like to have?”
- “What are you feeling best about?”
- “How are you different now than you were (10, 20, etc.) years ago?”
- “What are you seeing in your future concerning your job, family and relationships, and your physical well-being?”
- “What meaning do you attach to your life now?”

### **Age 60 and Beyond—New Developmental Stages**

The 60-year-old man has to work harder to avoid being aware of impending decisions and issues that retirement and age-related change brings to him. At 60 he is entitled to discounts in many motel and restaurant chains. The atmosphere at sixtieth birthday parties increases in morbidity and gloom, promoted by “friends” who attend. And employment policies begin to force consideration of retirement, job change, and the like. The 60-year-old man who has worked for the government or the military may already have retired—occasionally to start a second career or job. The 60-year-old man who is in a larger company and who is not at the pinnacle of his career may already have seen himself passed over for promotion or responsibility, and the plethora of younger men and women who abound may be perceived as a direct threat. On the other hand, the 60-year-old man may be in a position to become a mentor to the young, and see himself extending his work life through others.

Relationships change for the 60-year-old man. In all likelihood, there are no more children living at home. Most likely, his children are partnered adults with children of their own and the older man may move into a comfortable role as grandparent, or an isolated role of an older man that people stay away from. In either case, there is a need for men to examine this new role and be able to make the necessary adaptations to the lifestyle that the new role demands.

Physical changes are magnified for the 60-year-old man. The news media and popular press present a great deal of conflicting information to men in this age group about what they are likely to experience concerning heart conditions, prostate problems, exercise limitations, sexual performance expectations, and longevity in general. Some topics related to health and performance that were not discussed a few years ago have moved into the open. The *Today Show* may have a discussion of impotence and show models of penile implants used to enable erections for impotent men. The same discussion may also illustrate the difference between physiological and psychological impotence, thus limiting the man's excuse for his impotence—if he has had to explain it to others. The result of private, taboo topics being pressed into the open may enable discussion, but it may also increase anxiety if the man cannot easily discuss that which is private and personal.

The man who has been able to live his life close to the physical edge with excessive smoking, poor diet, heavy drinking, and little consideration for hours of work or sleep will no doubt find in his sixties and beyond that he cannot do what he has always been accustomed to do. Depending upon the meaning and significance that he has placed on those behaviors as indicators of masculinity, the loss or limitation in any of those behavior areas may take on more significance than might be noticed in others.

Butler and Lewis (1982) have pointed out that old age is the period in life with the greatest number of profound crises, often occurring in multiples and in high frequency. They also state that “individual psychotherapy is *least* available to older persons and yet should be a part of any therapeutic relationship” [italics in original] (p. 320). Availability is more than likely tied to money and earning power, which declines with age and retirement.

The critical psychological events for older men concern their reactions to death and grief, decisions, and disabilities. Butler and Lewis (1982) contend that older persons often exhibit a strong desire to resolve problems, to put their lives in order, and to find satisfactions and a second chance—thus making them prime candidates for therapy, which Butler and Lewis have already said is less likely to be available to them. I take the position that the help for men to work through those situations must occur within the normal relationship channels that they have developed rather than from professional therapy, which is less likely to be available to them. The professional therapist, then, may need to give special or extra help to the older men's caring networks for them to become more therapeutic— defined

as open and supportive of critical life topics as well as accepting of the personal concerns that are endemic to older men.

## WORK AND RETIREMENT

Men need a place to discuss the significance of their work life and the implications that the termination of that work career have for them and the people who are connected to them. The development in recent years of active associations for retired persons has ameliorated the “retired” status somewhat, but for many men who have defined themselves in terms of their work, retirement still presents a significant trauma that must be processed. I am involved in a group where several retired men nearly always introduce themselves in a disparaging manner: “I’m just one of those retired people you read about—don’t pay any attention to us,” or “If no one will volunteer to do it, you can always call on some of the old retired persons—they don’t have anything to fill their time anyway.”

Blau (1981) talks about “role exiting” as a concept describing people who leave an established role. There is less discussion of “role acquisition” as an accompanying part of role exiting. Conversations with 60-year-old men need to focus on both aspects of work-related role, with opportunity for life review and reminiscence. The “retirement party” is not an adequate substitute. Consider the following dialogue:

**Counselor:** How would you summarize your own work career?

**Client:** Pretty normal, I guess. I was with [public utility] company for my entire life. There have been a lot of changes over the years—a lot of people have come and gone.

**Counselor:** You must feel good having stuck it out that long.

**Client:** I suppose so. Maybe I should have done some other things, but I always had a job.

**Counselor:** Did you like what you did?

**Client:** Oh, yes. I always found it interesting.

**Counselor:** What were you able to accomplish as a person and as a professional in [public utility]? . . .

**Counselor:** Now that you have retired, what is it that has become as important as your work once was?

**Client:** That might be the problem—I don’t have anything which is important to anyone else. Oh, there is my garden, and I like to give produce to others, but there isn’t anything that I do now which is really important to anyone. I guess that I do fix some things up around the church, but that’s not much.

Clearly, the man quoted above would be hard pressed to find the same value in his retired life as he found in his active work career. Analysis of his worth in retirement could take place in therapy, but may be more effective within established social or family groups. He cannot be told by a therapist that he is valuable apart from work; he must discover that for himself through dialogue with important others.

To this end, members of the clergy provide the most access to aging men. As professionals, they need the kind of training that would enable them to lead the discussions and conversations that focus on work, retirement, meaning of life, and the subsequent issues that aging men need to discuss. Members of the clergy also have the most frequent access to the partners of older men—their spouses and children. It would be an effective intervention for clergy to work with those persons who in turn become enablers of effective discussions among older men.

## **CHANGING SEXUAL EXPRESSION**

It is not likely that many clergy can enter discussions with older men, their spouses and partners, or their children about inevitable changes in the sexual life and activities of older men, but that is another critical area for dialogue. In addition to the mythology of changing sexual performance, there is the reality of changing sexual opportunity for older men. Through death, divorce, or separation, sexual patterns may likely change for older men. Physical changes need to be discussed, as well. For the older man who experiences severe physical problems—prostate or other urinary or reproductive system complaints—the conversation about sexual change will be forced into the open through medical diagnosis and treatment. For the vast majority of older men, however, the arena for open discussion of changing sexual patterns is as closed as it always has been except for the occasional appearance on a TV talk show or, as previously stated, the discussion on a medical news section of “cures for impotence.” A solid referral link must be built between medical personnel and therapists in order to avoid a “medical-only” approach to sexual problems.

Members of the clergy need to confront such issues on hospital and nursing home visits. In that setting, it is also more appropriate to confront the topic with the older man’s partner. The difficult part is to start the conversation. The next most difficult part is to get the man to acknowledge the core issue. And the other difficulties are to get the partner to acknowledge the male’s dilemma in a facilitating manner

rather than to minimize the issue. For example, the following dialogue took place with an older man who had undergone two unsuccessful penile implants following prostate surgery that left him impotent. His wife was also involved, more than he, in the dialogue:

**Man:** The second operation didn't work either. There was a lot of infection which they couldn't clear up.

**Woman:** I don't know why he had that done. The first one didn't work and I kept telling him that that wasn't that important to me. It was so painful to him. I didn't want him to do the first one. And he didn't even talk to me about doing the second one.

**Man:** Well, I just wanted to have it done.

**Counselor:** It sounds like that was very important to you.

**Man:** Yes. I thought it was kind of funny, too. I could have walked around with a permanent hard on [laughs].

**Woman:** Oh, I wish you wouldn't say that. It isn't funny. I keep telling you that I don't need that. Just having you around is what's important.

**Man:** Well, I haven't decided whether to try it again.

**Counselor:** What would help you decide?

Neither the man nor the woman would address the issue of how much identity was tied to his ability to have an erection. She may have been satisfied to have a husband who was alive. He was not satisfied to be alive without being able to have an erection. Humor became a focal point in their discussion and she was put off by it. The counselor did not do an effective job of confronting either of them on the real issues at hand. It would have been more appropriate for the counselor to have addressed questions to both of them: "What are you hearing your husband say about the importance and meaning attached to having an erection?" "What will your life be like without being able to have an erection?" If the penile implant would not be successful (which in this case it was not), the counselor should address the speculative issues of what life would be like as a man and as a couple without erections. This could extend into instruction and discussions about alternative forms of sexual satisfaction for both, but it would take a good bit of dialogue to break through the discomfort each faced when confronted with the topic.

## RELATIONSHIPS WITH CHILDREN

The 60-year-old male has a wonderful opportunity to repair or to enhance relationships with his children. One of the common complaints of the man in this age category is that his children do not pay as much attention to him as they might. The most therapeutic approach to this situation is to have the man examine the nature of his relationships with his children over the years and see what it is that has caused the rift. In most instances, the older man has not taken on a new set of behaviors that alienate the children; he merely has more time on his hands and notices more keenly that his children are not close. Of course, they also have their own time demands, and may be as close (emotionally or physically) as they can be, but it remains that this is an ideal time for the 60-year-old man to learn new parenting strategies. If work was used as an excuse that kept him from being open and sensitive and responsive as a younger parent, then in retirement he may be able to set aside that excuse and practice behaviors that will bring him closer to his children.

**Man:** I have two adult children here in the city, but you'd never know it—they don't come around much.

**Counselor:** When do you see them?

**Man:** Mostly on holidays and birthdays—things like that.

**Counselor:** What would you like to have happen?

**Man:** I'd like to see them once in a while just for the hell of it. There shouldn't have to be some special event that they think they have to visit like an obligation.

**Counselor:** What was it like before you retired?

**Man:** I guess not much different. They've never come around much since they married.

**Counselor:** Things are pretty much the same for them, then. Since you've retired, things are different for you, though. What could you do to make that relationship be different for both of you?

**Man:** Well, I've thought about going over there, but I'm never sure what they are doing, and I sure as hell don't want to be in the way.

**Counselor:** How long would you wait for them to know what you want?

**Man:** I don't know. I guess you're saying that it is up to me in some way.

In some respects, retirement can be used as an opportunity to do something that the man has wanted to do for some time. It can be the catalyst for change. Outside of the formal therapeutic setting, older men can get help for revision and improvement of family relationships from those social systems

where they normally interact—again placing the man who does not have such a personal network in place at a decided disadvantage. Church groups and social settings can schedule programs and seminars like “How to Get Reacquainted with your Children After Retirement” or other similar topics in a semi-humorous fashion. The same situation occurs with divorce or death of a spouse and the subsequent new situation that the older man finds himself in of being able to define new relationships with adult children.

A focus in therapy needs to center on concepts of adulthood and egalitarianism between older men and adult children. If the older man has always seen his children as children, regardless of age, there is little hope for rich adult-adult relationships. This also does not bode well for life eras that call for children to assume more responsibility for aging parents if the only model for relationship is an adult-child model (even for the adult children), because in a dependent state, the older man will most likely be treated as he treated his children. The therapist can suggest that in his older years the man needs to ensure good adult-adult relationships with children so that they will have a model to work from when his own age or infirmity requires their assistance.

A passive approach to improving father-child relationships in the older years would be to have the fathers wait until their adult children come to them and repair what may have been broken. In the new-found leisure that comes with age, maturity, and retirement, older men may be able to take the assertive upper hand and initiate the kind of contact that will benefit both the older man and the adult child.

Acker (1982) has stated that many men have difficulty making contact with their fathers because they fear them. Moreover, they fear what their own contact would do to their fathers. Somehow, the feared father becomes both a powerful and a very fragile figure. Acker led 26 men through a seminar on male issues. As part of the seminar, each man wrote a letter to his father. Acker summarizes their common comment descriptive of why they could not establish emotional contact with their fathers as a fear that if they told their fathers how they felt, “how I felt as a child in relation to you,... that you would not be able to take it” (p. 2). Further, Acker concludes that sons fear that their fathers didn’t have the emotional strength to tolerate openness from their sons and that fathers are fragile emotionally and must be protected from emotional distress.



Older men can ease the difficulty of reestablishing relationships with children by demonstrating to them that they are not fragile, that they invite the emotional or intimate contact with children that the children may be afraid to initiate. Some therapy may be needed for older men to accomplish this task since, for many, it may require a new set of communication patterns with those same adult children.

## **DEATH**

If death is one of the critical psychological issues for older men, as Butler and Lewis (1982) indicate, then therapists and others in the helping network must continue to engage older men in dialogue about death issues. The natural state of aging is that same-age peers will decrease in number for several reasons, such as death, divorce, and moving. It is incumbent upon older men to add constantly to the friend network, and therapists can assist them in this process in addition to assisting the social groups in which men are found to recognize and respond to the ever diminishing numbers around older men. Adding friends can be difficult, especially for the man who is single after a long marriage and who had friends because his spouse was the one who developed friend relationships. In that respect, following the death of a spouse, the therapist or someone else needs to help older men do an inventory of functions the spouse performed. This goes beyond the obvious of “cooking and caring”—for the widower may discover too late that all social contacts were spouse initiated and he may lack the skills or knowledge to remedy that situation.

A second critical aspect of death discussions for older men is to think of their own. The list of “unfinished business” that most persons carry with them is magnified as the older man contemplates his own death. The therapist can assist by helping identify the agenda items on that list and then enabling discussion of those items for optimal resolution.

## **NEW LIFE**

Older men need not despair in all respects concerning their years beyond 60. It is frequently the case that older men, acknowledging a satisfactory work life and content with their relationships, are able to move toward retirement years with ease and satisfaction. The image peering out of the retirement magazines of a happy, satisfied older man is not uncommon. For many others, a degree of that happiness

can be obtained with the help that a good counselor or therapist can provide. It may require confrontive discussion after the death of a spouse about the feelings surrounding the discovery of new relationships. Those feelings may well be laden with guilt—especially if the older man has “come alive” in his later years and looks with sadness at a less lively life in retrospect. The therapist can assist in shifting the focus to the future and to possibilities rather than to the past and regrets.

### Summary

Older men are in need of help. It is also difficult to get the help that they need because of their own resistance to being helped and because of the decline in availability of good helping systems as they age. A concerted effort by therapists and persons in the social networks of older men can assist significantly in helping men examine the lives that they have led, the lives they lead, and the lives that they have yet to live. The consequence of such an examination should be improved relationships. It will be hard for men to do it alone; therefore the professional therapist must play an active role both in working with aging men and in enhancing the supportive elements of their social networks.

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